Updated: May 11, 2021

COP/ROP 2021 Frequently Asked Questions

New or updated items are ==highlighted in blue==.

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1. COP/ROP 2021 Resumption & Planning

Q1: When will the COP/ROP 2021 process resume?

A1: The PEPFAR Country/Regional Operational Plan (COP/ROP) 2021 planning process will resume, effective April 1, 2021 and will conclude no later than May 21, 2021.

Q2: How will the COP/ROP 2021 process and timeline be streamlined upon its resumption on April 1?

A2: The PEPFAR COP/ROP 2021 process will be different, shorter, and much more flexible than in previous years as is summarized below and on pg. 5 in the COP/ROP Virtual Meeting Handbook.
- Phase I – Preparation (April 1-14, 2021): Preparations and deliberations within the U.S. government interagency and partners
- Phase II – Planning (April 15-29, 2021): Maximum of 2 days (4 hours per day) of virtual planning/review meetings for all countries and regions focused on their respective priority areas, occurring on a rolling basis. Countries and regions will have the flexibility to self-select earlier dates within this window if they are closer to completion. Those that feel they need more time can self-select later dates within this window.

- Phase III – Completion (May 3-21, 2021): Streamlined tool completion, submission and out-briefs/approvals for each country or region will occur on a rolling basis. Countries and regions will have the flexibility to complete their COP/ROP 2021 process sooner than May 3, if they wish.

Q3: How will PEPFAR ensure that civil society engagement in the COP/ROP 2021 process is meaningful and robust, given the streamlined process and timeline?

A3: Civil society and community engagement and input is critical to PEPFAR's success and essential for an effective and high-quality COP/ROP planning process. Although the virtual COP/ROP 2021 planning process will be streamlined and condensed, this shortened and streamlined process does not remove the need for dialogue, consultation, and consideration of input, recommendations and concerns from civil society and other stakeholders. Rather, we are emphasizing a transparent dialog and engagement that must occur with civil society and other stakeholders throughout the entire process.

During Phase 1 of the preparation stage from April 1-14, country teams are expected to resume discussion and engagement with civil society and other stakeholders. Country teams will also develop country-driven planning meeting agendas for the two-day planning meetings, making sure the specific issues that need time for dialog, deliberation, and consultation are prioritized. March 18, 2021, S/GAC also provided an agenda template and direction on pgs. 10 and Appendix F of the COP/ROP Virtual Meeting Handbook that countries will tailor for their specific context whereby time will be specified for CSO engagement. This template notes that early on day one of the two-day meeting, civil society and other stakeholders have dedicated time to articulate their specific recommendations or concerns upfront, so that the interagency team can respond to these concerns – the template will also ensure that at least half of the agenda is focused on transparent dialogue and agreement with civil society and stakeholders. The handbook also includes a subsection on expectations for external engagement on pg. 14, with a suggested timeline for sharing tools before the planning meeting and final submission.

Importantly, the two-day virtual planning meetings during the April 15-29th timeframe should not be the first time that CSO engagement occurs. As noted above, it is expected that resumption on April 1 will also include resumption of dialog and consultation with stakeholders. In addition, PEPFAR also continues to require engagement with stakeholders prior to each quarterly POART call, including Q1 POART in March, to obtain their feedback and recommendations for program improvement.

In addition, S/GAC will work with country Chairs to ensure they are responsive to civil society requests for additional engagement, either via email or separate meetings.

Q4: When will the country team be expected to share the planning meeting agenda with stakeholders?

A4: The country team is expected to share the agenda two days prior to the planning meeting. During Phase 1 (April 1-14) as country teams prepare for the virtual COP/ROP meetings, country teams are expected to resume engagement with stakeholders. Part of this engagement should be understanding from stakeholders what they view as the highest priority topics for inclusion in the two day COP/ROP virtual planning meetings. Stakeholders may also communicate this feedback directly to Chairs/PPMs.

Q5: How can civil society go about scheduling a meeting with Chairs and PPMs?

A5: PEPFAR Coordinators should facilitate ongoing, transparent engagement with civil society at the country level for COP/ROP planning and implementation. In addition, as materials and communications are sent out to the meeting delegations, you will have access to the email addresses of Chairs and PPMs and may contact them directly; we are also encouraging Chairs/PPMs to reach out to you to schedule meetings.

Q6: Are we expected to have a traditional out-brief as part of our two-day virtual planning/review meeting, or will the out-brief be part of the approval time period?

A6: No. There will not be a traditional out-brief as part of the 2-day planning meeting. Rather, a sixty-minute (single OUs) to ninety-minute (regional OUs) combined out-brief/approval meeting with PEPFAR teams, government, multilateral partners, civil society, and S/GAC and Deputy Principal leadership is part of the Completion phase of the COP/ROP 2021 process. Pages 12-13 of the COP/ROP Virtual Meeting Handbook give further details on preparing tool submission and outbrief/approval meeting content.

Q7: Can you clarify details and expectations for the April 1 plenary? Will it be recorded and will there be interpretation?

A7: The April 1 virtual opening plenary occurred on Thursday, April 1 from 7:00 – 8:00 AM EST and featured remarks from S/GAC and PEPFAR agency leadership. Live, simultaneous interpretation was made available. The plenary was recorded and is available here: https://youtu.be/REIZUfm9eOQ. You can also access an individual video of Secretary of State Blinken's remarks here: https://www.youtube.com/watch?v=KZF1hi0CeJs.

Q8: Upon the resumption of COP/ROP 2021 planning, will we be able to pick up where we left off or will we have to start over? Are the PLLs and budgets issued in January still valid?

A8: When COP/ROP 2021 planning resumes on April 1, the significant time and effort already invested by PEPFAR teams and partners to inform programmatic direction in line with the existing FY 2021 planning level budgets will be well utilized. Teams will not need to start over, but rather pick up from where they left off. The PLLs issued in January are valid with no changes. As in all other COP/ROP cycles, the ultimate level of funding provided to each OU is not final until it is fully notified to and approved by Congress.

Q9: Will there be any issues with the timely approval of Congressional notifications and the availability of COP/ROP 2021 funds for Fiscal Year 2022 programming?

A9: We are firmly committed to ensure that collaborative, transparent, and data-driven COP/ROP 2021 plans are completed in every PEPFAR-supported country and region and that there is no disruption in HIV services at the start of fiscal year (FY) 2022.

Following the anticipated COP/ROP 2021 headquarters approvals in May (or sooner, if countries are prepared), PEPFAR will work through the summer months to move expeditiously through the required processes of Congressional notifications, approvals, and transfer of funds to implementing agencies in advance of the beginning of FY 2022. To reduce pressure on agencies and countries, S/GAC will work to notify 25-30% of anticipated COP/ROP 2021 funds (based on final COP/ROP 2020 levels) immediately to "prime the pump" to deliver HIV treatment, systems, and management and operational costs to deliver those services, while completing the full planning process.

Q10: Can we reassure host country governments and partners that our funding commitment goes forward? Some host country governments are in the midst of their annual planning, but their plan depends on knowing what the U.S. government will provide. When will we know what the US commitment is?

A10: You can reassure host country governments and other partners that the U.S. government commitment to supporting their HIV responses remains strong. In fact, the temporary pause is about ensuring we can deliver on our commitments in COP/ROP 2020, by focusing on the adaption and implementation that are required to optimize program impact and patient outcomes, particularly in the context of COVID-19.
When COP/ROP 2021 planning resumes on April 1, the significant time and effort already invested by PEPFAR teams and partners to inform programmatic direction in line with the existing FY 2021 planning level budgets will be well utilized.

As in all other COP/ROP cycles, the ultimate level of funding provided to each PEPFAR operating unit is not final until it is fully notified to and approved by Congress.

Q11: How will the COP/ROP 2021 process reflect relevant new policies of the Biden-Harris Administration, such as the rescission of the Mexico City Policy?

A11: COP/ROP 2021 will reflect and incorporate new policies prioritized by the Biden-Harris Administration, including rescission of the Mexico City Policy, reengagement with the World Health Organization, and others that are relevant to PEPFAR.

As per President Biden's January 28, 2021 "[Memorandum on Protecting Women's Health at Home and Abroad](#)", the Mexico City Policy/Protecting Life in Global Health Assistance is rescinded. Thereby, PEPFAR funding and partners are no longer subject to these policy requirements and instead should follow those outlined in the January 28, 2021 Executive Order.

Q12: What flexibility is S/GAC providing in planning for COP/ROP 2021 resumption?

A12: S/GAC is providing significant flexibility for countries and regions to complete the remaining elements of their COP/ROP 2021 process within the April 1-May 21 timeframe. For instance, countries and regions were given the flexibility to self-select planning meeting dates (maximum of 2 days, 4 hours per day) between April 15-29 to hold virtual planning/review meetings focused on their respective priority areas. More information will be forthcoming on this. Similarly, countries and regions can choose to complete their COP/ROP 2021 process sooner than the May 3-21 window for streamlined tool completion, submission, and approvals, if they wish. Please see the COP/ROP Virtual Meeting Handbook for further details.

Q13: Will COP/ROP 2021 tools (e.g., FAST, DataPack, etc.) still be required when planning resumes?

A13: Key COP/ROP 2021 tools listed below are required as they are essential for tracking and monitoring targets and budgets to ensure accountability and impact of U.S. taxpayer dollars. Several of these tools were already streamlined for use in COP/ROP 2021. For example, no site-level targets are required in the DataPack and the FAST has shifted to program areas. The DataPack and FAST templates have not changed and will not be re-issued for the resumption of COP/ROP2021 planning. Please see the COP/ROP Virtual Meeting Handbook for further details.
- Required COP/ROP 2021 Tools:
    - DataPack
    - FAST
    - Commodity Supply Planning Tool
    - Strategic Direction Summary (SDS)-- OUs should use the COP/ROP 2020 as a base and highlight new COP/ROP 2021 decisions and agreements
- Tools no longer required for COP/ROP 2021:
    - Table 6 Excel Workbook – investments will be captured in the FAST – while Table 6 will not be required to be submitted, we fully expect dialogue about above-site investments to occur
    - Surveys-Surveillance, Research, and Evaluation (SRE) Tool – investments will be captured in the FAST
    - Resource Alignment Funding Landscape Tool -- HQ will finalize, no further effort needed by OU teams

Q14: Are all of the graphs and tables in the SDS still required in their previous format, or is it up to the country team to use their discretion on what constitutes and update?

A14: COP/ROP 2021 no longer uses budget codes, so SDS *Table B.1.3 Resource Allocation by PEPFAR Budget Code (new funds only)* in Appendix B is no longer required. Instead, OUs should paste the two tables shown in Appendix G of the COP/ROP Virtual Meeting Handbook showing the updated budget visualizations, which show budget by program area and sub by service delivery and non-service delivery budgets and percent, and a complementary Table B.1.4 shows

budget by program area and beneficiary. Both can be generated directly from the COP/ROP 2021 FAST Dossier in PAW. OUs do not need to paste a screen shot of Table 6 / SRE activities in Appendix C since that tool is no longer required for COP/ROP 2021 submission. Please see the COP/ROP Virtual Meeting Handbook for further details.

Please note this update to Figure 2.1.5 (see page 27 of the COP/ROP21 Virtual Meeting Handbook): Now that FY21Q1 results have been entered, the visual from Panorama will cover FY20Q2-FY21Q1. Please follow the directions for the visual as is, but be aware that the period has shifted to include FY21Q1.

Q15: What are the expectations and timeline for sharing the SDS with external stakeholders?

A15: The guidance is that OUs should submit to S/GAC their final draft FAST, DataPack, Commodities Supply Planning Tool and SDS at least 7 days before the outbrief/approval meeting. OUs may share the SDS earlier, though OUs should share the SDS, Datapack with overall targets and FAST summary data/visualizations with external stakeholders prior to submitting to S/GAC so that stakeholders have an opportunity to review and provide feedback and concurrence for the version that is submitted to S/GAC.

Q16: How will information such as the tools and SDS be shared with civil society before planning and approval meetings?

A16: This process will be decentralized to the country level, and will not be organized from S/GAC. We have been working with country teams and global stakeholders to generate country-specific delegation lists with email contact information. These lists will be the basis of communication with stakeholders for all materials and information related to the COP/ROP 2021 virtual meetings.

Q17: Will the requirements for the Chief of Mission letters be adjusted for COP/ROP 2021?

A17: Brief letters/emails from your COM is expected with final submission of your COP/ROP 21.

Q18: Now that Table 6 and the SRE Tool are no longer required, how will these activities be captured in our COP/ROP 2021 submission?

A18: The FAST already has the ability to capture high level Table 6 and SRE activities. Though the Table 6 and SRE stand-alone tools are no longer required for COP/ROP 2021, transparent deliberation is still expected to ensure strategic investments in these areas. In the SDS, OUs should still answer the questions in *Section 5.0 Program Support Necessary to Achieve Sustained Epidemic Control* with any updated focus or strategic shifts in above-site investments plus surveys, surveillance, research and evaluation priorities. For SRE, we are not expecting any new submissions in COP/ROP 2021 unless there are urgent surveys, surveillance, research and evaluations, which will require PRIME notification and approval.

Q19: Can you please clarify whether the first DataPack submission in mid-April should include IM target assignments in the PSNUx IM tab?

A19: Yes, the first DataPack submission (7 days prior to your scheduled planning meeting) must include a completed PSNUxIM tab. It is essential to have this information in the first DataPack submission to ensure that data is available for programmatic consideration during the two-day planning meeting.

Q20: What support is S/GAC providing to make sure tools are completed and reviewed on the new compressed timeline?

A20: The S/GAC teams providing tools support are committed to timely review of tools. It is essential that tools are submitted at least seven days in advance of the planning and approval meetings, respectively. To limit back-and-forth about tool errors, OUs should use the self-service apps available in DATIM to self-check tools prior to submission. Page 14 of the COP/ROP Virtual Meeting Handbook describes roles of OU/field teams and headquarters tool reviewers while SGAC tools, technical, and logistics support can be found on pg. 16, with further details in Appendix B.

Q21: Please note the following updates to PEPFAR 2021 Country and Regional Operational Plan (COP/ROP) Guidance for all PEPFAR Countries:
- Pg. 160: *Section 5.9.4 Implementation of Protecting Life in Global Health Assistance in PEPFAR Programs* has been deleted as the policy was rescinded by President Biden in January 2021
- Dates and processes referenced in *Section 2.5.3 Active Engagement with Community and Civil Society* (pages 101-103), and *Section 5.3 COP/ROP Timeline* (pages 141-146) have been superseded by the March 5, 2021 S/GAC message and cable on the streamlined COP/ROP21 planning and approval timeline.
- Pg. 62: *Figure 2.3.2.2: HIV case finding approaches supported by PEPFAR, based on ART coverage* was corrected to maintain that minimum 5% yield is expected for Other Facility-based Testing when national or SNU ART coverage is under 70%.
- Links to resources on PEPFAR SharePoint for U.S. Government teams were updated on pages 94 and 442.
- Section *5.4 Required COP Elements Checklist* (page 147) will be updated when further information is available.
- References to Table 6 and the SRE Tool as required for submission in COP/ROP 2021 in *Section 7.3 Planning Step 3: Set Preliminary Budgets, Targets, and Above-Site Activities* (pages 580 and 594-597) should be disregarded. *Section 8.4 Table 6 and Surveys-Surveillance, Research and Evaluation (SRE) Tool Excel Workbook* (pages 606-611) has been crossed out as these tools are no longer required for COP/ROP 2021 submission. Guidance considerations on prioritizing and funding above site interventions remain important for COP/ROP 2021 planning.

- Guidance in *Section 8.2 Strategic Direction Summary (SDS)* (pages 605-606) is superseded by the March 5, 2021 resumption announcement on streamlining COP/ROP 2021 to simply describe what will change in COP/ROP 2021 by updating the existing COP/ROP 2020 SDS. OUs do not need to draft an entirely new COP/ROP 2021 SDS from the updated template previously provided. COP/ROP 2021 no longer uses budget codes, so *Table B.1.3 Resource Allocation by PEPFAR Budget Code (new funds only)* in Appendix B is no longer required. Instead, OUs should paste the total budget with breakout by applied pipeline, new funding and total spend – a visualization which can be generated from the COP/ROP 2021 FAST Dossier in PAW. OUs do not need to paste a screen shot of Table 6 / SRE activities in Appendix C since that tool is no longer required for COP/ROP 2021 submission. OUs should still answer the questions with any updated focus or strategic shifts in above site investments plus surveys, surveillance, research and evaluation priorities in *Section 5.0 Program Support Necessary to Achieve Sustained Epidemic Control*. More information will be forthcoming to review details.

Q22: Please note the following formula change in the COP/ROP 2021 DataPack.

A22: In the HTS Tab there is an error within the formula that helps calculate "TB_STAT: New Positive (%)" in column Z of the HTS_TST - Distribution of Positive Tests section. This formula is currently referencing "HTS_TST Post ANC1 New Positives (FY22)" from column J, but needs to be referencing "TB_STAT New Positives (FY22)" from column K. To make this simple change, please adjust the formula from
"=IF(OR(SUM($G15)=0,SUM($J15)=0),"",SUM($J15)/SUM($G15))" and change the reference of column J to column K so that it reads
"=IF(OR(SUM($G15)=0,SUM($K15)=0),"",SUM($K15)/SUM($G15))". More details can be found in the online DataPack User Guide.

Q23: Why is there now an initiative in the FAST for community-led monitoring (CLM)? Does this mean we will receive specific budgets for CLM?

A23: There is now a "soft control" in the FAST which will allow PEPFAR to track and monitor funding specifically for CLM. Being able to track this funding in a system of record will be important moving forward given the importance of this activity to PEPFAR's client-centered service strategy and to PEPFAR stakeholders. However, specific CLM budgets will not be issued to OUs. OU should instead make sure any funding budgeted for CLM should be captured under this initiative in the FAST. Please see the most recent PEPFAR Financial Classification Reference Guide for definitions.

2. American Rescue Plan Act (ARP) Planning

Q24: How does the American Rescue Plan Act of 2021 (ARP) relate to PEPFAR?

A24: Congress has appropriated $250,000,000 to the Department of State "to support programs for the prevention, treatment, and control of HIV/AIDS in order to prevent, prepare

for, and respond to coronavirus, including to mitigate the impact on such programs from coronavirus and support recovery from the impacts of the coronavirus." State/PEPFAR intends to use these funds (pending Congressional approval) to: (1) address urgent ARV commodities needs due to COVID; (2) prevent, prepare for, and respond to coronavirus impact on PEPFAR-supported beneficiaries and health workforce (including prevention of COVID-19 infection, illness, and death among PEPFAR-supported beneficiaries and health workforce); and (3) mitigate COVID-19 impact on PEPFAR programs and beneficiaries and support PEPFAR program recovery from the impacts of coronavirus. These efforts will align to the broader USG global COVID-19 response and recovery strategy, objectives, lines of efforts, and associated metrics that are being developed. Given that the COP/ROP 2021 process has resumed, effective April 1, 2021, PEPFAR is working to ensure appropriate interagency planning and documentation of the proposed use of these funds for PEPFAR programs. All funds will be subject to Congressional notification.

Q25: How will funding from the American Rescue Plan for both COVID-19 and PEPFAR be used for COVID-19 HIV mitigation efforts? Are these new funds or redirection of existing money towards HIV/COVID-19?

A25: PEPFAR is grateful for the appropriation from the U.S. Congress for relief activities and efforts related to COVID-19, and as it relates to mitigating the impact of COVID-19 on our work of HIV prevention and treatment services. We are in conversations within the USG and Congress on the use of these funds. These conversations will determine how we can utilize the COP/ROP 2021 cycle to program some of these funds and be flexible in current implementation. Funds will need to be notified. These are new funds, not a redirection of existing PEPFAR resources.

Q26: Our FAST is due to be submitted within the next few days. Does this mean that the ARP PEPFAR proposal should be completed and submitted with the initial FAST submission? What level of detail is expected for the FAST COVID tab?

A26: No, it is not expected that OU ARP PEPFAR proposals are finalized for the initial FAST submission. However, to the extent possible, a provisional amount to be requested as well as a preliminary description of the OU's proposed purpose for the funds are requested. OUs will be able to provide more detail on their proposal during the COP/ROP planning meeting (with their 2-3 slides) and with their official 3 page proposal submission in addition to the FAST tab.

Q27: Should the COP/ROP 2021 FAST include proposed ARP PEFPAR funds to be spent during COP/ROP 2020 as well as COP/ROP 2021? What is the timeframe for ARP PEPFAR fund notification and availability? Will I have to do an OPU for ARP funds to be implemented in COP/ROP20?

A27: Yes, the COP/ROP 2021 FAST should include proposed ARP PEPFAR funds to be spent during COP/ROP 2020 and COP/ROP 2021. ARP PEPFAR funds will require congressional notification, so availability of funds will depend on timeline of notification and transfer of funds

once approved. S/GAC intends as highest priority to include congressional notification for commodity gaps identified by USAID HQ in the pre-COP/ROP CN to allow for timely access.

In May 2021, PEPFAR expects to initiate the process to make some funds available for activities that are meant to begin during COP/ROP 2020 implementation, and we hope funds will be available to agencies for use as early as May 2021 and not later than July 2021 pending the completion of Congressional Notification procedures. In cases where the operating unit has available pipeline on hand, and where the activity to be conducted is identical to activities notified in previous COPs, it may be possible to start critical activities sooner in COP/ROP20. Please work closely with your agency HQ financial POCs, who will work closely with M&B on this. Only agency financial POCs working closely with M&B can approve use of existing pipeline to jump-start planned COP/ROP20 ARPA-related activities.

S/GAC is working on a streamlined, modified OPU approach to adding ARP funds planned for COP/ROP20. Teams should not initiate regular OPUs at this time. Additional instructions will be forthcoming.

Q28: Will there be a review of ARP PEPFAR funding requests beyond the standard COP/ROP 2021 review? In other words, chairs, PPMs, CAST and any ISMEs will review the narratives, slides, and tools just as we would any other technical area, and it will be subject to final COP/ROP approval by S/GAC leadership; we are not anticipating a special review by the COVID ST3 for example?

A28: Correct. The review will be like other elements of COP/ROP 2021. While COVID-19 STTT members are available for technical assistance along with other ISMEs, there will not be an interagency technical review of submitted plans.

Q29: Are targets expected for the ARP PEPFAR funds?

A29: On the COVID-E tab of the FAST, please use column L (column entitled: Estimate number of patients, HCW and/or sites that would be supported with these activities) to quantify what services or site support will be provided with the ARP funds. If there are additive PEPFAR service delivery targets coming from ARP funds, please set those targets in the COP/ROP 2021 DataPack. If the funds are used to provide a COVID-safe environment where prevention or other programs can safely resume, then targets in the COP/ROP 2021 DataPack or resumption of COP/ROP 2020 targets should suffice.

Q30: Is there an expectation that ARP PEPFAR funds will only be used through existing PEPFAR partners? Or does the OU have flexibility to use them with other (non-PEPFAR) agency partners, as long as they meet the intentions outlined in the guidance?

A30: Any qualified partner can be used where an agency has a mechanism with the appropriate scope to carry out activities with both an HIV and COVID-related purpose. It does not have to be an existing PEPFAR partner. Time to impact is a consideration and choice of partner may be

a balance between who can do the job the best vs. who will be the quickest. However, to ensure that we can account for the use of all funds, any mechanism/award that has not previously received PEPFAR funding must be added to FACTSInfo NextGen. Please coordinate with your agency HQ financial POCs to determine to add any mechanisms/awards that are new to PEPFAR.

Q31: How flexible are ARP PEPFAR funds after they are approved? For example, if the OU determines in a couple of months the need is more around lab, than IPC, what is the threshold for requiring to request permission to shift within a partners' workplan for COVID activities?

A31: Proposals should be as specific as possible and should anticipate the range of expected needs. However, given the dynamic nature of COVID-19 surges, if changing circumstances justify a shift of funds to support another eligible COVID-19 activity, that request can be submitted through the PEPFAR Coordination Office to the S/GAC Chair and PPM for consideration.

Q32: Can ARP PEPFAR funds be used to support SRE (surveillance, research, evaluation) or above-site activities?

A32: All ARP PEPFAR funded activities must address urgent needs and should take place during COP/ROP 2020 and early COP/ROP 2021. All activities must also have a clear rationale for how the investment relates to PEPFAR programs, sites and beneficiaries. So, while some SRE and above-site activities may meet the criteria for ARP PEPFAR funding, these will have to be evaluated on a case-by-case basis.

Q33: What is PEPFAR's expectation for activities that would be supported by COVID-19 funding from Global Fund (GF) vs. from PEPFAR (or other sources)?

A33: Every effort should be made to ensure that activities proposed under ARP PEPFAR funds are clearly defined and communicated, and non-duplicative of those supported by funding from the Global Fund, USAID, CDC, other USG and other sources. Coordination and communication with the Global Fund is critical.

It is especially important that PEPFAR teams advocate (through their USG representative to the CCM) for countries to take advantage of the fast-track GF applications for immediate COVID-19 commodity needs: https://www.theglobalfund.org/en/covid-19/response-mechanism/. PEPFAR staff may be well placed to provide input and assistance with these GF applications.

Given the availability of GF's streamlined, fast-track application to support urgent needs for COVID-19 health products (including PPE, diagnostics, and therapeutics) and costs relating to the effective deployment of such health products, PEPFAR expects that these commodities would generally be requested from GF rather than from PEPFAR. Note, however, that GF does

not expect HIV (and TB and Malaria) commodities to be included in their C19RM funding requests.

Q34: The guidance indicates that a portion of the ARP PEPFAR funding will be reserved to address urgent, central commodity costs related to COVID-19 that will be addressed prior to the COP/ROP 2021 process and that OUs that will benefit from this funding will be notified when decisions are made. OUs would want to avoid including commodities requests in their ARP PEPFAR proposals if they are already covered by the central commodities assistance. So, will OUs be notified that they will be receiving this central commodities assistance before they have to submit their ARP PEPFAR proposal?

A34: OUs will be notified by their S/GAC Chair and PPM if they will receive central commodities support and what amount and type of commodities support will be included. S/GAC intends to make those notifications by April 16, 2021. PEPFAR teams, through their PCOs, should consult their S/GAC Chairs and PPMs if they plan to include HIV commodities in their ARP PEPFAR proposals and have not yet heard about central commodities plans for their OUs.

Please note that all commodity requests should be directly related to the impact of COVID-19 on commodities. Broader commodity gaps should be funded through other sources, such as the Global Fund.

Q35: Can ARP PEPFAR funds be used for COVID-19 education, messaging, and reducing fear in the community on COVID-19 and the vaccine?

A35: Yes. ARP PEPFAR funds can be proposed where needed in line with the categories released by S/GAC. In their proposals, OUs should justify how these funds will address the intersection of COVID-19 and PEPFAR programming.

Q36: Under the "repair program injury" category for ARP PEPFAR funding proposals, are there certain criteria or benchmarks for how affected a program is from COVID-19 that would justify awarding funds?

A36: There are no specific criteria or benchmarks that OUs must meet to apply for ARP PEPFAR funding, however, clear justification must be made for how COVID-19 has negatively affected PEPFAR programming and how ARP PEPFAR funding will be used to address the cause of program injury.

Q37: Can ARP PEPFAR funds be used for human resources for health (HRH)?

A37: The ARP PEPFAR funds can be used to support site-level staff for activities described. These funds are one-time funds. If staffing is needed for ongoing PEPFAR programs, the staff must be budgeted within the COP/ROP 2022 or CO/ROP 2023 resource envelope without the expectation of an increased OU envelope in COP/ROP 2022.

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Q38: What is the process to submit a proposal for the American Rescue Plan COVID-19 Appropriation for PEPFAR Programs?

A38: Please reference information provided in the PEPFAR Guidance and Proposal Solicitation Cable (April 6, 2021), ARPA Webinar slides (April 13, 2021) and communication from S/GAC Coordination on ARPA information and template (April 20, 2021). Country teams should submit FAST/Slides/Activity summary at their first tools Checkpoint prior to their COP/ROP 2021 planning meetings. During the planning meeting, the proposals should be presented (no more than 2 to 3 slides) and feedback received during the planning meeting should be incorporated. Country teams should submit to Chair/PPM all materials, including marked-up FAST, and Chair/PPM recommendations for approval. S/GAC leadership will review and provide feedback through Chair/PPM to OU within 48 hours of receipt. Country team should update FAST to reflect final decisions and submit final FAST with their final tool's submission, prior to the approval meeting.

Q39: Where should teams include ARP activities in the SDS? Should ARP be integrated into the relevant technical sections or added in a section of its own?

A39: Teams should include a summary of ARP activities in a sperate section in the SDS, rather than integrating it into relevant technical sections. Please include a brief summary of ARP activities, total approved budget (portion to be implemented in FY21 vs FY22) and expected impact of the funds.

3. COP/ROP 2021 Technical Area Questions

Cervical Cancer
Q40: How should teams approach cervical cancer target setting for COP/ROP 2021? Is there any flexibility with the Cervical Cancer targets?

A40: The goal of the Go Further program is to screen all WLHIV between the ages of 25-49 every two years, and as a result, Go Further countries should set their target to a minimum of 50% of TX_CURR (FY20Q4) for this age band. Overall, your target should not be lower than 50% of TX_CURR; however, your program targets can be higher if you wish to add targets for WLHIV younger or older than 25 and 49, respectively. Non-Go Further countries conducting cervical cancer screening with COP funds do not need to meet this target requirement; however, they are required to report on the cervical cancer MER indicators and adhere to the PEPFAR Cervical Cancer Clinical Guidance and the COP Guidance. Top-line cervical cancer budgets were set to ensure achievement in reaching the minimum target of 50% of TX_CURR (25-49yrs). For more information, please refer to the COP/ROP 2021 guidance or your COP/ROP 2021 Planning Level Letter. If you are unable to reach this level of targeting, budgets will also need to be adjusted.

Condoms
Q41: Can OUs use condom central funds for condom and lubricant procurement?

A41: Yes, central funds from the Condom Fund can be used for condoms and lubricants. In COP/ROP 2021, access to the Condom Fund with specific OU allocations was provided in the planning level letters. OU's not receiving a prescribed allocation should note that in FY22 there is limited funding available to cover unexpected or emergency condom and/or lubricant requests from PEPFAR-supported countries. Access to these funds will be provided on a first come, first served basis, and OUs will be required to provide a justification for why their special request is being made. The request should outline: estimated condom and lubricant funding expected from other donors and the host country, the amount of condom and lubricant funding currently covered in the country, and the gap being addressed by the Condom Fund procurement request.

Before applying for central condom and lubricant funding, OUs should also ensure that the Country Coordinating Mechanism (CCM) leverages Global Fund (GF) condom procurement mechanisms, as GF is prioritizing investment in condom programming in the next funding cycle.

Evaluation
Q42: Please clarify PEPFAR's guidance around impact evaluation during COP/ROP planning.

A42:
- PEPFAR does not generally support entirely 'new or untested approaches' but rather encourages contextual innovations and adaptations to evidence-based therapeutic and program interventions.
- In the context of PEPFAR, the complex, specialized design, substantial investment, and long time horizon of impact evaluations have typically made them inappropriate or impracticable. Often other policy or programmatic changes have been implemented before observation is complete or results are available, which affects the practicability and usefulness of this approach.
- Instead, PEPFAR has relied on routine, granular, site-level data, selected process and outcome evaluations, operations research, and population-based HIV impact assessments to assess innovations and adaptations and to measure outcomes and impacts of PEPFAR-supported programs.
- COP/ROP planning, however, serves as the process through which OUs can propose pilot programs or interventions and an associated impact evaluation for consideration in PEPFAR.
- To be considered as part of a COP/ROP, a proposed pilot program or intervention must be aligned with PEPFAR COP/ROP guidance and in support of OU epidemic and program priorities, and the associated impact evaluation must be appropriate and practicable for the OU context and portfolio.

- For the reasons described, OUs are advised to consider whether alternative methods of monitoring, evaluation or research are justifiably sufficient to assess the effectiveness of a proposed pilot program or intervention.
- OUs should follow the SRE guidance for submission of a proposed impact evaluation and its related data collection in the context of a novel intervention or pilot program, and be prepared to discuss both in detail during the review phase of COP/ROP planning.

Key Populations

Q43*: Are OUs required to set index testing targets for Key Populations?*

A43*: No. Country teams are not required to set Key Population (KP)-specific targets for index testing within the DataPack but countries should continue to use index testing as a KP case-finding strategy when it is deemed appropriate and safe by the KP community.*

Q44: Given the ongoing and past concerns expressed last year during COP20 by global civil society regarding index testing for KPs, how should implementing partners approach index testing for KPs?

A44: All index testing activities – including those among KP – should never be coercive and must follow PEPFAR guidance and standards for safe and ethical index testing. KPs should never be required or coerced to uptake index testing services. The safety and confidentiality of KPs is the utmost importance. Services need to be client centered and tailored to clients' needs. A comprehensive KP testing strategy should also include integration of other high quality and effective approaches like social and risk network referral testing and secondary distribution of self-testing kits. These types of mixed approaches increase options for KPs and offers KP programs other avenues to reach other positive individuals in high-risk networks to provide lifesaving HIV services. Please find additional information on PEPFAR's approach implementing safe and ethical index testing [here].

Q45*: In many countries, KPIF projects have concluded or will have concluded by the start of COP 21. What are the expectations and vision for this work going forward?*

A45*: Core COP funding can be used to continue KPIF activities that have demonstrated success in improving and scaling KP services. COP guidance highlights KPIF's impact in increasing the involvement of local organizations at the community and national level, and emphasizes that countries continue to advance in this direction. COP/ROP 2021 guidance also has new sections on structural interventions and sustainability for KP CSOs. This guidance offers increased attention to strategies promoted by KPIF that should be considered for COP funding for service delivery and above site activities.*

Q46*: Which data should be utilized when determining targets for KP disaggregates across the HIV prevention and treatment cascades?*

A46: Historical program results, the most recent IBBS, and population size estimation studies are helpful to inform target setting for COP/ROP 2021. These data sources should also be supplemented with data from national programs and/or Global Fund, if available. Once the country team has agreed upon a feasible population coverage (e.g., 50-90%), KP_PREV targets are set based on the percentage of the population to reach with HIV prevention and treatment services. Survey data on the percent of KP living with HIV (KPLHIV) who know their status or past KP_PREV disaggregates for the percent reached who were known positives is used to estimate the proportion of the KP_PREV target that is eligible for testing. Positivity rate trends from MER data or if available, survey results on the HIV prevalence and the percent of KPLHIV who are not aware of their status are useful in setting and adjusting HTS_TST_POS targets. Targets for TX_NEW should reflect COP guidance on treatment initiation. Targets for TX_CURR should reflect the most recent quarter TX_CURR results, estimated new initiates on treatment between the most recent quarter and FY22Q1, and accounting for anticipated interruption in treatment. Targets for TX_PVLS should reflect COP/ROP 2021 guidance. Targets for PrEP_NEW and PrEP_CURR will vary based on national policy, the availability of PrEP commodities and prior demand creation conducted in the OU. Please reach out to your HQ KP ISME if you have questions about targeting for COP/ROP 2021 programming. OUs can also reach out to ICPI through the DATIM Zendesk if they need analytic help with setting KP targets, including data analysis and visualizations in support of their KP targeting.

Q47: The COP/ROP 2021 PLLs do not include a designated budget for KP programming or PrEP like in COP20. Does this mean that OU's KP and PrEP budget should be decreased? PrEP is expected to continue to expand and "supporting key populations with prevention and treatment services", is listed as an essential challenge that needs to be addressed in all OU PLLs. How can we ensure programming is adequately funded if there have been overall portfolio budget decreases across OUs and no protected budget for KPs?

A47: KP and PrEP programming are expected to be funded. KP platforms are expected to be utilized and leveraged for PrEP programming. KP budgets should be at least sufficient to sustain results achieved in recent years, with adjustment to support future growth. KPIF budgets were available in FY20-FY21 but in most cases are fully utilized and no longer available in FY22. As noted in the COP/ROP 2021 guidance KPIF section, countries should aim to build upon KPIF's successes within their COP/ROP 2021 programming.

DREAMS
Q48: The OVC earmark formula includes DREAMS Initiative funding, less any activities programmed to commodities and the C&T and HTS program areas. What types of DREAMS activities would be budgeted to the C&T program area?

A48: All DREAMS Initiative funding should be for comprehensive HIV prevention programming for AGYW in approved DREAMS SNUs in line with the DREAMS guidance. Potential C&T program area activities in line with the DREAMS guidance include post-violence care and some adolescent-friendly services. This should not include C&T costs for male partners of AGYW, OVC comprehensive care for C/ALHIV and their families, or other activities that are not in the

DREAMS guidance. S/GAC expects the vast majority of DREAMS funding to go to the prevention and socioeconomic program areas (as an example, only approximately $4M of DREAMS Initiative funding across 16 countries was programmed to the C&T program area in COP/ROP 2020) .

Q49: Can DREAMS funding be used to procure PrEP commodities?

A49: Yes, DREAMS funding can be used to procure PrEP commodities for AGYW in approved DREAMS SNUs only. PrEP commodities for other populations and outside of DREAMS SNUs should be funded through other sources.

Orphans and Vulnerable Children

Q50: The COP/ROP 2021 PLLs include an OVC earmark minimum requirement and a DREAMS requirement, but not an "HKID requirement" as in previous years. In some cases, this means that the OVC earmark could be fully met by applying 85% of DREAMS (less commodities, HTS, and C&T activities) per the OVC earmark formula. Does this mean that we're not expected to maintain our OVC comprehensive (i.e., wrap-around) and preventive programming in COP/ROP 2021? Should we use DREAMS funding to cover costs of comprehensive OVC programming?

A50: There is no broad directive to reduce OVC comprehensive and preventive programming in COP/ROP 2021. On the contrary, the OVC minimum program requirement and language in PLLs provide clear expectations to strengthen OVC programing, particularly in supporting the C/ALHIV continuum of care, addressing SVAC prevention and response, and supporting other priority subpopulations with wrap-around services. As such, please ensure that children currently enrolled in the comprehensive OVC program are not indiscriminately dropped (especially C/ALHIV and survivors of sexual violence). DREAMS Initiative funding should be preserved for DREAMS goals and SNUs, but OUs are directed to look for efficiencies where there is overlap across DREAMS, OVC, and 9-14 primary prevention for boys and girls. OUs must also look for efficiencies across their entire portfolio (e.g., commodities, above-site activities, VMMC, care and treatment, etc.) to make up the deficit.

The OVC earmark level provided in the PLL is a minimum requirement (floor) rather than a maximum amount allowable (ceiling), which is used to ensure that PEPFAR meets minimum legal requirements across OUs. S/GAC expects many OUs -- especially those with DREAMS programming -- to exceed the OVC earmark level provided so that DREAMS and OVC comprehensive, and OVC preventive goals are sufficiently programmed for in COP21. Please work with your OVC and AGYW ISMEs and the S/GAC technical team as you move forward with your COP21 planning (i.e. Gretchen Bachman, Janet Saul, Caroline Cooney, Ta'Adhmeeka Beamon).

Q51: You mention above that we should look for efficiencies across DREAMS, OVC, and 9-14 primary prevention. What can and can't this include?

A51: This will depend on each OU's context and historical DREAMS/OVC overlap approach, but could include the following:
- DREAMS funds may be used to pay for approved primary prevention of HIV and sexual violence curricula for 9-14 year old boys and girls in DREAMS SNUs (see COP21 section 6.2.3). DREAMS funds should NOT be expanded to include other interventions for boys beyond these primary prevention curricula. Also, please keep in mind that 9-14 year old girls should not be enrolled in DREAMS simply because they are in a primary prevention intervention. Only females in the DREAMS age group who meet DREAMS eligibility requirements should be considered for DREAMS enrollment.
- Interventions provided to DREAMS beneficiaries that are currently paid for or cost-shared with DREAMS and OVC funds could be paid for using DREAMS funds. These interventions/services must be for DREAMS beneficiaries and be in line with the DREAMS guidance. DREAMS funds can't be used to support comprehensive case management and wrap-around services to families as this is outside of the DREAMS model.

Q52: Should digital investments for OVC (e.g., electronic case management systems), which frequently sit outside MOH-managed health information systems, be considered part of the digital health investments referenced in the COP/ROP 2021 guidance?

A52: Yes, digital investments for OVC (e.g., electronic case management systems) used to capture data for OVC indicators (OVC_SERV, OVC_HIVSTAT, custom indicators) should be considered as part of the digital health investments referenced in section 6.6.9 of COP21 guidance. Relevant digital systems include tools to manage households (children and caregivers), client tracking and decision support for caseworkers and case managers, and summary dashboards used for program management and reporting. Common electronic systems include DHIS2, ODK, CommCare, MedicMobile, and other digital platforms for OVC programs. Please follow COP21 guidance to indicate these digital health investments in column I of the FAST (Mechanism-E tab).

Pediatric Dolutegravir (DTG)
Q53: As we plan our transition to pediatric DTG, should we be concerned about manufacturer production capacity?

A53: Currently we have two manufacturers, Viatris (formerly Mylan) received tentative US FDA approval in November 2020 and Macleods who received tentative US FDA approval in March 2021, for DTG 10 mg dispersible tablets.

Unlike the transition to LPV/r pellets and LPV/r granules, we are confident that there is ample manufacturing capacity to accommodate a transition to DTG 10 mg dispersible tablet, as quickly as possible. *No delivery delays have been reported.*

Q54: Is pediatric DTG endorsed by WHO?

A54: Yes. Since 2018, WHO has [recommended](#) DTG as the preferred anchor ARV for all PLHIV in whom there's approved and available dosing.

The importance of pediatric DTG was reiterated in [WHO's 2020 pediatric ART policy brief](#) and the following [October 2020 TeleECHO webinar](#).

There will be a follow up TeleECHO webinar on April 6, 2021 entitled 'Update on DTG: Odyssey Trial Results and DTG Introduction'. Viatris DTG 10 mg DT is on WHO's [prequalified medicines list](#).

Q55: Should we transition to pediatric DTG even if it results in LPV/r wastage?
A55: Yes. It is in the best interest of children and programs to promptly transition all CLHIV (who weigh 3 - 19.9 kg) to pediatric DTG. Transitions should be timely and straightforward.

Phased approaches should only be used when necessitated due to inadequate pediatric DTG supply. _Phased transitions should not be used to mitigate LPV/r waste._

Q56: Can CLHIV receiving pediatric DTG receive multi-month dispensing (MMD)?

A56: Yes. Children who received MMD prior to transition to pediatric DTG should remain eligible for MMD after transitioning to pediatric DTG.

Anticipatory guidance should be provided to caregivers regarding possible side effects and what to do if there are any questions or concerns. Programs are encouraged to continue providing MMD and may consider providing a virtual follow up 2-4 weeks after a child has been transitioned to pediatric DTG.

Q57: Are there materials available to support pediatric DTG transition?

A57: Yes. CHAI has developed a pediatric DTG toolkit that can be found here: https://www.newhivdrugs.org/product-adoption.

Q58: In countries nearing epidemic control for PLHIV, how should teams approach CLHIV targets and planning?

A58: Some countries that have reached or are close to reaching epidemic control for PLHIV have not reached 95/95/95 for CLHIV (<15 y/o). In developing targets, teams need to plan for populations by age and sex specifically. This is particularly true for CLHIV, who continue to have large treatment gaps. Teams should develop targets and case finding strategies accordingly, paying attention to CLHIV both as a group (<15 y/o) and by individual age bands. It's important to note that index testing is a key case finding modality for children <15 and this should be accounted for in program planning.

Updated: May 11, 2021

Q59: Can you provide more information on the January 28, 2021 Presidential Memorandum on Mexico City Policy/Protecting Life in Global Health Assistance and how this impacts COP21 Guidance released on December 17, 2020?

A59: On January 28, 2021, in issuing the Memorandum on Protecting Women's Health at Home and Abroad (https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/28/memorandum-on-protecting-womens-health-at-home-and-abroad/), the President revoked the Presidential Memorandum of January 23, 2017 (Mexico City Policy).

With this action, the President directed the Secretary of State, the Secretary of Defense, the Secretary of Health and Human Services, the Administrator of USAID, and appropriate officials at all other agencies involved in foreign assistance to take all steps necessary to implement the January 28, 2021 Presidential Memorandum, as appropriate and consistent with applicable law. This shall include the following actions with respect to conditions in assistance awards that were imposed pursuant to the January 2017 Presidential Memorandum and that are not required by the Foreign Assistance Act or any other law:

  I.   immediately waive such conditions in any current grants;
  II.   notify current grantees, as soon as possible, that these conditions have been waived; and
  III. immediately cease imposing these conditions in any future assistance awards.

The President also directed the Secretary of State, the Secretary of Defense, the Secretary of Health and Human Services, and the Administrator of USAID, as appropriate and consistent with applicable law, to suspend, revise, or rescind any regulations, orders, guidance documents, policies, and any other similar agency actions that were issued pursuant to the January 2017 Presidential Memorandum.

Further, under the January 28, 2021 Presidential Memorandum, organizations that previously declined to agree to the Protecting Life in Global Health Assistance (PLGHA) Policy are eligible to compete for U.S. government global health assistance, which will no longer be conditioned upon PLGHA Policy requirements. This new Presidential Memorandum supplants the PLGHA guidance in the COP21 Guidance.

Q60: Given that quality program management is a requirement of PEPFAR, what is expected around SIMS within COP/ROP 2021 planning?

A60: We recognize that SIMS implementation and reporting has been limited by the pandemic and expect it will continue to be affected. The past guidance around SIMS and COVID-19 remains applicable into 2021. Please use SIMS 4.1 Guidance which outlines the considerations to select sites and conduct SIMS assessments, including in the context of COVID-19. If virtual support is being planned or additional support is needed, please email the SGAC_SIMS@state.gov mailbox.

In planning for SIMS assessments, consider past OU trends on completed SIMS assessments and the current needs for program oversight and ensuring PEPFAR quality standards are being met. In 2020, more OUs prioritized SIMS assessments with scale up of a new technical area, at a new site, or with a new partner than in previous years. Some OUs have successfully completed all planned SIMS assessments, some OUs paused to protect staff, and many have found ways to mitigate challenges in past years. Strategies used include a period of front loading/surge/catch-up SIMS assessments, using virtual support during follow-up assessments supported by IPs, or by lowering the number of planned SIMS assessments to be achievable for the context.

To sustain quality program management during uncertain times, OUs may plan for temporary alternative approaches. Alternative approaches commonly used are SIMS 'self assessments' where IPs conduct SIMS assessments and provide scores and data to agencies (not S/GAC). Or consider supplementing QA/QI approaches in place, being sure to consider how this will support PEPFAR minimum program requirements and reporting needs.

Teams are requested to consult their S/GAC Chair and PPM and flag changes in SIMS implementation and related planning decisions.

4. COP/ROP 2021 Temporary Pause

Q61: Why was the temporary pause issued in the first place?

A61: Recognizing the tremendous toll that COVID-19 continues to take on countries and regions supported by PEPFAR around the globe, on February 9, 2021, PEPFAR issued a temporary pause on its COP/ROP 2021 planning process, with resumption planned no later than the beginning of April. During this temporary pause, PEPFAR teams and partners have continued to focus on the current implementation of COP/ROP 2020, adapting and optimizing the PEPFAR program amid COVID-19 to best serve HIV clients and beneficiaries during these challenging times. PEPFAR is deeply grateful to all of its teams and partners for their flexibility, patience, and commitment to ensuring access to life-saving HIV services around the globe, particularly as we all continue to adapt in the context of COVID-19.

Q62: Did the temporary pause in the COP/ROP 2021 process signal a lack of commitment by the Biden-Harris Administration to PEPFAR?

A62: No. The Biden-Harris Administration is fully committed to and supportive of PEPFAR's mission to control the HIV/AIDS epidemic as successfully led and managed by the State Department, executed through U.S. government implementing agencies, and conducted in close collaboration with our many partners and communities around the globe.

Q63: When the temporary pause was announced, our OU was very close to finalizing some COP/ROP 2021 processes, discussions, and deliverables (e.g. targets, budgets, Table 6, SDS,

etc.). Can we continue this work and find a more natural stopping point, or do we need to immediately pause all meetings and work related to COP/ROP 2021?

A63: All COP/ROP 2021 activities should continue to be paused until April 1, when the process will official resume. Until April 1, all formal and informal activities related to COP/ROP 2021 should continue to be paused. These activities include but are not limited to COP/ROP 2021 meetings, tools development for targets, budgets, etc., SDS development, and any associated internal or external discussions.

Q64: If the interagency agrees, is there any flexibility in continuing COP/ROP 2021 finalization during the temporary pause?

A64: Even if the interagency agrees, teams may not continue the COP/ROP 2021 process and finalization during the temporary pause. All COP/ROP 2021 planning can commence on April 1.

Q65: Does the pause apply to meetings about COP/ROP 2021 with host country governments and external stakeholders (e.g. civil society)?

A65: Yes Any COP/ROP 2021-related planning meetings, including associated internal U.S. government planning or technical consultations, that are scheduled during the timeframe of the temporary pause should be postponed until further notice.

Q66: How will a delay factor in commodity orders that will need to be placed to ensure no stockouts, especially for OUs without significant pipeline?

A66: We are committed to avoiding any disruption in HIV services for the start of fiscal year 2022, including by ensuring the sufficient supply of HIV-related commodities.

Q67: How will the COP/ROP 2021 planning pause affect FY22 IP work plan submissions? Can work plan development continue during this pause?

A67: During the pause, any work on FY22 IP work plans should be postponed until further notice.

Q68: How will the COP/ROP 2021 planning pause factor in partners ending in September with no carryover? This could cause major disruption.

A68: We are committed to avoiding any disruption in HIV services for the start of fiscal year 2022, including in cases where partner awards may be ending in September 2021 without provisions for carryover. If there are specific instances of concern in this area, please identify them to your Chair/PPM so S/GAC leadership can engage on this with you.

Q69: Is there a plan to ask countries to further assess the impact of COVID-19 on PEPFAR programming?

A69: Country teams will engage in a COP/ROP 2020 (FY 21/Q1) POART review, during which further impact of COVID-19 on PEPFAR programming will be assessed. The POART will be a lighter touch process; more information was disseminated on February 23, 2021 and most should be completed by March 19, 2021.

Q70: During the temporary pause, what strategic and epidemiologic efforts should still take place now that are related to COP/ROP 2021 planning?

A70: Country teams should understand and support the process for updated/new estimates of people living with HIV. This includes reviewing the draft estimates alongside prior epidemiologic estimates to understand any shifts and what implications these may have for program changes. Policy changes and minimum program requirements are in varying stages of implementation at site levels and we should make sure they are being implemented because this informs future year planning. Country teams that were engaged with PRIME leadership in strategic discussions about COP/ROP 2021 targets prior to the pause may continue these conversations. Please reach out to your Chair/PPM to schedule a discussion.

Q71: Will TBD re-naming be approved and included in FAST and DATIM now that COP/ROP 2021 has been delayed to April? The original deadline for inclusion was in January.

A71: Yes, TBD renaming will continue to be processed and approved during the pause. Updated FASTs would be available at the first tool check in after COP/ROP 2021 formally restarts. More information will be provided as the restarted COP/ROP 2021 timeline is completed.

Q72: Will there be additional funding allocations after the pause due to the impact of COVID-19?

A72: We will review Q1 data to see the impact on HIV services due to COVID-19. More information will be forthcoming.

5. COP/ROP 2020 Implementation

Q73: Can COP/ROP 2020 OPUs still be submitted during the pause period?

A73: Yes. OPUs can be submitted and processed during the pause. We expect that when COP/ROP 2021 restarts, OPU processing will slow.

Q74: What will be done to ease the backlog of OPU approvals? Is it possible to consider a lighter touch OPU process for COP/ROP 2020 OPUs?

A74: COP/ROP 2020 OPUs are currently being processed as quickly as possible during the temporary pause. As OPU processing will slow once COP/ROP 2021 planning and development restarts, country teams should submit priority COP/ROP 2020 OPUs soon to increase their

likelihood of being approved expeditiously. If there are certain OU-specific issues, please raise these to your respective Chairs/PPMs so we can ensure expeditious approval.

Q75: Will approved OPUs be reflected in tools when the COP/ROP 2021 process resumes?

A75: FASTs will not be updated with OPU changes before the COP/ROP 2021 process starts, but will be updated during the first tools check-in after COP/ROP 2021 restarts. Updates through the OPU process will be reflected in the FAST/DataPack. OPUs must have been finalized and approved in Facts Info by Monday, March 22, 2021 in order for data to be in the updated FASTs that OU teams receive on Thursday, April 1st, 2021. Further details are on pg. 7 of the COP/ROP Virtual Meeting Handbook.

Q76: What will the FY21 Q1 "POART light" look like, including the extent of preparations? When will Q1 POARTs be scheduled?

A76: The purpose of the FY21 Q1 POART discussion is to facilitate collaborative problem solving on limited, selected topics. This POART should NOT be a comprehensive presentation and discussion of all Q1 data for all targets and beyond. After reviewing Q1 data, the agenda should focus only on COVID-19 plus the 3-4 highest priority issues for POART discussion. The POART discussion should be no more than 90 minutes with a maximum of 3-5 slides per agenda topic. POART calls (via phone or web conferencing) should be scheduled to be completed no later than Friday, March 19th.

Q77: Given the worsening COVID-19 situation in many countries, is there a possibility of additional COVID-19 reprogramming requests?

A77: Please raise specific issues with your Chairs/PPMs for consideration.