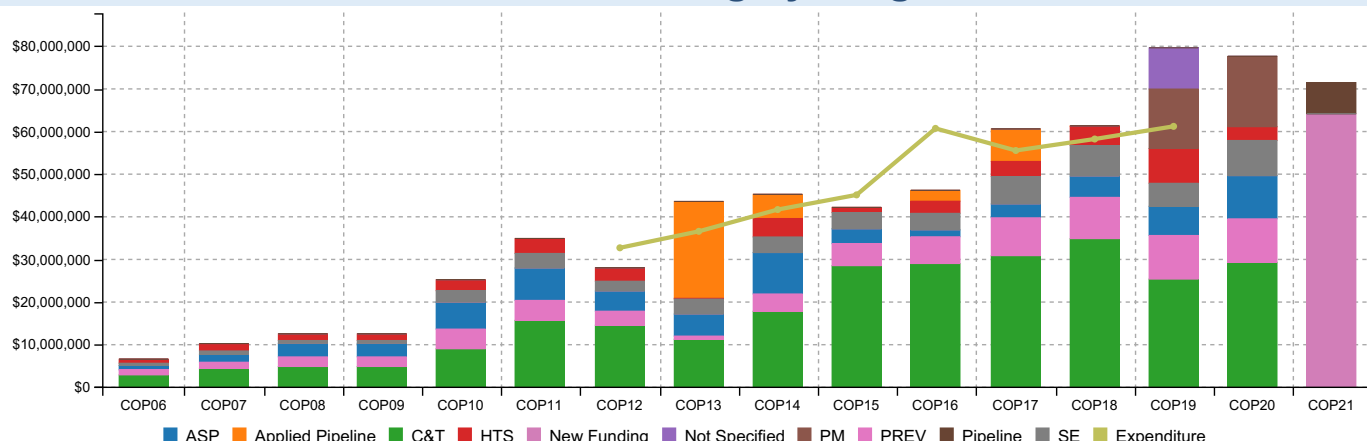


PEPFAR COPS Funding by Program Area



What it shows

- Bars show PLANNED funding by Program Area across all years of the PEPFAR program;
- The line shows ACTUAL expenditures for years where expenditure information is available; NOTE: Expenditures are backdated one year to correspond to their COP. COP funding is for the NEXT fiscal year (i.e. COP19 is for FY20).
- Bars only represent new funding, not total funding from PEPFAR.

So What?

- All PEPFAR COP funding can be broken down by partners and programs online: copsdata.amfar.org
- COP20 is shown for New Funding and Pipeline. If COP20 is below where expenditures have been, PEPFAR is proposing to cut programming compared to prior years. Pushing back on these cuts - especially for key populations - is essential.
- Check whether certain program areas like PREVENTION are being shrunk. Does this align with your priorities?

Specific Funding Lines of Interest

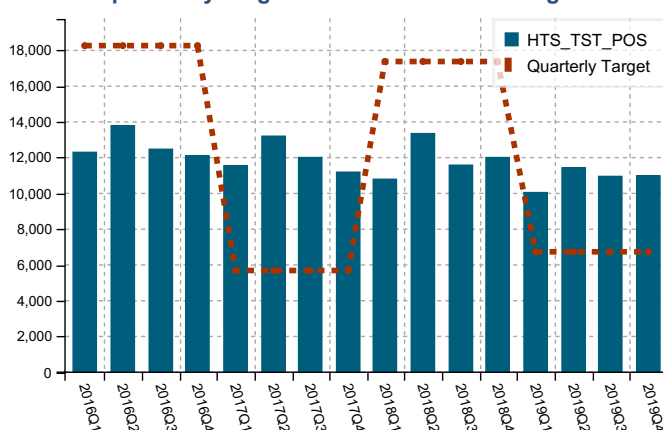
Expenditure Category	Expenditure FY2019	Expenditure FY2020
Human Resources for Health	\$2,318,722	NA
Adolescent Girls & Young Women	\$1,804,268	\$944,431
Men Who Have Sex With Men	\$0	NA
Transgender	\$0	NA
Female Sex Workers	\$0	NA
People Who Inject Drugs	\$0	NA
Gender-Based Violence (Budgeted)	\$1,140,888	\$1,140,888

So What? Monitoring changes to these items is essential for safeguarding investments in marginalized groups (KPs/AGYW) and PEPFAR's investments in human resources. Budget and expenditure data can undercount actual investments - particularly for KPs - this can reflect a failure to prioritize. Expenditures undercount when partners don't specifically separate these line items from overall program. Budget data are regularly incomplete when COPs are finalized and thus do not capture budgets for grants not yet awarded.

KPIF: PEPFAR's commitment to invest \$100M through the Key Population Investment Fund must be ADDITIONAL TO COP funding. Cuts to KP program line items should NOT be justified on the basis of KPIF funding.

PEPFAR Testing Program Results (2020)

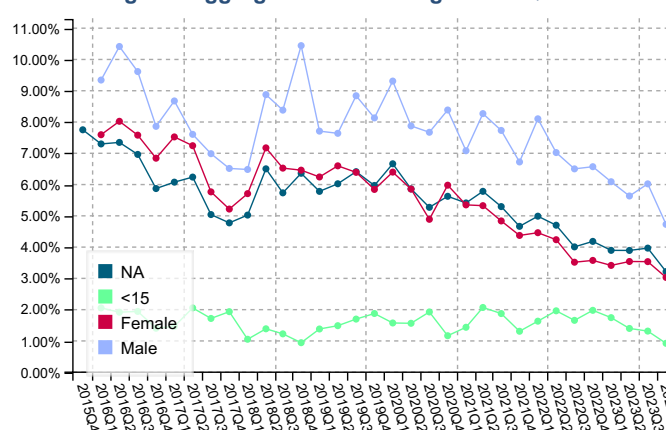
People Newly Diagnosed HIV Positive vs Target



So What?

- If the number of people being diagnosed is going down, it may be because testing services have been reduced, there are fewer people left undiagnosed to test, or because the testing strategies (PICT, index testing or aPNS, and others) aren't the correct ones.
- Poor testing strategies and implementation undermine trust in services and are contrary to both the prevention and treatment goals. People with less trust in the facilities when diagnosed are less likely to be linked and stay on treatment.

Sex/Age Disaggregated HIV Testing Yields Quarter

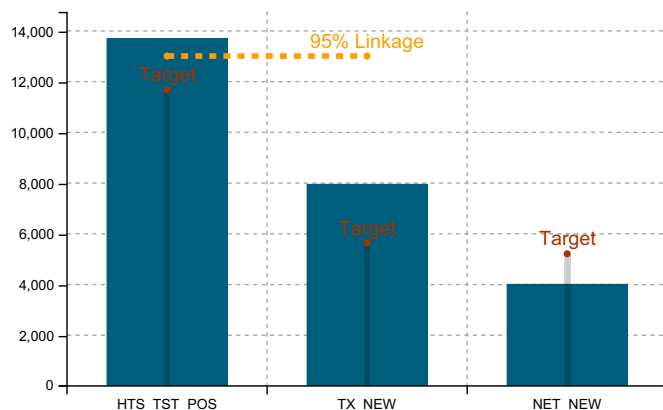


So What?

- Testing yields may differ by sex and age. If there are large differences, it suggests that the current testing strategies aren't effective at reaching everyone with the same efficiency.
- If yields have been going down, what's changed in PEPFAR's approach? Are those changes good?
- If yield rates have gone up, are the rates above historical trends, or just a return to rates from prior years? Again, are the testing strategies being used the correct ones?

PEPFAR Treatment Program Results (2020)

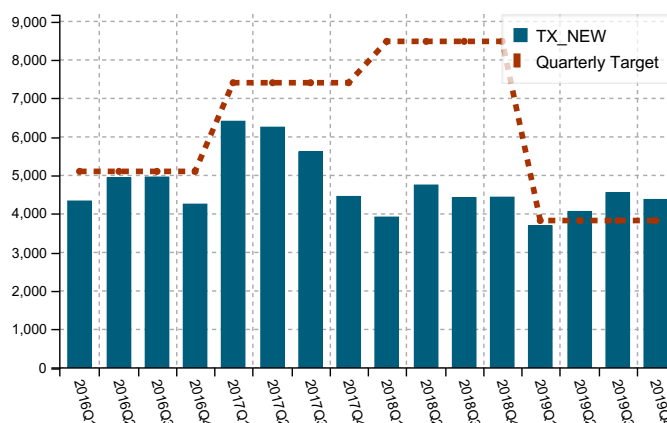
Newly Identified Positive to New Enrollment



So What?

- NET_NEW is the overall increase in people on treatment. If NET_NEW missed the target, why?
- Is the program identifying enough positives? (HTS_TST_POS)
- Are enough getting linked to treatment? (TX_NEW & Linkage)
- Are people staying on treatment? (NET_NEW & Retention)

New on Treatment vs Target

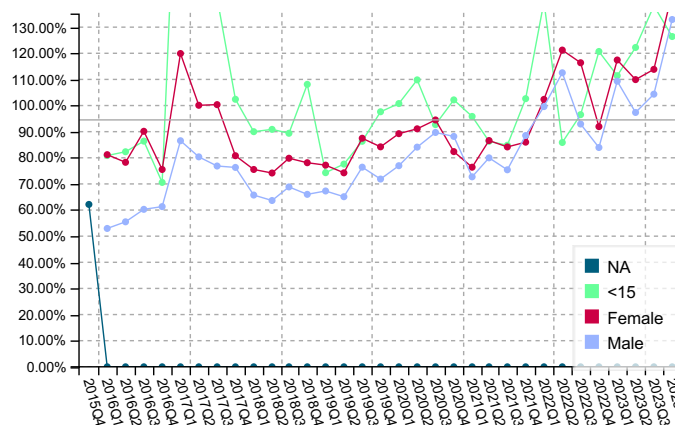


So What?

- Has the trend in TX_NEW changed over the past 4 years? If the country isn't meeting targets, is it due to not identifying enough positives? Or not adequately linking to treatment? Both?
- For COP20, if targets are higher than previous years, what strategies should PEPFAR use to meet those targets?
- If targets are going DOWN in COP20, does the trend suggest that almost every PLHIV is on treatment?

Linkage and Retention Results

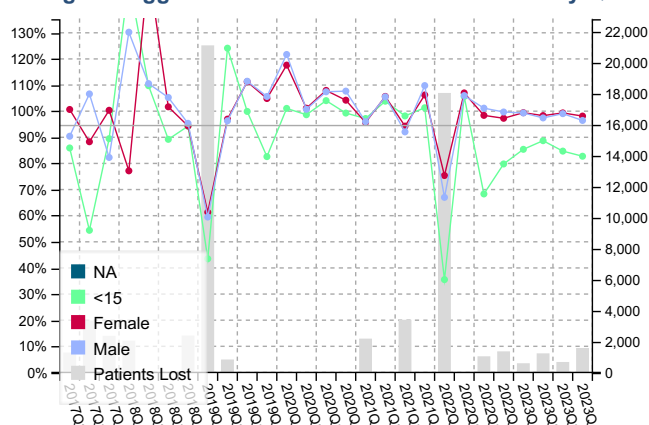
Sex/Age Disaggregated Linkage Rates by Quarter



So What?

- Linkage rates should be near or above 95% in most cases
- Linkage rates above 100% suggest the PEPFAR program is re-enrolling clients who previously fell off treatment.
- Linkage rates that are significantly different for men and women should lead to responses to improve those outcomes. What should be done to improve the outcomes for the populations linking to treatment at lower rates?

Sex/Age Disagg. Retention Rates and Patients Lost by Quarter



So What?

- Retention rates are annualized and should be above 95%.
- The grey bars show the number of patients lost from treatment each quarter according to the axis on the RIGHT.
- If retention is poor, why? Does service quality need to improve? Has differentiated service delivery (DSD) been implemented at scale?

Linkage and Retention Results for Low Performing Districts

Low District Linkage	Rate
Shiselweni	60.45%
Hhohho	70.96%
Manzini	75.27%
Lubombo	78.78%

So What?

- These districts have the lowest linkage rates in the program. What strategies will the program take to improve linkage in these places?
- Districts here are limited to "Scale-Up" and "Attained" districts, where PEPFAR is most directly involved.

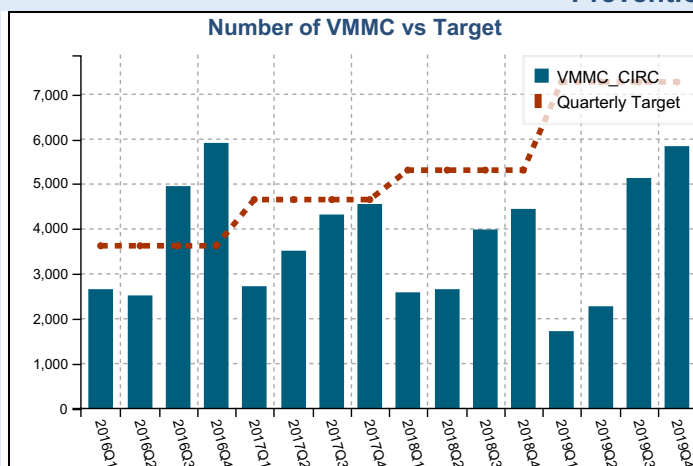
Low District Retention	Rate
Hhohho	100.95%
Manzini	103.34%
Lubombo	111.19%
Shiselweni	115.34%

So What?

- These districts have the lowest retention rates in the program. What strategies will the program take to improve retention in these places?
- Districts are limited to "Scale-Up" and "Attained" districts, where PEPFAR is most directly involved.

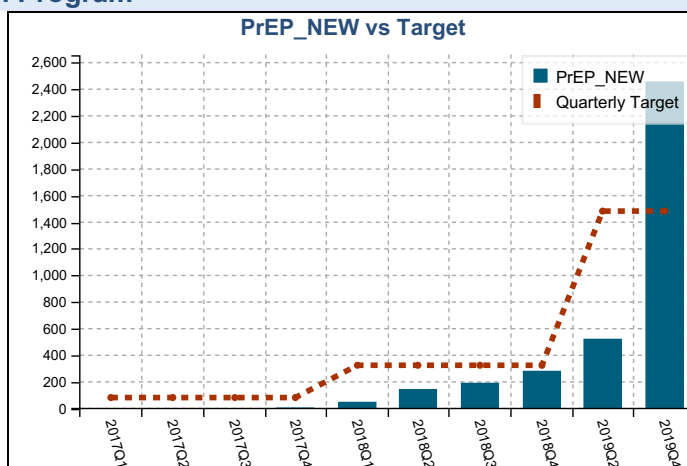
PEPFAR Fact Sheet - Eswatini

Prevention Program



So What?

- Not all countries have VMMC programs. This chart may be empty as a result.
- If the program is missing on targets, questions should be asked about how the program is going to change strategies to attract more men to be circumcised?



So What?

- Not all countries have PrEP programs. This chart may be empty as a result.
- PrEP_NEW tracks individuals initiated on PrEP. PEPFAR's PrEP_CURR indicator tracks the total number currently taking PrEP but has not released those data. Questions should also be asked about retention on PrEP.
- Most PrEP programs are new, but that does not mean they can't be ambitious. Are the targets being set sufficient?
- What strategies SHOULD the program use to create demand for PrEP?

Lowest Performing Districts on Prevention Targets

District	VMMC_CIRC
Manzini	1,820 / 2,728
Hhohho	1,144 / 1,463
Lubombo	967 / 1,222
Shiselweni	747 / 874

District	PP_PREV
Manzini	12,660 / 22,065
Lubombo	12,196 / 12,727
Shiselweni	8,093 / 7,824
Hhohho	19,066 / 17,217

District	PrEP_NEW
Hhohho	5,275 / 8,591
Shiselweni	1,457 / 3,566
Lubombo	4,697 / 6,295
Manzini	18,532 / 19,096

District	KP_PREV
Manzini	4,160 / 7,122
Hhohho	5,166 / 7,122
Lubombo	2,399 / 1,781
Shiselweni	2,675 / 1,781

District	OVC_SERV
Shiselweni	27,458 / 13,218
Manzini	47,710 / 23,477
Hhohho	47,373 / 20,184
Lubombo	50,467 / 22,870

District	PMTCT ART
Shiselweni	98.29% / 99.66%
Hhohho	98.64% / 99.50%
Lubombo	100.00% / 99.49%
Manzini	100.00% / 99.51%

So What? In each of these six prevention indicators, these are the lowest performing districts based on the targets that were set in the COP. Not all countries have each of these prevention indicators. In some cases, there may be few districts that underperformed, but this may also be a result of setting unambitious targets. Is there scope for more ambitious targets?

Key Populations Programming Size Estimates (SE)

Year	MSM SE (SDS)	MSM SE (Facebook)	FSW SE (SDS)	PWID SE (SDS)
2015	5,719		12,274	
2016	5,719		12,274	
2017	5,719	9,800*	12,274	
2018	5,084		12,274	
2019	5,084		12,274	
2020	5,754		14,581	1,279

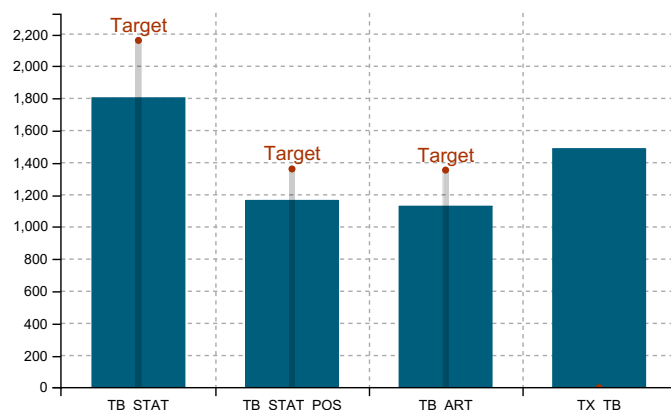
So What? These are the KP Size Estimates that have been used or relied on by PEPFAR over the past four COPs for MSM, FSW, and PWID. The MSM Size Estimate (Facebook) was created using methodology from a recent paper (cited below). KP size estimates are used to justify the targets set for targeting KPs. Where they are too low, it is likely the targets will be too low. Advocating for realistic targets and size estimates is critical!

* Baral S, Turner RM, Lyons CE, Howell S, Honermann B, Garner A, Hess III R, Diouf D, Ayala G, Sullivan PS, Millett G, *Leveraging Social Media to Better Estimate the Number of Gay and Bisexual Men and Other Men Who Have Sex With Men*, JMIR Public Health Surveill 2018;4(1):e15 URL: <http://publichealth.jmir.org/2018/1/e15/> (Number cited uses the methodology for MIMW (Men interested in relationships with Men and Women))

PEPFAR Fact Sheet - Eswatini

Tuberculosis Program

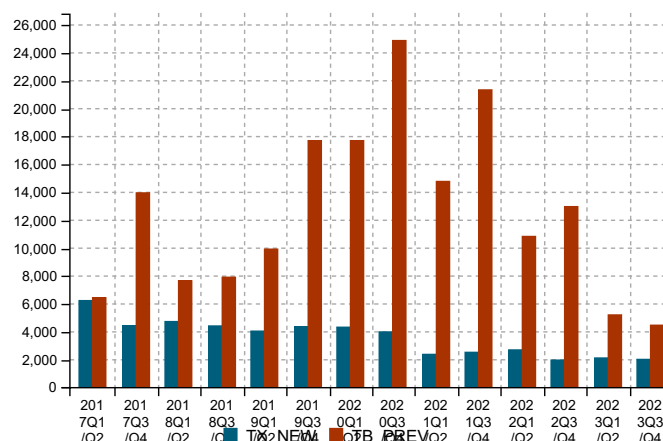
TB Testing and ART Cascade



So What?

- The TB_STAT and TB_STAT_POS ratio identifies the prevalence of HIV among new or relapse TB patients;
- ALL HIV+ TB patients (TB_STAT_POS) should be on ART (TB_ART); Any gap between these bars should be questioned;
- TX_TB shows the number of ART patients who were started on TB treatment;

TB Prevention and Treatment



So What?

- TB_PREV shows people currently on ART who completed a course of TB preventative therapy (TPT);
- Comparing TX_NEW is for illustration. Most TX_NEW patients (if they aren't also TB+) should be prescribed TPT. However, TPT can also be prescribed for any patient currently on ART. As a result, TB_PREV can be substantially higher than TX_NEW;

Districts	TB_PREV (result/target)	TX_NEW Result
Hhohho	1,975/4,330	1,721
Shiselweni	544/1,862	1,138
Manzini	5,039/6,037	4,053
Lubombo	2,158/2,709	1,035

So What?

- This table lists the districts with the highest targets for TB_PREV (TPT).
- Are these district meeting their targets?
- How do their TPT targets compare to the number of people initiated on ARVs?

COP16 - COP18 (FY17 - FY19) Target Overview

Indicator	Definition	FY17 Target*	FY18 Target*	FY19 Target*
HTS_TST	HIV Tests Conducted	234,494	681,888	505,682
HTS_TST_POS	New HIV+ Identified	22,757	69,514	26,944
TX_NEW	Newly enrolled on Treatment	29,632	33,928	15,316
NET_NEW	Net Number of People Added on ART	18,541	20,915	10,131
TX_CURR	Total on ART under PEPFAR	149,539	168,915	184,127
PMTCT_STAT	Pregnant Women Tested for HIV	29,374	27,178	23,892
PMTCT_STAT_POS	HIV+ Pregnant Women Identified	10,178	9,925	7,884
PMTCT_ARV	HIV+ Pregnant Women on ART			
PMTCT_EID	Babies of HIV+ Women Tested	9,719	9,343	7,683
TB_STAT	New/Relapse TB clients with Known HIV status	5,689	4,147	3,775
TB_STAT_POS	TB Patients Identified HIV+			
TB_ART	TB Patients on ART	3,973	3,101	2,751
TB_PREV	ART Patients Starting IPT		83,435	87,798
TX_TB	ART Patients Starting TB treatment		2,854	
PrEP_NEW	Individuals Newly Enrolled on PrEP	329	1,300	2,968
PrEP_CURR	Individuals Currently on PrEP			
VMMC_CIRC	Male Circumcisions Performed	18,616	21,239	29,100
PP_PREV	Targeted Prevention for Priority Populations	101,516	112,385	109,091
KP_PREV	Targeted Prevention for Key Populations	7,900	10,777	15,329
KP_PREV_FSW**	Targeted Prevention: Female Sex Workers	2,600	5,940	7,345
KP_PREV_FWID**	Targeted Prevention: Women Who Inject Drugs			
KP_PREV_MWID**	Targeted Prevention: Men Who Inject Drugs			
KP_PREV_MSM**	Targeted Prevention: Men who have Sex with Men	1,960	4,396	3,432
HRH_CURR†	Health Care Workers Supported by PEPFAR	1,611	914	2,229
HRH_STAFF_NAT†	Health Care Workers in PEPFAR Supported Sites Working on HIV	3,302	4,970	4,900

* Source: PEPFAR PANORAMA. ** Budget and Target Reports - Numbers may not sum to whole program. † Result, not target. Current FY20 targets from COP19 have not been released.