



Agency Priority Goal | Action Plan | FY 22 – Q2

HIV/AIDS

Goal Leader(s):

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Goal Overview

The U.S. Department of State and USAID aim to...

Achieve and sustain control of the HIV epidemic in PEPFAR-supported countries. By September 30, 2023, PEPFAR will 1) support eight¹ additional countries to achieve 73% community viral load suppression (CVLS) and 2) ensure that all nine² PEPFAR-supported countries that have achieved 72% CVLS sustain that progress.

¹Countries targeting 72% community viral load suppression include Cameroon, Cote d'Ivoire, Uganda, Botswana, Haiti, Tanzania, Zambia, Nigeria

²Countries at 72% community viral load suppression include Zimbabwe, Lesotho, Kenya, Ethiopia, Eswatini, Burundi, Malawi, Namibia, Rwanda

Goal Overview

Problem to Be Solved

- 37.9 million People are Living with HIV (PLHIV) throughout the world, the majority in sub-Saharan Africa, and only 27.5 million, 73%, of them are on life-saving anti-retroviral treatment.
- There are 800,000 new infections annually, the majority of which are in South Africa, Mozambique, Tanzania, and Zambia, numbers which PEPFAR aims to reduce by expanded prevention efforts.
- The COVID-19 pandemic continues to stress health systems across the globe, limiting access of PLHIV to needed services and potentially increasing HIV incidence. Individuals with advanced or untreated HIV infection will need to be prioritized for COVID-19 vaccine access.
- In sub-Saharan Africa, despite gains, 52% of the new infections are among 15- to 49-year-old females, even though they are 24% of the total population.
- Globally, nearly two-thirds of children not on treatment are 5-14-years old, and only 40% of children living with HIV had suppressed viral loads in 2020, verses 67% of adults.
- Stigma and discrimination of PLHIV and of key populations (KP), including men who have sex with men (MSM), transgendered persons, commercial sex workers and prisoners, continues to prevent them from accessing high-quality HIV prevention and treatment services. Political will of partner-country governments to address challenges for KP is often lacking.

What Success Looks Like

- Increase the number of PLHIV who know their status, are on lifesaving treatment, and attain viral suppression, while expanding HIV prevention efforts.
- Over time, these efforts will decrease the annual number of new infections and ultimately the size of the HIV epidemic.
- Those countries at epidemic control of HIV must sustain their epidemic control.

Goal target(s)

In the table below, please repeat the key metrics included in the goal statement (previous slide) that will be used to track progress.

Please update this column each quarter.

Achievement statement		Key indicator(s)	Quantify progress			Frequency
Repeat the achievement statement from the goal statement on the previous slide		A “key performance indicator” measures progress toward a goal target	These values enable us (and you!) to calculate % complete for <u>any</u> type of target*			When is there new data?
By...	We will...	Name of indicator	Target value	Starting value**	Current value	Update cycle
9/30/23	Support eight additional countries to achieve 72% community viral load suppression (CVLS)	Number of additional countries achieving the 72% CVLS	8	0	0	quarterly
9/30/23	Sustain all nine PEPFAR-supported countries that have achieved 72% CVLS	Number of countries that have already achieved 72% CVLS	9	9	9	quarterly

* Even qualitative targets! If the target is to achieve a qualitative outcome, quantify progress this way: 1=“Yes, we achieved it”, 0=“No, not yet”

** As of 10/1/2021

Goal Team

- The State Department's Office of the U.S. Global AIDS Coordinator and Health Diplomacy (S/GAC) and USAID's Bureau for Global Health will lead the Joint Agency Priority Goal on behalf of agency leadership.
- S/GAC is the headquarters of PEPFAR, and leads, coordinates, and funds the U.S. response to global HIV/AIDS. From within State, the key leadership and coordination of PEPFAR in the field occurs through Chiefs of Mission in U.S. Embassies in over 50 countries.
- PEPFAR is implemented by USAID; the U.S. Department of Health and Human Services and its Agencies, including the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the National Institutes of Health; the Departments of Commerce, Defense, and Treasury; and the Peace Corps.
- A description of the roles of each of these agencies is provided on the next slide.

Goal Team



The Office of the U.S. Global AIDS Coordinator (OGAC) is the headquarters of the PEPFAR program and is housed within the U.S. State Department as an “S” special office (S/GAC). The U.S. Global AIDS Coordinator, an appointed position which holds the rank of Ambassador-at-Large, leads this office and has oversight for the entire PEPFAR program. S/GAC leads, funds, and coordinates PEPFAR in 55 countries.

Department of State



U.S. Agency for International Development

USAID began HIV/AIDS work in 1986 but significantly scaled up programs with the launch of PEPFAR and is now one of the primary implementers and supports clinical care for millions of PLHIV. USAID does this through a development approach, utilizing its broad global health competence to support country-led efforts to combat the complex challenges of HIV/AIDS.



Department of Health and Human Services

Within the U.S. Department of Health and Human Services (HHS), there are five agencies that implement PEPFAR programs including CDC, HRSA, NIH, FDA and SAMHSA. The U.S. Centers for Disease Control and Prevention (CDC) is the largest implementer and leverages scientific and technical expertise to help deliver high-impact, sustainable prevention, care, and treatment of HIV. The CDC works with ministries of health to strengthen countries' health infrastructure, workforce, and epidemiological capacity.



Department of Defense

The DoD HIV/AIDS Prevention Program (DHAPP) is based in San Diego, CA and administers funding, directly conducts training, and provides technical assistance for focus countries and other bilateral countries. DHAPP supports HIV/AIDS prevention, treatment, care, strategic information, human capacity development, and program and policy development in host militaries and civilian communities of 55 countries around the world.



Peace Corps

Peace Corps Volunteers (PCVs) work in partnership with host countries and local governments to enhance the capacity of organizations from the community to the national level, ultimately promoting an understanding of the epidemic and encouraging the adoption of healthier behaviors. PCVs provide long-term capacity development support to non-governmental, community-based, and faith-based organizations, with particular emphasis on ensuring that community-initiated projects and programs provide holistic support to people living with and affected by HIV/AIDS. PCVs play a unique role in targeting hard-to-reach populations and instituting change through sustainable community efforts.



Department of the Treasury

The Department of Treasury works with Finance Ministries in select countries to broaden awareness of the substantial economic costs of the epidemic, and the need to ensure resilient and financially secure health systems. Treasury helps these ministries prepare public budgets to assume a greater share of the costs for HIV/AIDS programs, and to provide technical assistance to build state capacity in public financial management.



Department of Commerce

The Department of Commerce provides support by furthering private sector engagement and fostering public-private partnerships. The Department of Commerce creates and disseminates sector-specific strategies for various industries, detailing concrete examples of how the private sector can be engaged in HIV/AIDS. The Census Bureau, within Commerce, also assists countries with collecting census data and provides support with data analysis and surveys.

Goal Strategies

Achieve and Sustain Control of the HIV Epidemic in PEPFAR-Supported Countries

By September 30, 2023, accelerate progress of all PEPFAR countries toward the UNAIDS goal to achieve 95-95-95

95% of People Living with HIV Know Their Status

95% of People Who Know Their HIV-Positive Status are on Antiretroviral Therapy

95% of People on Antiretroviral Therapy are Virally Suppressed

Goal Strategies

To achieve PEPFAR's ambitious goals, we will build upon activities and programs that have shown impact and focus on new strategies to continue to drive progress toward achieving and sustaining the UNAIDS 95-95-95 goals. PEPFAR will therefore:

- Ensure person-centered anti-retroviral (ART) services are available throughout the PEPFAR program in order to improve life-long patient retention and community viral load suppression. Person-centered services include differentiated care models; six-month clinical visits for stable patients; multi-month drug dispensing; and routine, national viral-load testing to monitor ART adherence and any potential drug-resistance.
- Continue to scale targeted approaches to HIV-testing services, including index-testing, self-testing, and recency testing, to advance progress toward the first 95 across the PEPFAR program.
- Focus combination prevention interventions with layered core packages of services for adolescent girls and young women between 15 and 29 years of age; young men between 20 and 39 years of age; and orphans and vulnerable children, especially girls between nine and 14 years of age, for HIV risk-avoidance and to prevent sexual violence.
- Scale up voluntary medical male circumcision (VMMC) for young men.
- Ensure priority populations and key populations have access to, and increase their use of, comprehensive packages of health and social services, including HIV-testing, partner-testing, education on risk-reduction, pre-exposure prophylaxis (PrEP), and HIV treatment for those found to be living with HIV.
- Continue to ensure the COVID-19 pandemic is contained and overcome in PEPFAR-supported countries, supporting and increasing global health security.

Key indicators

New HIV infections and HIV-related mortality, the two critical components defining epidemic control, are estimated through an annual modeling process led by UNAIDS. PEPFAR monitors program performance routinely by measuring progress toward attainment of the UNAIDS 95-95-95 framework – 95 percent of people who are living with HIV know their status, 95 percent of people who know their status are accessing treatment, and 95 percent of people on treatment have suppressed viral loads, across all ages, genders, and risk groups – and delivery of HIV prevention services. To monitor progress towards epidemic control, PEPFAR will monitor and report on a subset of key indicators collected quarterly, including the following:

1. Number of adults and children newly diagnosed with HIV
2. Number of adults and children currently receiving ART
3. Percent of adults and children who are virally suppressed
4. Number of males circumcised as part of the VMMC for HIV prevention program within the reporting period
5. Number of individuals who were newly enrolled (in the reporting period) on oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection

Performance for these indicators, as well as additional PEPFAR performance indicators, can be viewed at <https://data.pepfar.gov/>

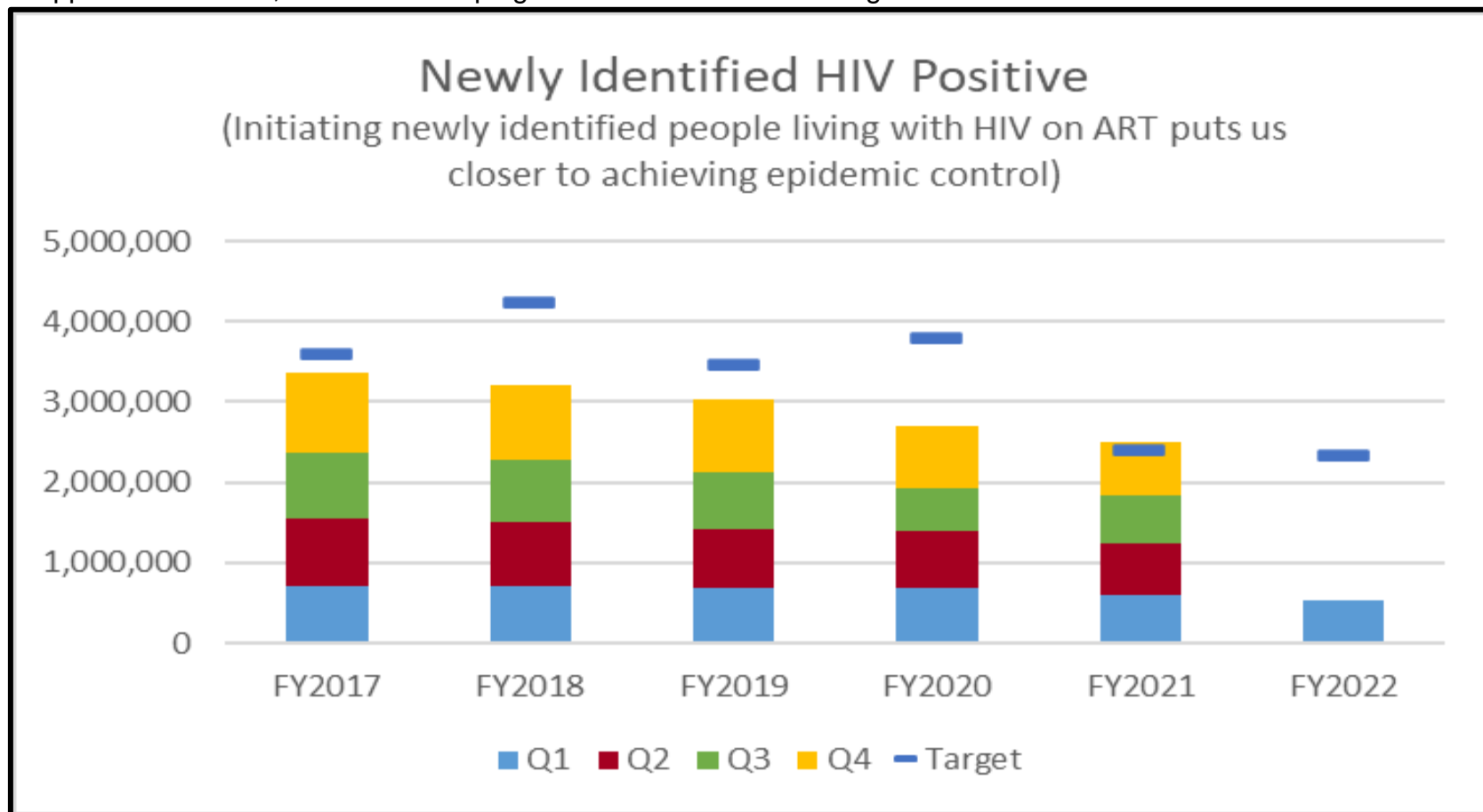
Key indicators

Indicator Title	Current Value*	FY 2022 Target	FY 2023 Target
Strategy #1: 95% of People Living with HIV Know Their Status			
Number of adults and children newly diagnosed with HIV	528,214	2,330,425	Coming in May, 2022
Strategy #2: 95% of People Who Know Their HIV-Positive Status are on Antiretroviral Therapy			
Number of adults and children currently receiving ART	19,233,790	20,358,681	Coming in May, 2022
Strategy #3: 95% of People on Antiretroviral Therapy are Virally Suppressed			
Percent of adults and children who are virally suppressed	94.8%	95%	Coming in May, 2022
Prevention strategies to reduce new infections:			
Number of males circumcised as part of the VMMC for HIV prevention program within the reporting period	561,539	2,252,753	Coming in May, 2022
Number of individuals who were newly enrolled (in the reporting period) on oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection	290,781	1,050,766	Coming in May, 2022

*Because of the way PEPFAR collects and validates data, reporting will be one quarter behind. Results for Q4 will be reported in the FY 2022 Q1 APG update. Progress is reported for each quarter against the annual target.

Key indicator 1: Number of Adults and Children Newly Diagnosed with HIV*

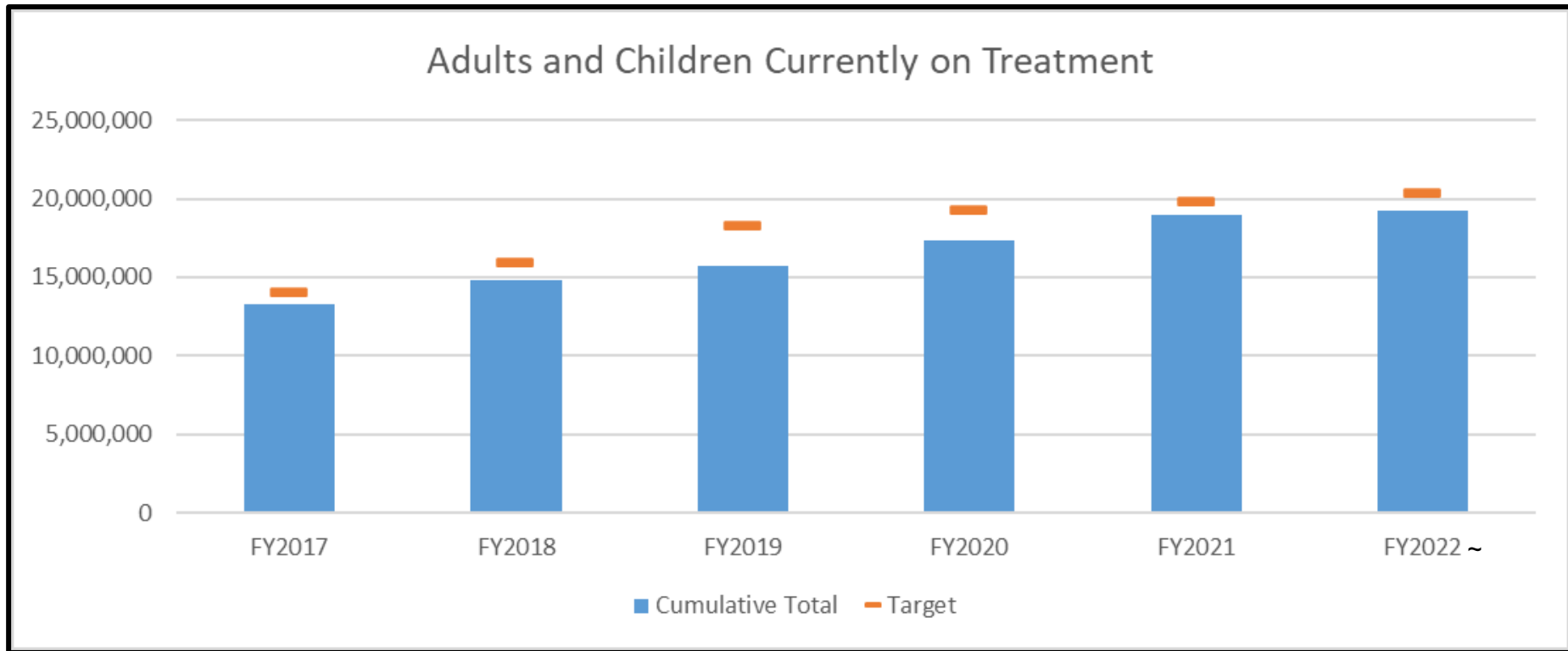
- Measuring the number of adults and children newly diagnosed with HIV allows PEPFAR to monitor progress on achieving the first “95” of the UNAIDS 95-95-95 goals, i.e., the percentage of people living with HIV that are aware of their status. During FY 2021, PEPFAR supported identification of nearly 2.5 million people living with HIV, 104 percent of our annual target. Targets for FY 2021 and 2022 have been reduced as many PEPFAR-supported countries are nearing achievement of the first 90 goal. As we approach 95% of people being aware of their HIV status in many PEPFAR-supported countries, PEPFAR is helping countries focus their testing activities to find those that still need to be found.



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Key indicator 2: Number of Adults and Children Currently Receiving Anti-Retroviral Therapy (ART)*

- Measuring the number of adults and children currently receiving ART allows PEPFAR to monitor progress on achieving the second “95” of the UNAIDS 95-95-95 goals, i.e., the percent of people living with HIV who are on ART. At the end of FY 2021, PEPFAR was supporting nearly 19 million men, women, and children on life-saving ART, a 1.6 million increase from FY 2020 and 96% of the annual target. To continue to scale up, PEPFAR is supporting policies and practices that will allow for more people to receive treatment in the most cost-effective manner possible.

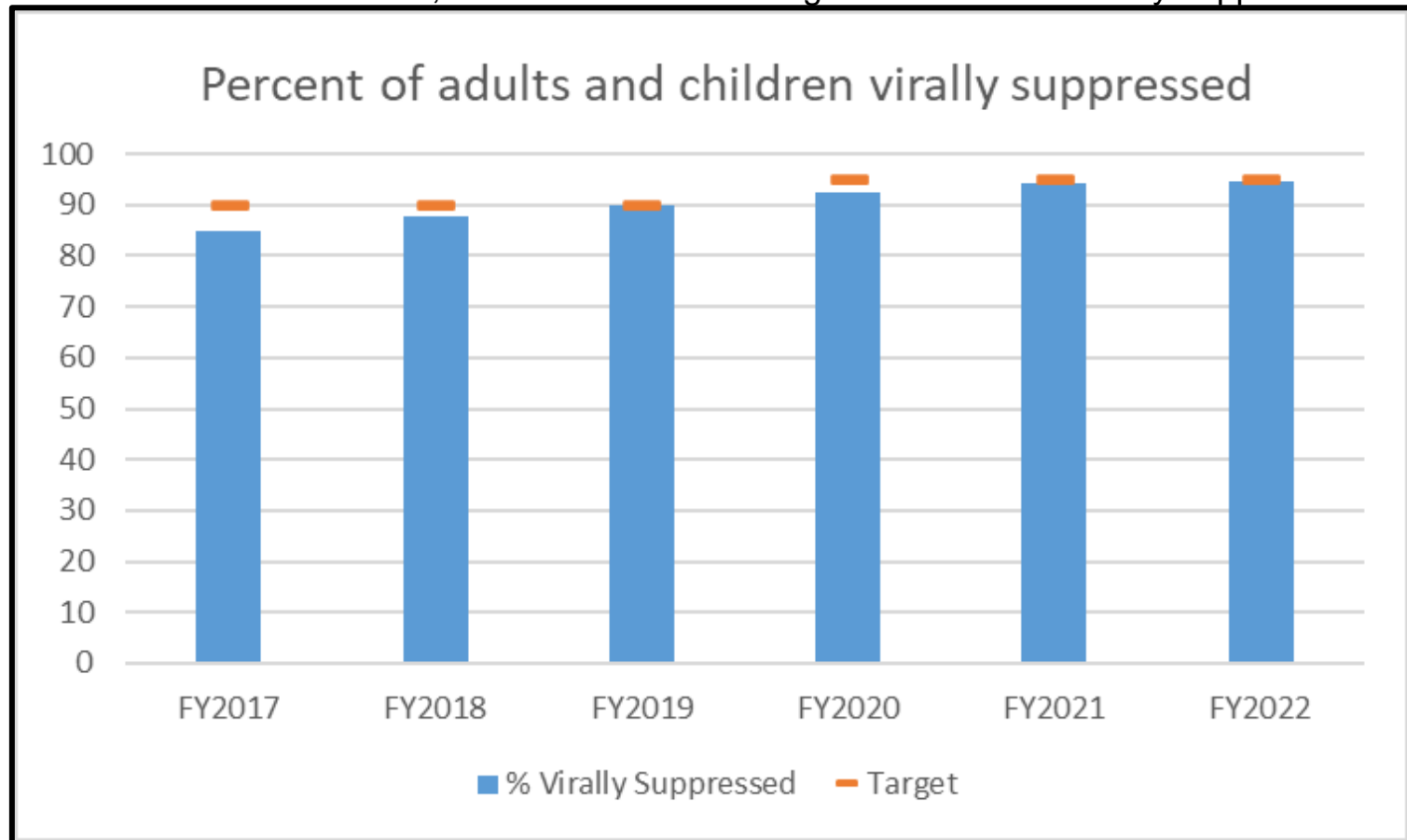


*Because of the way PEPFAR collects and validates data, reporting will be one quarter behind. Results for Q4 will be reported in the FY 2022 Q1 APG update. Progress is reported for each quarter against the annual target.

~Data includes centrally-supported clients in South Africa that are reported annually at Q4.

Key indicator 3: Percent of Adults and Children who are Virally Suppressed*

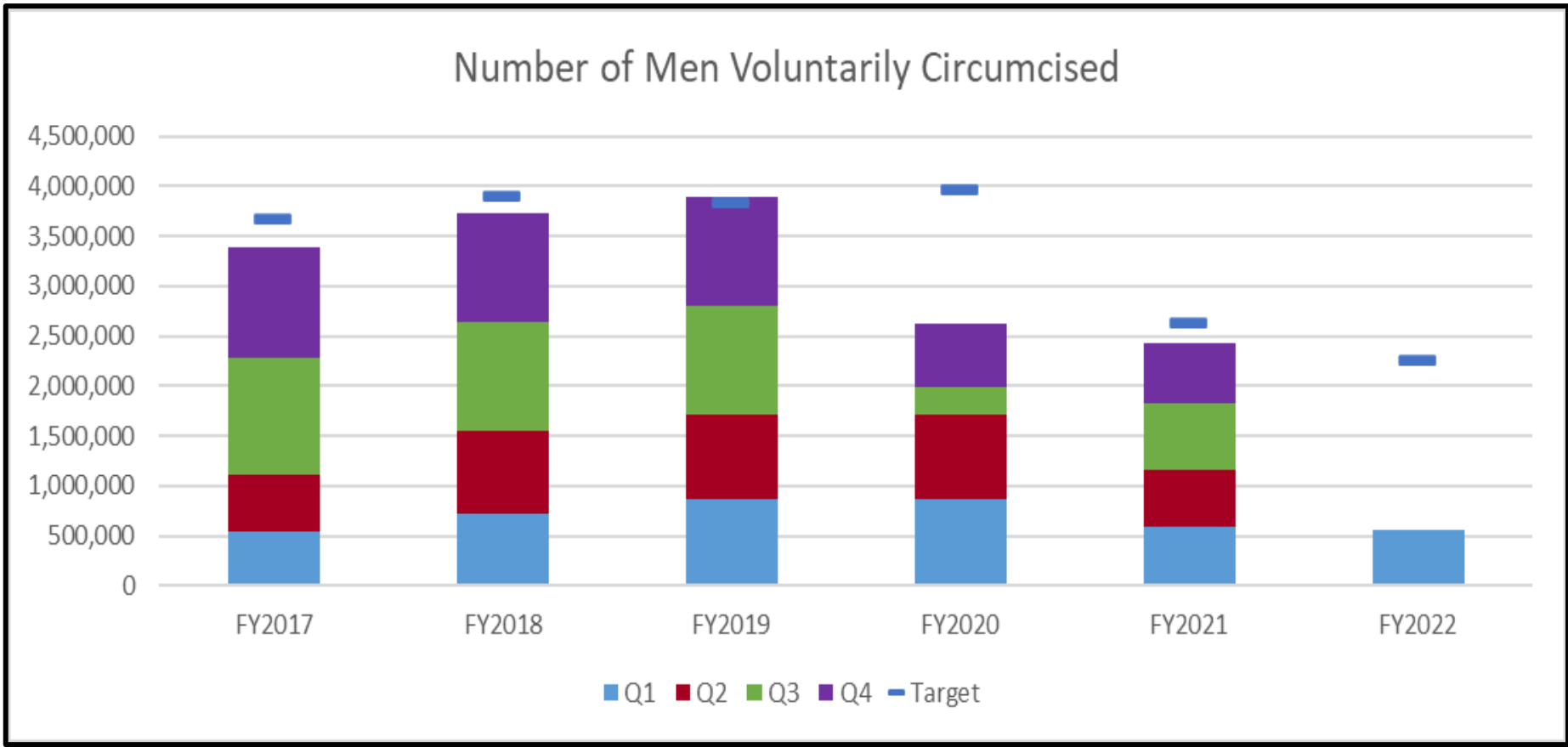
- Measuring the percent of adults and children currently virally suppressed allows PEPFAR to monitor progress on achieving the third “95” of the UNAIDS 95-95-95 goals, i.e., the percent of people living with HIV who are virally suppressed. To continue to scale up, PEPFAR is supporting policies and practices that will allow for more people to receive treatment in the most cost-effective manner possible. At the end of FY 2021, 94.3% of PEPFAR's eligible PLHIV were virally suppressed.



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Key indicator 4: Number of Males Circumcised as Part of VMMC Programs*

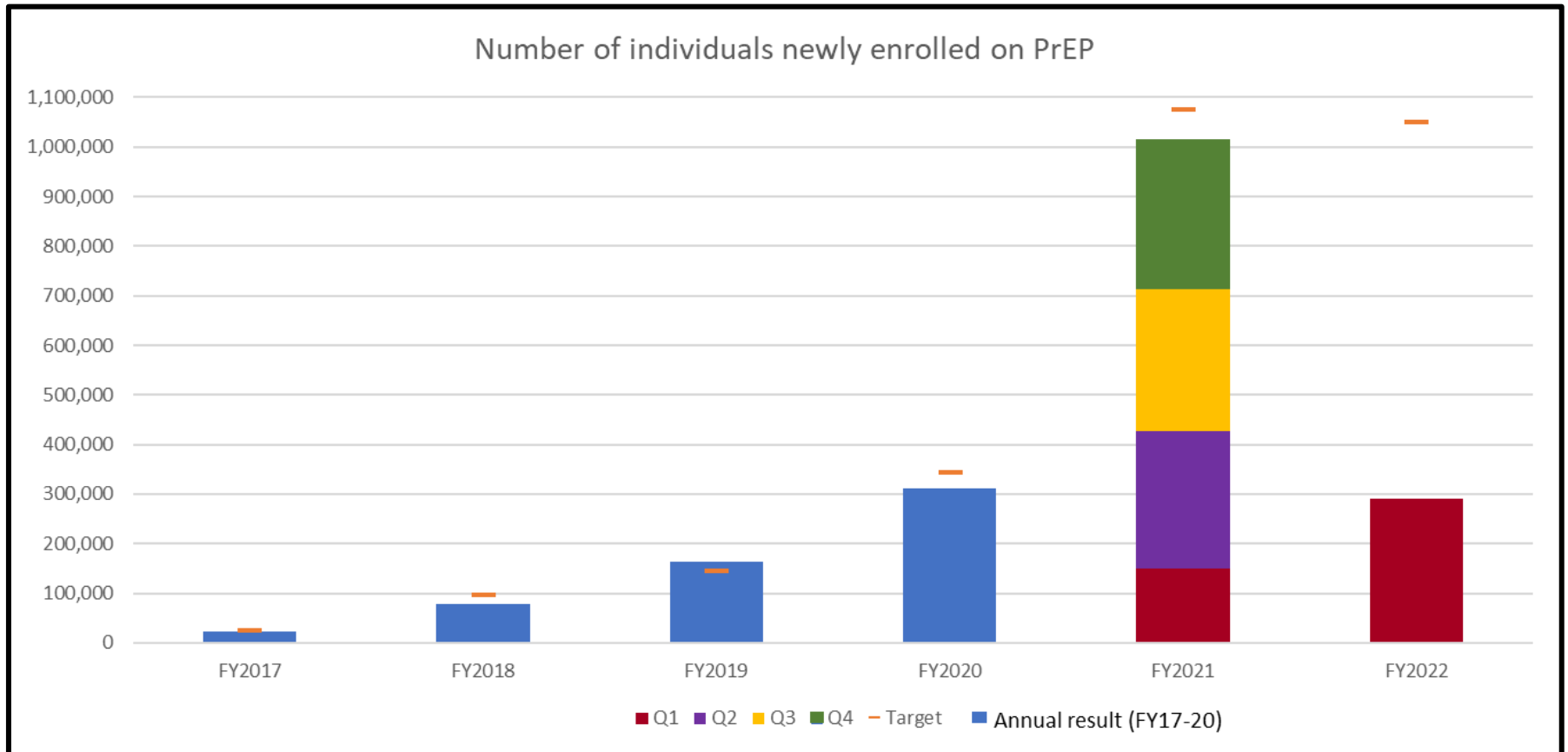
- Preventing new infections is a key pillar to stopping the HIV pandemic and PEPFAR supports a broad spectrum of interventions, including voluntary medical male circumcision which reduces HIV transmission in men by 60% over the course of a man’s life. In FY 2021, PEPFAR supported VMMC for over 2.4 million men and boys to prevent HIV infection, 92 percent of the annual target. In FY 2022, PEPFAR will continue to adapt VMMC programs in response to COVID-19 and move toward 80% saturation in the 15-29-year-old priority age band.



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Key indicator 5: Number of individuals newly enrolled on oral pre-exposure prophylaxis (PrEP) to prevent HIV infection*

- Measuring the number of individuals who were newly enrolled on oral antiretroviral pre-exposure prophylaxis (PrEP) during the reporting period. PrEP has been shown to reduce incident infections among several populations including serodiscordant heterosexual couples, MSM, female sex workers (FSW), and transgender people (TG). During FY 2021, PEPFAR newly enrolled over 1 million individuals on PrEP, 94 percent of the annual target.



*Because of the way PEPFAR collects and validates data, reporting will be one quarter behind. Results for Q4 will be reported in the FY 2022 Q1 APG update. Progress is reported for each quarter against the annual target.

Key milestones

- Over the next two fiscal years, PEPFAR seeks to sustain HIV impact in countries that have achieved epidemic control; accelerate progress toward epidemic control in the operating units (OUs) that have not yet achieved it; and address rising new infections or slow progress in key population HIV epidemics around the globe.
- S/GAC is committed to constantly improving the business processes to help facilitate achieving these goals and to ensure PEPFAR HQ and field staff can focus on program implementation, target achievement, and increased partner management and oversight.
- With the ongoing COVID-19 pandemic, PEPFAR continues to adapt the program and its business processes to work virtually across the globe.

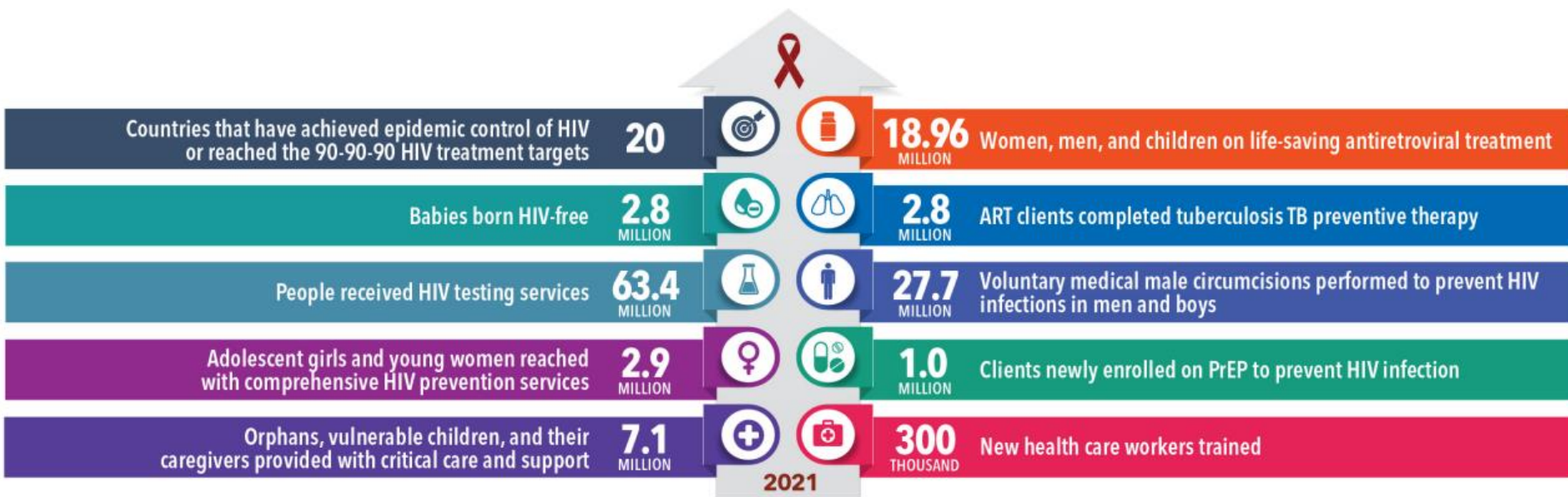
Milestone Summary			
Key Milestone	Milestone Due Date <i>[e.g., Q2, FY 2017]</i>	Milestone Status <i>[e.g., Complete, On-Track, Missed]</i>	Comments <i>[Provide discussion of Progress, changes from last update, Anticipated Barriers or other Issues Related to Milestone Completion]</i>
FY22 Q1: Collect and clean internal USG data for public release of FY 2021 global and country-specific results, including results against the APG indicators	Release of data by December 1, 2021	Complete	PEPFAR released FY 2021 annual results at the end of November, in advance of World AIDS Day activities.
FY22 Q1: PEPFAR operating units and implementing agencies headquarter staff provide virtual briefings on FY 2021 country program and financial performance to S/GAC senior leadership	Mid-December, 2021	Complete	PEPFAR country teams and implementing agency headquarter staff presented end-of-year assessments of program and financial performance for each PEPFAR country and regional program in early December as part of the quarterly reporting cycle.
FY22 Q1: S/GAC holds in-depth data-driven review meetings with APG co-lead to review all PEPFAR country and regional programs, including programmatic and financial performance	Mid-December, 2021	Complete	S/GAC held virtual briefings with the APG Goal co-lead to update on current program and financial performance and deliberate strategic direction (across the PEPFAR program and for each country and region) for the next planning cycle (COP 2022).
FY22 Q1: Review and revise COP 2022 planning process and timelines to ensure that all PEPFAR implementing countries receive funds by the beginning of FY 2023	Mid-December, 2021	Complete	COP/ROP 2022 guidance, tools, and instructions were released in mid-January.

Key milestones

Milestone Summary			
Key Milestone	Milestone Due Date <i>[e.g., Q2, FY 2017]</i>	Milestone Status <i>[e.g., Complete, On-Track, Missed]</i>	Comments <i>[Provide discussion of Progress, changes from last update, Anticipated Barriers or other Issues Related to Milestone Completion]</i>
FY22 Q2: Collect and clean internal USG data for public release of FY 2022 Q1 global and country-specific results, including results against the APG indicators. S/GAC convenes review with interagency field and HQ teams to discuss progress towards targets.	Data available and review completed by March 31, 2022	Complete	PEPFAR released FY 2022 Q1 global and country-specific results in February, 2022. Review meetings to discuss progress toward targets took place during COP22 planning meetings.
FY22 Q2: Convene multi-stakeholder workshops to review draft country and regional operational plans and ensure a shared understanding of final submission. Meetings will include the entirety of the interagency working on PEPFAR in each country, embassy leadership including COMs and DCMs, partner government up to and including Ministers of Health, civil society leaders, and APG goal leads or their designates.	Meetings for all PEPFAR countries to be completed by end of March 31, 2022	Complete	COP22 planning meetings and multi-stakeholder workshops took place in late February-March 2022 with 26 of 28 operating units. Ukraine (due to ongoing conflict) and Kenya (due to data review) were the two units that did not hold reviews.
FY22 Q3: Collect and clean internal USG data for public release of FY 2022 Q2 global and country-specific results, including results against the APG indicators. S/GAC convenes review with interagency field and HQ teams to discuss progress towards targets.	Data available for use by mid-June 2022		
FY22 Q4: Collect and clean internal USG data for public release of FY 2022 Q3 global and country-specific results, including results against the APG indicators. S/GAC convenes review with interagency field and HQ teams to discuss progress towards targets.	Mid-September 2022		

Narrative – FY 2022 Q2

PEPFAR GLOBAL RESULTS for FY 2021



PEPFAR is the largest commitment by any nation to address a single disease in history. Through the compassion and generosity of the American people, PEPFAR has saved nearly 19 million lives, prevented millions of infections, and helped transform the global AIDS response.

Narrative – FY 2022 Q2

Benchmarks – While continuing to adapt to COVID-19, PEPFAR is on track to achieve all benchmarks for FY 2022, including:

- Completion of 26 of 28 of the 2022 Country and Regional Operational Planning meetings to program all bilateral and regional PEPFAR investments for execution in FY 2023.
 - Kenya will convene in late April/May 2022 and Ukraine will meet when conditions allow.
- Collected, reviewed, and publicly released FY 2022 Q1 data.

- Key Indicators - Results reported for key indicators represent progress through FY 2022 Q1 and demonstrated resilience to the impact of COVID-19 on program performance. Progress toward key indicators in FY 2022:
 - PEPFAR newly identified over 528,000 PLHIV during FY 2022 Q1, 23% of the FY 2022 target of 2.33 million. This was due to continued adaptation of programs to allow resumption of services while also ensuring the safety and security of patients, clinical staff, and community workers in response to COVID-19.
 - Despite concerns over disruption of HIV clinical services due to COVID-19, PEPFAR continues to grow the cohort of patients on lifesaving antiretroviral treatment, reaching a total of over 19.23M**, 94.4% of the annual target.
 - Viral load suppression, indicating that the level of the HIV virus in the patient's bloodstream is below detectable limits and preventing transmission, was 94.8% in patients eligible for a viral load test In FY 2022 Q1, very close to the 95% target.
 - Voluntary medical male circumcision (VMMC) programs, along with many other prevention interventions, have rebounded since being impacted by COVID-19. Many PEPFAR-supported countries have been able to restart or expand services as COVID-19 restrictions ease. In total, PEPFAR provided over 561,000 men with VMMC services in FY 2021 Q1, 25% of the annual target. PEPFAR also newly enrolled nearly 291,000 individuals on pre-exposure prophylaxis (PrEP), 28% of the annual target.

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** Inclusive of centrally-supported clients in South Africa that are reported annually at Q4.

Data accuracy & reliability

Data Review Step	Accuracy	Reliability	Notes
Data Entry			
<ul style="list-style-type: none"> Validation Rules for Data-Management 	High	High	<p>To ensure partners' data are accurate, Data for Accountability Transparency Impact Monitoring (DATIM), our system for entering and managing data, features automatic data-quality checks through the use of more than 100 validation rules. The established rules flag instances when entries are illogical within, and across, indicators reported by PEPFAR.</p>
After Data Submission			
<ul style="list-style-type: none"> Quarterly PEPFAR Oversight and Accountability Response Team (POART) Review 	High	High	<p>The POART reviews the initial quarterly submission for each PEPFAR country. During these reviews, issues of the completeness and quality of data are part of discussion during a three-hour call with the U.S. Government country team in the field. Following this call, each team is responsible to return to DATIM and make the necessary corrections during the data-entry period.</p>
<ul style="list-style-type: none"> Agency Data-Quality Assessment (DQA) 	High	High	<p>In addition to participating in POART reviews, each PEPFAR Implementing Agency also has its own protocol for assessing the quality of data and evaluating progress of its partners.</p>
<ul style="list-style-type: none"> PEPFAR Data-Quality and Results Snapshot (DQRS) 	High	High	<p>S/GAC recently rolled out a new data-quality assessment (DQRS) that reviews a limited number of PEPFAR indicators submitted by partners in country. The DQRS, led by O/GAC, assesses site-level results through the review of patient records and registers, as well as electronic patient and pharmacy records. Irregularities flag the need for a remediation plan and subsequent follow-up, to ensure partners make corrections in a timely manner.</p>

Additional information

Contributing Programs

The Office of the U.S. Global AIDS Coordinator and Health Diplomacy (S/GAC) serves as the headquarters of PEPFAR, and leads, coordinates, and funds the U.S. response to global HIV/AIDS. From within State, the key leadership and coordination of PEPFAR in the field occurs through the Chiefs of Mission in U.S. Embassies in over 50 countries. PEPFAR is implemented by USAID; the U.S. Department of Health and Human Services and its Agencies, including the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the National Institutes of Health; the Departments of Defense, and Treasury; and the Peace Corps.

Stakeholder / Congressional Consultations

PEPFAR works across multiple sectors to ensure sustained control of the epidemic. Collaborating with partner governments and multilateral partners, such as UNAIDS and the Global Fund, PEPFAR optimizes its investments, strengthens country leadership and sustainability, and enhances service-delivery. PEPFAR also dedicates funds to strengthen the leadership and capacity of civil society, including with faith-based organizations (FBOs), while recognizing that sustainable HIV/AIDS interventions must be tailored to, and informed by, the communities we serve. PEPFAR forges strategic public-private partnerships that support and complement our prevention, care, and treatment work. S/GAC consults closely with civil society, advocacy organizations, academia, and Congress on its strategy.