

COUNTRY NAME:					
Area	Priority Intervention	COP19 language + data	Draft language & budget for COP20	Target for COP20	Agreements in COP20
Testing (1st 90)	Finding HIV positive children (<15 years)	<p>Pediatric ART coverage remains exceptionally low at 50 percent (MISAU 2018 Annual HIV/AIDS Activity Report) and pediatric case finding, linkage, and retention remain central priorities for MISAU and PEPFAR.</p> <p>VL suppression among children and adolescents is catastrophic, at 45 percent in FY19Q1, reflecting an urgent need for improved ART regimens, better quality of care for children and adolescents and dedicated retention programming.</p> <p>In COP19, PEPFAR will support limited implementation of MISAU's national policy for mobile brigades, currently in</p>	<p>In order to improve Case finding at ANC; PEPFAR will fund HIV testing for all pregnant and breastfeeding women must be tested at ANC. All Pregnant women with HIV must be linked to PMTCT services.</p> <p>PEPFAR must support primary care and ART access for pregnant and breastfeeding women living with HIV in remote communities through DSD models like XXXXX</p> <p>PEPFAR will support POC viral load testing for EID for all children of WLHIV. Further identification and testing through index testing will be improved.</p> <p>Mother and child support groups linking community to health facility</p> <p>The existing problematic policies surrounding index case testing of children of PLHIV aged 10-14 exist. PEPFAR will support Implementation of policy changes to test all children of PLHIV.</p> <p>PEPFAR Will support access to high optimized treatment for infants and children living with HIV. Including fast tracking the phasing out of NVP and EFV based regimen and transition to TLD for all children >20kgs. For those <20kg, are switched to LPV/r based regimens using available syrup while making the pellets available for paediatrics. Countries should be preparing to transition now to dispersible Once dispersible DTG for those < 20kgs. Treatment literacy for mothers of HIV positive children to improve case finding, treatment adherence and retention to care.</p>		

		<p>development, in order to provide high quality primary care, ART access and PMTCT in remote communities in provinces with high VT. Support will be expanded depending on availability of additional funds for scale up. Timely achievement of viral suppression during pregnancy and lactation are key priorities. VL result return to clinical charts and clinical use of results during pregnancy and lactation will be a renewed priority in COP19. If funds can be mobilized via a newly launched laboratory request for proposal (RFP) in COP19, PEPFAR will prioritize implementation of point-of-care (POC) VL for PLW. In order to eliminate maternal to child transmission of HIV, PEPFAR must strive for the ambitious goal of 100% viral</p>			
--	--	---	--	--	--

		suppression among PLW			
Linkage & Treat Initiation (2nd 90)	Linkage for key populations is extremely poor				
Viral Suppression, (3rd 90)	Coverage of VL is still very poor and suppression rates are very bad, particularly among CLHIV and men				
Retention & Adherence	<p>Very poor; getting worse: end of FY2019 saw lower net new of patients on treatment than in the previous 3 years. Total on treatment increased by only 52,000 people</p> <p>\$1 million for a new initiative to support independent, community led monitoring and advocacy in order to address poor program performance through watchdogging agreed to in COP19 has not been implemented despite the urgent</p>	<p>PEPFAR will increase HRH investments at site and community levels to improve retention for patients in treatment, including children and adolescents.</p> <p>Counselors and mentor mothers will provide intensive case management support for children under five years of age and their families; and peer educators and APES will provide parallel services for children over five years of age, and adolescents.</p> <p>OVC providers will continue to target services to high-risk HIV-positive children and adolescents, prioritizing retention and adherence counseling. While also continuing to</p>	<p>The major causes of Loss to Follow Up include:</p> <ol style="list-style-type: none"> 1. Lack of access to food has been shown to undermine adherence, increase LTFU rates, and result in abandonment of care. <ol style="list-style-type: none"> a. The Sexta Basica should be made available in COP20 to all people in need, in order to motivate and support people (adults and children). 2. Lack of money for transport <ol style="list-style-type: none"> a. Community ART must be scaled up dramatically under COP20. Funds should be taken from poorly performing IPs and invested in mobile clinics that can push quality ART management to the communities, where people are suffering without access. COP20 should ensure the Districts representing 70% of LTFU have a sufficient coverage of mobile brigades 	<p>TARGET: Roll out prospective program audit in COP20 of 6 IPs to ensure multiple compounding years of missed targets does not result in program fraud and motivates partners to improve rather than chase numbers.</p> <p>TARGET: COP20 must roll out sexta basica access for all sites representing 70% of LTFU in the program, starting with the most vulnerable. The effects on adherence and clinical outcomes should be documented in real time, driven by the first hand feedback from beneficiaries.</p>	

	<p>need for independent watchdogging.</p> <p>There is not clear information about the status of the grant from USAID to CNCS for this new initiative.</p>	<p>support pediatric defaulter tracing, the OVC program will increase collaboration with clinicians to provide wraparound services to prevent LTFU for the highest-risk children and adolescents.</p> <p>PEPFAR clinical and community partners will fully implement revised psychosocial support tools, including tailored positive prevention and counseling services, support for diagnostic revelation, preventive home visits and defaulter tracing for pediatric and adolescent patients</p>	<p>supplying community-based ART management, increasing to 100% by the end of COP20.</p> <p>3. Poor treatment by health workers</p> <ul style="list-style-type: none"> a. Stigma is rife, and must be addressed through an activist-PLHIV-led campaign targeting the local and national leaders. b. Treatment literacy is non-existent and must be addressed through activist-led community based treatment literacy and empowerment programs c. Health Workers' dismally low pay is a major factor driving chronically poor program performance. IPs cannot do very much beyond applying bandaids, as long as the program hinges on the performance of health workers they don't manage or pay. Program data show that IPs that concentrate their funding in salary support for HRH, along with comprehensive supervision, retain more people in care. <ul style="list-style-type: none"> i. Health workers should see a pay increase partially funded through PEPFAR (PEPFAR hiring new clinical staff at increased pay), with resources secured through partner management ii. This must trigger a political commitment from FRM to increase the salaries of health 	<p>TARGET: COP20 should fund a national activist campaign led by people with HIV living openly and with dignity, demanding respect as a human right and as a patriotic duty</p> <p>TARGET: Community led monitoring and advocacy should focus on the sites with the highest LTFU rates and highest rates of reported human rights violations and grievances.</p> <p>TARGET: COP20 should ensure the Districts representing 70% of LTFU have a saturation with access to mobile brigades supplying community-based ART management, increasing to 100% by the end of COP20.</p> <p>TARGET: Address long wait times, poor health worker attitudes in COP20 by working with FRM to increase the salaries of health workers and then partially fund that initiative through focusing PEPFAR investments in</p>	
--	---	--	---	---	--

			<p>workers</p> <p>4. Lack of quality, humane treatment for key populations</p> <ol style="list-style-type: none"> Compulsory training for all health workers at pre service and on the job Friendly services, including night hours, extended to all hotspots Key population specific mobile brigades 	<p>enhanced remuneration in the Districts with the highest rates of LTFU.</p> <p>Grievances from service users will be tracked and corrective action taken.</p> <p>COP 20 should require testing inservice and preservice for all clinical and lay health workers in SOGI</p>	
<p>Prevention (biomedical)</p> <ul style="list-style-type: none"> • VMMC • PrEP • Condoms • Etc. 	<p>PrEP implementation is geographically restricted and demand and uptake is poor.</p>	<p>Three Provinces (Manica, Zambezia, Nampula) have made PrEP available (it was secured in COP18), only for a limited number of populations and a very small target (8,514, an increase from 3,504 in COP18).</p> <p>“One-stop model will be used for PrEP services to support retention; clients</p>	<p>PrEP expansion nationally for all at substantial risk: MSM, sex workers, adolescents at substantial risk, serodiscordant couples and pregnant and breastfeeding women.</p>	<p>Target: Expand PrEP roll out nationally, including pregnant and breastfeeding women, adolescent girls, all people at substantial risk</p>	
<p>Prevention (structural interventions)</p>					
<p>TB (including TB LAM tests, TB preventive therapy (e.g.</p>	<p>Very high mortality rates across the program, requiring urgent</p>	<p>“During COP18 and COP19, a TPT Taskforce will be established between the HIV and NTP programs with a scale up plan on</p>	<p>To improve rates of TB detection amongst PLHIV in the PEPFAR programme in Mozambique in COP20, health centres, hospitals and other PEPFAR sites should universally screen</p>	<p>In COP20, PEPFAR Mozambique should increase the TB-LAM targets by 10% in all those</p>	

<p>3HP), Gene Xpert, TB screening, etc.)</p>	<p>action regarding Advanced HIV Disease</p> <p>TB LAM Testing restricted to hospital settings</p> <p>TB case finding among PLHIV very low</p>	<p>how to improve TPT. GRM adopted a policy change whereby 3 month drug distribution of TPT will be available and implemented at health facilities implementing 3 month drug distribution of ARVs. This policy change will allow for further scale up of initiation and completion of stable HIV patients which is a population that has been identified with high eligibility rates for TPT.” (SDS2019, pg123)</p> <p>“TB Preventive TB, increased targets consistent with the level of increased budgets” (PEPFARPlanning Letter, pg4). For HIV/TB programming, Q4 data showed 948,414 TX_CURR. Out of these, 11% were initiated on TPT, with a 30% completion rate.</p>	<p>PLHIV for TB symptoms and other risk factors upon their presentation to care, and ensure both urine-LAM and Xpert MTB/RIF Ultra testing for those with TB signs and symptoms or who are seriously ill.</p> <p>In COP19, PEPFAR Mozambique committed to <i>“make urine mycobacterial lipoarabinomannan (LAM) available to patients hospitalized with advanced HIV disease.”</i> In COP20, Mozambique should expand this commitment to include PLHIV in outpatient settings, as well as all PLHIV with TB signs and symptoms or who are seriously ill, in accordance with the latest WHO recommendations and PEPFAR COP20 Guidance.</p> <p>PEPFAR Mozambique to ensure TB symptom screening and urine-LAM and Xpert MTB/RIF Ultra testing are being implemented in all settings where PLHIV present to care in COP20. PEPFAR Moz should set ambitious targets for TB screening and testing among PLHIV, and allocate sufficient budget to support the procurement of commodities required for urine-LAM (e.g., TB LAM Ag urine assays, urine cups, pipettes, pipette tips, timers) and Xpert MTB/RIF Ultra testing in quantities that at minimum match the number of people projected to present to PEPFAR-supported sites with advanced HIV disease, plus the number of PLHIV projected to present to care with signs and symptoms of TB. PEPFAR should plan to procure the already available and WHO-recommended Abbott Determine TB LAM Ag test, in the absence of more sensitive urine-LAM assays.</p>	<p>who have advanced HIV disease. The cost of WHO-recommended Abbott Determine TB LAM Ag test is currently \$3.50.</p> <p>Target: TB symptom screening conducted at 100% of PEPFAR supported facilities.</p> <p>Target: 100% of people presenting to care with TB symptoms, serious illness or advanced HIV receive urine-LAM and Xpert MTB/RIF Ultra testing for TB.</p> <p>Target: 100% of people living with HIV diagnosed with active TB disease (TX_TB) receive household contact investigation of family and close contacts.</p> <p>Target: All children identified through household contact investigation (TX_TB x 2) screened for</p>	
---	--	--	---	--	--

			<p>Additionally, in COP20, PEPFAR Mozambique should commit to positioning GeneXpert testing platforms as close as possible to the point of care (not only in laboratories), in order to ensure that rapid Xpert MTB/RIF Ultra testing is readily available for use in combination with urine-LAM testing wherever PLHIV present to care. Where sample transport is required for Xpert MTB/RIF Ultra testing, PEPFAR should aspire to turnaround results and link people to appropriate treatment in less than five days.</p> <p>In COP20, PEPFAR Mozambique should support training for healthcare workers on TB symptom screening, and sample collection and preparation for urine-LAM and Xpert MTB/RIF Ultra testing as close to the point of care as possible, including for children. Where TB tests are inconclusive but risk factors and likelihood of TB are high, especially among children, PEPFAR Mozambique should support clinical/empirical TB diagnosis and treatment initiation.</p> <p>For HIV/TB programming, Q4 data showed 948,414 TX_CURR. Out of these, 11% were initiated on TPT, with a 30% completion rate.</p>	<p>TB, and either initiate TB treatment or TPT.</p> <p>Target: With the TB preventive treatment budget of \$9,000,000, 60% of the budget should be for procurement of newer & shorter TPT therapies such as 3HP, 3HR. 40% of the budget should procure IPT.</p>	
<p>Key Populations Services (including size estimates)</p>	<p>Coverage of treatment and prevention is very low; linkage and program outcomes are</p>	<p>“PEPFAR-support will continue with community-based testing among FSW, MSM, PWID, as well as prison-based testing</p>	<p>Primary prevention “...Prevention services should promote health and treatment literacy about viral hepatitis transmission and prevention, should offer linkage to viral hepatitis testing, DAA treatment, and HBV</p>	<p>OST pilot started in February 2020, supported by MSF. PEPFAR Mozambique should support the Government of Moz to expand this OST</p>	

	<p>poor.</p> <p>People who use drugs experience extreme levels of criminalisation, particularly in the high intensity drug using areas. The Lei 3/97 makes the possession of drugs illegal. Possession of injecting equipment is a criminal offence and PWIDs face systematic repression. The criminalisation of PWID is a barrier for the distribution of harm reduction commodities.</p> <p>No HIV, TB and HepC treatment coverage for PWIDs in Nacala, Nampula and Matola. Lack of an enabling environment for PWID to access HIV, TB and HepC treatment in clinics and increase stigma and discrimination.</p>	<p>among prison populations in districts with priority AJUDA sites” (SDD19, pg 131)</p> <p>“In FY2019, PEPFAR confirmed that out of the estimated population size of PWID was 13, 514. The HIV prevalence is 38% (5,193)”</p> <p>"Peer Navigators will work closely with MISAU's psycho-social support (APSS) focal points to ensure that all newly enrolled HIV positive KP receive effective treatment literacy support to understand the benefits of treatment adherence and viral suppression."pg. 39</p> <p>"The KP service package includes KP-sensitive STI and HIV counseling and testing, as well as correct use of KP-specific data collection tools to track KP service provision via EPTS and HIV testing and linkage registers." pg.40</p> <p>"Mozambique will also support the development of national guidelines for PrEP implementation, based on the results of the ongoing assessment". pg.40</p>	<p>vaccination for people at highest risk, including people who use and inject drugs. In addition, prevention services should advocate and implement a comprehensive package of harm reduction interventions...In addition, it is suggested to offer people who inject drugs the rapid hepatitis B vaccination regimen; to offer people who inject drugs incentives to increase uptake and completion of the hepatitis B vaccine schedule; that needle and syringe programs also provide low dead-space syringes for distribution to people who inject drugs; that psychosocial interventions are not suggested for people who inject drugs to reduce the incidence of viral hepatitis; and to offer peer interventions to people who inject drugs to reduce the incidence of viral hepatitis.”</p> <p>Testing “...Programs should consider incorporating HIV and HCV antibody self-testing into community-based testing strategies where appropriate...Programs should integrate HCV viral load testing into HIV diagnostics algorithms.”</p> <p>Optimizing Treatment and Care “Integrating viral hepatitis into the HIV diagnostics algorithm can ensure people who have a confirmed diagnosis are linked and started on DAAs or adult HBV treatment early, thereby preventing onward transmission and further liver damage. The preventative HBV vaccine can also be offered at the time of return of HIV results, depending on other health conditions, previous treatment</p>	<p>pilot project in the PEPFAR-supported districts. Target:</p> <p>PEPFAR Moz should offer procure and offer OST to the identified 5,193 PWID living with HIV.</p> <p>In FY20, PEPFAR Moz should support key populations (with PWID as a focus) with prevention and treatment services.</p> <p>Target: 100% of the 13, 514 PWID should be prioritised for HIV, TB and Hep B & C screening, as well as treatment. PEPFAR Mozambique should expedite integrating viral hepatitis into the HIV diagnostics algorithm to ensure people who have a confirmed diagnosis are linked and started on DAAs or adult HBV treatment early</p>	
--	--	---	--	--	--

	This is exacerbated by the lack of opioid substitution therapy (OST).		experience, and potential drug-drug interactions...with highly effective and safe pangenotypic direct-acting antivirals, people with HCV can effectively be cured and not transmit the virus if accurate, appropriate prevention education and access to harm reduction materials are in place. Linkage to early HCV treatment for people who are HIV/HCV can prevent further liver damage and improve HIV and health outcomes."		
Health Workforce (Not Included Above)			HRH shortages must be prioritized in COP20		
Enabling environment					
Stigma and discrimination					
Engagement of CSO and KP in PEPFAR processes					
Other issues					