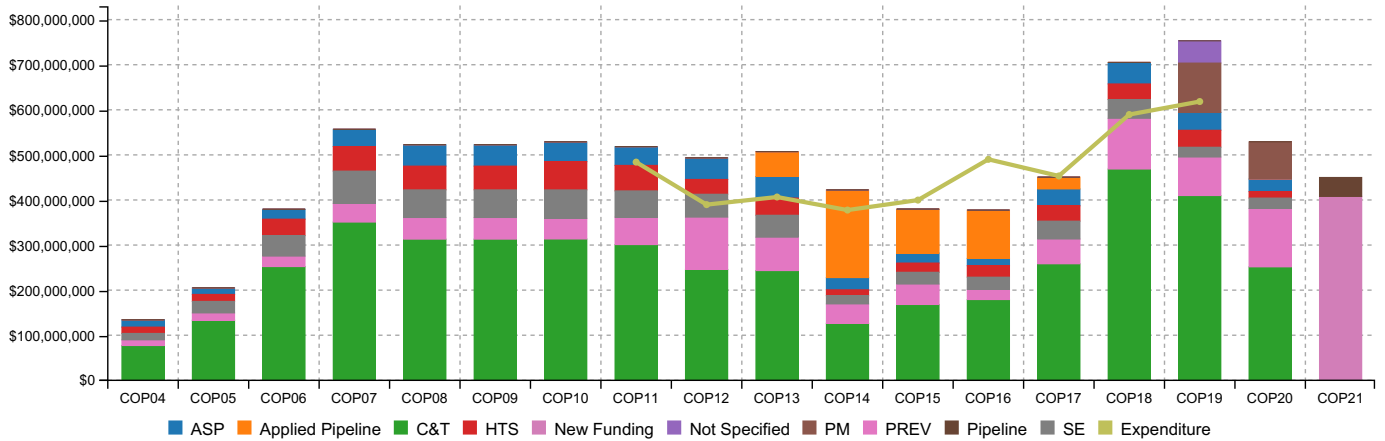


PEPFAR COPS Funding by Program Area



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

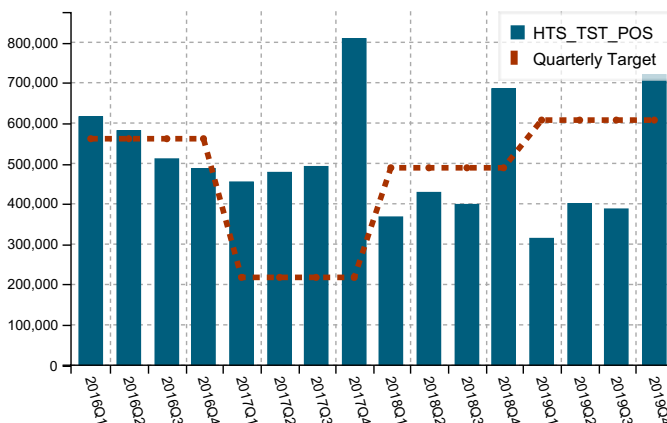
Expenditure Category	Expenditure FY2019	Expenditure FY2020
Human Resources for Health	\$121,223,933	NA
Adolescent Girls & Young Women	\$5,640,689	\$25,359,074
Men Who Have Sex With Men	\$2,915,172	\$28,987
Transgender	\$0	NA
Female Sex Workers	\$1,652,728	NA
People Who Inject Drugs	\$369,037	\$768,802
Gender-Based Violence (Budgeted)	\$4,603,226	\$13,127,632

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)

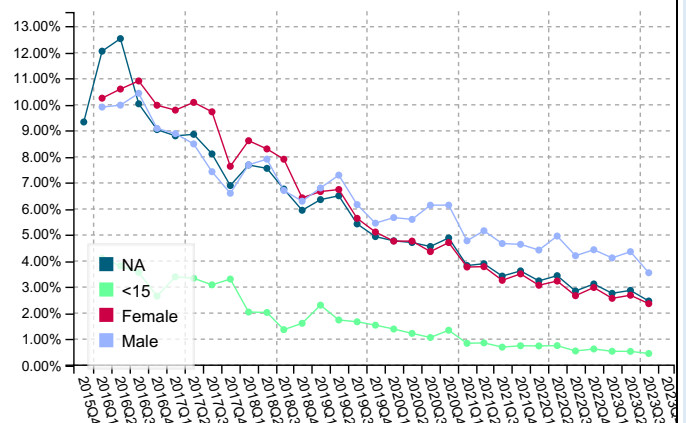
People Newly Diagnosed HIV Positive vs Target



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.

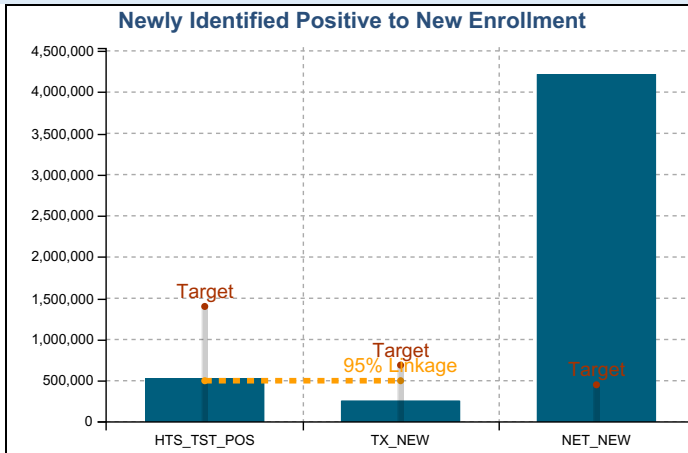
Sex/Age Disaggregated HIV Testing Yields Quarter



So What?

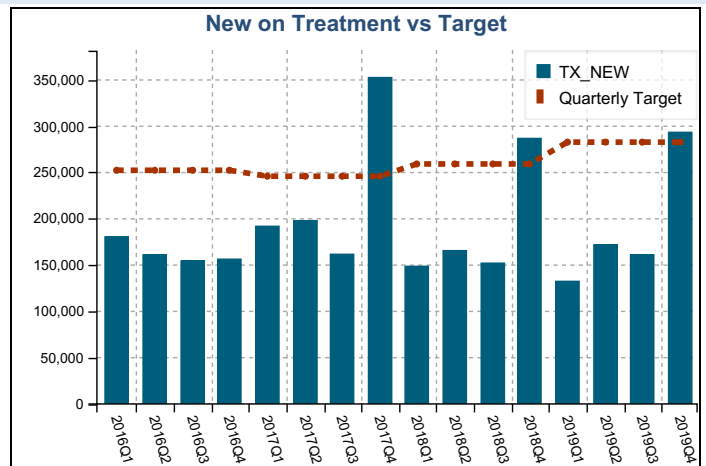
- Testing yields may differ by sex and age. If there are large differences, it suggests that the current testing strategies aren't effective at reaching everyone with the same efficiency.
- If yields have been going down, what's changed in PEPFAR's approach? Are those changes good?
- If yield rates have 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)



So What?

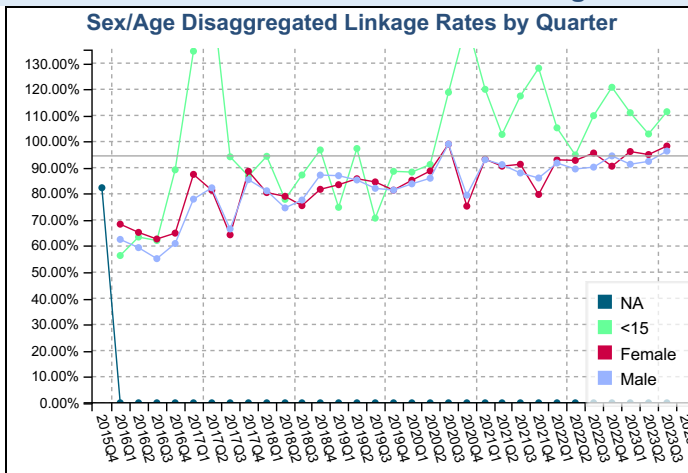
- NET_NEW is the overall increase in people on treatment. If NET_NEW missed the target, why?
- Is the program identifying enough positives? (HTS_TST_POS)
- Are enough getting linked to treatment? (TX_NEW & Linkage)
- Are people staying on treatment? (NET_NEW & Retention)



So What?

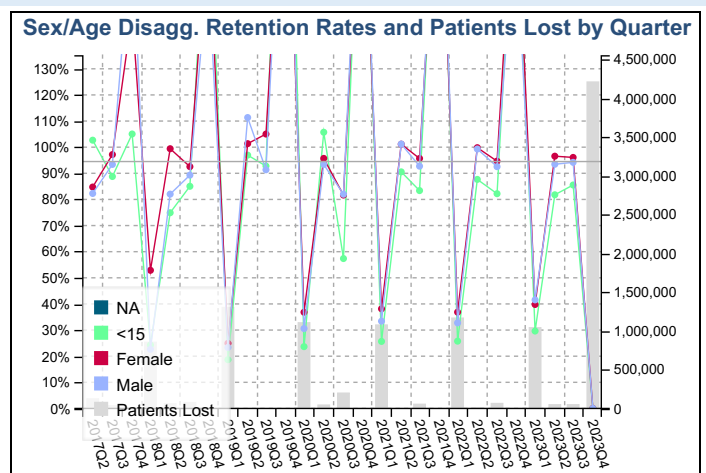
- Has the trend in TX_NEW changed over the past 4 years? If the country isn't meeting targets, is it due to not identifying enough positives? Or not adequately linking to treatment? Both?
- For COP20, if targets are higher than previous years, what strategies should PEPFAR use to meet those targets?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

Linkage and Retention Results



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?



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
Nkangala	57.01%
Chris Hani	63.97%
Buffalo City	64.79%
City of Tshwane	67.18%
Alfred Nzo	68.44%

Low District Retention	Rate
Dr Kenneth Kaunda	53.04%
Buffalo City	60.17%
Nkangala	67.08%
City of Tshwane	78.69%
City of Johannesburg	78.73%

So What?

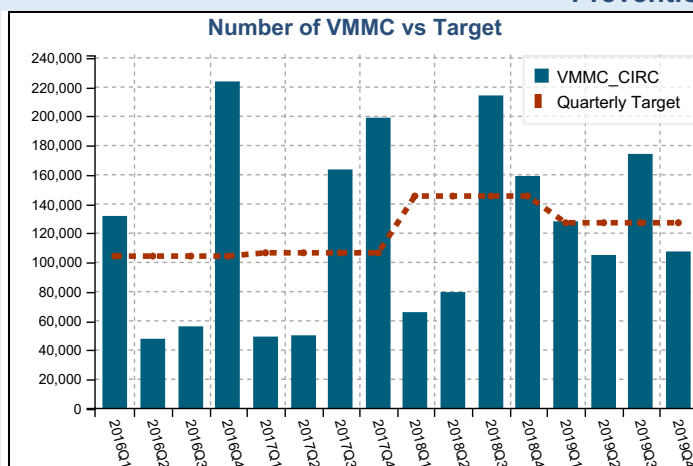
- These districts have the lowest linkage rates in the program. What strategies will the program take to improve linkage in these places?
- Districts here are limited to "Scale-Up" and "Attained" districts, where PEPFAR is most directly involved.

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.

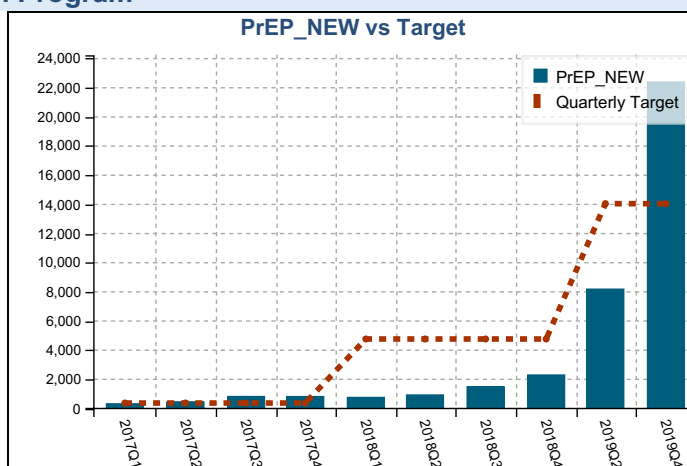
PEPFAR Fact Sheet - South Africa

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	District	PP_PREV	District	PrEP_NEW
eThekweni	9,884 / 56,455	City of Johannesburg	44,129 / 169,995	City of Cape Town	16,295 / 25,568
Buffalo City	1,672 / 29,999	City of Cape Town	15,003 / 98,519	Oliver Tambo	3,919 / 8,104
City of Tshwane	3,214 / 16,116	Ehlanzeni	18,171 / 47,637	Capricorn	7,067 / 10,574
City of Johannesburg	3,860 / 15,356	Ekurhuleni	30,180 / 55,805	eThekweni	13,546 / 16,986
Amathole	7,017 / 17,080	City of Tshwane	26,498 / 50,926	Mopani	6,938 / 9,490
Chris Hani	1,012 / 10,289	Capricorn	13,302 / 34,697	City of Tshwane	14,775 / 16,305

District	KP_PREV	District	OVC_SERV	District	PMTCT ART
City of Johannesburg	17,856 / 37,858	City of Johannesburg	45,715 / 102,073	City of Cape Town	87.72% / 99.74%
Ekurhuleni	14,240 / 24,587	City of Cape Town	17,386 / 32,842	Thabo Mofutsanyane	97.86% / 99.82%
eThekweni	12,730 / 22,268	Ehlanzeni	23,562 / 38,475	Ehlanzeni	98.20% / 99.79%
City of Tshwane	17,107 / 25,754	Nkangala	12,248 / 26,703	Oliver Tambo	99.22% / 99.59%
City of Cape Town	12,823 / 21,390	Gert Sibande	11,218 / 24,121	Chris Hani	99.23% / 99.75%
Ehlanzeni	5,317 / 9,673	Ekurhuleni	7,448 / 19,488	Amathole	99.24% / 99.78%

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)

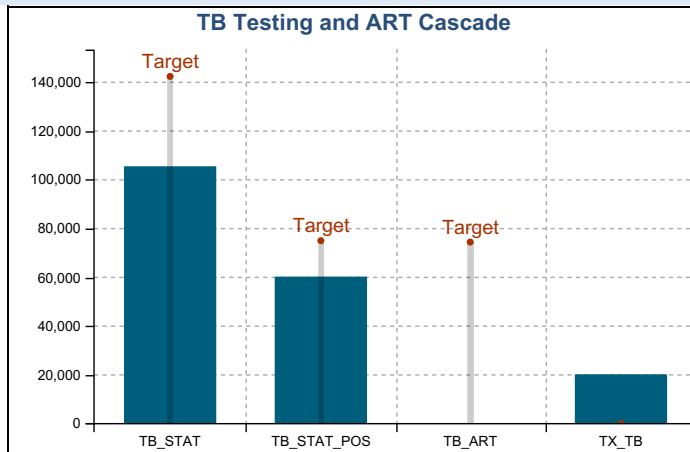
Year	MSM SE (SDS)	MSM SE (Facebook)	FSW SE (SDS)	PWID SE (SDS)
2015	1,200,000		138,000	67,000
2016	654,979		195,299	75,701
2017	654,979	440,000*	195,299	75,701
2018	299,000		112,000	75,700
2019	312,397		113,325	75,700
2020	346,799		124,706	75,000

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))

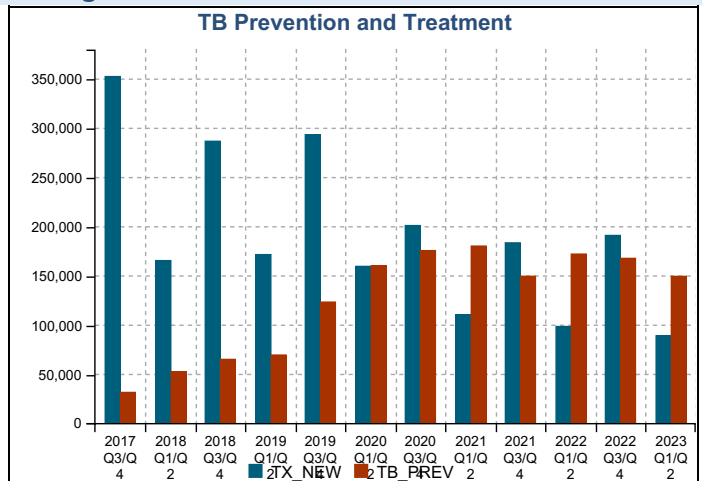
PEPFAR Fact Sheet - South Africa

Tuberculosis Program



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;



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
City of Johannesburg	19,710/70,109	32,871
Ekurhuleni	10,380/50,089	21,852
City of Cape Town	8,266/47,441	16,385
eThekweni	23,219/58,900	27,862
City of Tshwane	6,721/35,134	19,109
Bojanala Platinum	5,221/32,443	9,186

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	5,992,264	20,054,342	26,146,388
HTS_TST_POS	New HIV+ Identified	870,356	1,956,476	2,429,258
TX_NEW	Newly enrolled on Treatment	984,045	1,037,068	1,131,410
NET_NEW	Net Number of People Added on ART	583,830	405,088	1,194,720
TX_CURR	Total on ART under PEPFAR	4,005,993	4,384,233	5,560,588
PMTCT_STAT	Pregnant Women Tested for HIV	720,708	717,332	992,305
PMTCT_STAT_POS	HIV+ Pregnant Women Identified	391,918	192,496	270,812
PMTCT_ARV	HIV+ Pregnant Women on ART			
PMTCT_EID	Babies of HIV+ Women Tested	154,992	173,973	258,331
TB_STAT	New/Relapse TB clients with Known HIV status	223,030	193,331	145,004
TB_STAT_POS	TB Patients Identified HIV+			
TB_ART	TB Patients on ART	123,080	123,742	92,706
TB_PREV	ART Patients Starting IPT		113,336	578,149
TX_TB	ART Patients Starting TB treatment			
PrEP_NEW	Individuals Newly Enrolled on PrEP	1,501	19,073	28,099
PrEP_CURR	Individuals Currently on PrEP			
VMMC_CIRC	Male Circumcisions Performed	426,330	581,652	508,645
PP_PREV	Targeted Prevention for Priority Populations	1,719,818	517,795	688,991
KP_PREV	Targeted Prevention for Key Populations	140,017	156,074	182,986
KP_PREV_FSW**	Targeted Prevention: Female Sex Workers	24,132	40,520	38,142
KP_PREV_FWID**	Targeted Prevention: Women Who Inject Drugs	525	125	555
KP_PREV_MWID**	Targeted Prevention: Men Who Inject Drugs	1,159	1,191	4,999
KP_PREV_MSM**	Targeted Prevention: Men who have Sex with Men	28,082	46,662	49,735
HRH_CURR†	Health Care Workers Supported by PEPFAR	14,993	16,144	25,422
HRH_STAFF_NAT†	Health Care Workers in PEPFAR Supported Sites Working on HIV	48,770	53,462	68,103

* 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.