



Agency Priority Goal Action Plan

HIV/AIDS

Goal Leaders:

Deborah L. Birx, M.D., Ambassador, Office of the U.S. Global AIDS Coordinator and Health Diplomacy (S/GAC), Department of State

Dr. Alma Golden, Assistant Administrator, Bureau for Global Health, U.S. Agency for International Development (USAID)

Overview

State and USAID Joint Goal Statement:

- Achieve control of the HIV epidemic in focus countries. By September 30, 2021, new infections are fewer than deaths from all causes in HIV-positive patients in up to 13¹ and potentially additional countries with a high burden of HIV through leadership by the State Department (State) and implementation by several U.S. government agencies, including, the U.S. Agency for International Development (USAID); the U.S. Department of Health and Human Services (HHS) and its Agencies, including the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), and the National Institutes of Health (NIH); the Department of Defense (DoD); the Department of Labor; Department of the Treasury; and the Peace Corps.

Challenges:

- 37.9 million people are living with HIV throughout the world, the majority in sub-Saharan Africa, and only 60% of them are on life-saving anti-retroviral treatment (UNAIDS);
- Ability to find HIV-positive men, adolescents and young women and link them to life-long treatment;
- Retention of HIV positive clients in life-long HIV clinical services;
- Political will of host-country governments, particularly to address barriers for the most vulnerable to access high-quality, patient-centered HIV services;
- Prevention services in context of COVID-19
- Staffing vacancies, both at Headquarters and overseas, at the Department of State Office of the U.S. Global AIDS Coordinator, USAID and other U.S. Government Departments and Agencies that implement the President's Emergency Plan for AIDS Relief (PEPFAR)

¹ The 13 epidemic-control countries are Botswana, Côte d'Ivoire, Eswatini, Haiti, Kenya, Lesotho, Malawi, Namibia, Rwanda, Tanzania, Uganda, Zambia, Zimbabwe.

Overview (continued)

Opportunity

- With American leadership, we are at an unprecedented moment in the global HIV/AIDS response. For the first time in modern history, countries are controlling the HIV/AIDS pandemic, without a vaccine or a cure. We have the scientific tools to do this, but the key will be ensuring that people living with HIV (PLHIV) have access to high-quality, patient-centered clinical services that promote life-long continuity of care and viral suppression and preventing new infections, particularly for those at highest risk. Controlling the HIV/AIDS pandemic will lay the groundwork for eventually eliminating or eradicating HIV, which will be possible through continued and future scientific breakthroughs in vaccine-development and research into a cure.
- PEPFAR partners in more than 50 countries are implementing programming in support of host government commitments to attaining the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 framework – 90 percent of people who are living with HIV know their status, 90 percent of people who know their status are accessing treatment, and 90 percent of people on treatment have suppressed viral loads, across all ages, genders, and at-risk groups. Epidemic control will only be possible by meeting these targets for adults (men and women) and children.
- The latest PEPFAR data, covering through Q3 of FY 2020, show that eight African countries are approaching control of their HIV/AIDS epidemics (Ethiopia, Rwanda, Kenya, Zimbabwe, Namibia, eSwatini, Malawi and Lesotho) and will likely reach the UNAIDS 90-90-90 goals by the end of Calendar Year 2020. Many other PEPFAR-supported countries, including Uganda, are making strong progress and could achieve 90-90-90 through accelerated efforts, and progress to 95-95-95 with specific age and sex groups.

Leadership

The State Department's Office of the U.S. Global AIDS Coordinator and Health Diplomacy (S/GAC) and USAID's Bureau for Global Health will lead the Joint Agency Priority Goal on behalf of agency leadership.

S/GAC is the headquarters of PEPFAR, and leads, coordinates, and funds the U.S. response to global HIV/AIDS. From within State, the key leadership and coordination of PEPFAR in the field occurs through Chiefs of Mission in U.S. Embassies in over 50 countries.

PEPFAR is implemented by USAID; the U.S. Department of Health and Human Services and its Agencies, including the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the National Institutes of Health; the Departments of Commerce, Defense, Treasury, and Labor; and the Peace Corps.

A description of the roles of each of these agencies is provided on the next slide.

Leadership & Implementation Team



Department of State

The Office of the U.S. Global AIDS Coordinator (OGAC) is the headquarters of the PEPFAR program and is housed within the U.S. State Department as an “S” special office (S/GAC). The U.S. Global AIDS Coordinator, an appointed position which holds the rank of Ambassador-at-Large, leads this office and has oversight for the entire PEPFAR program.



U.S. Agency for International Development

USAID began HIV/AIDS work in 1986 but significantly scaled up programs with the launch of PEPFAR and is now one of the primary implementers and supports clinical care for millions of PLHIV. USAID does this through a development approach, utilizing its broad global health competence to support country-led efforts to combat the complex challenges of HIV/AIDS.



Department of Health and Human Services

Within the U.S. Department of Health and Human Services (HHS), there are five agencies that implement PEPFAR programs including CDC, HRSA, NIH, FDA and SAMHSA. The U.S. Centers for Disease Control and Prevention (CDC) is the largest implementer and leverages scientific and technical expertise to help deliver high-impact, sustainable prevention, care, and treatment of HIV. The CDC works with ministries of health to strengthen countries' health infrastructure, workforce, and epidemiological capacity.



Department of Defense

The DoD HIV/AIDS Prevention Program (DHAPP) is based in San Diego, CA and administers funding, directly conducts training, and provides technical assistance for focus countries and other bilateral countries. DHAPP supports HIV/AIDS prevention, treatment, care, strategic information, human capacity development, and program and policy development in host militaries and civilian communities of 55 countries around the world.



Peace Corps

Peace Corps Volunteers (PCVs) work in partnership with host countries and local governments to enhance the capacity of organizations from the community to the national level, ultimately promoting an understanding of the epidemic and encouraging the adoption of healthier behaviors. PCVs provide long-term capacity development support to non-governmental, community-based, and faith-based organizations, with particular emphasis on ensuring that community-initiated projects and programs provide holistic support to people living with and affected by HIV/AIDS. PCVs play a unique role in targeting hard-to-reach populations and instituting change through sustainable community efforts.



Department of the Treasury

The Department of Treasury works with Finance Ministries in select countries to broaden awareness of the substantial economic costs of the epidemic, and the need to ensure resilient and financially secure health systems. Treasury helps these ministries prepare public budgets to assume a greater share of the costs for HIV/AIDS programs, and to provide technical assistance to build state capacity in public financial management.



Department of Labor

The Department of Labor implements workplace-targeted projects that focus on prevention and reduction of HIV/AIDS-related stigma and discrimination. Additionally, Labor also builds strategic alliances with employers, unions, and Ministries of Labor to overcome discrimination and ensure continued employment of PLHIV. It also focuses on child labor, by implementing programs targeting HIV-affected children who must work to support themselves and/or their families, as well as children who have been forced into prostitution.



Department of Commerce

The Department of Commerce provides support by furthering private sector engagement and fostering public-private partnerships. The Department of Commerce creates and disseminates sector-specific strategies for various industries, detailing concrete examples of how the private sector can be engaged in HIV/AIDS. The Census Bureau, within Commerce, also assists countries with collecting census data and provides support with data analysis and surveys.

Goal Structure and Strategies

Achieve Control Of The HIV Epidemic In PEPFAR Focus Countries.

PEPFAR will drive progress towards epidemic control by supporting countries to achieve the **UNAIDS 90-90-90** goals and targeted prevention interventions

90% of People Living with HIV Know Their Status

90% of People Who Know Their HIV-Positive Status are on Antiretroviral Therapy

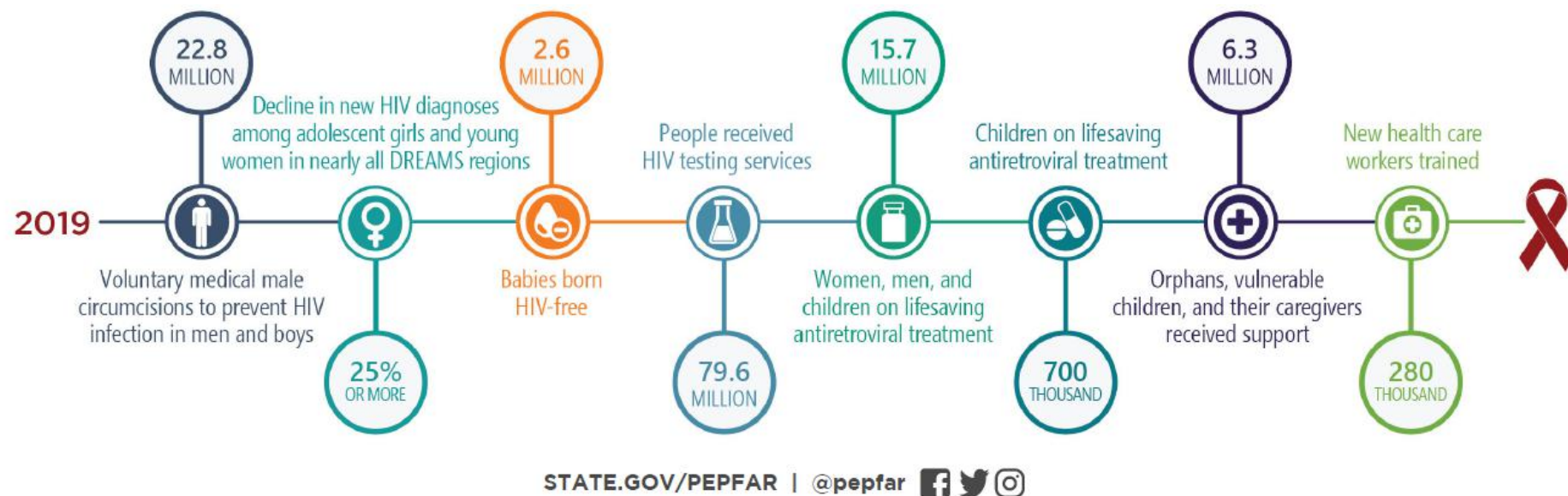
90% of People on Antiretroviral Therapy are Virally Suppressed

Goal Structure and Strategies

PEPFAR supports partner countries in their commitment to broader UNAIDS and SDG goals. To achieve these goals, we will build upon activities and programs that have shown impact and focus on data-driven strategies to continue to drive progress toward achieving the UNAIDS 90-90-90 goals. These include:

- PEPFAR will ensure client-centered anti-retroviral (ART) services are available throughout the PEPFAR program in order to improve life-long patient retention and community viral load suppression. Client-centered services include differentiated care models; six-month clinical visits for stable patients; multi-month drug dispensing; and routine, national viral-load testing to monitor ART adherence and any potential drug-resistance.
- PEPFAR will continue to scale targeted approaches to HIV-testing services, including index, self and recency testing, to advance progress towards the first 90 across the PEPFAR program.
- Focus combination prevention interventions with layered core packages of services for adolescent girls and young women between 15 and 29 years of age; young men between 20 and 39 years of age; and orphans and vulnerable children, especially girls between nine and 14 years of age, for HIV risk-avoidance and to prevent sexual violence.
- Scale up voluntary medical male circumcision (VMMC) for young men.
- Ensuring priority populations and key populations have access to, and increase their use of, comprehensive packages of health and social services, including HIV-testing, partner-testing, education on risk-reduction, pre-exposure prophylaxis (PrEP), and HIV treatment for those found to be living with HIV.

PEPFAR GLOBAL RESULTS



PEPFAR is the largest commitment by any nation to address a single disease in history. Through the compassion and generosity of the American people, PEPFAR has saved over 18 million lives, prevented millions of infections, and helped transform the global AIDS response.

* This data covers from 2003 through 2019.

PEPFAR's Efforts to Mitigate the Impact of COVID

- Through PEPFAR's data-driven approach, with a critical focus on core policies that were essential to support clients (e.g., multi-month dispensing and differentiated service delivery) and support for the development of local partners for implementation, PEPFAR-supported countries have been positioned to sustain our collective gains in HIV treatment services through this very difficult time of dual pandemics – COVID-19 and HIV.
- PEPFAR has been proactively working to mitigate the impact of the COVID-19 pandemic on the global HIV response and to protect the tremendous gains in HIV services PEPFAR has made since its inception. In this context, PEPFAR began issuing targeted technical guidance to guide the program in the context of COVID-19 since early March in four key priorities: 1) ensuring continuity of care for people living with HIV; 2) leveraging PEPFAR-supported health systems and infrastructure; 3) reducing exposure of staff and HIV program clients to health care settings that may be overburdened and/or sources for potential exposure to COVID-19; and 4) providing PEPFAR programs flexibility in how to optimally serve HIV clients affected by COVID-19. This guidance includes recommendations such as six-month prescriptions, community delivery of drugs, telemedicine appointments, virtual wellness checks for orphans and vulnerable children, amongst other innovations from headquarters and the field. S/GAC has continued to update the guidance weekly and the current version of this guidance is publicly available and can be found here: https://www.state.gov/wp-content/uploads/2020/06/06.05.2020_PEPFAR-Technical-Guidance-During-COVID.pdf.
- PEPFAR works closely with partner countries, the private sector, multilateral institutions (including the Joint United Nations Programme on HIV/AIDS and the Global Fund to Fight AIDS, TB, and Malaria), civil society and communities (including faith-based communities and organizations), and people living with HIV to optimize the impact of PEPFAR investments, share responsibility, and ensure sustainability. These efforts work to sustain the gains in countries that have achieved control, accelerate control in the handful of countries that are not on the brink of control, and address the rising new infections or slow progress in key population epidemics around the globe. HIV positive clients were able to stay on life-saving anti-retroviral therapy and remain virally suppressed.
- To further support rapid response to COVID-19, S/GAC streamlined reprogramming requests for more rapid approval across headquarters, and beginning in March, PEPFAR began holding bi-weekly calls for field teams to share their innovations to ensure continuum of care for PLHIV.

Summary of Progress – FY 2020 Q4

Progress:

- Benchmarks - PEPFAR reached almost all benchmarks for Q4, including transfer of all COP 20 bilateral funding to agencies in advance of FY 2021, a first in the history of PEPFAR's 17 years. PEPFAR failed to reach 100% hiring at USAID, in part due to the need to shift hiring towards critical positions needed for the global COVID response.
- Key Indicators - Results reported for key indicators represent progress through FY 2020 Q3* and begin to demonstrate the impact of COVID-19 on program performance. Progress towards key indicators for Q3:
 - PEPFAR newly-identified 531,670 PLHIV during Q3, a 27% reduction from the number of PLHIV identified in Q2. This was largely due to scaling down of HIV testing programs outside of healthcare facilities to ensure safety and security of patients, clinical staff and community workers in response to COVID.
 - PEPFAR initiated nearly 522,764 newly identified PLHIV on treatment. By proxy measure, 98% of those newly identified in Q3 were initiated on treatment, demonstrating the resiliency of the PEPFAR program, even under challenged posed by COVID.
 - Despite concerns over disruption of HIV clinical services due to COVID, PEPFAR was able to maintain the cohort of patients on lifesaving antiretroviral treatment in Q3, increasing slightly from 15.7 million at the end of FY 2019 to approximately 15.96 million at Q3 FY 2020.
 - Voluntary medical male circumcision (VMMC) programs, along with many other prevention interventions, were largely paused across the PEPFAR program in Q3 due to COVID. Some countries were able to restart following easing of restrictions in June and, even with a limited time frame of implementation, PEPFAR was able to provide VMMC services to nearly 281,000 men, 28% of the number of VMMC performed in Q3 of FY 2019.
- PEPFAR will report results for Q4 during the FY 2021 Q1 APG and anticipate seeing further impacts from COVID-19 on progress towards targets.

*Because of the way PEPFAR collects and validates data, reporting will be one quarter behind. Results for Q4 will be reported in the FY 2021 Q1 APG update.

Key Milestones

Over the next two fiscal years PEPFAR seeks to sustain the gains in country(ies) that have achieved epidemic control; accelerate progress toward epidemic control in the OUs that have not yet achieved it; and address rising new infections or slow progress in key population HIV epidemics around the globe. S/GAC is committed to constantly improving the business processes to help facilitate achieving these goals and to ensure PEPFAR HQ and field staff can focus on program implementation, target achievement, and increased partner management and oversight. S/GAC dedicated significant human resources in FY 2019 Q3 and Q4 to review gaps in program implementation and identify opportunities for improvement in business processes and will be implementing changes to help drive impact in FY 2020. The benchmarks outlined below will help us monitor roll out of those changes.

| Milestone Summary | | | |
|--|--|------------------|---|
| Key Milestone | Milestone Due Date | Milestone Status | Comments |
| FY20 Q1: Collection, cleaning and internal USG and public release of FY 2019 global and country specific-results, including results against the four APG indicators | Release of data on November 25, 2019 | Complete | PEPFAR released FY 2019 annual results on November 25 th as part of World AIDS Day activities. |
| FY20 Q1: PEPFAR implementing agencies provide in-person briefings of their self-assessments of FY 2019 country program and financial performance to S/GAC senior leadership | December 6, 2019 | Complete | Senior officials from PEPFAR-implementing agencies presented end-of-year self-assessments of program and financial performance for each PEPFAR country and regional program. |
| FY20 Q1: S/GAC holds in-depth data driven review meetings with APG co-lead to review all PEPFAR country and regional programs, including programmatic and financial performance | December 20, 2019 | Complete | S/GAC held a week-long meeting with the APG Goal co-lead to update on current program and financial performance and deliberate strategic direction (across the PEPFAR program and for each country and region) for the next planning cycle (Country Operational Plan COP 2020). |
| FY20 Q1: Review and revise COP 2020 planning process and timelines to ensure that all PEPFAR implementing countries receive funds by the beginning of FY 2021. | Process communicated to the field by November 15, 2020. | Complete | S/GAC revised the COP planning timeline and process to ensure adequate time to move money to field teams prior to the start of FY 2021. S/GAC also incorporated recommendations from the draft OIG report on the COP planning process, including task-shifting target setting to field teams. |
| FY20 Q1-Q4: Complete the hiring an additional 90 staff within the Office of HIV AIDS at USAID – staff are to strengthen headquarters capacity to provide technical assistance and monitor and evaluate progress towards PEPFAR goals. | 35% by 1/1/2020 60% by 4/1/2020 80% by 7/1/2020 100% by 10/1/2020 | In process | USAID is currently at 68 of 90 positions filled (76%), 22 positions short of our Q4 target, which was 100% filled. |

Key Milestones (continued 2 of 3)

| Milestone Summary | | | |
|--|--|------------------|--|
| Key Milestone | Milestone Due Date | Milestone Status | Comments |
| FY20 Q2: Release revised COP Guidance and country-specific planning letters to focus PEPFAR implementation on addressing gaps in treatment retention | Mid-January 2020 | Complete | COP Guidance and country-specific planning letters were issued on January 15 and 17, respectively. |
| FY20 Q2: Collection and internal USG release of Q1 FY 2020 global and country specific-results, including results for APG indicators. S/GAC convenes review call with interagency field and HQ teams to discuss progress towards targets. | Data available for use by March 1, 2020 | Complete | FY 2020 Q1 data was available for analysis by HQ and field teams in late February. In late February, S/GAC convened almost all operating units for week-long discussions on performance and plans for FY 2021. Due to COVID-19, data reviews and planning meetings for Vietnam, the Asia Regional Program and the Western Hemisphere Regional Program were held virtually in early March. |
| FY20 Q3: Convene week-long multi-stakeholder workshops to review draft country and regional operational plans and ensure a shared understanding of final submission. Meetings will include the entirety of the interagency working on PEPFAR in each country, embassy leadership including COMs and DCMs, partner government up to and including Ministers of Health, civil society leaders and APG goal leads or their designates. | Meetings for all PEPFAR countries to be completed by April 3, 2020 | Complete | In late February and early March, S/GAC convened all operating units, including US government staff and representatives from partner governments, civil society, and multilateral institutions, for week-long discussions on current performance and operations plans for FY 2021. Due to COVID-19, data reviews and planning meetings for Vietnam, the Asia Regional Program and the Western Hemisphere Regional Program were held virtually. |
| FY20 Q3: Approval of all FY2020 PEPFAR operational plan submissions by S/GAC leadership | May 1, 2020 | Complete | All Country and Regional Operational Plans have been approved by S/GAC. |
| FY20 Q3: Collection, cleaning and internal USG release of Q2 FY 2020 global and country specific-results, including results for APG indicators. S/GAC convenes review call with interagency field and HQ teams to discuss progress towards targets. | Data available for use by June 1, 2020 | Complete | FY 2020 Q2 data was available for analysis by HQ and field teams in early June. In late June and early July, S/GAC convened calls with field and HQ teams for each operating unit to discuss progress towards targets and impact of COVID-19 on programs. |

Key Milestones (continued 3 of 3)

| Milestone Summary | | | |
|---|---|------------------|---|
| Key Milestone | Milestone Due Date | Milestone Status | Comments |
| FY20 Q4: All PEPFAR bilateral funding for COP/ROP 2020 notified to Congress (indicating that efforts to streamline business process have resulted in more rapid movement of funds to field teams) | August 1, 2020 | Complete | A majority of COP20 funds have been notified to Congress. The first Congressional Notification, which included \$3,499,966,783 in COP20 bilateral funding was cleared by the Hill on July 21st. The second Congressional Notification, which included \$132,473,122 in COP 20 bilateral funding, was cleared by the Hill on July 29th. The third Congressional Notification, which includes the remaining \$132,473,122 in bilateral funding, was cleared by the Hill on August 24th. |
| FY20 Q4: Collection and internal USG release of FY2020 Q3 global and country specific-results, including the four APG indicators. S/GAC convenes review call with interagency field and HQ teams to discuss progress towards targets. | Data available for use by September 1, 2020 | Complete | FY 2020 Q3 data was available for analysis by HQ and field teams in mid-August. In early September, S/GAC convened calls with field and HQ teams for each operating unit to discuss progress towards targets and impact of COVID-19 on programs. |
| FY20 Q4: All bilateral funds supporting COP/ROP 2020 implementation transferred to agencies prior to beginning of the FY 2021. | September 20, 2020 | Complete | All but \$10M of COP 2020 bilateral PEPFAR program funds were transferred to agencies for implementation prior to the end of FY 2020. S/GAC transferred nearly \$3.5 billion to 4 different government agencies for COP 20 implementation at over 50 Operating Units. S/GAC obligated more than \$500 million to the USAID Working Capital Fund for COP 20, which will provide lifesaving treatment to more than 15 million recipients. |
| FY20 Q4: 70% of PEPFAR bilateral resources (COP funding) programmed through local partners as defined in the COP 2020 guidance. Every PEPFAR country contributing to this goal based on the context of the local partner mix and types of public and private partners available to provide essential HIV services. | September 30, 2020 | In Process | S/GAC has collected partner classifications through the COP 2020 process and is working now to determine progress towards the 70% benchmark as defined in the COP 20 guidance. Further updates on progress will be provided in the FY 2021 Q1 update. |
| FY21 Q1: Collection and internal USG release of FY 2020 Q4 global and country specific-results, including APG indicators. | Data available for use by December 1, 2020 | | |
| FY21 Q1: Eight African countries (Ethiopia, Rwanda, Kenya, Zimbabwe, Namibia, eSwatini, Malawi and Lesotho) reach the UNAIDS 90-90-90 goals. | December 31, 2020 | | |

Key Indicators

New HIV infections and HIV-related mortality, the two critical components defining epidemic control, are estimated through an annual modeling process led by UNAIDS. PEPFAR monitors program performance routinely by measuring progress towards (1) attainment of the UNAIDS 90-90-90 framework – 90 percent of people who are living with HIV know their status, 90 percent of people who know their status are accessing treatment, and 90 percent of people on treatment have suppressed viral loads, across all ages, genders, and risk groups – and (2) delivery of HIV prevention services. To monitor progress towards epidemic control, PEPFAR will monitor and report on a subset of key indicators collected quarterly, including the following:

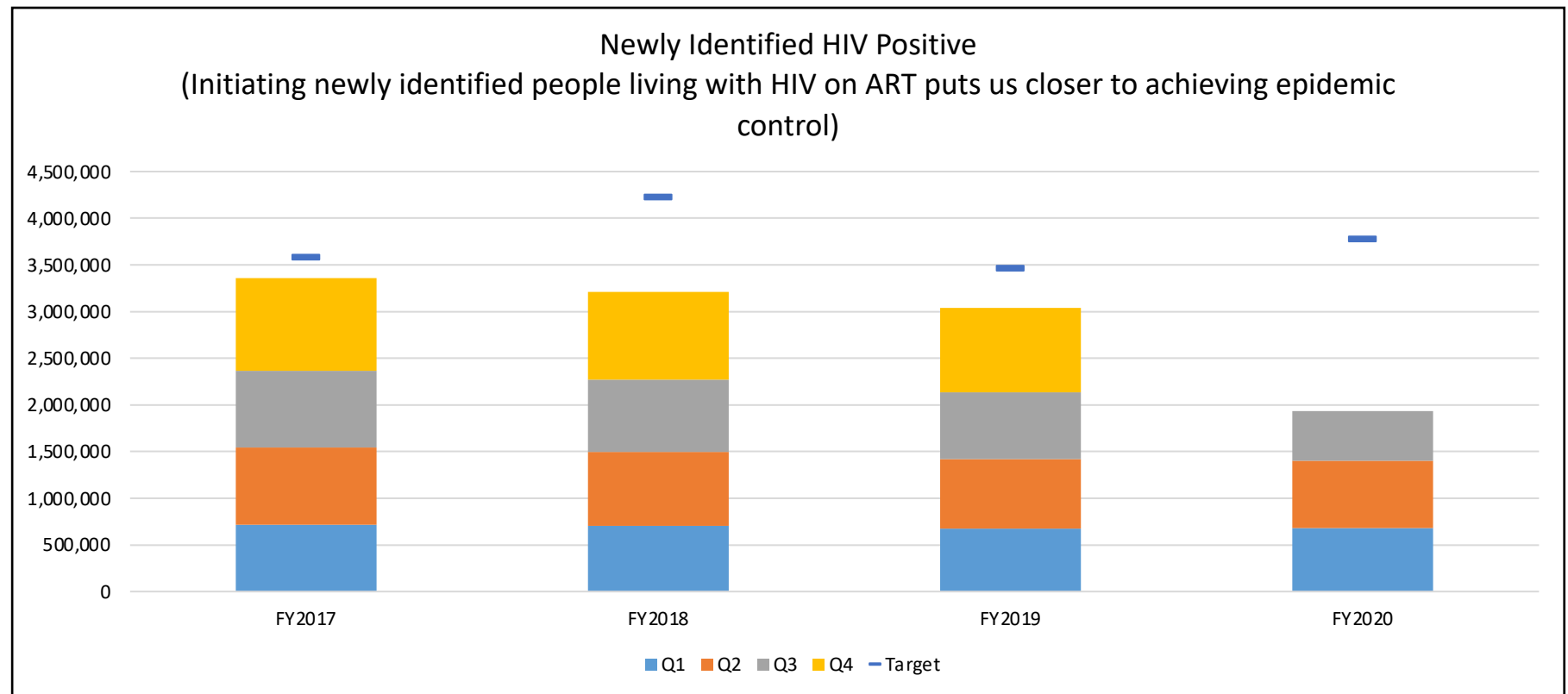
1. Number of adults and children newly diagnosed with HIV*;
2. Number of adults and children newly enrolled on ART;
3. Number of adults and children currently receiving ART; and
4. Number of males circumcised as part of the VMMC for HIV prevention program within the reporting period.

Performance for these indicators, as well as additional PEPFAR performance indicators, can be viewed at <https://data.pepfar.gov/>

*The first key indicator, Number of adults and children newly diagnosed, has been added to the FY20 -21 APG to better monitor the first 90. PEPFAR already collects this data and historical targets and results are included for reference.

Key Indicator 1: Number of Adults and Children Newly Diagnosed with HIV*

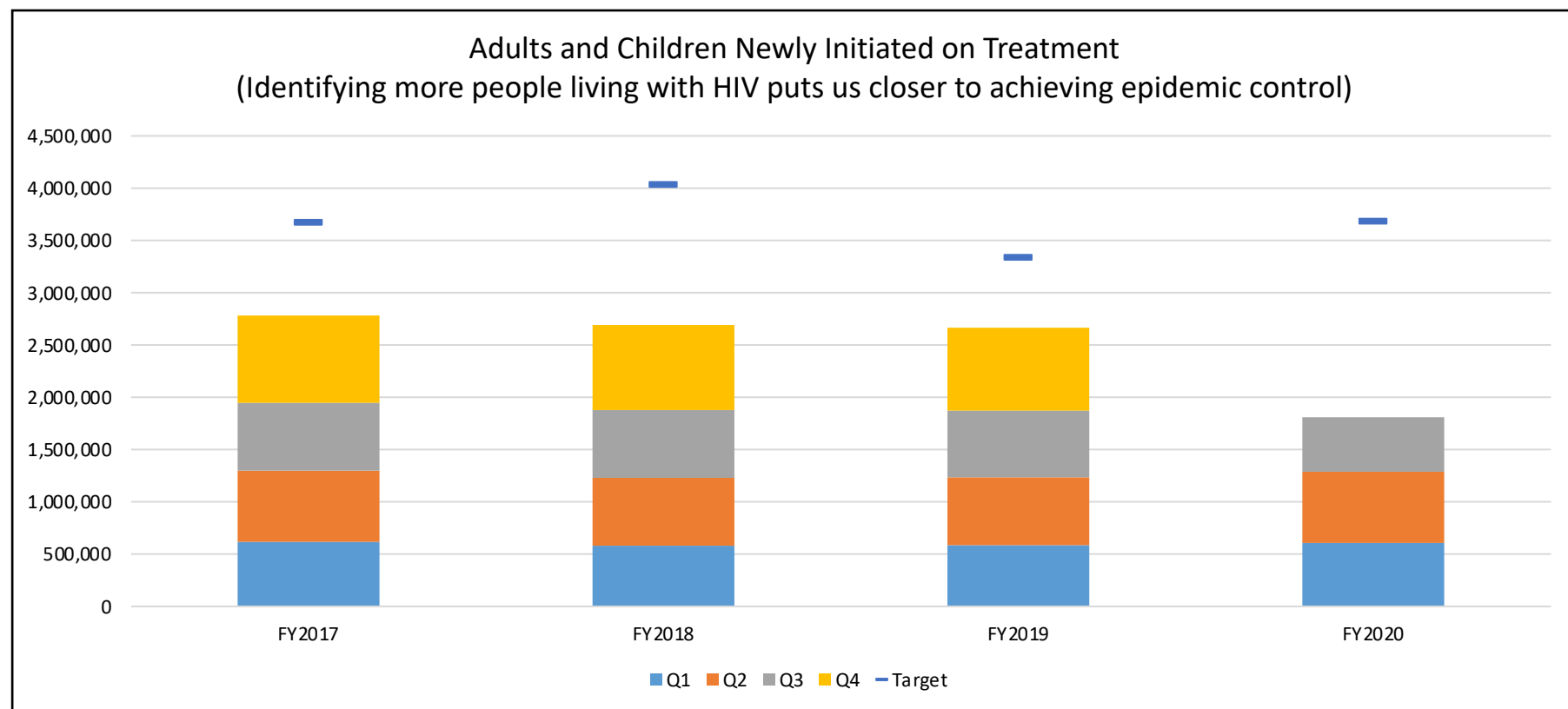
Measuring the number of adults and children newly diagnosed with HIV allows PEPFAR to monitor progress on achieving the first “90” of the UNAIDS 90-90-90 goals – i.e. the percentage of people living with HIV that are aware of their status. During FY 2019, PEPFAR supported identification of more than 3.1 million people living with HIV, 90 percent of our annual target. Targets for FY 2020 were set such that most PEPFAR-supported countries (including the 13 priority countries) will close the remaining gap to reach the first 90 goal. As we approach 90% of people being aware of their HIV status in many PEPFAR-supported countries, PEPFAR is helping countries focus their testing activities to find those that still need to be found.



*Because of the way PEPFAR collects and validates data, reporting will be one quarter behind. Results for Q4 will be reported in the FY 2021 Q1 APG update. Progress is reported for each quarter against the annual target. Targets for FY 2021 will be determined through the FY 2020 annual planning process (COP) and available in FY 2021 Q1.

Key Indicator 2: Number of Adults and Children Newly Enrolled on Anti-Retroviral Treatment (ART)*

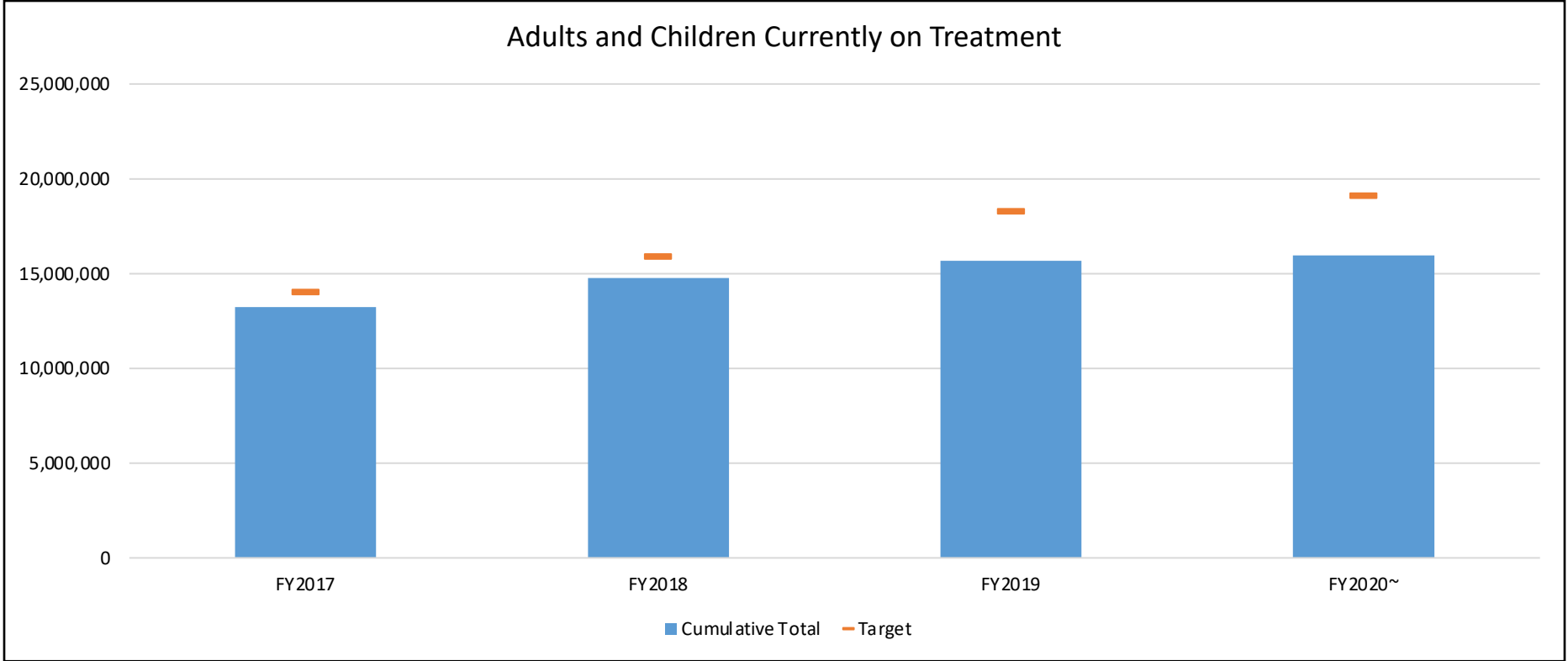
Measuring how many people living with HIV newly initiate treatment allows PEPFAR to monitor how effective testing programs are at ensuring patients are linked to treatment. It also shows us progress towards the second “90” of the UNAIDS 90-90-90 goals. In FY 2019, PEPFAR initiated more than 2.66 million men, women, and children on life-saving ART, 80 percent of the annual target. Targets for FY 2020 were set such that most PEPFAR-supported countries (including the 13 priority countries) will close the remaining gap to reach the second 90 goal. To continue to scale up, PEPFAR is supporting policies and practices that will allow for more people to receive treatment in the most cost-effective manner possible. For example, PEPFAR is supporting Test-and-Start implementation whereby all people living with HIV are eligible for treatment immediately, regardless of how far disease has progressed.



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Key Indicator 3: Number of Adults and Children Currently Receiving Anti-Retroviral Therapy (ART)*

Measuring the number of adults and children currently receiving ART allows PEPFAR to monitor progress on achieving the second “90” of the UNAIDS 90-90-90 goals, i.e. the percent of people living with HIV who are on ART. At the end of FY 2019, PEPFAR was supporting nearly 15.7 million men, women, and children on life-saving ART. To continue to scale up, PEPFAR is supporting policies and practices that will allow for more people to receive treatment in the most cost-effective manner possible.

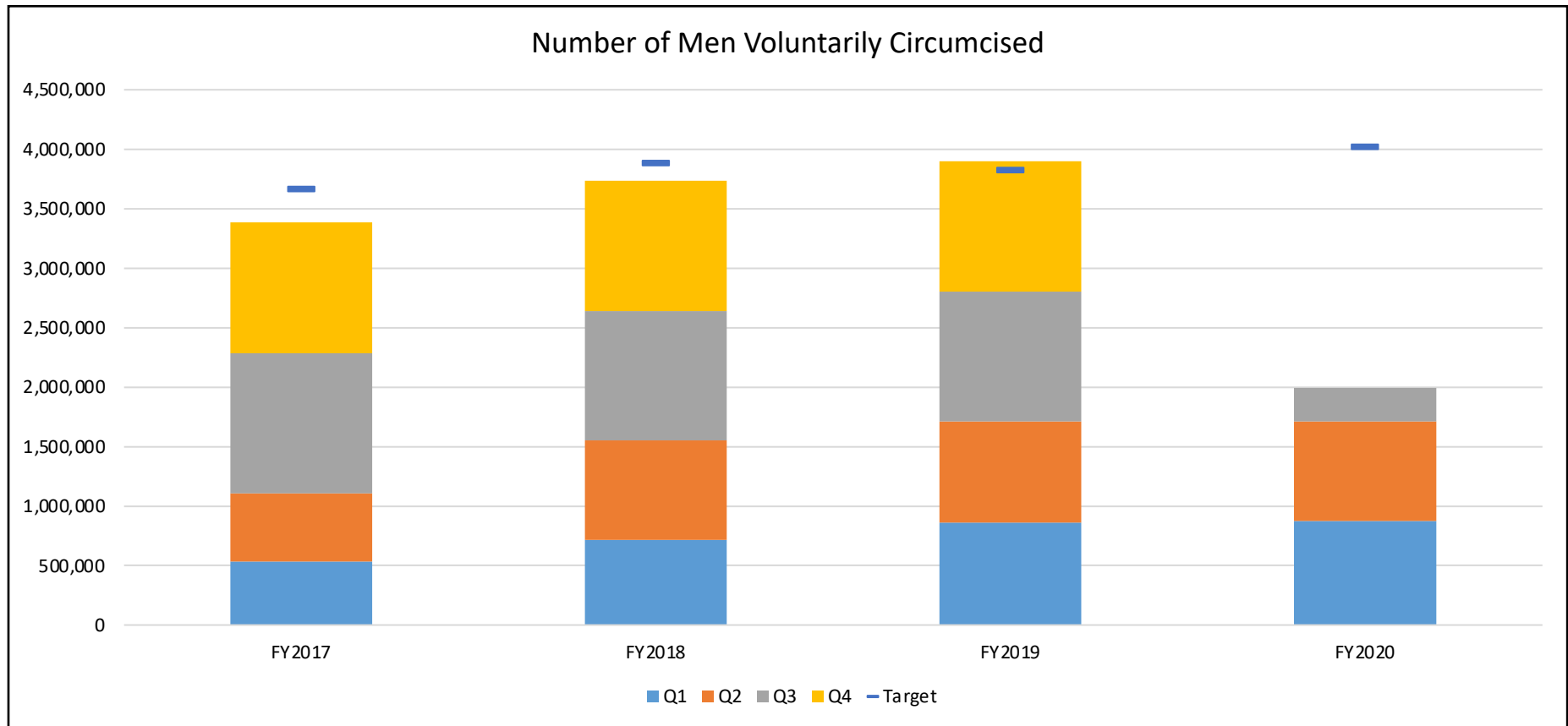


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~A drop in current on treatment is seen every Fiscal Year at Q1 due to centrally-supported districts in South Africa only reporting during Q4. In FY 2019 this included 1,019,306 PLHIV that will be included in the Q4 FY 2020 report.

Key Indicator 4: Number of Males Circumcised as Part of VMMC Programs*

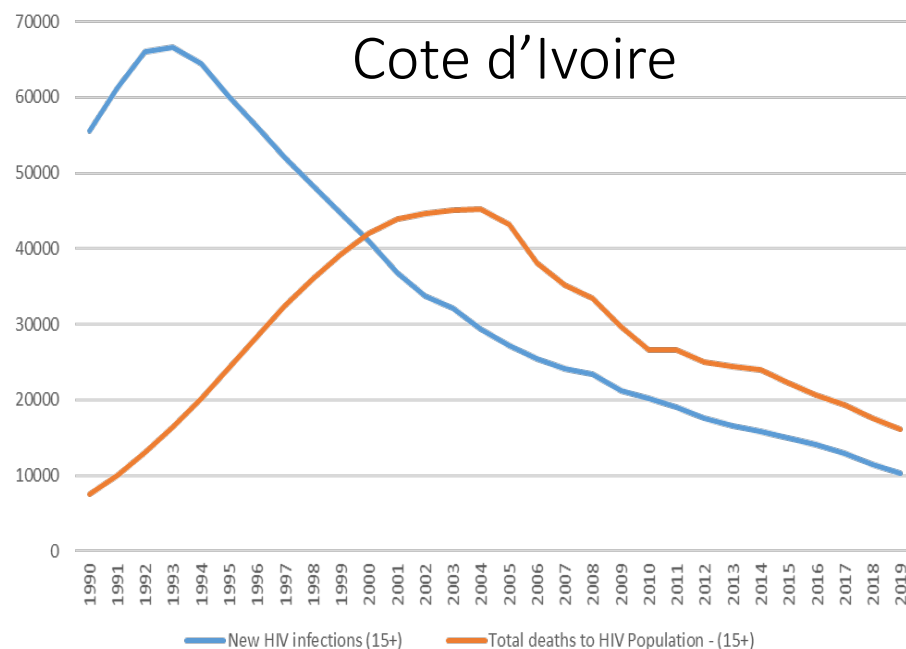
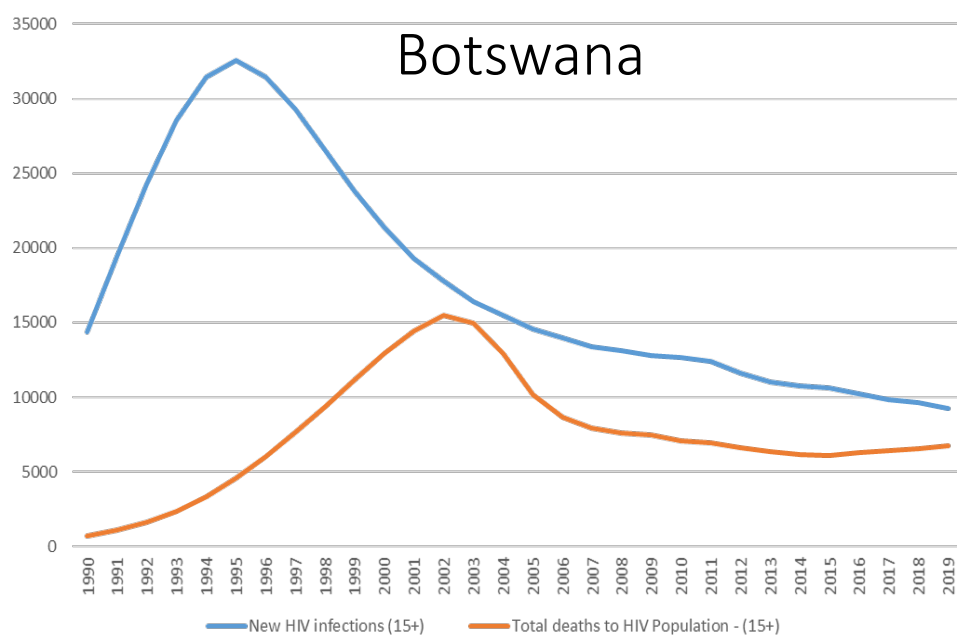
Preventing new infections is a key pillar to stopping the HIV pandemic and PEPFAR supports a broad spectrum of interventions, including voluntary medical male circumcision which reduces HIV transmission in men by 60% over the course of a man's life. In FY 2019, PEPFAR supported VMMC for nearly 3.9 million men and boys to prevent HIV infection, 102 percent of the annual target. In FY 2020 PEPFAR will continue to scale VMMC programs to move towards 80% saturation in the 15-29-year-old priority age band. To continue to scale up, PEPFAR is supporting policies and practices that will allow for more men to receive VMMCs in the most cost-effective manner possible.



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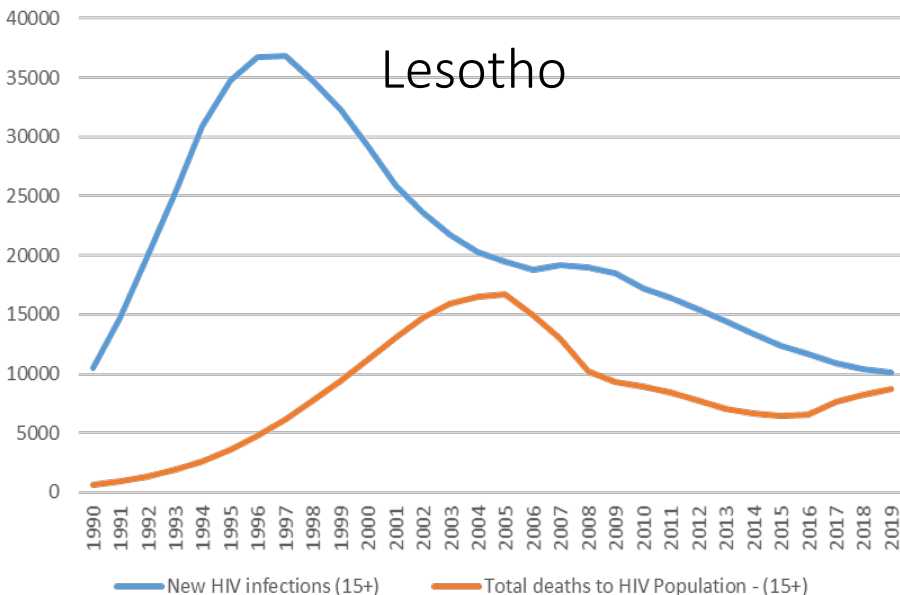
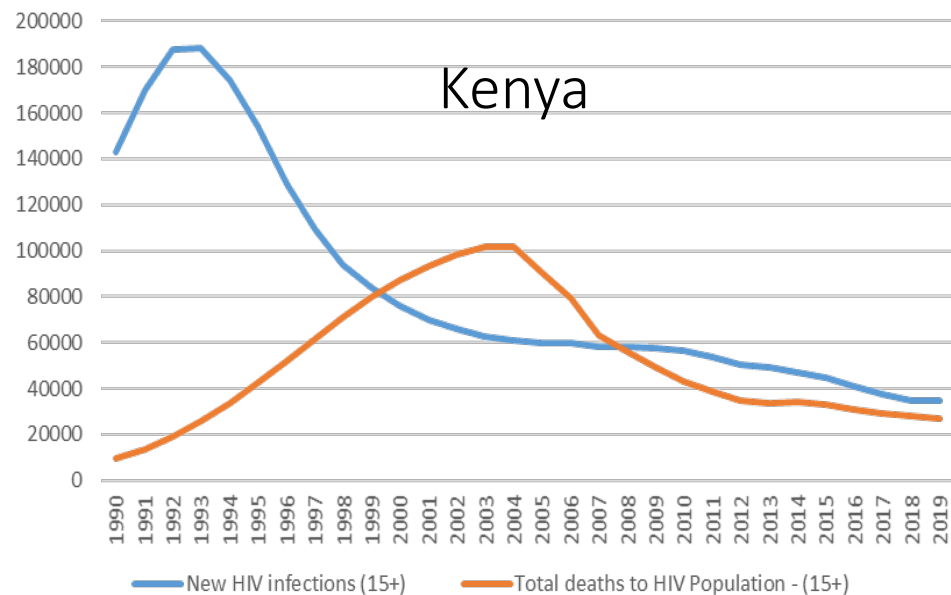
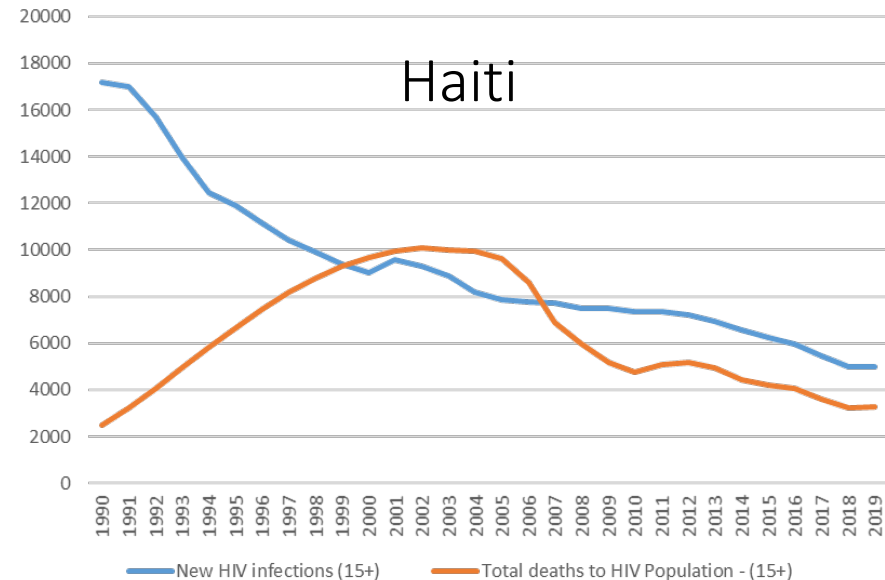
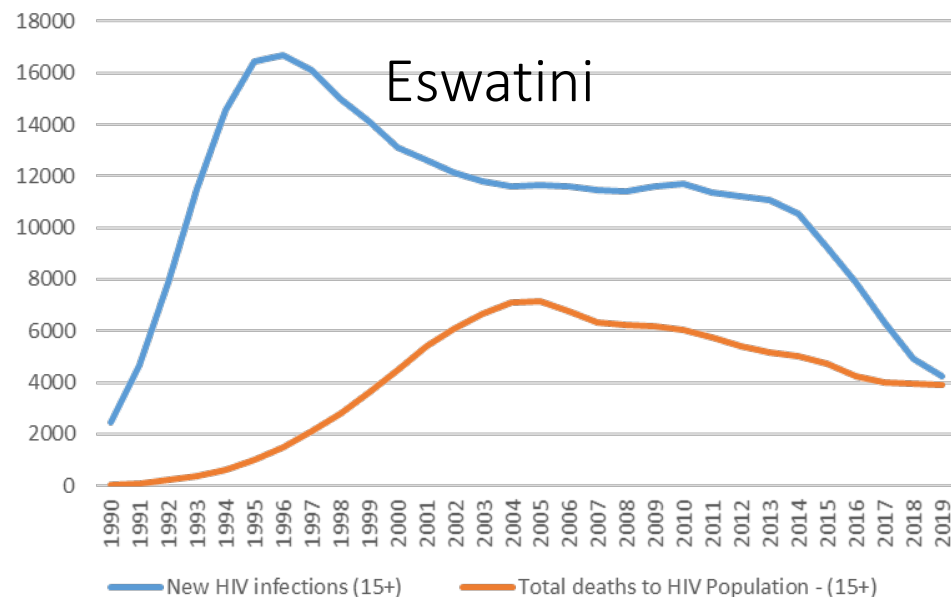
Progress Towards Epidemic Control in 13 Priority Countries

Epidemic Control, the point where the number of new infections is less than the number of HIV-related deaths, is difficult to directly measure. In order to determine progress towards achieving epidemic control, PEPFAR collaborates with UNAIDS to develop annual estimates for both indicators. These estimates are derived from a number of epidemiologic factors, including HIV case-identification rates, treatment coverage, viral load suppression rates, HIV prevalence in ante-natal care, census estimates, amongst others. Many of the inputs used to estimate new-infection rate and HIV-related mortality are measured by PEPFAR on a quarterly basis, including the four indicators reported in the previous slides. Included below and on the following slides are the current estimates for new HIV-infections and HIV-related mortality in the 13 PEPFAR focus countries. These graphs will be updated annually when new estimates become available from UNAIDS.



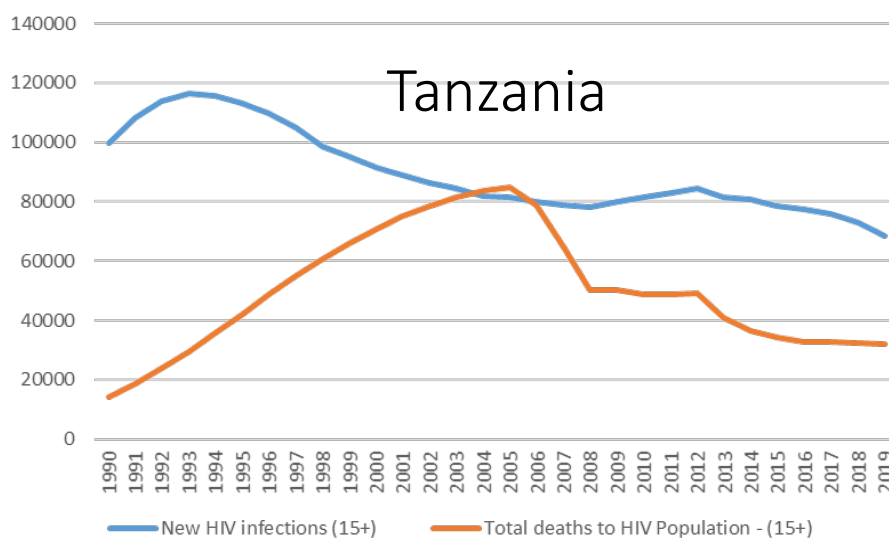
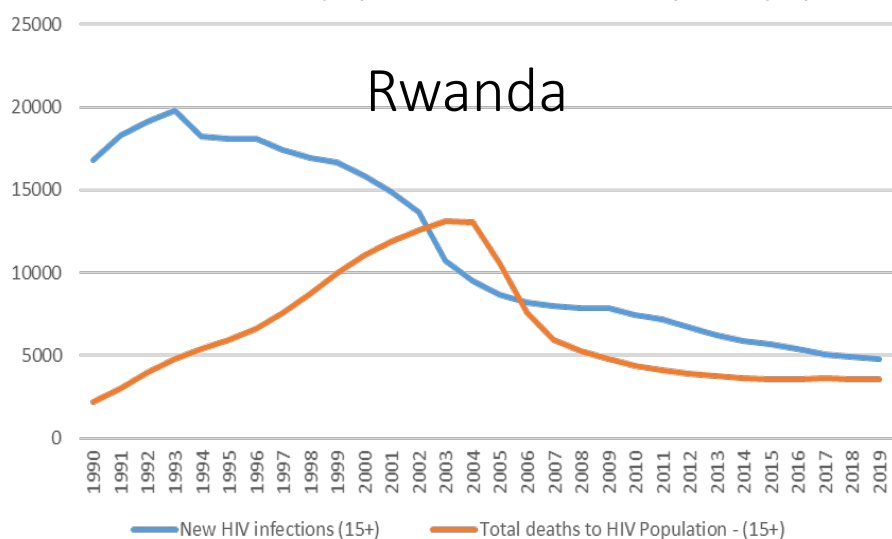
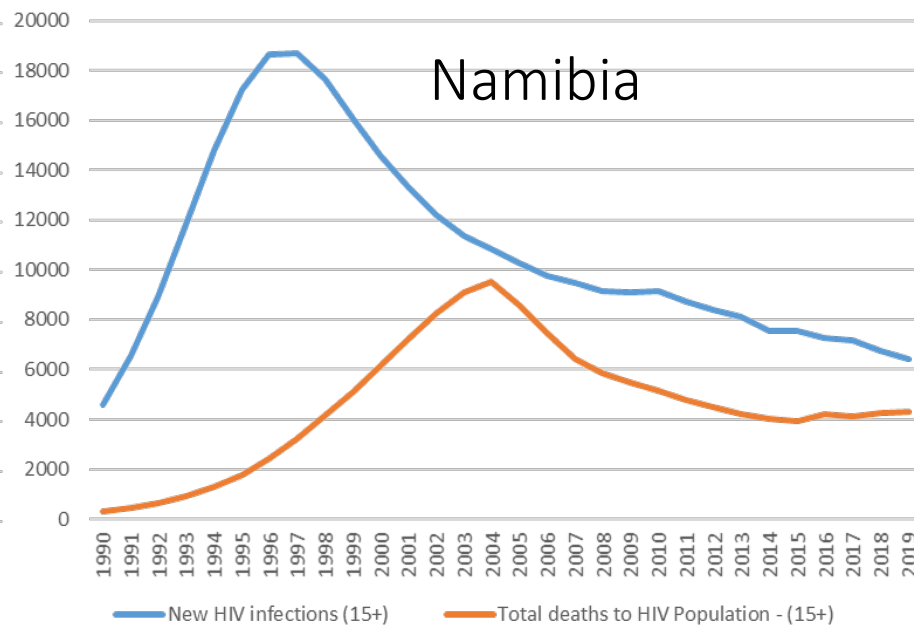
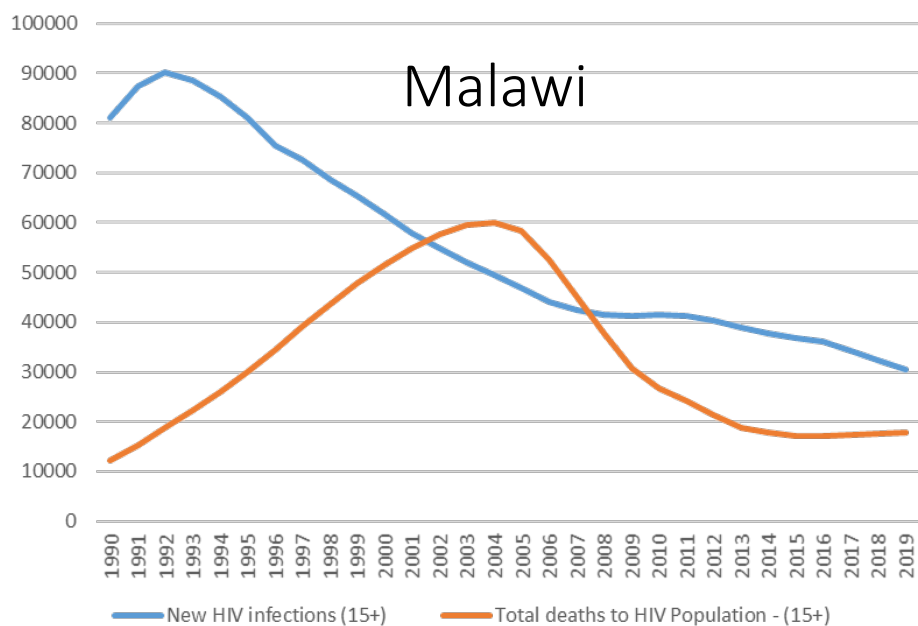
Source: UNAIDS estimates the number of new HIV infections and HIV-associated deaths annually based upon best available epidemiologic data. State will update these charts annually with the release of the UNAIDS annual report (late FY 2020).

Progress Towards Epidemic Control in 13 Priority Countries



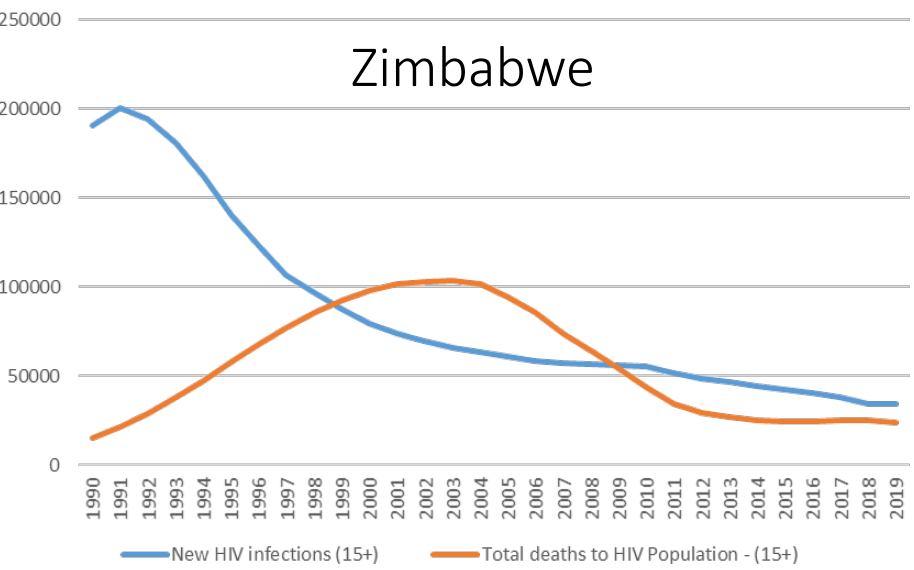
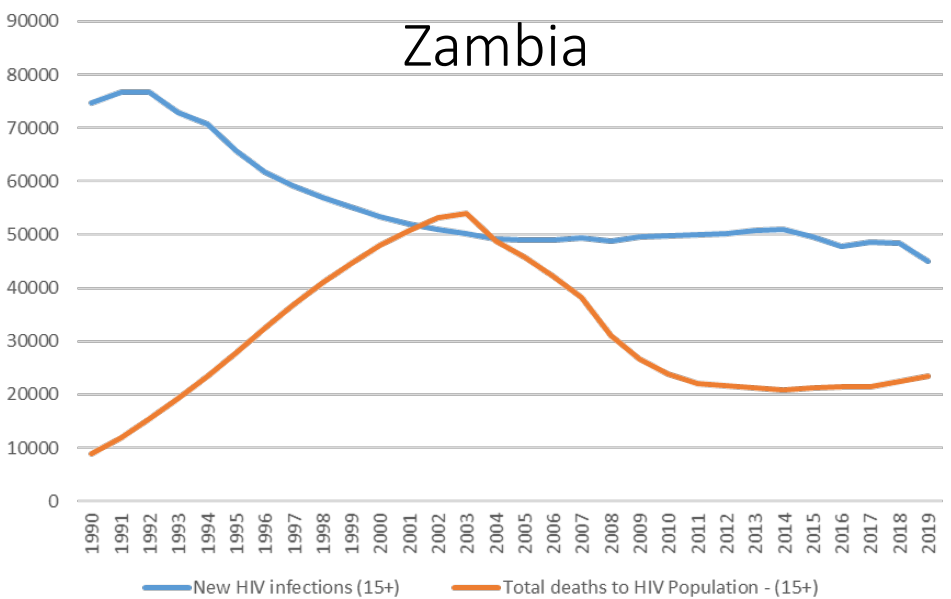
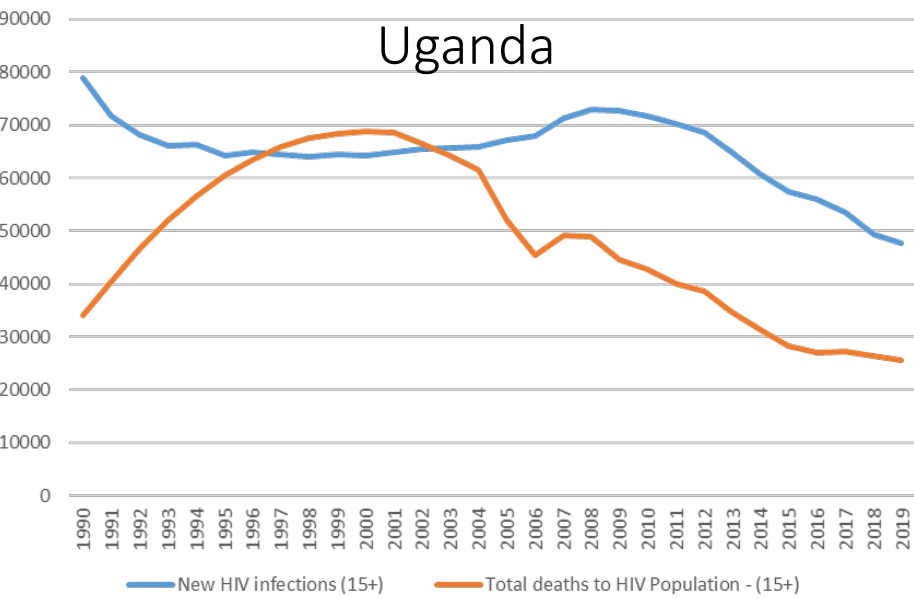
Source: UNAIDS estimates the number of new HIV infections and HIV-associated deaths annually based upon best available epidemiologic data. State will update these charts annually with the release of the UNAIDS annual report (late FY 2020).

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Data Accuracy and Reliability

PEPFAR prides itself on the collection and use of country program data to guide planning and allocate resources in the most cost-efficient manner. Assuring the quality of these data is of the utmost importance. As such, PEPFAR encourages data-quality checks as early as the data-entry process through to the final submission of the data.

Data-Entry

- **Validation Rules for Data-Management**

To ensure partners' data are accurate, Data for Accountability Transparency Impact Monitoring (DATIM), our system for entering and managing data, features automatic data-quality checks through the use of more than 100 validation rules. The established rules flag instances when entries are illogical within, and across, indicators reported by PEPFAR.

- **Quarterly PEPFAR Oversight and Accountability Response Team (POART) Review**

The POART reviews the initial quarterly submission for each PEPFAR country. During these reviews, issues of the completeness and quality of data are part of discussion during a three-hour call with the U.S. Government country team in the field. Following this call, each team is responsible to return to DATIM and make the necessary corrections during the data-entry period.

After Data Submission

- **Agency Data-Quality Assessment (DQA)**

In addition to participating in POART reviews, each PEPFAR Implementing Agency also has its own protocol for assessing the quality of data and evaluating progress of its partners.

- **PEPFAR Data-Quality and Results Snapshot (DQRS)**

S/GAC recently rolled out a new data-quality assessment (DQRS) that reviews a limited number of PEPFAR indicators submitted by partners in country. The DQRS, led by O/GAC, assesses site-level results through the review of patient records and registers, as well as electronic patient and pharmacy records. Irregularities flags the need for a remediation plan and subsequent follow-up, to ensure partners make corrections in a timely manner.

Additional Information

Contributing Programs

The Office of the U.S. Global AIDS Coordinator and Health Diplomacy (S/GAC) serves as the headquarters of PEPFAR, and leads, coordinates, and funds the U.S. response to global HIV/AIDS. From within State, the key leadership and coordination of PEPFAR in the field occurs through the Chiefs of Mission in U.S. Embassies in over 50 countries. PEPFAR is implemented by USAID; the U.S. Department of Health and Human Services and its Agencies, including the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the National Institutes of Health; the Departments of Defense, Treasury, and Labor; and the Peace Corps.

Stakeholder / Congressional Consultations

PEPFAR works across multiple sectors to ensure sustained control of the epidemic. Collaborating with partner governments and multilateral partners, such as UNAIDS and the Global Fund, PEPFAR optimizes its investments, strengthens country leadership and sustainability, and enhances service-delivery. PEPFAR also dedicates funds to strengthen the leadership and capacity of civil society, including with faith-based organizations (FBOs), while recognizing that sustainable HIV/AIDS interventions must be tailored to, and informed by, the communities we serve. PEPFAR forges strategic public-private partnerships that support and complement our prevention, care, and treatment work. S/GAC consults closely with civil society, advocacy organizations, academia, and Congress on its strategy.