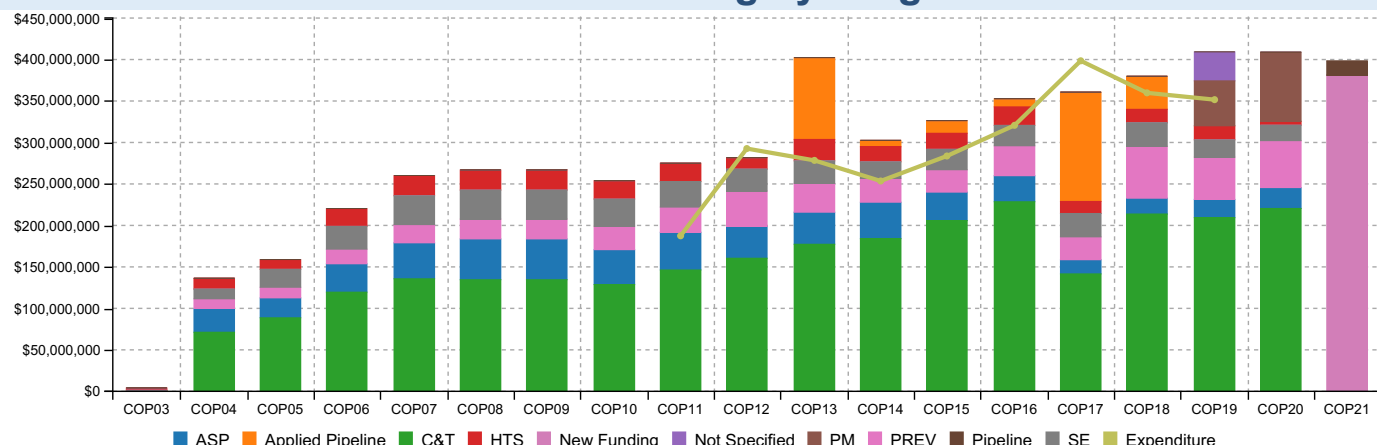


PEPFAR COPS Funding by Program Area



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

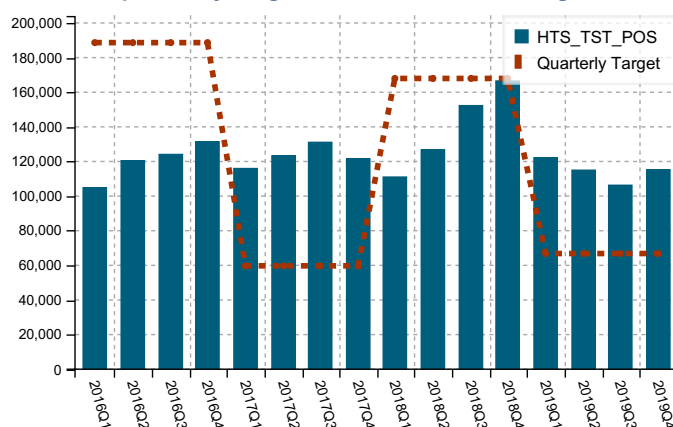
Expenditure Category	Expenditure FY2019	Expenditure FY2020
Human Resources for Health	\$10,791,255	NA
Adolescent Girls & Young Women	\$4,932,635	\$6,845,905
Men Who Have Sex With Men	\$0	NA
Transgender	\$0	NA
Female Sex Workers	\$20,590	NA
People Who Inject Drugs	\$0	NA
Gender-Based Violence (Budgeted)	\$4,704,843	\$6,295,791

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)

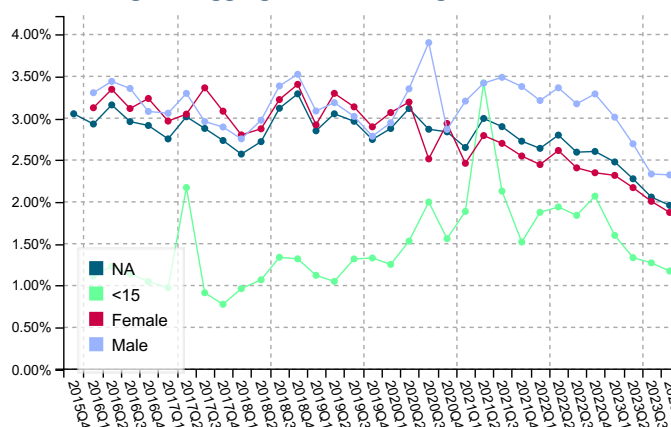
People Newly Diagnosed HIV Positive vs Target



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

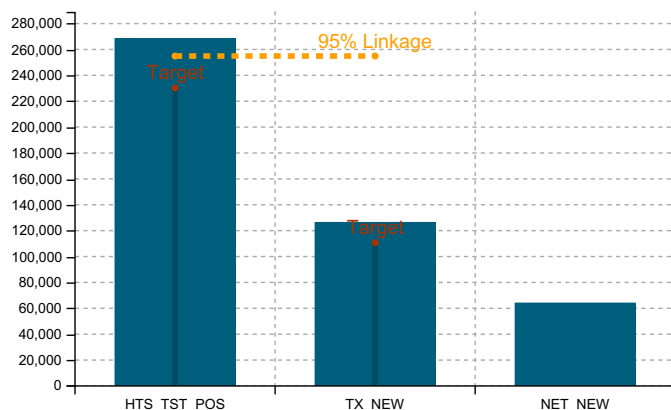


So What?

- 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)

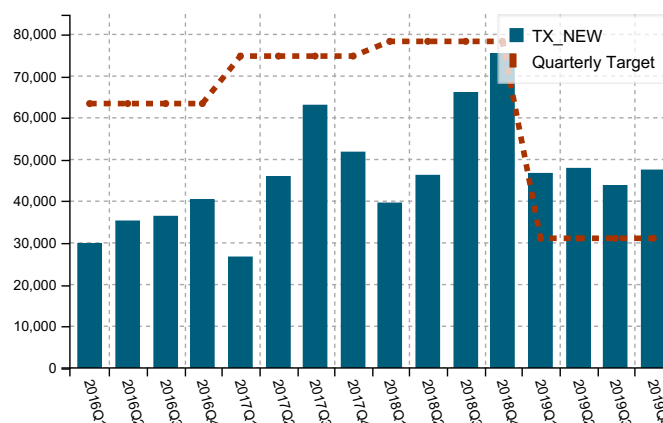
Newly Identified Positive to New Enrollment



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

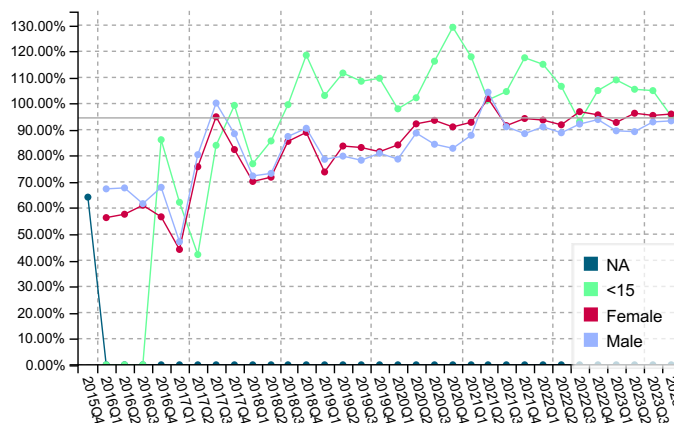


So What?

- 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

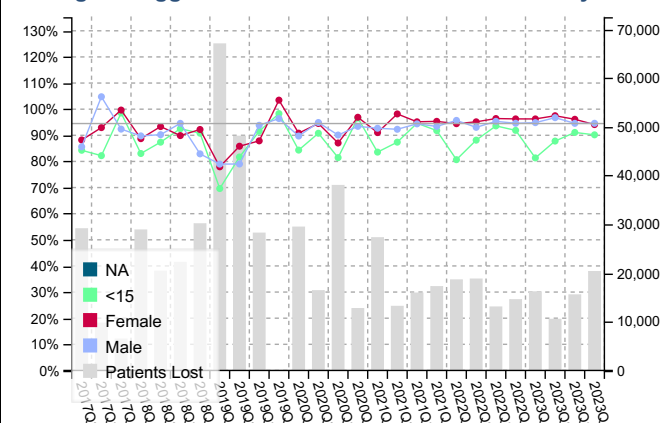
Sex/Age Disaggregated Linkage Rates by Quarter



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		Low District Retention	
	Rate		Rate
Lyantonde	60.27%	Buvuma	57.88%
Mpigi	61.26%	Mayuge	60.55%
Gomba	62.50%	Kotido	69.12%
Nakasongola	62.75%	Kwania	70.72%
Bukomansimbi	63.78%	Mbale	71.52%

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.

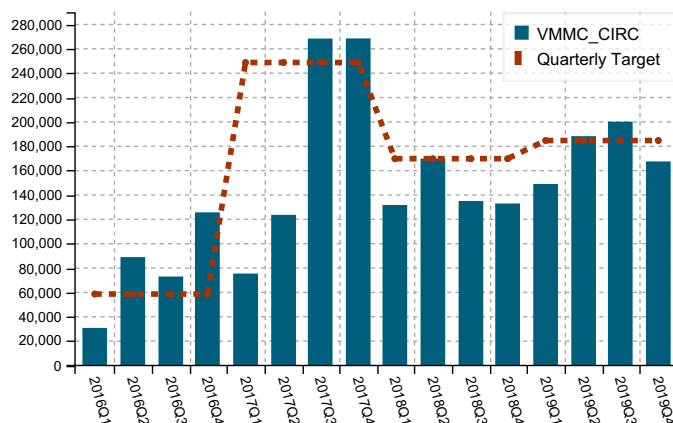
So What?

- 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 - Uganda

Prevention Program

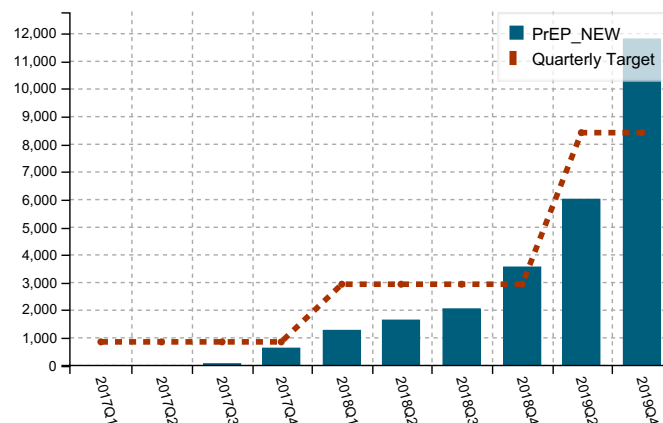
Number of VMMC vs Target



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?

PrEP_NEW vs Target



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	District	PP_PREV	District	PrEP_NEW
Kampala	16,463 / 33,681	Kalangala	4,215 / 21,565	Wakiso	17,296 / 29,138
Rukiga	1,437 / 9,360	Jinja	1,158 / 13,635	Kampala	21,324 / 27,027
Buyende	2,427 / 8,478	Buvuma	3,316 / 15,569	Isingiro	792 / 3,490
Mityana	4,034 / 9,415	Buikwe	4,495 / 15,138	Ntungamo	1,314 / 3,400
Agago	1,827 / 6,501	Kasese	4,097 / 13,795	Mukono	3,888 / 5,834
Mubende	6,125 / 10,054	Mukono	4,786 / 14,028	Adjumani	120 / 1,986
District	KP_PREV	District	OVC_SERV	District	PMTCT ART
Hoima	1,155 / 9,323	Jinja	5,915 / 5,816	Bundibugyo	90.95% / 98.85%
Kabale	3,202 / 10,134	Kayunga	9,791 / 9,571	Serere	95.04% / 99.05%
Lwengo	1,366 / 7,341	Kotido	1,035 / 221	Katakwi	95.28% / 99.22%
Arua	53 / 5,642	Arua	2,311 / 1,198	Sheema	95.34% / 98.79%
Luwero	2,837 / 7,671	Rukiga	1,963 / 675	Koboko	96.00% / 98.87%
Mukono	2,874 / 6,598	Rubanda	2,006 / 700	Kalangala	96.19% / 99.29%

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	11,573		192,233	
2016	11,573		192,233	
2017	41,948	290,000*	195,623	
2018	46,679		198,306	3,837
2019	46,679		198,376	3,837
2020	44,288		173,646	7,174

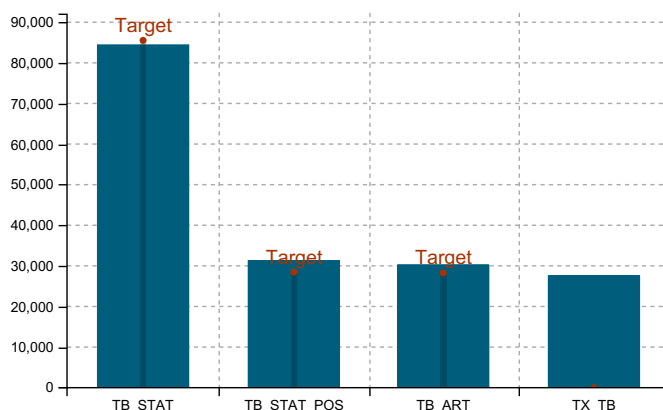
So What? These are the KP Size Estimates that have been used or relied on by PEPFAR over the past four COPs for MSM, FSW, and PWID. The MSM Size Estimate (Facebook) was created using methodology from a recent paper (cited below). KP size estimates are used to justify the targets set for targetting KPs. 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 - Uganda

Tuberculosis Program

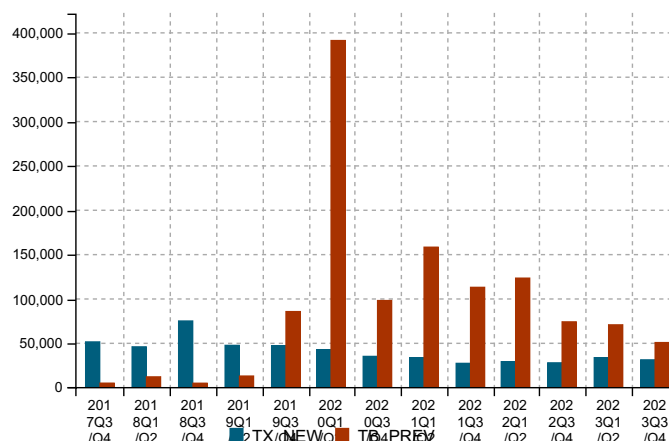
TB Testing and ART Cascade



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
Kampala	10,468/12,249	11,028
Mbarara	457/2,051	408
Mayuge	654/1,516	1,123
Iganga	248/1,095	1,006
Tororo	811/1,531	1,512
Bugiri	300/740	724

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	7,753,022	14,429,738	8,222,810
HTS_TST_POS	New HIV+ Identified	238,845	671,842	267,288
TX_NEW	Newly enrolled on Treatment	299,219	313,333	124,406
NET_NEW	Net Number of People Added on ART	217,577	209,908	161,912
TX_CURR	Total on ART under PEPFAR	1,044,126	1,184,483	1,245,188
PMTCT_STAT	Pregnant Women Tested for HIV	1,570,045	1,494,346	1,289,352
PMTCT_STAT_POS	HIV+ Pregnant Women Identified	94,165	85,129	79,388
PMTCT_ARV	HIV+ Pregnant Women on ART			
PMTCT_EID	Babies of HIV+ Women Tested	75,319	65,446	75,418
TB_STAT	New/Relapse TB clients with Known HIV status	46,274	52,544	56,130
TB_STAT_POS	TB Patients Identified HIV+			
TB_ART	TB Patients on ART	16,232	21,533	23,423
TB_PREV	ART Patients Starting IPT		140,958	188,601
TX_TB	ART Patients Starting TB treatment		23,702	
PrEP_NEW	Individuals Newly Enrolled on PrEP	3,417	11,757	16,841
PrEP_CURR	Individuals Currently on PrEP			
VMMC_CIRC	Male Circumcisions Performed	995,117	679,201	738,756
PP_PREV	Targeted Prevention for Priority Populations	508,069	754,598	422,618
KP_PREV	Targeted Prevention for Key Populations	51,805	192,429	261,863
KP_PREV_FSW**	Targeted Prevention: Female Sex Workers	55,855	88,870	92,266
KP_PREV_FWID**	Targeted Prevention: Women Who Inject Drugs	7,830	98	
KP_PREV_MWID**	Targeted Prevention: Men Who Inject Drugs	626	522	
KP_PREV_MSM**	Targeted Prevention: Men who have Sex with Men	51,801	4,063	8,297
HRH_CURR†	Health Care Workers Supported by PEPFAR	10,104	7,460	11,910
HRH_STAFF_NAT†	Health Care Workers in PEPFAR Supported Sites Working on HIV	1,460	24,367	32,629

* 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.