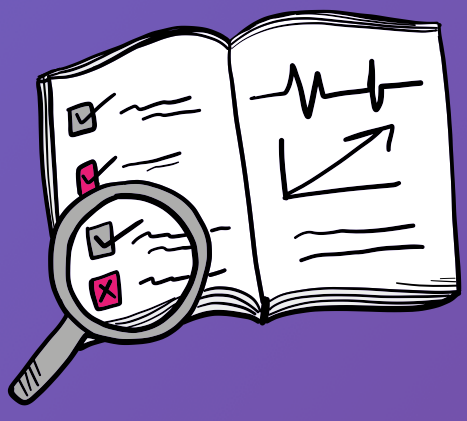
HEALTH GAP
GLOBAL ACCESS PROJECT

PEPFAR Watch

Measuring Up: Tracking PEPFAR's Accountability to People Living with HIV 2020–21



This report is endorsed by:

What is PEPFAR Watch?

PEPFAR Watch is a global network holding PEPFAR accountable for delivery of quality, accessible HIV treatment and prevention. PEPFAR Watch is convened and coordinated by Health GAP.

Aknowledgement

We would like to acknowledge Dr. Gemma Oberth, Independent Consultant, who drafted the seven side-by-side country data tables and developed the framework for analyses of commitments contained in SDSs compared with recommendations contained in People's COPs/country checklists.

Executive Summary

Across 7 high-burden countries, we found that out of 694 unique civil society recommendations in 2020, 258 (37.1%) were included in published country COPs, 223 (32.1%) were partially included, and 213 (30.7%) were not included.

Governments around the world have committed to ambitious but achievable targets to defeat AIDS as a global public health threat by 2030.[1] But the global HIV response is seriously off-track, exacerbating and exposing long-standing inequities in access to health services.[2] The global COVID-19 epidemic has sent further shockwaves to global AIDS treatment and prevention programs resulting in increased funding needs to protect gains made over the last two decades.[3]

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is the largest single funder of the AIDS response globally. In PEPFAR's high priority countries, it is usually the largest source of money for HIV—often larger than either the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) or national government funding and other funding sources. In other countries, PEPFAR provides smaller portions of total funding, but often for services that no other funding sources support, such as funding for interventions focused on key populations: men who have sex with men, people who use drugs, sex workers, and transgender people.

To be effective, U.S. government funding must be held directly accountable to the communities its aid is meant to support. This analysis, released at the start of the 2021 U.S. Fiscal Year when implementation of PEPFAR's 2020 Country Operational Plans (COPs)[4] has just started, provides a side-by-side comparison of the treatment and prevention demands of civil society coalitions in seven high-burden HIV countries and the final commitments made by PEPFAR in the published 2020 Strategic Direction Summaries (SDSs).[5] **This analysis should be used as a tracking tool during the COP20 implementation cycle, which runs during U.S. Fiscal Year 2021, from October 1, 2020 to September 30, 2021, to hold PEPFAR accountable for the promises it has made to global communities of people living with HIV and key populations.**

Across 7 high-burden countries, we found that out of 694 unique civil society recommendations in 2020, 258 (37.1%) were included in published country COPs, 223 (32.1%) were partially included, and 213 (30.7%) were not included.

For several years, civil society coalitions have developed comprehensive recommendations based on community priorities, and used them as the basis for negotiation and advocacy before, during and after PEPFAR's Regional Planning Meetings (RPMs), the week-long meetings where draft COPs are presented, revised, and finalized. In Kenya, Malawi, South Africa, Uganda, and Zimbabwe, civil society coalitions developed detailed "People's COPs" based on evidence gathered from communities about the accessibility and quality of HIV services at the site of service delivery. In other countries, such as Tanzania and Mozambique, civil society "checklists" were used to make community recommendations.

The demands of civil society coalitions are focused on major weaknesses in HIV treatment and prevention programs undermining progress toward epidemic control. PEPFAR's responsiveness to these priorities varied. For example, 56 out of 126 (44.4%) recommendations were fully included in Tanzania's

2020 COP, while only 15 out of 59 (25.4%) were fully included in Mozambique's 2020 COP (see individual country data tables, below).

The planning cycle for COP 2020 was unique. PEPFAR's RPMs were taking place at the same time the COVID-19 crisis was unfolding. Since the RPMs, the global implications of the COVID-19 pandemic along with flawed government responses to COVID-19 are threatening to divert and derail an already off-track global AIDS response. The COP 2021 cycle will doubtless introduce further shifts as a result of COVID-19, as well as possible strategic shifts that could result from the priorities of the incoming Biden-Harris administration.

This analysis reveals a long list of pledges that PEPFAR has committed honoring in FY21. But PEPFAR's implementation of these pledges must be tracked carefully and relentlessly—otherwise we run the grave risk that they will be broken. The stakes could not be higher.

This analysis reveals a long list of pledges that PEPFAR has committed honoring in FY21. But PEPFAR's implementation of these pledges must be tracked carefully and relentlessly—otherwise we run the grave risk that they will be broken. The stakes could not be higher.

1 United Nations. Political declaration on HIV and AIDS: on the fast-track to accelerate the fight against HIV and to end the AIDS epidemic by 2030. June 7 2016.
2 UNAIDS. Seizing the Moment: Tackling entrenched inequalities to end epidemics. Global AIDS Update 2020.
3 WHO: access to HIV medicines severely impacted by COVID-19 as AIDS response stalls. July 6 2020.
4 Country Operational Plans (COPs) set out PEPFAR's strategy for the year (COP20 decides what happens during the US 2021 Fiscal Year, Sept 2020-Oct 2021). The COP includes targets that country teams and implementers will have to meet, budget allocations, and geographic focus. According to PEFPAR, COPs "plan U.S. government annual investments linked to specific results in the global fight against HIV/AIDS to ensure every U.S. dollar is maximally focused and traceable for impact. It is the basis for approval of annual U.S. government bilateral HIV/AIDS funding in most partner countries. The COP also serves as a source for Congressional Notifications; a tool for allocation and tracking of budget and targets; an annual strategic plan for U.S. government funded global HIV/AIDS activities; and the coordination platform with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to ensure elimination of duplication. Data from the COP are essential to complying with PEPFAR's commitment to transparency and accountability to all stakeholders." See: PEPFAR 2020 Country Operational Plan Guidance for All PEPFAR Countries.
5 According to PEPFAR, Strategic Direction Summaries (SDSs) describe "the strategic plan for the coming year, concentrating on changes between the current and future plans, as well as on the monitoring framework that will be used to measure progress....The SDS must also contain the corrective actions currently being implemented to address the issues identified in the planning level letter and discuss how this will be corrected moving forward." See: PEPFAR 2020 Country Operational Plan Guidance for All PEPFAR Countries.

Civil Society Engagement in the Annual PEPFAR COP Planning Cycle

Refer to the Rough Guide for more information about this process.

1. Dec

PEPFAR: Q4 POART meetings take place. Guidance is published.

Civil Society: Attend POART meetings. Give feedback on draft guidance. Outline your priorities for the coming year.

2. Jan / Feb

PEPFAR: Host in-country strategic retreats. Provide you with materials to facilitate your engagement: global guidance, planning letter, calendar, Q4 POART slides, access to data, invitation to choose a representative for RPMs.

Civil Society: Attend in-country planning retreats.

3. Feb / Mar

PEPFAR: Hosts regional planning meetings in Johannesburg (virtual in 2021).

Civil Society: Attend the RPMs. Push PEPFAR on things that should change. Be specific. Use data to advocate for your priorities.

4. Mar / Apr

PEPFAR: Draft COPs and Strategic Direction Summaries (SDSs).

Civil Society: Provide feedback on the draft COP. Keep pushing while OGAC reviews the draft COP.

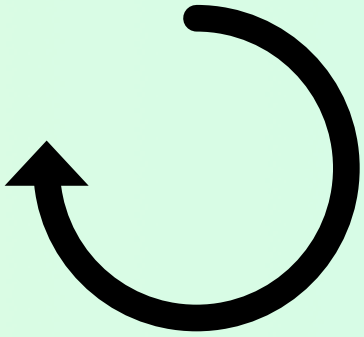
5. Late Apr

PEPFAR:
Final COP is signed

6. Oct

PEPFAR: Implementation begins

Civil Society: Write to your country chair and country coordinator. Remind them of your priorities and let them know you'll be holding them accountable throughout the year.



Introduction

This analysis contrasts the front-line priorities articulated by communities through advocacy—either in the form of a "People's COP" or detailed civil society checklists—against what was ultimately included or excluded by PEPFAR.

Each year, activists, people living with HIV and key population representatives from countries that receive funding from the PEPFAR spend three weeks in intensive engagement with government, UNAIDS, the Global Fund, the World Health Organization, and PEPFAR officials during annual review meetings. These meetings establish road maps for every PEPFAR country's epidemic response—their Country Operational Plans (COPs). Activists use these annual meetings—and the months of in-country advocacy and campaigning that precede them—as unparalleled opportunities to hold PEPFAR accountable to the priorities of people most affected by HIV.

This analysis contrasts the front-line priorities articulated by communities through advocacy—either in the form of a "People's COP" or detailed civil society checklists—against what was ultimately included or excluded by PEPFAR.

For years, the U.S. government determined how it would spend PEPFAR resources through a closed and unaccountable process. But after global activist pressure,[6] PEPFAR responded to global civil society concerns with a commitment to increase the transparency and inclusion of its decision making process.[7] These minimum standards are described in annual PEPFAR guidance.[8] Currently, civil society engagement takes place largely through three ways: the development of PEPFAR COPs; quarterly PEPFAR reports on its progress as measured against program targets through "PEPFAR Oversight Accountability Response Team" (POART) performance summaries; and data released through the online PEPFAR dashboard.[9]

According to PEPFAR's global technical guidance, meaningful engagement from independent civil society is a non-negotiable part of COP development and approval,[10] and includes direct representation of people living with and affected by HIV, including key populations (KPs), during in-country strategic planning retreats and annual in-person RPMs. In addition, POART data must be shared every quarter with civil society with ample lead time to allow for comprehensive review and feedback, and the identified concerns and priorities must be reflected during "POART calls" between PEPFAR country teams and PEPFAR headquarters in Washington, D.C. Activist pressure has also emphasized the particular importance of direct inclusion of key populations in decision making processes in order to improve the quality and accessibility of key population-focused programs, given the extreme vulnerability created by criminalization and discrimination.

According to PEPFAR's global technical guidance, meaningful engagement from independent civil society is a non-negotiable part of COP development and approval.

This guide describes findings from a detailed, side-by-side analysis contrasting community demands with the final SDSs for **Kenya, Malawi, Mozambique, South Africa, Tanzania, Uganda and Zimbabwe**. By contrasting the demands for treatment and prevention scale up for seven high-burden East and Southern African countries with PEPFAR's final written commitments, we can assess PEPFAR's responsiveness to the needs and recommendations from communities and activists.

The analysis reveals major successes as well as serious setbacks: priority areas where PEPFAR was clearly responsive to civil society demands, as well as areas where PEPFAR took half-measures or rejected community evidence. Importantly, even where PEPFAR adopted a demand verbatim in an SDS, implementation by PEPFAR Implementing Partners (IPs) does not always follow as a result – community continued vigilance at national and global levels remains vital.

6 cf Kavanagh, Matthew et al. Comment: Governance and transparency at PEPFAR. The Lancet Global Health. Vol 2 January 2014 and Open Civil Society Letter to Ambassador Deborah Birx, March 25 2015.
7 Response from Ambassador Deborah Birx to Global Civil Society Letter, March 25 2015.
8 PEPFAR 2020 Country Operational Plan Guidance for All PEPFAR Countries, p. 69-78.
9 PEPFAR dashboard available here: https://data.pepfar.gov/
10 "It is important that affected populations have a voice from the beginning in designing and implementing programs that serve them, and that PEPFAR programs set an example that encourages host governments to create a conducive enabling environment for civil society engagement. Therefore, meaningful engagement with community and CSOs remains a requirement of the PEPFAR program for COP20." Ibid, p. 69.

Decolonizing U.S. Global Health Funding

U.S. investment in the AIDS response is typically described as charity or generosity. That is a deeply flawed, paternalistic analysis. When we call for full funding for the AIDS response from the U.S. government it is because we believe preventable suffering and death outside of U.S. borders should trigger solidarity with affected communities and redistribution of resources to those communities. This is the basis of an effective foreign policy—grounded in ethics, human rights, and shared public health goals and values. There are also serious problems associated with U.S. funding for health that have been exacerbated under the Trump administration, ranging from anti-evidence restrictions such as the Global Gag Rule[1] to rules that favor U.S. entities as recipients, despite their typically bloated administrative costs. Nevertheless we believe our efforts to increase PEPFAR's accountability to communities is an approach that delivers results, and holds promise as a way to close accountability gaps between the U.S. government and communities that are most affected.

1 Kaiser Family Foundation. The Mexico City Policy: An Explainer. November 4 2020.

A pivotal moment

PEPFAR has the power to help deliver the end of the AIDS pandemic by 2030, if it is fully funded and if it is held accountable to civil society goals and priorities. Under ordinary circumstances, 2020 would already have been a crucial year, with just a decade remaining before realization of the global commitment to defeat AIDS by 2030. But 2020 was a year like no other in the global AIDS response.

First, the global COVID-19 crisis triggered major disruptions of HIV treatment and prevention services, including stock outs of life-saving medicines and diagnostics; shuttered clinics; the withdrawal of essential community-based HIV outreach services; and human rights violations targeting communities made disproportionately vulnerable through criminalization and marginalization including sex workers, people who use drugs, gay men, and transgender people. (See below: "COVID-19 Harms to the HIV Response.")

Second, the incoming Biden-Harris administration could shift U.S. global AIDS strategy. While global AIDS funding has historically been associated with support across political parties in the U.S.,[2] nine years of virtual flat funding to PEPFAR has undermined the scale up of evidence and human rights-based treatment and prevention programs.[3] President-elect Biden's term in office will be the last chance to put the AIDS response on track to achieve the goal of eliminating HIV as a global public health threat by 2030. The World AIDS Day statement[4] by the Biden-Harris Transition Team calls for expanding support to PEPFAR and the Global Fund, but that also hinges on the priorities of the new Congress.

Third, during FY21 PEPFAR implemented several initiatives, described below, that affect all PEPFAR countries in COP20 and will require particular scrutiny.

Read more about key themes in COP20:

- Correcting COVID-19 harms to the HIV response
- Confronting harm caused by PEPFAR's HIV index testing program
- Community-led monitoring
- Pediatrics

2 Kaiser Poll Finds Bipartisan Support For Spending On Global Health.
3 Deadly Impact: How Flat Funding is Undermining U.S. Global AIDS Programs.
4 Statement from President-elect Joe Biden on World AIDS Day. December 1 2020.

How to use this guide

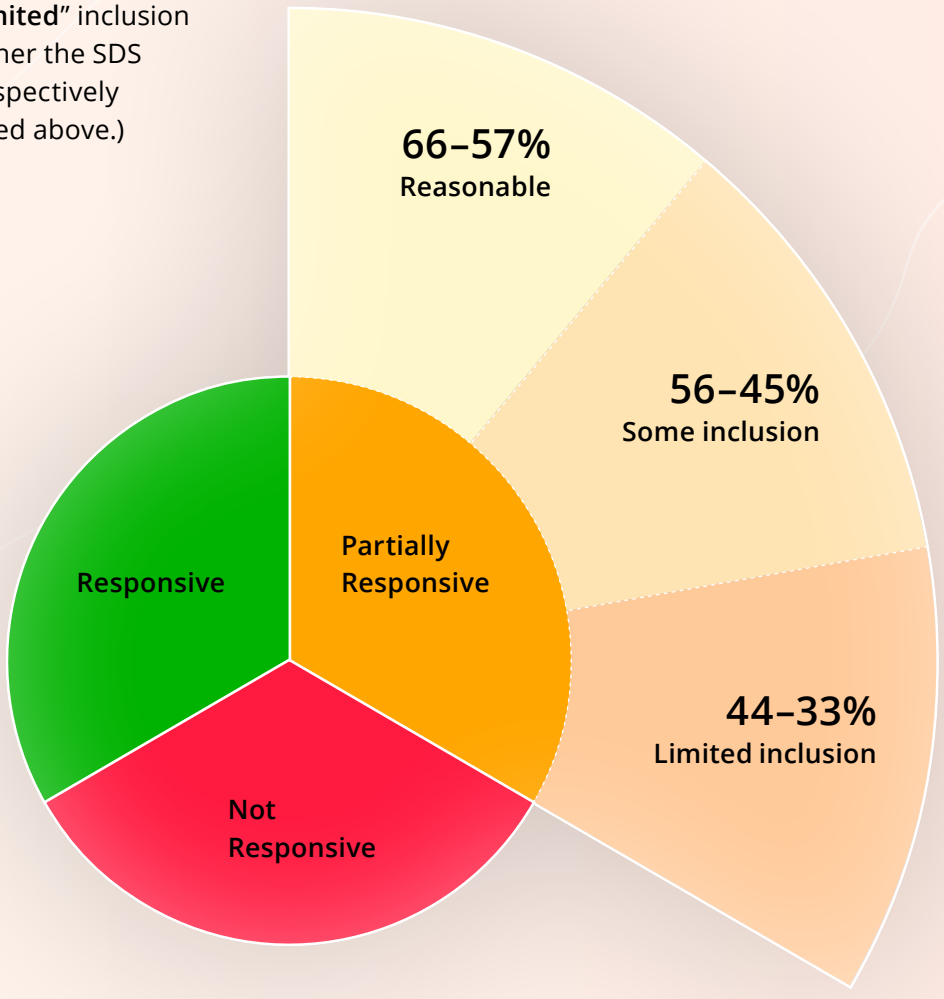
Community priorities contained in People's COPs or in civil society checklists were separated into "Priority Area" and then into individual unique demands. These discrete demands were assessed based on a scoring system: included in the SDS (two points), partially included in the SDS (one point) or not included in the SDS at all (zero points). In some countries, draft SDSs were provided *after* the RPMs for a final round of civil society input. An additional assessment was conducted contrasting differences between the penultimate and ultimate approved SDS.

First, the results were tabulated, and a country's SDS was scored first overall either as "**Responsive**," "**Partially Responsive**," or "**Not Responsive**" to civil society demands, based on their percentage score (**100–67%**, **66–34%**, or **33–0%** respectively). All of the 7 SDSs scored within the "Partially Responsive" range.

Second, a more detailed breakdown of the category of "Partially Responsive" was used to assess whether the 7 SDSs had "**reasonable**," "**some**," or "**limited**" inclusion of civil society priorities (based on whether the SDS scored **66–57%**, **56–45%**, or **44–33%**, respectively according to the scoring system described above.)

Third, we analyzed the responsiveness of PEPFAR to each Priority Area by determining the percentage of points scored for the demands contained within each Priority Area. We assigned a percentage based on that score. Demands within a given Priority Area were assessed to have been either "**included**," "**mostly included**," "**partially included**," "**limited inclusion**" or "not included" based on whether the category **100%**, **99–66%**, **65–33%**, **32–1%**, or **0%** of the total discrete recommendations, respectively.

While not an exact science, this approach provided a reasonably systematic analysis of the level of inclusion of civil society priorities in the final country SDS. These results will form the basis for a practical tool for watchdogging the accessibility and quality of HIV services during FY21, enabling civil society to watchdog PEPFAR's commitments and to continue pushing for prioritization of those demands that were excluded from or not fully included in country SDSs.



Scoring guide for inclusion of civil society priorities in COP20 Strategic Direction Summaries

- **100–67%** Responsive
- **66–34%** Partially Responsive
  - 66–57% Reasonable
  - 56–45% Some inclusion
  - 44–33% Limited inclusion
- **33–0%** Not Responsive

Country results

Activists made 694 unique demands of PEPFAR across 7 countries as contained in People's COPs or civil society checklists. The total number and focus of priorities varied by country and depending on the level of detail in a People's COP or checklist. Of the 694 priorities, 257 were included in the COPs, 223 were partially included, and 214 were not included (Table 1).

Table 1. Number of civil society priorities included, partially included, and not included in PEPFAR COP20 Strategic Direction Summaries

Country	Total number of priorities set	Priorities included in COP	Priorities partially included in COP	Priorities not included in COP
Kenya	102	31	25	46
Malawi	90	25	39	26
Zimbabwe	106	39	38	29
South Africa	113	47	25	41
Tanzania	126	56	49	21
Uganda	98	44	29	25
Mozambique	59	15	18	26
TOTAL	**694**	**257**	**223**	**214**

Kenya

Overall Assessment
42.6%

COP shows limited inclusion of civil society priorities

Table 2. Inclusion of civil society priorities from the People's COP20 Kenya in PEPFAR's COP20 Strategic Direction Summary. For greater detail, including composite parts, see the full data table for Kenya.

Priority Area in People's COP	2020 Grade
1a. Increase the overall PEPFAR allocation by $60 million	50.0%
1b. Revise the proposed reduction to test kits and support 7 million test kits and track self-test kits to maintain the program capacity to identify undiagnosed people living with HIV	100.0%
2. Put in place measures to ensure that index testing does not lead to intimate partner or other violence, or forced disclosure of PLHIV's status.'	80.0%
3a. Fund an additional 6000 outreach workers to provide retention services at facilities and in the community	75.0%
3b. Fund transportation for community outreach to find PLHIV who are lost to follow up and require support to remain on treatment	66.7%
3c. Invest in community support groups for PLHIV at the community and facility levels	50.0%
4a. Restore the US$18.4 million investment to the key population program	100.0%
4b. Increase investment in community-led service delivery, and community outreach	80.0%
4c. Increase investment in data protection and data on behavior	25.0%
5. Ensure that women of reproductive age have access to TLD to improve retention and treatment outcomes and are able to make an informed decision to start/transition to a dolutegravir based regimen, and that PLHIV on DTG are tracked for weight gain and moved back if needed	57.1%
6a. Improve timely diagnosis of perinatal HIV with point of care testing and scale up optimized HIV treatment for infants	25%
6b. Make available optimized ARV for all infants and children living with HIV	91.7%
7. Continue funding services for people living with HIV despite the proposed transition by the government to Universal Health Coverage	22.2%
8a. Integrated TPT within differentiated service delivery (DSD) models of HIV care. In particular, administer TPT through the multi-month scripting (MMS) and DSD models for PLHIV newly initiating ART	16.7%
8b. Improve TB infection control measures and ensure TB screening and testing in 100% of PEPFAR supported sites	0.0%
8c. Improve TB testing among PLHIV by supporting better placement of GeneXpert and urine-LAM tests and training for health workers at all PEPFAR funded sites	20.0%
8d. Support TB diagnostics procurement and placement to improve detection at all PEPFAR funded sites	37.5%
9. Support community led monitoring to increase the quality of service delivery in PEPFAR funded sites	75.0%
10. Reduce viral hepatitis transmission and related mortality among people living with HIV by upscaling interventions by preventing, diagnosing, and linking people to treatment and care, and ensuring full supply of HBV birth dose, HBV preventative vaccines, and pan-genotypic direct-acting antivirals (DAAs)	16.7%

Dive deeper

[Kenya People's COP20]

[Final Published SDS]

[Full data table]

Wins to track closely during implementation:

Civil society advocated for a restoration of prior year funding levels for community-led organizations delivering services for key populations. The Kenya SDS states: "to increase service uptake, more KP-led organizations will be strengthened and sub-granted to expand community-led KP service provision."[5] While no concrete funding commitment was included in the final SDS, slide 28 of the Kenya COP 2020 Outbrief Slides includes this pledge: "PEPFAR's Response to COP20 RPM Dialogue with KPs: Restore FY20 funding $18,853,261; Maintain Higher targets (95%) coverage of all KPs in 24 target Counties at $20,500,000 funding level."[6] The inclusion of this commitment marks important progress but civil society will have to watchdog implementation carefully, and follow the money, particularly because KP-led organizations have had more difficulty getting access to PEPFAR funding for KP service delivery and advocacy compared with non KP-led organizations.

Additionally, Kenya's final COP includes significant commitments regarding civil society oversight of the index testing program and robust facility level compliance assessments. To date, PEPFAR has failed to adhere to these commitments. Civil society advocacy remains critical to ensure that implementation of the index testing program is conducted in safe and ethical standards based on voluntarism and informed consent.[7]

Setbacks that require follow-up advocacy:

In Kenya's People's COP, civil society demanded 70% of Early Infant Diagnostic (EID) testing platforms be "Point-of-Care" (POC EID) rather than "conventional," in order to correct extremely long delays HIV positive women experience in getting their infants' EID results—despite an average eight-day turnaround time from EID samples being collected to a result being returned to a facility, women report protracted delays in actually receiving their results, contributing to extremely poor rates of retention in care for mothers and their babies, low rates of viral load suppression and 11% rates of HIV transmission during gestation, delivery, or breastfeeding. As of 2020, the overall percentage of EID samples processed on POC instruments was just 4.8%. The SDS commits to funding only 6 POC sites with 85 networked sites, despite 67 instruments being spread across the country. Only 17 of these 67 are being used currently.

5 *Supra* note 20 p 65
6 Kenya COP20 Outbrief, In Person Planning Meetings. Johannesburg, South Africa. March 6 2020.
7 Supra note 20, p. 39-42.

Malawi

Overall Assessment
49.4%

COP shows some inclusion of civil society priorities

Table 3. Inclusion of civil society priorities from Malawi's People's COP in PEPFAR's COP20 Strategic Direction Summary. For greater detail, including composite parts, see the full data table for Malawi.

Priority Area in People's COP	2020 Grade
1. Increase funding for human resources for health by funding an additional 1,500 Expert Clients, 50 Lab Assistants, 50 Community Health Nurses and incentivize 800 Sputum Collectors.	50.0%
2a. Maintain Community ART with Community Adherence Clubs as established in COP19 and expand to ensure at least 50% of eligible PLHIV access services through this differentiated service delivery model.	75.0%
2b. Establish a welcoming environment for PLHIV in and returning to care by addressing poor healthcare worker attitudes.	64.3%
2c. Fund widespread community and peer led prevention and treatment literacy efforts.	42.9%
3. COP20 must ensure that all PLHIV receive an annual viral load test and receive test results within a maximum of 15 days.	75.0%
4. Fund local level community and PLHIV led groups to monitor the state of service provision at PEPFAR supported sites & escalate issues of poor performance.	83.3%
5a. Support scale up of TB preventive therapy to all people living with HIV and initiate access to 3HP for 40% of PLHIV eligible for TPT.	38.2%
5b. Scale-up systematic TB screening across all PEPFAR sites	75.0%
5c. Improve TB testing amongst PLHIV by supporting better placement of GeneXpert and urine-LAM tests and training for health workers at all PEPFAR funded sites	56.7%
5d. Support TB diagnostics procurement and placement to improve detection at all PEPFAR funded sites.	33.3%
5e. Scale up access to other diagnostics and treatments for advanced HIV disease.	0.0%
6a. Increase the target numbers of key populations reached with services by PEPFAR.	50.0%
6b. Support increased access to self-test kits and outreach testing to increase numbers of key populations with knowledge of positive status.	33.3%
6c. Support adherence and retention amongst key populations	37.5%
6d. Address structural barriers to HIV and TB services for key populations	33.3%
7a. Support adolescent specific teen clubs to increase adherence amongst young people.	50.0%
8a. Fund PrEP access, awareness and retention programmes	100.0%
9a. Eradicate STI medicine stockouts and improve healthcare worker attitude to increase uptake of STI diagnostics and treatment.	33.3%
9b. Fund comprehensive cervical cancer services including training of healthcare workers and purchase of services.	50.0%
10. Expand PEPFAR priority districts to include Nsanje.	50.0%

Dive deeper

[Our Voices on COP20 Malawi]

[Published SDS]

[Full data table]

Wins to track closely during implementation:

In Malawi, activists community-led monitoring efforts to expose barriers to quality HIV treatment and prevention,[8] ranging from stigma and discrimination faced by sex workers in clinics, to long wait times, to chronic health worker shortages. As a result, activists secured a major shift in PEPFAR funding for Malawi in COP20 away from low-impact technical support and toward scaling up direct service provision for communities in need. For example, COP20 commits to increase the numbers of community health workers, including adding 180 more healthcare workers under the Christian Health Association of Malawi (CHAM) and 200 professional health workers through a new PEPFAR funding mechanism with the Government of Malawi.

Setbacks that will require follow-up advocacy:

In response to civil society's demands regarding advanced HIV disease, the COP states that the "Global Fund procures commodities for advanced disease."[9] However, it is worth noting, Malawi's March 2020 TB/HIV Global Fund funding request included a prioritized above allocation request (PAAR) for $31,902,252.04 for procurement of cotrimoxazole formulations for adult and pediatric patients from 2022 to 2024 and procurement of commodities for medicines for opportunistic infections and laboratory monitoring reagents for hematology, chemistry, CD4, serum CrAG and Hepatitis B from 2023 to 2024. Malawi's urgent need for these commodities is therefore not clearly covered by the Global Fund. Civil society needs to continue pushing this life-saving advocacy agenda forward.

8 Maverick Citizen: Photo essay: Communities in Malawi demand changes to how US spends HIV money

9 Malawi Country Operational Plan 2020 Strategic Direction Summary. March 27 2020. p 32.

Mozambique

Overall Assessment
40.7%

COP shows limited inclusion of civil society priorities. For greater detail, including composite parts, see the full data table for Mozambique.

Table 4. Inclusion of civil society priorities from the civil society checklist in PEPFAR's COP20 Strategic Direction Summary

Priority Area in People's COP	2020 Grade
Testing (1st 90)	70.0%
Retention & Adherence	56.7%
Prevention (biomedical)	100.0%
TB (including TB LAM tests, TB preventive therapy)	29.4%
Key Populations Services (including size estimates)	8.3%
Health Workforce (not included above)	37.5%

Dive deeper

- Civil society checklist
- Final SDS
- Full data table

Wins to track closely during implementation:

The COP describes a plan to multiplex with GeneXpert, and place machines at POC or as near as possible to POC. A similar pilot to multiplex GeneXpert machines (for viral load, rapid molecular testing for TB, and early infant diagnosis) is also included in the Global Fund request. Evidence from the region shows Xpert multiplexing is feasible and will increase access to viral load testing and early infant diagnosis to priority populations. Yet, it is not currently done in Mozambique and there is some political debate about its feasibility and desirability. Implementation should be monitored closely to ensure the program is delivering impact for communities.

Setbacks that require follow-up advocacy:

Stigma, discrimination, and human rights violations are widely experienced by people living with HIV in Mozambique, including in clinical settings. The COP prioritizes anti-stigma campaigns and activities in multiple sections, but never states that these will be led by people living with HIV and key populations. Civil society will need to challenge this glaring omission.

South Africa

Overall Assessment
52.7%

COP shows some inclusion of civil society priorities.

Table 5. Inclusion of civil society priorities from South Africa's People's COP in PEPFAR's COP20 Strategic Direction Summary. For greater detail, including composite parts, see the full data table for South Africa.

Priority Area in People's COP	2020 Grade
1. Increase the budget for the overall PEPFAR programme by US$200 million to match last year's overall budget that included surge funding	33.3%
2. Implement and maintain the promises made in COP18 to fund 20,000 supplemental frontline staff and 8 000 community healthcare workers in order to reduce waiting times and ensure better re-engagement in care	31.3%
3a. Roll out multi-month dispensing including six month supply	66.7%
3b. Establish and scale up facility and community adherence clubs at all PEPFAR supported sites to ensure at least 20% of eligible PLHIV are decanted into them (with the other eligible PLHIV decanted into CCMDD, fast lane, and other models).	25.0%
3c. Establish and scale up functional support groups at 100% of PEPFAR supported sites	87.5%
3d. Establish a sustainable and comprehensive approach to provide medical and psychosocial support that can be individualized according to distinctive needs of the disengaged individuals.	37.5%
4. Put in place measures to ensure that index testing does not lead to intimate partner or other violence, or forced disclosure of PLHIV's status'.	44.4%
5. Fund a widespread expansion of high-quality treatment literacy information.	30.0%
6. Ensure that PLHIV are able to make an informed decision to start/transition to a dolutegravir based regimen, and that PLHIV on DTG are tracked for weight gain and moved back if needed.	60.0%
7. Scale up optimized HIV treatment for infants and ensure access to differentiated service delivery models for mothers and babies with HIV.	75.0%
8a. Ensure "GREEN" TB infection control at all PEPFAR supported sites.	22.2%
8b. Ensure universal TB screening, improve rates of TB testing, and ensure contact tracing amongst PLHIV with TB.	50.0%
8c. Support scale up of TB preventive therapy (TPT) among PLHIV	50.0%
9. Support a bio-behavioral survey and a size estimate study for key populations to improve service delivery.	0.0%
10. Ensure that men are able to access male friendly services e.g. male outreach initiation and management, male after hours clinics, and community testing.	100.0%
11. Ensure that interventions targeting young people reduce HIV incidence and provide adequate care and support to ensure long term treatment retention through youth friendly services and youth clubs.	68.8%
12a. Fund a community-led capacity building programme to strengthen and ensure the functionality of clinic committees across South Africa.	33.3%
12b. Ensure accountability in HIV and TB service delivery by maintaining funding for Ritshidze in COP20.	100%
12c. Eradicate barriers to accessing HIV, TB and STI medicines — caused by stockouts and/or shortages of medicines — at 100% of PEPFAR sites in COP20 by funding the Stop Stockouts Project.	50.0%

Dive deeper

South Africa People's COP20

Final SDS

Full data table

Wins to track closely during implementation:

Activists emphasized the grave risk of premature removal of COP18-19 "surge" funding in COP20, and demanded that it be continued into FY21. While the final SDS for South Africa does not include the overall funding levels demanded by civil society in the People's COP,[10] PEPFAR officials did commit formally during the South Africa RPM Outbrief session in Johannesburg that they would carry out an analysis of human resources gaps and would increase funding for FY21 for health workforce based on the outcomes of that analysis.

But PEPFAR has not carried out that essential analysis. There are anecdotal reports that health workers are not being retained as a result of surge funding winding down—before surge funding was fully spent on hiring additional clinical and community staff who are urgently needed to reduce long wait times in high volume, poorly performing public sector clinics. Intensified civil society advocacy is needed to ensure that $500 million 2-year surge funding be extended into COP20, in order to ensure any progress made is strengthened and sustained.

Setbacks that require follow-up advocacy:

Despite multiple promises by PEPFAR since COP18 to invest in 20,000 supplemental frontline staff and 8,000 community health-care workers (CHWs)[11] as part of surge funding in order to reduce the congestion at clinics driving poor rates of retention in care among people living with HIV, COP20 indicates that these targets had not been reached. Broken promises to deliver on a two-year old commitment to address South Africa's health workforce crisis are now affecting the priorities of the Global Fund in South Africa, as well. COP20 points to the Global Fund for support of CHWs, however, there are major gaps in Global Fund funding for CHWs. The Policy Framework states that South Africa needs 54,956 community health workers. The current budget allocation from Treasury to the National Department of Health of R1.4 billion covers 33,333 CHWs. But the Global Fund is only supporting salaries for 400 CHWs to support Global Fund activities over the three-year grant, in part because the COP18 specified support for 8,000 CHWs was factored into the Global Fund's programmatic gap analysis and influenced the (low) Global Fund salary support for CHWs. This support is no longer there in COP20, a major gap that will undermine access to essential services.

10 People's COP20 South Africa: Community Priority Recommendations. p. 6.

11 *Ibid,* p. 7.

Tanzania

Overall Assessment
63.9%

COP shows reasonable inclusion of civil society priorities.

Table 6. Inclusion of civil society priorities from the civil society checklist in PEPFAR's COP20 Strategic Direction Summary. For greater detail, including composite parts, see the full data table for Tanzania.

Priority Area in People's COP	2020 Grade
Testing	77.3%
Gender Based violence	50.0%
Support CSOs and communities to implement innovative methods or reaching to high risks/ vulnerable groups (KPs, AGYW, OVCs and youth) and men and people in the workplaces	50.0%
Prevention	44.4%
DTG Roll Out	25.0%
Human Resources for Health	68.8%
Implementation of differentiated service delivery and multi-month prescription of ART (MMS)	75.0%
Use of Biometric Unique Identifier	100.0%
Pediatrics (testing, treatment and retention)	72.5%
Linkage and Retention	66.7%
Adolescent Girls and Young Women	75.0%
Key and Vulnerable Populations (KVPs)	62.5%
Support Literacy of Nutritional Support for PLHIV	25.0%
Community Led Monitoring	100.0%
TB Prevention and Treatment	62.5%
Address Stigma and Discrimination in PEPFAR Based Facilities	62.5%
Advanced HIV disease	50.0%

Dive deeper

[Community checklist]

[Published SDS]

[Full data table]

Wins to track closely during implementation:

Civil society secured several important victories. First, activists worked at the RPM to win an ambitious roll out of a national PrEP program with targets scaled up to 180,000 people. Regarding index testing, civil society demanded a plan for reviewing implementation of index testing strategies that engages civil society and ensures index testing is "client centered"—prioritizing safety, confidentiality, and human rights. This was included in the SDS[12] but must be monitored closely. Civil society successfully advocated for the removal of index testing specific targets in order to help reduce the risk of coercion, breach of confidentiality and violence. The COP commits to dialogue with civil society to address index testing concerns, engaging a KP Advisory Committee,[13] and mentions planned future dialogues with CSOs on the monitoring of index testing to ensure it is client centered. Civil must closely monitor how this is done, to ensure meaningful engagement on the issue and not a placating, box-ticking exercise.

Setbacks that require follow-up advocacy:

During the RPM, civil society demanded the reopening of KP drop-in centers that are vital to reaching communities with quality services. After initial interest, PEPFAR quickly withdrew their support; KP drop-in centers remain closed, despite major gaps in service delivery for key populations. In addition, despite pressure from communities for the government of Tanzania to revise its national guidelines to include roll out of TB-LAM for TB screening, the government refused.

12 Tanzania Country Operational Plan (COP) 2020 Strategic Direction Summary, p. 3: "In COP20, we will continue to roll out index testing with fidelity, with a continued emphasis on ensuring that services offered are of high quality, non-coercive, and confidential. Working closely with civil society to develop and roll out community-led monitoring efforts will play a key role to achieve this goal' and p.57: "PEPFAR/T is committed to ensuring that all index testing services are client centered. PEPFAR/T has demonstrated its ability to successfully scale-up index testing, and the focus now is on quality. PEPFAR/T will draw on the core tenets of high-quality services, with an overall goal of ensuring that services are non-coercive, private, and confidential. PEPFAR/T will not be using targets to drive performance, but rather emphasize the importance of index testing to identify undiagnosed contacts."

13 *Ibid.*, p. 50.

Uganda

Overall Assessment
59.7%

COP shows reasonable inclusion of civil society priorities.

Table 7. Inclusion of civil society priorities from Uganda's People's Voice in PEPFAR's COP20 Strategic DIrection Summary. For greater detail, including composite parts, see the full data table for Uganda.

Priority Area in People's COP	2020 Grade
1. Walk the talk—put communities at the center	30.6%
2. Key populations programming	55.0%
3. Social enablers must be implemented	68.8%
4. High impact prevention must be expanded through COP19 and COP20, focusing on adolescent girls and young women (AGYW), key populations, pediatrics and men	63.9%
5. Expand pediatric HIV diagnosis and quality treatment access	100.0%
6. Stop stockouts	70.0%
7. Address persistent human resources for health barriers	75.0%
8. TB/HIV service delivery	66.7%
9. Community Led Monitoring for Advocacy	55.5%

Dive deeper

Uganda The People's Voice on COP20

Final SDS

Full data table

Wins to track closely during implementation:

Civil society demanded that COP20 invest in programs aimed at improving the quality of services delivered by and for young people, by rapid expansion of the Young People and Adolescent Peer Support (YAPs) model nationally. Uganda's Global Fund funding request, submitted in March 2020, says "The Young People and Adolescent Peer Support (YAPS) initiative, piloted in 2019 in 9 districts and 48 facilities is currently being scaled up to 52 districts with support from PEPFAR and UNICEF." Then, the final SDS says: "The YAPS model (modeled after the Zimbabwe Zvandiri program) will be expanded from 50 to 71 districts." The increased number of YAPS districts could reflect additional advocacy success in the time between the writing of the Global Fund request and the finalization of the COP. Given the rapid scale up of this activity and its clear importance both to the PEPFAR and the Global Fund-supported programs, civil society should closely monitor its implementation to ensure the rapid scale up is equitable and does not compromise quality.

PEPFAR Uganda and civil society agreed on the need for greater strategic attention on scaling up quality services for HIV positive infants and pregnant and breastfeeding women in order to address chronically low coverage of EID at <2 months among HIV exposed infants, high death rates among HIV positive children, and high rates of loss to follow up among pregnant and breastfeeding women. But already the COP19 target of 20% of EID testing being delivered through the POC platform has not been reached according to Q2 FY20 PEPFAR program data. The increased target for COP20 that 35% of EID be done as POC requires aggressive follow up.[1]

Setbacks that require follow-up advocacy:

Civil society demanded that PEPFAR publicly and actively support decriminalization of HIV and of KPs in order to increase uptake of life-saving services, decrease new infections, and ensure evidence-based response in Uganda. Initial vague language in the March 20, 2020 draft COP states, "PEPFAR will explore options to improve the legal environment that is not conducive for some client groups accessing care in health facilities and at community level." Even this language was removed from the final published SDS. While Uganda's SDS suggests that addressing legal barriers (inferred to include criminalization of groups, though the COP doesn't actually say this) is addressed under the Global Fund grant, in fact only $190,764 in funding to address punitive laws was included in Uganda's March 2020 Global Fund grant, as an 'above allocation' request (not part of the core grant application). This is evidence that the Global Fund grant is not fully covering the country's need for addressing legal barriers including criminalization.

1 Uganda Country Operational Plan COP20 Strategic Direction Summary, April 1, 2020, p. 81.

Zimbabwe

Overall Assessment
54.7%

COP shows some inclusion of civil society priorities.

Table 8. Inclusion of civil society priorities from Zimbabwe's Community COP in PEPFAR's COP20 Strategic Direction Summary. For greater detail, including composite parts, see the full data table for Zimbabwe.

Priority Area in People's COP	2020 Grade
1. Fund the expansion of Viral Load Testing (VLT) from the current 44% to the 74% as per government set targets.	47.4%
2. Fund and increase the numbers of human resources for health from 14,133 in COP19 to 20,000 healthcare workers including lab technicians, CATs, data clerks, community, peer and lay workers, nurses and pharmacists among others in PEPFAR priority districts.	37.5%
3. PEPFAR should disburse funding contingent to the government of Zimbabwe adopting policies that support not inhibit HIV service scale up as per COP20 Guidance on Minimum Requirements.	58.3%
5. Invest in strengthening the procurement and supply systems to prevent stockouts	100.0%
6. Fund a widespread expansion of treatment literacy and communication to increase linkage, adherence and retention rates	100.0%
7. Scale up access to 3HP for TB preventive therapy (TPT) and urine-LAM as a point of care diagnostic at health facilities.	26.7%
8. Fund "Men and Boys Program "and wellness initiatives, rebrand condoms and strategically distribute them and expand PrEP scale up to all priority PEPFAR districts and populations.	62.5%
9. Fund optimal paediatric formulations to increase paediatric ART coverage	62.5%
10. Fund US$2m to expand the existing community-led monitoring	62.5%
11. Invest in improving the data management platform and systems for accurate, reliable and timely data	50.0%

Dive deeper

Zimbabwe Community COP20

Published SDS

Full data table

Wins to track closely during implementation:

The inclusion of the following sentence verbatim in the COP from the People's COP is an important win: "In COP 2020, PEPFAR will ensure that PEPFAR-procured vehicles provide support for transportation of commodities to improve last mile delivery to service delivery points." However, with the extreme fuel shortage in Zimbabwe, civil society will need to monitor this commitment closely and hold PEPFAR accountable.

Setbacks that require follow-up advocacy:

For TB preventive therapy (TPT), it should be noted that PEPFAR is not actually procuring the commodities for the full 459,040 people targeted. An excerpt from the Global Fund funding request is a helpful piece of information to understand how PEPFAR and Global Fund will collaborate to achieve the desired TPT coverage. From the Global Fund request: "The roll out of short TPT regimens (3HP) for PLHIV is prioritized in the allocation, supporting 194,887 people living with HIV and children under 5 years of age on TPT over the three years. These investments are synergistic to other partner programs in Zimbabwe, particularly PEPFAR, which has a target to reach 459,000 patients with TPT in COP20 (procuring commodities directly for 315,330 patients)." Civil society should push for greater transparency from PEPFAR: what do its COP commitments actually mean in terms of targets as compared with procurement?

Conclusion

257 of civil society's ambitious priorities for PEPFAR's programs in FY21 in seven countries have been adopted by PEPFAR, out of a total of 694 discrete demands. These priorities, spanning treatment and prevention policy, funding, human rights, access to appropriate commodities, and service delivery models, reflect the issues that, according to community-generated evidence, are holding back progress in defeating HIV. Through powerful advocacy, community-led monitoring, and other tactics, civil society coalitions have been able to secure these commitments.

However, 223 civil society priorities were only partially adopted and 214 were not included at all. Measuring and tracking PEPFAR's progress in implementing these commitments—and holding PEPFAR accountable for the outcomes—are necessary advocacy interventions in order to aggressively scale up the HIV treatment and prevention response. Together with other essential activist resources, such as the Rough Guide to Influencing and Monitoring PEPFAR Country Programs, this tool will be updated annually.