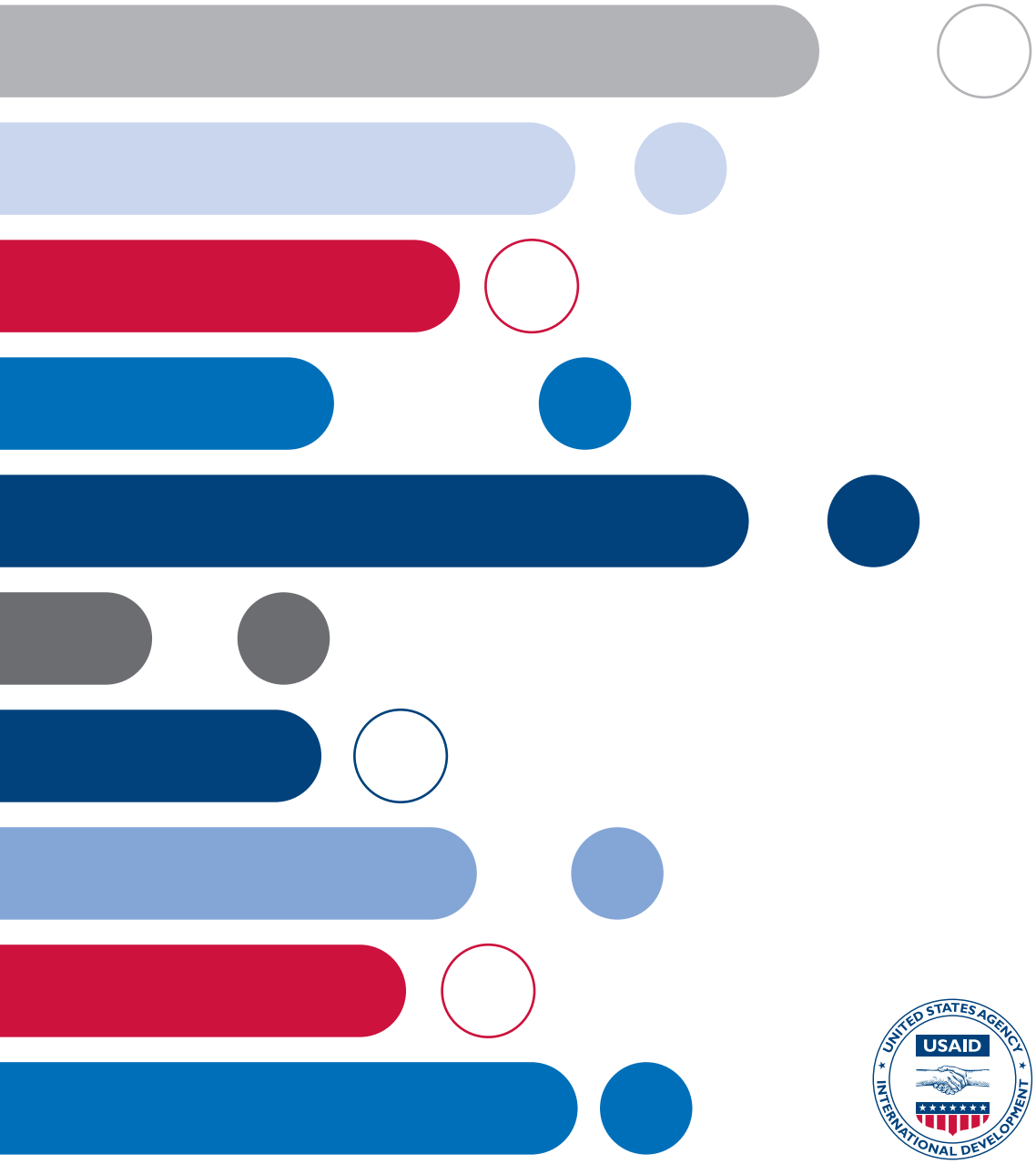
USAID'S APPROACH TO HIV AND OPTIMIZED PROGRAMMING (AHOP)

2022



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FOREWORD

In 2003 when the President's Emergency Plan for AIDS Relief was established, an HIV diagnosis was a death sentence for most individuals living in low- or middle-income countries. The disease had hit Sub-Saharan Africa, in particular, disturbingly hard — accounting for more than two-thirds of all cases in the world in 2001 and reducing overall life expectancy in the region by nearly two decades. Now, twenty years later, the global community has turned the tide in the fight against HIV. Since the inception of PEPFAR, USAID has been one of its key implementers. And as a result of USAID's collective efforts, twenty countries are at or near epidemic control — where new HIV infections fall below deaths and deaths due to HIV are declining.

This inflection point in the global HIV pandemic requires an evolution in strategy to secure these gains while bringing remaining countries to achieve them. HIV programs must shift to simplified, patient centered, and efficient models – integrating where appropriate with primary healthcare systems. USAID is uniquely positioned to leverage our broader Agency assets including our work in health, education, democracy and governance, human rights, economic growth, and humanitarian assistance to protect the gains we have made as a global community and to advance to sustained HIV epidemic control. Therefore, I'm pleased to introduce USAID's **Agency Approach to HIV and Optimized Programming (AHOP)**.

The AHOP was informed by interviews with more than 80 key stakeholders integral to USAID's HIV response including global health and development leaders, government partners, and civil society allies. This plan recognizes the critical need for USAID to capitalize on Agency and PEPFAR investments, to work strategically across sectors to mitigate the impact of infectious diseases and simultaneously yield greater public health returns in HIV, as well as to address other urgent public health concerns.

Together, we will use the AHOP as a roadmap to guide coordination within the Agency to secure and advance sustained HIV epidemic control.

I look forward to working with you as we enter the next phase of the global HIV response.

ATUL GAWANDE
USAID Assistant Administrator for Global Health

Photo: Tariro Mhute/OPHID

TABLE OF CONTENTS

INTRODUCTION 4

PATHWAY 1:
SIMPLIFIED SERVICE DELIVERY MODELS
FOR A COMPREHENSIVE HEALTH RESPONSE 12

GOAL 12

RATIONALE 12

INTERMEDIATE RESULT 1: Expanded access to equitable and high-quality, person-tailored differentiated services, integrated (where appropriate and feasible) into primary health care services 18

Milestones 18

INTERMEDIATE RESULT 2: Achieved optimized case finding through triangulated testing and surveillance analytics 19

Milestones 19

INTERMEDIATE RESULT 3: HIV service delivery managed through locally-led systems (shared with Pathway 3) 19

Milestones 19

PATHWAY 2:
ADOLESCENT AND YOUTH HEALTH AND RESILIENCE 20

GOAL 20

RATIONALE 20

INTERMEDIATE RESULT 1: Increased uptake of health services that directly reduce the impact of HIV on adolescents and youth 23

Milestones 26

INTERMEDIATE RESULT 2: Adolescents and youth received education and employment assistance that increases the probability of remaining HIV-free or virally suppressed through adulthood 27

Milestones 27

PATHWAY 3:
LOCALLY-LED AND MANAGED HIV RESPONSE 28

GOAL 28

RATIONALE 28

INTERMEDIATE RESULT 1: Country health systems are optimized and resourced to support access to and delivery of HIV services for all populations 29

Milestones 31

INTERMEDIATE RESULT 2: : Locally-led management and monitoring of health systems maintained ongoing access to and delivery of person-centered HIV services over the long term 32

Milestones 33

PATHWAY 4:
PERSON-CENTERED SUPPLY CHAIN SOLUTIONS 34

GOAL 34

RATIONALE 34

INTERMEDIATE RESULT 1: Accelerated utilization of private sector capabilities to improve supply chain efficiency and client experience 36

Milestones 36

INTERMEDIATE RESULT 2: Improved government stewardship of commodity availability and security, with reliable, functional, and efficient regulatory and oversight strategies 37

Milestones 37

INTERMEDIATE RESULT 3: Increased visibility to the point of service to strengthen demand planning, optimize operations, and promote appropriate use of products by providers, pharmacists/dispensers, and consumers 37

Milestones 37

INTERMEDIATE RESULT 4: Used contract terms to drive investment and improved performance of manufacturers and supply chain operators 38

Milestones 38

INTERMEDIATE RESULT 5: Monitored and mitigated risks to ensure supply of affordable, quality-assured, safe, and effective products to clients 38

Milestones 38

PATHWAY 5:
PANDEMIC READINESS, RESPONSE, AND RESILIENCE TO FUTURE SHOCKS 40

GOAL 40

RATIONALE 41

INTERMEDIATE RESULT 1: Strengthened partner countries to respond to and manage ongoing and emerging epidemic threats 43

Milestones 43

INTERMEDIATE RESULT 2: Integrated PEPFAR assets (workforce, data systems, supply chain, etc.) into COVID-19 and other disease mitigation initiatives 44

Milestones 44

INTERMEDIATE RESULT 3 : Ensured continuity of HIV and other health services, protection of the workforce, and future pandemic and emergency response readiness 44

Milestones 44

CONCLUSION 46

APPENDIX 1: BACKGROUND AND METHODOLOGY 48

APPENDIX II: RESULTS FRAMEWORK 52

INTRODUCTION

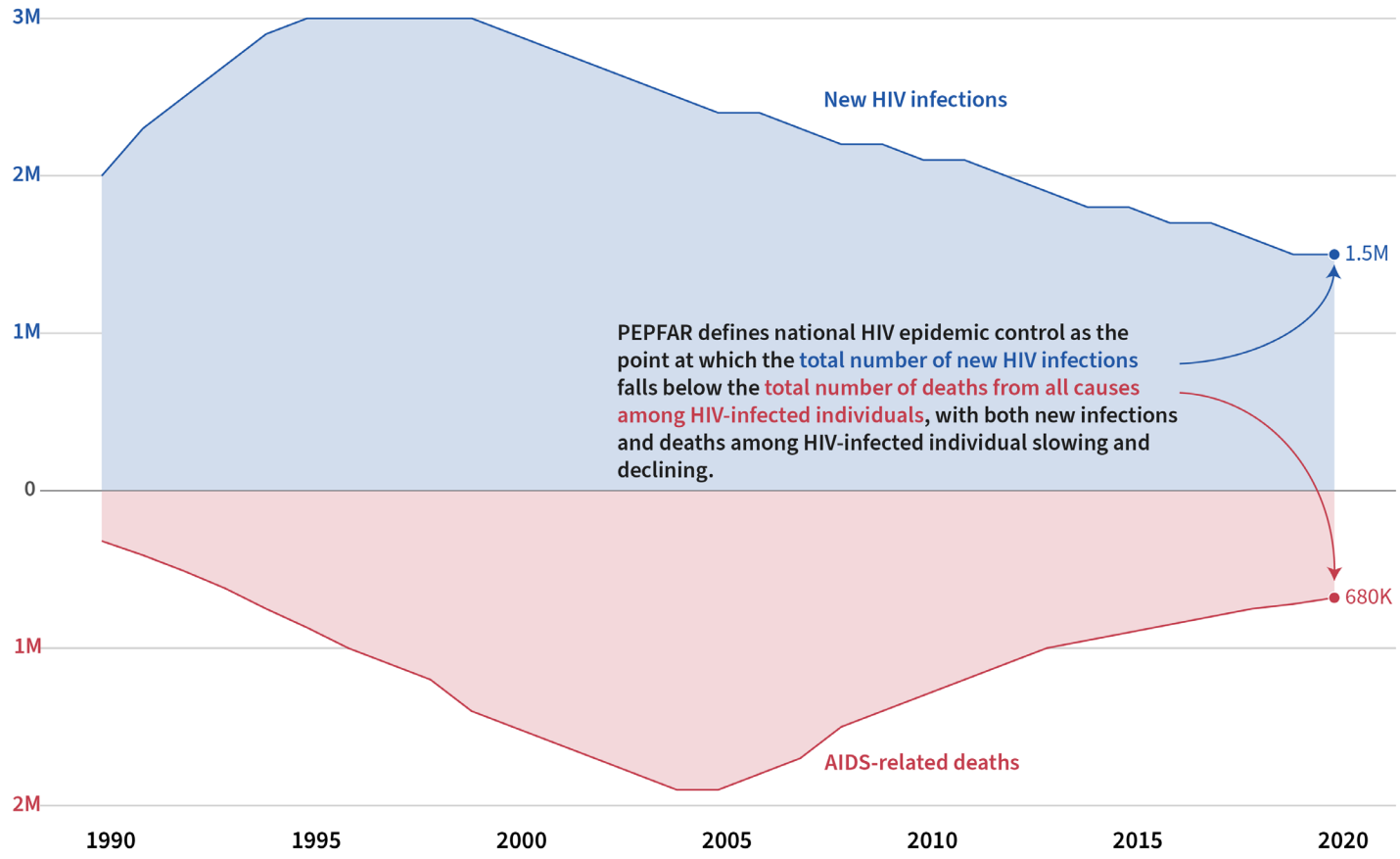
Since the inception of the President's Emergency Plan for AIDS Relief (PEPFAR) in 2003, the U.S. government and affected countries have made great strides in the fight against HIV and AIDS. Several countries are at or near HIV epidemic control, communities are approaching sustained viral suppression, and the shift from an emergency response to one aligned with supporting institutionalized chronic care service delivery models is now a reality in many of the settings supported by PEPFAR.

The next phase of the HIV response requires a concerted shift of existing approaches to realize efficiencies, to reduce management and implementation costs for sustainability, and to maintain high-quality client care. In addition, countries must prepare to assume greater responsibility — governance, technical, and financial — in maintaining the response, a challenge given an environment where countries grapple with the economic impacts of COVID-19, and in an environment of likely flat or even reduced funding.

USAID brings over 60 years of demonstrable success implementing global public health activities and tackling other infectious disease threats and continues to employ tested and proven approaches that will reach and sustain HIV epidemic control. USAID will optimize whole-of-Agency assets across sectors (health, education, economic growth, democracy and governance, and humanitarian assistance) to advance

FIGURE 1:

STEADY DECLINE IN THE GLOBAL NUMBER OF NEW HIV INFECTIONS AND AIDS-RELATED DEATHS SINCE EARLY 2000S



Source: UNAIDS http:aidsinfo.unaids.org

PEPFAR objectives for sustained HIV epidemic control, while also leveraging USAID's HIV platforms for broader Agency pandemic and other humanitarian crisis readiness and response.

Across all of the HIV and health programs USAID supports, we are intensifying partnerships to support efficient national and local governments, thriving civil societies, and vibrant private sectors to achieve transformational health goals, so they may take full responsibility for providing basic health services to their citizens.

During the next phase of PEPFAR, USAID will continue to drive innovation and technological advances expanded under the COVID-19 pandemic, to mitigate risk on multi-disease, comprehensive health program responses.

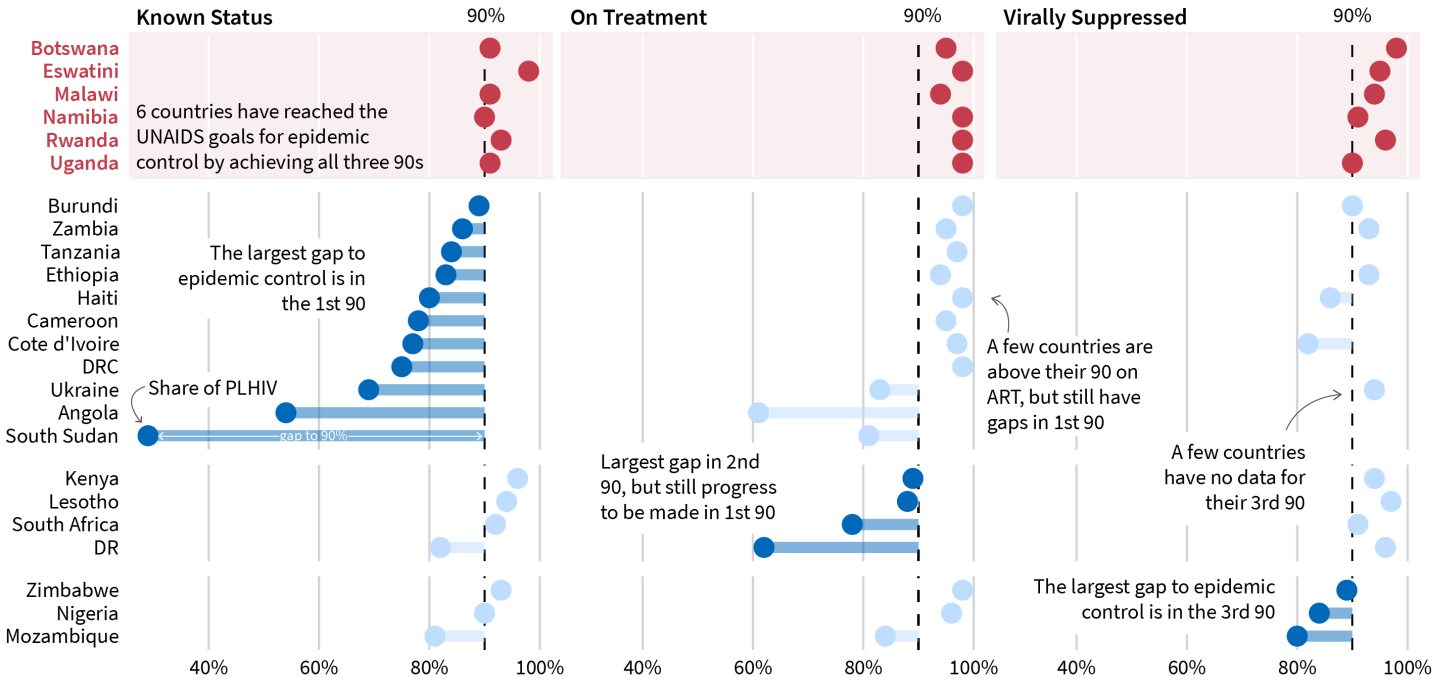
USAID's Bureau for Global Health/Office of HIV/AIDS (GH/OHA) developed USAID's Approach to HIV and Optimized Programming (AHOP) through an intensive consultation process with over 80 leaders in the HIV and global development field, comprising civil society representatives, host government partners, multilateral organizations, and USAID Mission and headquarters leadership across sectors. Additionally, the Office of HIV/AIDS has broad Global Health Bureau buy-in and support.

The AHOP provides a framework centered around Five Critical Pathways for an efficacious and durable HIV response that can also be leveraged to tackle other pressing global health challenges.

Additionally, the AHOP is a platform through which programs can integrate HIV services into routine primary health care (PHC) delivery where feasible, aligning with other USAID Global Health Bureau priorities. As programs mature and move towards HIV epidemic control, delivering basic HIV

FIGURE 2:

SIX OF THE PEPFAR-SUPPORTED COUNTRIES HAVE ACHIEVED THE UNAIDS 90-90-90 GOAL FOR HIV EPIDEMIC CONTROL IN ALL THREE 90S, WITH OTHERS RAPIDLY APPROACHING



Source: UNAIDS 90-90-90 15+ (2020)

services through routine PHC will benefit clients, optimize human resources, and improve health care system efficiencies.

USAID will prioritize a systems approach for long-term success of HIV epidemic control — including new local institutional capacity and continued use of data and analytics — in direct partnership with countries to build and sustain modern health systems.

The AHOP is strategically aligned with the draft PEPFAR Strategy: Vision 2025, UNAIDS Global AIDS Strategy, and draft Global Fund Strategy: Fighting Pandemics and Building a Healthier and More Equitable World (2023-2030), and with the Sustainable Development Goals (SDGs) Goal 3 target of ending the global AIDS epidemic as a public health threat by 2030 (and uniquely ties other SDGs with USAID's extensive development assets). In addition, AHOP draws from the Bureau for Global Health Vision for Health Systems Strengthening 2030, Vision for Action in Digital Health, the President's Malaria Initiative End Malaria Faster Strategy 2021-2026, the USAID Agency Equity Action Plan, and other USAID internal policy frameworks and strategies. The core principles of diversity, equity, inclusivity, accessibility, and human rights underscore each of the Five Critical Pathways; these are essential to ensure success of the program and the well-being of all individuals who are impacted — from providers to program managers, from service users and their families to wider civil society.

Through PEPFAR, USAID has developed substantial, sustainable, widespread, and effective public health assets.

Key assets include:

- Resilient supply chain systems across 47 countries;
- Robust and widespread testing and surveillance systems across 3,000 labs and 28 National Reference Labs;
- Updated health infrastructure including over 10,000 health facilities across 40 countries adaptable to support pandemic preparations and vaccine deployment;
- Over 100,000 healthcare workers in clinics and communities who excel at delivering quality healthcare services and understand local context;
- Networks of 1000s of CHWs and volunteers with skills in delivering health information, supporting adherence and linking clients to services;
- 184 existing local awards (and 230 international partner agreements) with significant emergency response expertise and capacity;
- Expanding agency capacity for triangulated analytics (commodities, program, budget and surveillance/epi data);
- Across all countries, advanced digital/telehealth solutions for client engagement/communications and decentralized service delivery solutions that leverage public and private sector capacity;
- Robust strategic information systems and data analytics capacity across 47 countries.

THE FIVE CRITICAL PATHWAYS ARE:

Simplified Service Delivery Models for a Comprehensive Health Response

Adolescent and Youth Health and Resilience

Locally-led and Managed HIV Response

Person-centered Supply Chain Solutions

Pandemic Readiness, Response, and Resilience to Future Shocks

BACKGROUND

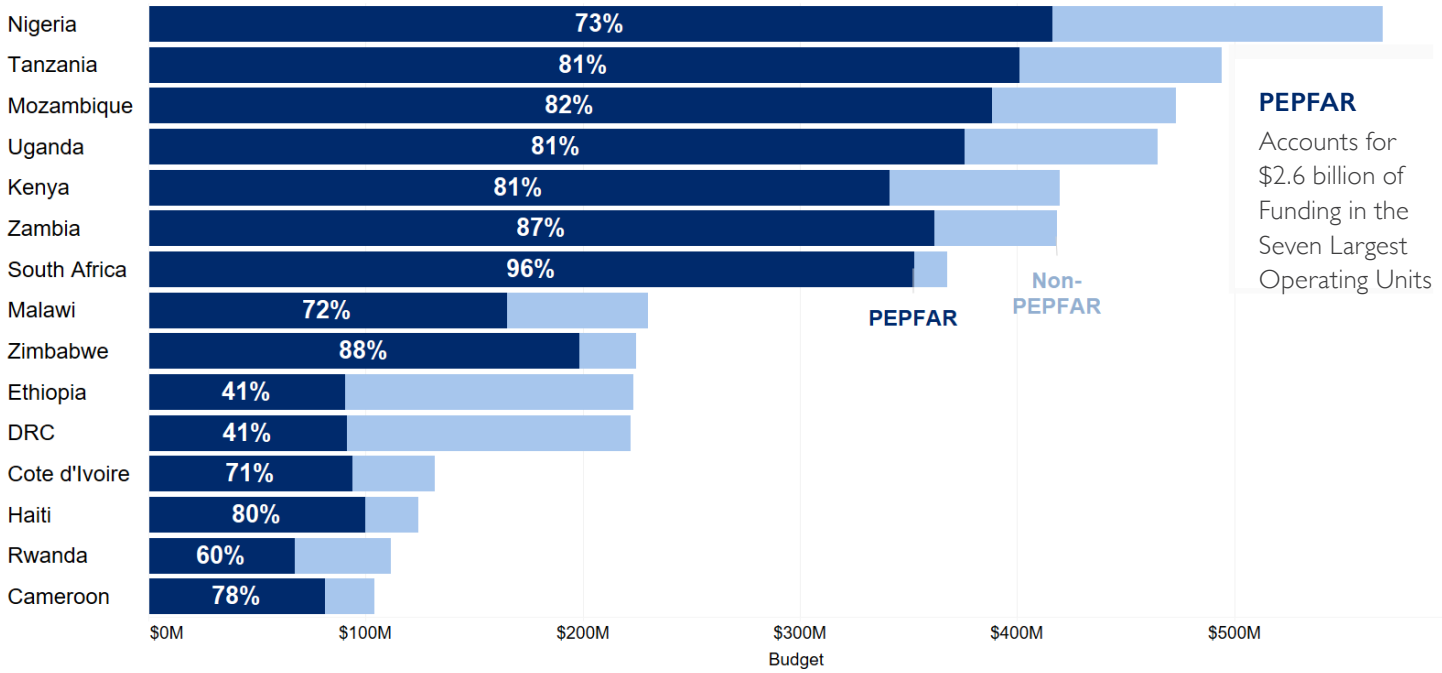
The decentralized structure of USAID is a demonstrated global strength and provides real-world development solutions tailored to the specific needs of each country's program throughout the world. Each USAID Mission has relative autonomy to work closely with host country partners, including the government, to determine the mix of development solutions across sectors. At the same time, to ensure implementation of evidence-based interventions and cross-country learning across the portfolio, USAID promotes an Agency-wide "corporate approach" that **drives institutional advancement of critical Agency-wide priorities**. The hallmark of the PEPFAR program, for example, is a united institutional approach characterized by data-driven decisions and rapid deployment of policy and program actions. USAID will draw on the successful experiences from both the decentralized and corporate approaches that are most likely to optimize sustained HIV epidemic control and reap results for comprehensive health responses. This includes a multi-disease response (HIV, tuberculosis, malaria, COVID-19, etc.) and comprehensive health services (family planning, maternal and child health, nutrition, etc.), both woven tightly into USAID's broader economic growth and development strategies.

With the AHOP, the Agency will leverage **whole-of-Agency assets** as well as **efficient**, **measured**, and **simplified programmatic approaches** to ensure resilient and country-led responses. These assets include specific programming across the health sector: health systems, malaria, tuberculosis, reproductive health and family planning, maternal and child health, and global health security. For example, efficient, simplified, and impactful programming for HIV prevention will include the continued development and introduction of new biomedical HIV prevention technologies. These include injectables and multi-prevention technologies, such as those that address family planning and HIV or other pathogens.

USAID's broad global health footprint is a significant resource for a sustained HIV response, as well as an opportunity to address other health and pressing health security and

FIGURE 3:

USAID HAS A BROAD GLOBAL HEALTH FOOTPRINT ACROSS COUNTRIES: OPPORTUNITIES FOR INTEGRATION, PROGRAM, AND FINANCIAL SUSTAINABILITY



USAID's PEPFAR funding accounts for nearly 100% of USAID health funding in a number of countries. Source: FY21 653(a) GHP Accounts, 4 October 2021

humanitarian response issues. For example, in countries where USAID has PEPFAR bilateral programs, PEPFAR made up 50% or more of the total foreign assistance envelope for Fiscal Year (FY) 2021 in 20 Operating Units (OUs). In seven OUs, USAID's PEPFAR funding represents 100% of the budget.

Advancing gender equality and preventing and responding to gender-based violence across the HIV prevention and clinical cascade will also be essential. USAID's work in education, economic growth, and democracy and governance sectors will play increasingly important roles, particularly for the growing population of adolescents and young people no longer affected by HIV as they launch into civic life.

In the next phase of PEPFAR, USAID will continue to be the cornerstone of the sustained HIV, infectious disease, and health responses essential for the next era of global health security. Backed by more than 60 years of successful global health implementation, including 19 years of PEPFAR work, USAID must now further simplify and streamline HIV and health services for client ease and access, ensure adequate financing, and integrate digital solutions into all aspects of programming.

COVID-19 AND HIV

The global COVID-19 pandemic response demonstrates the critical importance of **working strategically within and across sectors to mitigate the impact of infectious disease** on affected populations and systems. Similarly, while great strides have been made in the global HIV response, there were 690,000 AIDS-related deaths in 2019 and 1.7 million new HIV infections, and a number of countries did not achieve the UNAIDS 90-90-90 milestones by 2020. While the dual COVID-19 pandemic and HIV epidemic responses reveal cracks within fragile health care systems, they have also forced **accelerated innovations, technological leapfrogging, and programmatic adaptations** that have mitigated risk on progress for multi-disease response milestones, including HIV. The response also presents the opportunity to advance far more efficient service delivery models, including WHO recommended and evidence based 'self care' approaches for lasting positive health outcomes (WHO, 2021)[1]

USAID has advanced numerous adaptations to continue and expand HIV programs within the COVID-19 pandemic:

- Widespread adoption of multi-month dispensing (MMD) of medication including antiretrovirals (ARV), HIV pre-exposure prophylaxis (PrEP), and tuberculosis treatment and prevention to minimize client visits to clinics. MMD greatly reduced potential treatment disruptions by providing up to six months of ARVs and other medicines and since the beginning of the COVID-19 pandemic in March 2020 saved over 60 million clinic visits for HIV drug pickup (limiting COVID-19 exposure and reducing costs);
- Commodities and services brought closer to the clients' communities and homes through decentralized distribution utilizing existing and expanded community networks and decentralized (lower level) health services, reducing engagement in stressed health facilities;
- Telehealth training solutions for healthcare workers to quickly adapt HIV programming and ensure continuity of client care — including community health worker (CHW) training;
- Telehealth virtual contact solutions that ensured adherence to medications, and links to education, health, and support services, particularly for key populations (KP) and adolescent girls and young women (AGYW) in the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program;
- Rapid expansion of digital solutions for HIV testing, client follow-up, training, case management and adherence support; and digital and social media solutions to disseminate risk reduction communications and increase awareness of community-based service options for diagnostics, treatment, and preparation for COVID-19 vaccines; and
- Enhanced monitoring frameworks to track adaptations and solutions to inform resourcing and planning efforts.

[1] WHO, 2021. What do we mean by self care? https://www.who.int/reproductivehealth/self-care-interventions/definitions/en/

The COVID-19 pandemic catalyzed an unprecedented rapid response to policy decisions in 2020 and 2021, and has accelerated the adoption of approaches (such as MMD, early ART refills, and PrEP) that have been stagnating for far too long in many health systems across USAID-supported countries. The AHOP is an opportunity to scale up and institutionalize innovations, and fully build on all of the Agency's capabilities in addressing infectious diseases and other public health concerns, preparing for and responding to manmade or natural shocks, and increasing access to critical social and economic opportunities.

CORE PRINCIPLES

The core principles of diversity, equity, inclusion, accessibility, and human rights underscore all elements of the AHOP through which USAID will reach and sustain HIV epidemic control and protect gains achieved under the PEPFAR program. USAID will keep people at the center and ensure equity and inclusiveness in all elements of programming — from conception, to design, implementation, and monitoring and evaluation — particularly drawing on the vast knowledge and experience of civil society, youth, and marginalized groups. A progressive human rights-based approach will be employed in all AHOP pathways to address stigma, discrimination, and other legal, human rights, social, and gender-related barriers that make people vulnerable to HIV and hinder access to HIV prevention, treatment, care, and support services. Equitable and accessible access to HIV and health services is crucial for lasting positive health outcomes, both to ensure effective management of chronic disease, such as HIV, and to help avert and treat other health issues, such as COVID-19.

USAID will catalyze support at multiple levels of government in host countries: within national legislative and judicial processes, program and executive actions, HIV national strategic plans, and by working directly with civil society, including key populations (KP) and organizations and networks led by people living with HIV (PLHIV).

USAID will draw on assets within the Office of HIV/AIDS and the broader Bureau for Global Health, USAID's Democracy, Human Rights and Governance Bureau and the State Department's Democracy, Human Rights and Labor (DRL) programs to support development and revision of legal and policy frameworks at the local and national levels — including challenging and changing laws that criminalize HIV transmission or same-sex relationships, laws and policies that limit access to health services for adolescents and youth, and laws that contribute to human rights abuses that limit full access to health services. USAID will support strategies to provide social protections such as economic empowerment, educational attainment, temporary housing, etc., for marginalized individuals most at-risk for HIV, or to remain in treatment (e.g., KPs, adolescent girls and young women, youth), as well as strategies to mitigate societal stigma, discrimination, and violence for these populations and people living with HIV/AIDS. AHOP will also ensure programs can help to prevent gender-based violence (GBV) and can advance gender equality.

PEPFAR has numerous opportunities to support and improve human rights by funding at multiple levels of government within the national legislative and judicial processes, program and executive actions, national strategic plans, and PEPFAR and Global Fund processes. USAID will capitalize on these opportunities and will advance programming aimed at improving human rights which will impact HIV and health outcomes.

FOUNDATIONAL ELEMENTS: DIGITAL APPROACHES, TECHNOLOGY, AND ANALYTICS

With COVID-19, the world has changed in fundamental ways, and being connected digitally has become a necessity both to maintain gains in HIV, and to lean into sustained HIV epidemic control. USAID will continue to expand digital health solutions and rigorous analytics, to ensure decisions are based on data and that health care systems are enabled by technology. USAID will continue simplifying service delivery packages and platforms and improving the patient experience through both public and private health care systems. USAID will build upon and leverage technological innovations and biomedical solutions in prevention and treatment to 'leapfrog' past traditional operations and pursue alternative solutions to intractable problems. USAID will expand next-generation telehealth, machine learning and use of artificial intelligence (AI), and other virtual solutions for improved quality, better patient outcomes, and value for money. Through scientific and technological advances as well as a vibrant research-to-program approach, USAID is expediting development and introduction of HIV biomedical products that are safe, effective, and affordable and that optimally respond to community needs, especially those of adolescent girls and young women. Digital health and virtual innovations will be tracked and interlineated across the AHOP's Five Pathways.

USAID will bring a strong monitoring and evaluation component of digital health technology scale-up to determine which approaches are most impactful and cost-effective for PEPFAR and USAID programs. USAID will continue to advocate for more comprehensive data collection and use approaches across multiple health areas, e.g., tapping into Demographic and Health Surveys (DHS) and other low cost and sustainable routine and national data tools.

Further, USAID will actively apply integrated data collection and use processes across multiple health areas through the Development Data Commons (DDC) managed under USAID's Chief Information Office (CIO). The DDC will permit more complex analyses and use of data from multiple health and development platforms to better inform program decisions.

Photo: USAID Office of HIV/AIDS

AHOP GOAL

The goal of the AHOP is to reach and sustain HIV epidemic control while transforming investment approaches for country-led, person-centered, sustainable health systems. Over the next three to four years — while accelerating the PEPFAR gains leading to and sustaining HIV epidemic control — USAID and PEPFAR investments will continue to capitalize on proven program successes to yield greater returns for HIV, public health, and other urgent health responses, including COVID-19. USAID's broad capacity in health, education, economic growth, democracy and governance, and humanitarian assistance will be fully leveraged to both benefit key development outcomes and sustained HIV control through the Five Critical Pathways.

Following are detailed descriptions of each of the AHOP Five Critical Pathways. **Each section outlines the Goal, Rationale, Intermediate Results**, and **Key Milestones for FY2022-FY2025**, and **includes a section on the foundational elements of technology, digital approaches,** and **analytics**. The AHOP is a living document, thus additional milestones are likely to be added and approaches evolved over this timeframe.

FIGURE 4:

AHOP GOAL: REACH AND SUSTAIN HIV EPIDEMIC CONTROL **FIVE CRITICAL PATHWAYS** AND INTERMEDIATE RESULTS

SIMPLIFIED SERVICE DELIVERY MODELS FOR A COMPREHENSIVE HEALTH RESPONSE

Expanded access to **equitable and high-quality**, **person-tailored differentiated** services — integrated (where appropriate and feasible) into primary health care (PHC) services

Achieved **optimized case finding** through **triangulated testing** and **surveillance analytics**

HIV service delivery managed through **locally-led systems**

ADOLESCENT AND YOUTH HEALTH AND RESILIENCE

Increased uptake of health services that directly reduce the impact of HIV on adolescents and youth

Adolescents & youth received **education & employment assistance** that increases the chance of remaining HIV-free or virally suppressed

LOCALLY-LED AND MANAGED HIV RESPONSE

Country health systems optimized and resourced to **support access to & delivery of HIV services** for all

Locally-led management/ monitoring of health systems that maintained ongoing access to & delivery of person-centered HIV services long term

PERSON-CENTERED SUPPLY CHAIN SOLUTIONS

Accelerated utilization of **private sector capabilities to improve supply chain efficiency** & client experience

Improved **government stewardship of commodity availability & security**, with reliable, functional, & efficient regulatory & oversight strategies

Increased visibility to the point of service to **strengthen demand planning, optimize operations, and promote use of products**

Used contract terms to **drive investment & improved performance** of manufacturers & supply chain operators

Monitored and mitigated risks to **ensure supply of affordable, quality-assured, safe, and effective products** to clients

PANDEMIC READINESS, RESPONSE, AND RESILIENCE

Strengthened partner countries to respond to and manage ongoing and emerging epidemic threats

Integrated PEPFAR assets (workforce, data systems, supply chain, etc.) into COVID-19 and other disease mitigation initiatives

Ensured continuity of HIV and other health services, protection of the workforce, and future pandemic & emergency response readiness

Five Critical Pathways and the Intermediate Results connected with each pathway. Detailed milestones can be found in the following sections. The Five Critical Pathways are: 1) Simplified Service Delivery Models for Comprehensive Health Response; 2) Adolescent and Youth Health and Resilience; 3) Locally-led and Managed HIV Response; 4) Person-centered Supply Chain Solutions; 5) Pandemic Readiness, Response, and Resilience to Future Shocks. Source: USAID AHOP COP22 Planning, sisupport@usaid.gov

PATHWAY 1: SIMPLIFIED SERVICE DELIVERY MODELS FOR A COMPREHENSIVE HEALTH RESPONSE

GOAL: Institutionalized and equitable provision of simplified person-centered HIV prevention and treatment models through country-led systems.

RATIONALE

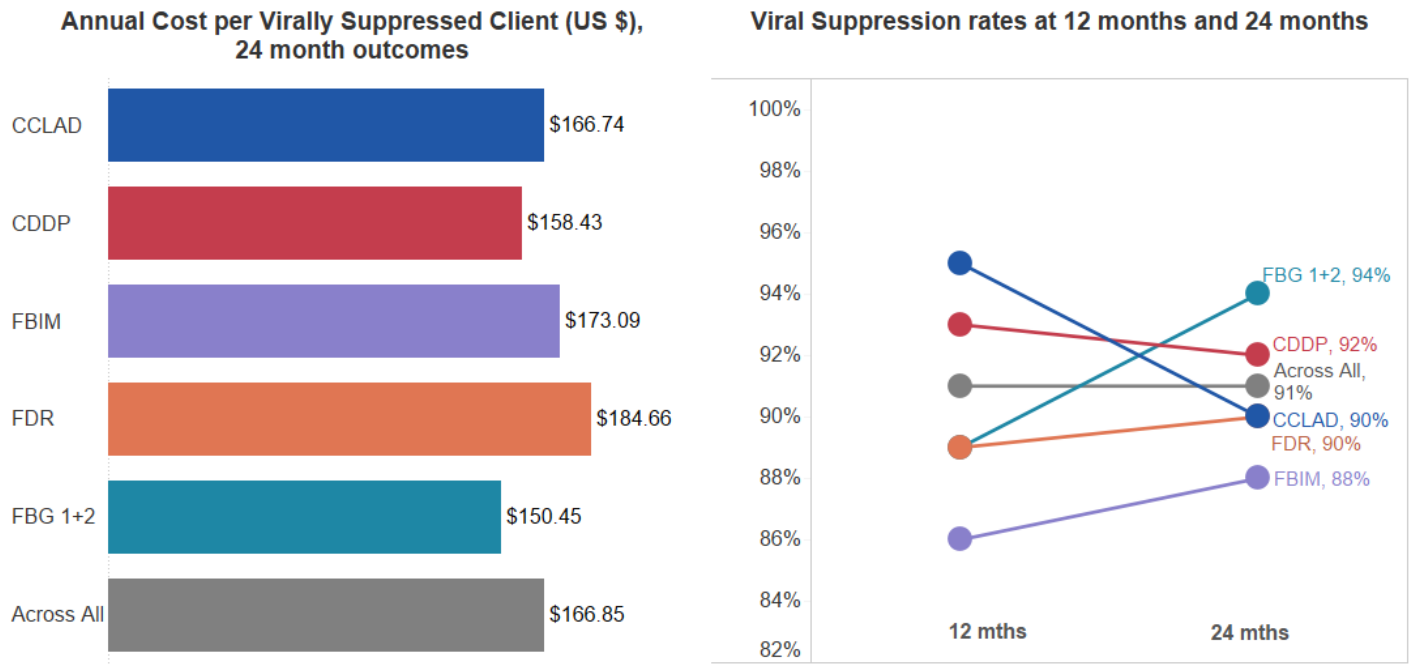
While HIV epidemic control is reached when the total number of new HIV infections falls below the total number of deaths from all causes among people living with HIV, the ultimate goal (outside of attainment of a successful vaccine) is to achieve population-based viral suppression among HIV-infected clients and to prevent further transmission of the virus. USAID seeks to accelerate a movement toward the institutionalized provision of simplified service delivery models that meet the needs of the majority of the HIV-infected population and—through efficiencies achieved (both financial and operational)—strategically align resources to support tailored solutions for populations experiencing challenges in attaining and maintaining HIV suppression. In tandem, Pathway 1 seeks to harmonize approaches for targeted case-finding, (guided by triangulated use of HIV testing data), community viral load mapping, and next generation diagnostic platforms that narrow the window for detection of acquisition of the virus for informed index testing.

Focused attention will be placed on integrating these modified models of care within broader primary health care platforms, as well as through decentralized services that bring key services (i.e., access to chronic care medication pick-up points) closer to the clients, further facilitating adherence to long-term treatment. In tandem, USAID will advance simplified HIV prevention services tailored for specific populations (KP, AGYW, men, etc.). In this area, we benefit from the programmatic adaptations and innovations that emerged and accelerated under the pandemic and will serve as cornerstone interventions in the sustained epidemic control era. These include digital engagement with clients and healthcare workers, decentralized service access points, improved biomedical models such as long-acting cabotegravir injectable PrEP, and scaled use of private sector systems for access to products. HIV prevention services will be married with other health and clinical services, through joint health commodity pick ups and other approaches. In Uganda, for example, USAID IPs are aligning the clinic appointment system so that a client only needs one visit for all HIV prevention, treatment, family planning, child health, and other health services.

Lastly, Pathway 1 prioritizes a greater attention and focus on channeling this comprehensive package of support through host-country health systems that both inform sustainable planning, as well as sub-national management and oversight processes.

FIGURE 5:

ANNUAL PRODUCTION COST TO ACHIEVE ONE VIRALLY SUPPRESSED CLIENT PER DIFFERENTIATED SERVICE DELIVERY MODEL (12 & 24 MONTHS, US$)



CCLAD: community client-led ART delivery; CDDP: community drug distribution points; FBIM: facility-based individual management; FDR: fast-track drug refills; FBG: facility-based groups.

Source: Modified visual from Guthrie et al. 2021, Similar costs and outcomes for differentiated service delivery models for HIV treatment in Uganda, https://doi.org/10.1101/2021.06.22.2..

Costs per virologically suppressed client across six different service delivery models at 12 and 24 months (EQUIP, 2018).

Figure 5 demonstrates more simplified models of ART delivery at equal or higher rates of viral load suppression than traditional individual facility management (FBIM) models. All models (with the exception of fast track drug refills) are less expensive than the traditional FBIM, and it is possible that gains in model effectiveness and efficiency will further reduce the cost to maintain a virologically suppressed client as Implementing Partners (IPs) gain more experience with differentiated and simplified models.

Pathway 1 seeks to simplify service delivery for HIV services, maximize the number of virally suppressed clients, optimize case finding, simplify HIV prevention services, while reducing the overall costs and barriers to care, and ultimately making person-centered service delivery both effective and sustainable.

TAILORING SERVICES TO MEET THE NEEDS OF CLIENTS

For HIV-infected individuals, attaining viral suppression remains the critical goal post within the clinical cascade. Current PEPFAR data reflects huge achievement in both population-based adherence to life-saving antiretroviral therapy, but also in achieving large-scale viral suppression. As of October 2021, 94% of USAID's cohort on treatment has achieved viral suppression. Two key drivers related to the achievement of this milestone have been scaling multi-month dispensing (MMD) of antiretrovirals (ARVs) and the global shift to Tenofovir, Lamivudine, and Dolutegravir (TLD) as a first-line regimen. Use of TLD does not elicit the levels of adverse events associated with previous generation regimens (thus requiring less in-person clinical monitoring and care). This presents a paradigm shift for the client, who historically (in most country contexts) was required to engage health services monthly to obtain ARVs. Due to a number of factors (transport costs, waiting time, work commitments), this often proved to be challenging for clients to maintain the ability to engage services consistently, particularly after years of treatment, often resulting in "treatment vacations" that lent themselves to negative client outcomes and increased transmission risks. The shift to TLD also facilitated easement in policies related to the multi-month dispensing of ARVs.

With TLD, multiple months of drugs can be provided, reducing required engagement in health care services and ultimately reducing barriers to treatment. As of October 2021, 77% of USAID's global cohort on treatment is receiving three or more months of ARVs, with 27% receiving six or more months of therapy. It is further estimated that the scaling of MMD has averted over 60 million client visits to health facilities, resulting in cost savings to the clients, as well as reducing workloads within stressed health facilities, even more critical (particularly from a transmission risk standpoint) in the context of COVID-19.

There are also clear opportunities for further integration of family planning and reproductive health services into MMD and other decentralized service delivery models that USAID will deliberately explore in collaboration with Population and Reproductive Health (PRH) and field health teams. Further, USAID's ongoing development and introduction of a range of new biomedical prevention and treatment technologies is the ultimate approach in providing person-tailored solutions as this will provide women with a choice of prevention methods, and as has been observed in the family planning field, increased choice results in increased population coverage. USAID will prioritize the preparation and roll out of new technologies such as long-acting PrEP for HIV prevention.

Photo: USAID Office of HIV/AIDS

CHRONIC CARE MODEL FOR HIV

At its most simplistic, a chronic care model for HIV clients who are virally suppressed requires twice yearly six-month dispensing of ARVs, and an annual clinical assessment that includes a viral load test. The African Cohort Study (AFRICOS), being carried out by the U.S. Military HIV Research Program, has conducted correlation analysis between 6MMD and viral suppression, with findings in Nigeria indicating those on 6MMD are twice as likely to achieve viral suppression as compared to clients receiving 3-5MMD (AFRICOS [WRAIR analysis], unpublished data, 2022). Furthermore, USAID-supported analysis of PEPFAR expenditure data has estimated that virally suppressed clients require fewer clinic visits and interventions than unsuppressed clients, allowing for potential cost savings. While it is estimated that 80-95% of clients can be successfully maintained through this chronic care model of support, some populations will require additional and intensified support. Efficiencies achieved through institutionalizing chronic care models for the majority of the cohort on treatment will free up resources to support the 5-20% of clients needing tailored services to meet their needs. While it may take additional resources to suppress this subset of individuals, suppression will ultimately drive down new infections and other health-related costs. A USAID-supported analysis of costs per suppressed patient In Uganda in 2018 demonstrated a reduction in cost over time with better tailoring of service delivery models to clients.

The COVID-19 pandemic, while devastating in its impact, has also resulted in an acceleration of simplified service delivery models, swift adaptations, and tailoring of services to meet the needs of both virally suppressed and unsuppressed clients. These adaptations include telemedicine and digital technologies for engaging clients that: 1) facilitate transmission of targeted health messaging; 2) increase visibility and awareness of decentralizing services; and 3) allow for client follow-up (i.e., return of lab results, symptom monitoring).

For the 5-20% of clients needing increased support, USAID programs will intensify both digital and face-to-face support, and offer tailored services and approaches. These will be differentiated as needed for relevant populations — pediatrics, KP, adolescents, men, girls, etc. — and will link to more intensive services (including mental health and psychosocial support) as appropriate.

TABLE 1: EXAMPLES OF DECENTRALIZED SERVICE DELIVERY MODELS

BLOOD COLLECTION	DRUG DELIVERY	VL COLLECTION, RESULTS, AND COUNSELING
• Mobile testing and phlebotomy services; Home-based sample collection with lab drops (DBS specimens); Private sector laboratories for phlebotomy and specimen packaging; • Integrated phlebotomy services for care integrated with other diseases, e.g. dual tests for HIV and syphilis	• Modular and mobile pharmacy models • E-lockers in communities/transport hubs • Private pharmacies and clinics • Home medicine/produce delivery • Community-based group or individual pickup points • Mobile units coupled with tablets and scanners for dispensing and receiving medicine parcels	• Channels for sharing results include: SMS, apps, other phone-based models • Direct SMS integration (to clients or providers) through eLabs or other Logistics Management Information Systems (LMIS) • Virtual enhanced adherence counseling (EAC) for clients with high viral load

INTEGRATED PLATFORMS

Simplified service models — whether for HIV prevention and treatment, family planning, malaria or other health needs — have helped address both HIV and COVID-19 and have led to more sustainable and affordable systems while improving client satisfaction and use. From a patient perspective and for long-term sustainability, single-disease health services are not only inefficient but, in many cases, create barriers to obtaining healthcare. Integrating HIV services into routine Primary Health Care (PHC) services where appropriate and feasible will assist in sustaining HIV epidemic control and also ensure PLHIV and other vulnerable groups have their broader health needs met. It is recognized that not all clients will be fully successful, and the targeted availability of interventions and tailored solutions to meet the nuanced needs of missed or marginalized populations will be critical to maintaining sustained control, as well as to ensure viral suppression of the "last mile" sub-populations.

The next phase of the HIV response will also focus on extending these efficiencies across HIV prevention, treatment, and drug distribution programs. Moreover, where appropriate, USAID will push for the unification of platforms (where appropriate) to meet clients' comprehensive health needs, including but not limited to: PrEP, condoms, malaria treatment/prevention, TB treatment/prevention, maternal and child health services, reproductive health services and sexually transmitted infection control, non-communicable disease management, and other chronic disease care.

TABLE 2: EXAMPLES OF COMPREHENSIVE/INTEGRATED PROGRAMMING OPPORTUNITIES

HIV CASE IDENTIFICATION	DECENTRALIZED DRUG DELIVERY (DDD) AND VIRAL LOAD COVERAGE	SUPPLY CHAIN
• Strengthen targeted community HIV Testing and Counseling (HTC) that also includes appropriate multi-disease (COVID-19, malaria, etc.) care & comprehensive health approaches. • Prepare for rapid uptake of emerging diagnostics (new self-testing platforms, HIV multiplex rapid testing); Seek opportunities to expand point of care and near point of care testing and consider multiplexing to fully realize improved multi-disease integration. • Utilize digital health tracking tools (e.g. Bahmni, OpenSRP) for community HTS and multi-disease/comprehensive health care, including standards-based development to ensure integration with local EMR.	• Integrate existing decentralized ARV distribution platforms with PrEP, appropriate (e.g. blood-based) testing, HIV self-testing (HIVST). • Assess, adapt, and integrate DDD models that were established in response to COVID-19 into permanent systems that can accommodate a multi-disease and comprehensive health approach to DDD, e.g., multi-month dispensing of family planning and other health commodities. • Identify and scale community-based care digital health tools to track DDD, testing, and other care milestones, including integration with local appointment scheduling and electronic medical records system.	• Advance strategic sourcing through contract terms and pricing schemes. • Leverage multi-disease molecular testing demands of HIV, COVID-19, TB, and malaria globally, and across key stakeholders (GF, UNITAID, CHAI, MOHs, etc.) to further reduce pricing. • Expand components of existing all-inclusive pricing terms and reach across countries. • Support coordinated technical assistance for supply chain planning and forecasting across other critical health commodity areas where they impact HIV services as well (FP/RH, COVID-19, etc.).

COUNTRY OWNERSHIP

To ensure that the provision of these service delivery models is truly country-led and owned in the sustained epidemic control era, greater emphasis will need to be placed on strengthening systems-level interventions that will further position host-country governments to take greater ownership of the sustained HIV response. While Pathway 3 focuses on optimizing health care financing through public and private sector channels, implicit in institutionalizing simplified service delivery models is a more intentional approach to directing funding through host-country channels. Pathway 1 will directly engage and support host-country governments at multiple levels (i.e., through appropriate line ministries and government entities at national and sub-national levels) and deliberately link to national strategic health planning processes to continue transferring elements of programming that PEPFAR has supported over the last 19 years to a more intentional alignment to government systems. For example, at the heart of health care service delivery are healthcare workers themselves. Long-term investment in the health workers has been central to advancements made in controlling the HIV epidemic. PEPFAR provides direct support (compensation) of over 200,000 health workers across communities and facilities worldwide representing an approximate $1 billion USG investment in FY20 alone. USAID supports approximately 100,000 of these workers, with 60% of these workers providing services at the community level. Increasingly, many of these health workers are being supported by local partners with 44% of USAID's HIV/PEPFAR budget managed directly by over 160 local organizations as prime awardees as of October 2021.

As a fundamental principle, partnerships with local leaders and implementers — both government and non-governmental — is key for building stronger country-led and owned responses to addressing health worker staffing gaps. To foster a locally-led response, USAID has increased investments in local partner service delivery and implementation, and is supporting that effort with capacity building for strong financial management, risk mitigation, audit, and technical systems.

Photo: USAID Office of HIV/AIDS

INTERMEDIATE RESULT 1:
Expanded access to equitable and high-quality, person-tailored differentiated services, integrated (where appropriate and feasible) into primary health care services

USAID will ensure that existing and planned PEPFAR-funded grants and contracts clearly communicate with implementing partners (through agreement/contract modification, if necessary) clear parameters to achieve institutionalized differentiated services for supported client cohorts, with annual prospective minimum milestones (informed by current baseline data and host country policy). Parameters will include simplified service delivery standards to support that largest cohort (virally suppressed) on treatment, with further refined language for tailored service provision to meet the needs of clients having challenges in attaining and maintaining viral suppression.

USAID will ensure that implementing partner agreements/contracts include language that includes cohort milestones to ensure simplified service delivery models promote decentralized, community-based and fast-track options to those stable on treatment and will reallocate resources saved to those not yet in care, not adhering to treatment, or at high risk for contracting HIV. This entails working with recipients of care to regularly review where and how they wish to receive care and tailoring adherence support, psychosocial support and drug delivery accordingly, and working with other host country partners, including government to collectively problem solve. USAID will leverage telehealth approaches to improve service delivery for clients. USAID endeavors to offer MMD of ART and PrEP (and other medicines/health products where possible) through facility- and community-based decentralized drug pick-up points along with other targeted HIV prevention and treatment services to ensure sustained epidemic control. To this end, USAID will address country-level, culturally sensitive, comprehensive HIV care needs and target relevant policy and implementation barriers. Recipients of care will be integral in the co-design and implementation of new telehealth and drug delivery approaches to ensure privacy and autonomy of clients as USAID strives to leverage new products and technologies to provide ART services exactly how recipients of care choose to receive them. USAID will actively pursue and accelerate introduction of relevant new therapeutics, including long-acting injectable ART, as products become available for low and middle income country markets.

USAID will also actively seek out opportunities to expand simplified service delivery approaches from HIV to other health areas, including family planning and reproductive health, TB, and malaria. Examples include: USAID programs could link medicines delivery/pick up for ARVs with drug pickups for family planning or other health needs; countries can utilize electronic medical records for appointment systems to ensure a patient can couple clinic visits for both HIV but also other family needs (like child health visits); USAID can build in advocacy/policy engagement in family planning for non-HIV programs in countries without direct USAID assistance for family planning.

Milestones

- 100% of USAID/PEPFAR funded service delivery support agreements include language for directed differential models of treatment and prevention services [simplified services and tailored services] by end of FY22
- 85% of PLHIV on ART >15 years old receiving access to 6+ months of ART by end of FY23
- 100% of USAID/PEPFAR funded OUs can utilize PEPFAR funded SIEI data personnel to support data analysis in other health areas
- 100% of USAID/PEPFAR funded programs explore and expand simplified service delivery approaches for HIV to include other priority health interventions and integration into PHC services where appropriate and feasible
- In countries where USAID/PEPFAR is present and Family Planning/RH programs are not present, USAID will work closely with FP colleagues to ensure that there are supportive policies, effective supply chain systems and ability for AGYW and WLHIV are able to readily access chosen family planning approaches

INTERMEDIATE RESULT 2:
Achieved optimized case finding through triangulated testing and surveillance analytics

USAID will build on over 25 years of HIV testing and case identification experience to optimize facility- and community-based testing models, and innovate newer technologies and approaches that not only employ efficient HIV-detection models, but also are (where appropriate) achieved through multi-disease detection platforms. As countries approach rates of 90-95% knowledge of HIV status among PLHIV, USAID will work to support HIV Testing Services (HTS) interventions that fit country epidemiological profiles.

Specific population focus also remains imperative. Strategic HTS will increasingly target underserved populations as defined by local epidemiologic context and surveillance data, including key and priority populations and their partners, female and male partners of PLHIV, adolescents and youth at higher risk, and biological children of PLHIV. Rational scaling of HIV self-testing will also be increasingly leveraged to achieve 95% diagnosis rates among hidden and hard-to-reach sub-populations.

Efficiencies in supply chain and deployment of innovative devices will further drive results. Routine updates in procurement and test kit delivery modalities will diversify the market to incorporate available WHO prequalified HIVST blood-based assays and reduce overall prices. Multiplex diagnostics and integrated approaches across multiple disease areas (e.g., dual HIV and syphilis tests) will expand reach.

Milestones

- Achieve and sustain 95% rate of PLHIV linked to treatment through FY24
- Transition to an enhanced surveillance strategy that layers laboratory-based recency testing, case based surveillance, and community viral load monitoring, including baseline viral load, in 75% of all USAID-supported countries nearing epidemic control
- Conduct baseline viral load monitoring for up to 50% of newly sero-converted PLHIV using a data driven sampling methodology to improve population level risk assessments

INTERMEDIATE RESULT 3:
HIV service delivery managed through locally-led systems (shared with Pathway 3)

Use of USAID government-to-government (G2G) agreements can serve as a mechanism to support service delivery for HIV and integration with other health services within a country's health system platform. This approach uses a country's own government systems for financing, management, and delivering on services. It also strengthens local government systems to be more resilient and sustainable at the national and sub-national levels. In countries where direct G2G programming is not feasible, USAID will intentionally invest and support national and sub-national public health services through sub-agreements and technical assistance.

Milestones

- 10% of HIV treatment services funded through national or subnational G2G agreements by end of FY25
- 70% of USAID/PEPFAR funding to local institutions by end of FY23

PATHWAY 2: ADOLESCENT AND YOUTH HEALTH AND RESILIENCE

GOAL: Durable, positive health outcomes for HIV-affected adolescents and youth achieved through employment of USAID's multi-sectoral assets.

RATIONALE

Adolescents and youth remain an underserved group for a number of reasons. Restrictive policies and consent guidelines; lack of access to and use of youth-centric HIV and broader reproductive health services responsive to their mental, emotional, physical, and social developmental needs; negative gender and social norms; and lack of support to achieve their education and work goals all influence health outcomes. Today, nearly one third of the global population (2.4 billion) are youth ages 10-29;[2] this is the largest youth population in history. Over 30% of new HIV infections occur in young women between the ages of 15 and 25 years, and young women are twice as likely to acquire HIV as their male peers. This makes it imperative that adolescents and young women have safe, effective and acceptable choices for HIV prevention; acceptable methods are those that fit into their lifestyles and are used by them. Older adolescents and youth (15-29 years) experience high rates of treatment interruption and poorer viral load coverage and suppression compared to other age bands, highlighting the imperative of targeting and engaging adolescents and youth above and beyond the interventions described in Pathway 1.

Pathway 2 will capitalize on USAID's breadth of experience engaging youth in decision making and program implementation and meeting the health, education, and economic needs of adolescents and youth. Approaches will include collaboration with host country governments, private sector actors, local NGOs and social media influencers within and outside the health sector to achieve and maintain HIV epidemic control. In addition to continuing to work directly with Ministries of Health, USAID will expand G2G relationships with Ministries of Education, Gender, Child Welfare (depending on the country) and other non-health ministries that support young people for referrals to facility- and community-based services.

[2] UN World Population Prospects (estimate 2020). Retrieved 4 November 2021. https://population.un.org/wpp/

[3] WHO website, Retrieved 23 December 2020 from https://www.who.int/maternal_child_adolescent/topics/adolescence/hiv/en/#:~:text=Currently%2C%20over%2030%25%20of%20all,million%20youth%20living%20with%20HIV

[4] UNAIDS. 2017. *When Women Lead Change Happens*. Retrieved December 23, 2020. https://www.unaids.org/sites/default/files/media_asset/when-women-lead-change-happens_en.pdf

FIGURE 6:

THE YOUTH 'BULGE' IN SUB-SAHARAN AFRICA WILL CONTRIBUTE TO OVER 400 MILLION YOUNG PEOPLE IN 2050, DOUBLE THE NUMBER OF YOUTH IN 2020, PRESENTING SIGNIFICANT OPPORTUNITIES TO TAP INTO YOUTH TALENT AND INNOVATION.

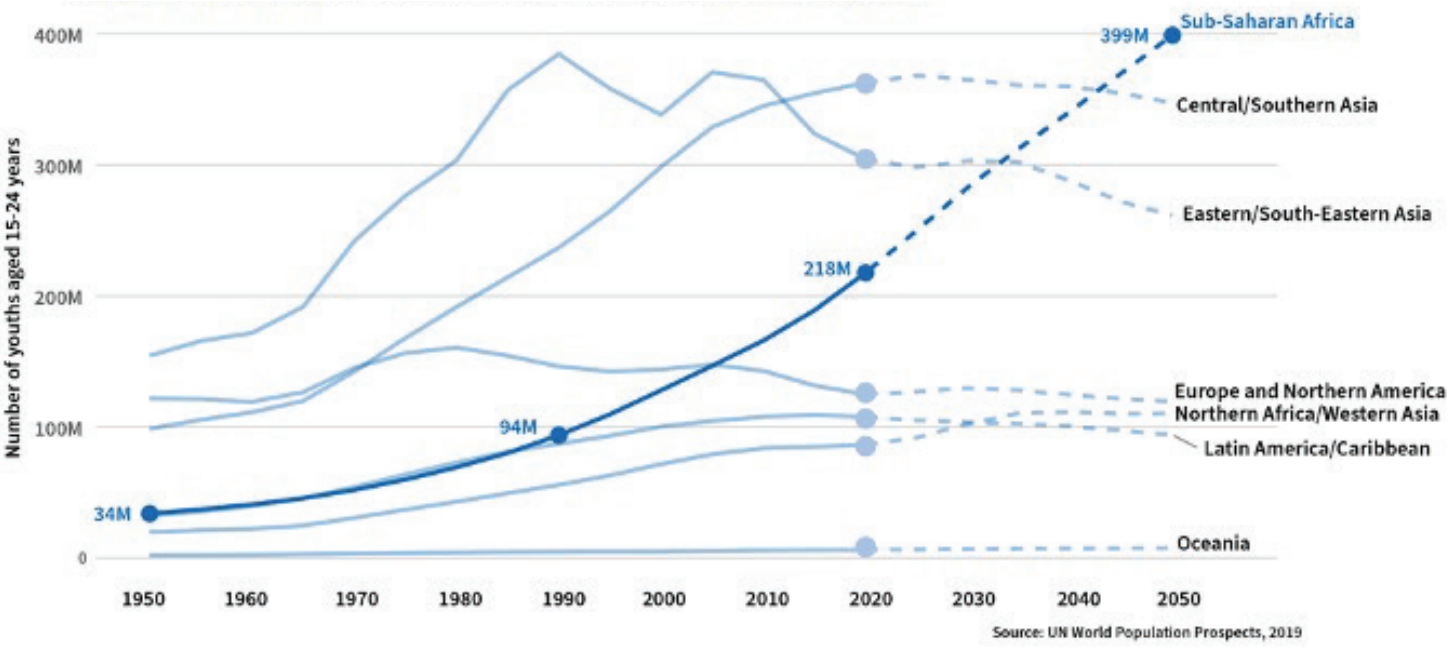


Photo: USAID Kenya

OVERARCHING PRINCIPLES

Leveraging Cross-Agency Assets

The health, economic, and education needs of adolescents and youth are inextricably linked. USAID has significant experience implementing interventions across sectors to improve the lives of adolescents and youth and will harness this cross-agency know-how to reach and maintain epidemic control within this population. One approach that has proven effective across sectors is Positive Youth Development (PYD), a method that engages youth in a manner that is productive and constructive; recognizes, utilizes, and enhances young people's strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.[5] Bringing all of USAID's myriad assets to bear will support decreased HIV incidence, and increased retention and adherence in treatment among young people — all of which are necessary to sustain HIV epidemic control.

An immediate example reflecting AHOP's Pathway 2 is USAID's Office of HIV/AIDS (OHA) and Bureau for Resilience and Food Security (RFS) release of the Youth Employment Request for Information (RFI) in November 2021. This RFI is the first collaboration of its kind working across USAID offices to mobilize the private sector on behalf of employment opportunities for youth at higher risk of HIV. The RFI invites private sector businesses to engage with USAID to create pathways to wage employment and entrepreneurship opportunities for adolescent girls and young women (AGYW) who participate in the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) program. Further opportunities include work with the USAID Center for Innovation and Impact (CII) in the development of their new youth entrepreneurship strategy and engagement with USAID's Office of Population and Reproductive Health (PRH) to identify and scale joint evidence-based approaches to address adolescent and youth reproductive health needs.

Engaging Adolescents and Youth: Developing and Monitoring Solutions

Youth and youth-led organizations are at the forefront of global changemaking and it is crucial that we work with them as our partners in HIV programming. USAID will engage adolescents and youth, as well as youth-led organizations, in all aspects of program design, implementation, monitoring, and evaluation. Youth input will provide valuable insight to inform the development and improvement of policies, programs, and services that impact youth and their communities as well as opportunities for future investments. USAID recognizes that youth are not a homogeneous group and will support meaningful inclusion of diverse groups of youth, including young KPs and youth with disabilities.

A tested method of engaging youth in the process of developing interventions to meet their needs is human-centered design (HCD), which co-creates and tests solutions directly with the end user or other stakeholders based on their needs, desires, and abilities. HCD, like other forms of meaningful youth engagement, recognizes the heterogeneity of youth and provides inclusive and representative participation in global health initiatives that span age, socioeconomics, ethnic identities, sexual orientation and gender identities, geographies, marital/parental status, and disability status. USAID will scale effective HCD-developed interventions and will develop and implement new evidence-based activities utilizing this approach.

Technology

Globally, youth are the most technologically connected age group, with over 70% of the population ages 15-24 online compared to 48% of the general population. USAID PEPFAR programs will integrate technology and digital approaches across all intermediate results (IRs) to both engage youth and increase the efficiency and reach of critical interventions. OHA will also collaborate with the CII to identify and implement evidence-based innovations across IRs to specifically target adolescents and youth to achieve and maintain HIV epidemic control. Some illustrative examples include social and behavioral change approaches, or nudges, and storytelling hackathons.

[5] https://youth.gov/youth-topics/positive-youth-development

ACHIEVE DURABLE, POSITIVE HEALTH OUTCOMES FOR HIV-AFFECTED ADOLESCENTS AND YOUTH

INTERMEDIATE RESULT 1:
Increased uptake of health services that directly reduce the impact of HIV on adolescents and youth

Engaging Adolescents and Youth: Developing and Monitoring Interventions

USAID PEPFAR programs will engage adolescents and youth at all stages of the program cycle and will ensure interventions reflect the needs of young people and the ways in which they want to access and receive health services. OHA will work closely with CII and PRH to explore new opportunities to scale up existing health activities developed through HCD, such as V for oral PrEP and avatar-based approaches for reproductive health and will develop additional activities using HCD, co-creation, and other forms of meaningful youth engagement. PRH was a key player in advancing HCD-based digital health technologies for reproductive health, and there are key opportunities for collaboration in this area.

Community-led monitoring trains, supports, equips, and pays members of directly affected communities to carry out routine monitoring on the quality and accessibility of HIV prevention, care, and treatment services. It includes full integration of evidence-based advocacy into a cycle that brings new information to the attention of decision makers and holds them accountable for acting on that information. As PEPFAR scales up community-led monitoring approaches across country programs, USAID PEPFAR programs will include meaningful engagement of adolescents and youth throughout the process.

Increasing Access to and Utilization of Health Services for Adolescents and Youth

Young people, including youth with disabilities, LGBTQIA+ youth, youth living in humanitarian and fragile settings, and other youth subpopulations, have diverse needs, experiences, environments, beliefs, and attitudes that affect their access to and use of health information and services. In addition, adolescents and youth experience significant life changes as they transition physically, cognitively, and socio-emotionally, and as they develop more complex understandings of values and morals. USAID PEPFAR programs will design HIV interventions with these critical lifecycle and developmental stages in mind.

Adolescent- and Youth-Specific Programming

USAID PEPFAR programs will target adolescents and youth at risk of acquiring HIV, newly diagnosed with HIV, and/or at risk of virological failure, as well as pregnant and breastfeeding AGYW and young KPs.

For all targeted adolescents and youth, OHA will intensify collaboration across the Bureau for Global Health to improve access to HIV testing, pre- and post-exposure prophylaxis, STI diagnosis and treatment, family planning and other sexual and reproductive health services, maternal and child health services, and GBV/intimate partner violence (IPV) prevention and response. USAID PEPFAR programs will implement interventions to strengthen resilience and address mental health including simple screening and referral for the most common mental health challenges (depression, anxiety, substance use, etc.), counseling for survivors of GBV/IPV/violence against children, and community-based approaches such as the Common Elements Treatment Approach (CETA) particularly targeting adolescents and youth at risk of acquiring HIV and living with HIV, young KP, and DREAMS AGYW.[6] USAID PEPFAR programs will also address structural drivers, such as gender and social norms, stigma and discrimination, and violence against women and girls, that increase the health vulnerabilities among youth.

[6] Johns Hopkins 2021 The Johns Hopkins University. Retrieved May 5, 2021: https://www.cetaglobal.org/about-index

AGYW are simultaneously at risk for both unintended pregnancy and STIs. Often the fear of too-early pregnancy is of greater priority to AGYW than other health issues, including HIV. Ensuring all adolescents and youth (those who are living with HIV and who are HIV-negative) have access to family planning and reproductive health services is vital and can significantly reduce unplanned pregnancies, maternal deaths (including those related to HIV), and new pediatric HIV infections. Throughout the portfolio, USAID PEPFAR programs will increase young people's access to and use of voluntary family planning services in a manner that supports their fertility desires and choices and meets their holistic health needs.

For adolescents and youth at risk of acquiring HIV and living in high burden subnational units, USAID PEPFAR programs will continue to expand and adapt experiences from the DREAMS partnership to provide evidence-based comprehensive layered HIV prevention services to more AGYW ages 10-24, caregivers, community members, and male sexual partners. OHA will also fast track the roll out of new prevention technologies as they become available, including long-acting injectable cabotegravir (CAB-LA), and the dual prevention pill.

PrEP is a critical prevention method for adolescents and youth who are at risk of HIV acquisition, and it works with close to 100% effectiveness if taken with high, but not perfect, adherence. As the HIV prevention field rapidly expands, USAID will work to ensure that adolescents and youth are provided with a choice of products that meet their needs and facilitate their uptake and continued use of PrEP during periods of high risk. Priority will also be given to integrating daily oral PrEP (and injectable PrEP as it is available) with family planning and other health services, as we know that such integration is desirable to youth; leads to improved access, uptake, and continuation; and can reduce stigma and strengthen quality of care.

For adolescents and youth living with HIV, USAID PEPFAR programs will scale clinical and psychosocial services tailored to their needs. While the package of services will be country-specific, potential areas for increased youth-responsive interventions include:

- Continuity of treatment support, such as case management, SMS reminders, and online support groups;
- Prevention of Mother to Child Transmission (PMTCT);
- Integrated sexual and reproductive health services;
- Mental health services;
- Partner referrals for HIV testing, PrEP, VMMC, treatment, etc.;
- Disclosure support;
- Peer mentor support; and
- DSD models that not only make services more accessible for adolescents and youth, such as flexible medication pick-up points,but also support overall well-being and development to achieve lifelong viral suppression and positive health outcomes.

HIV prevalence among young KPs is often significantly higher than the general youth population and adult KPs, underscoring the need for focused interventions. Young people who identify as members of these populations are especially hidden and disproportionately impacted by HIV due to widespread stigma, discrimination, and violence combined with the vulnerabilities of youth.[7,8] USAID PEPFAR programs will reach young men who have sex with men (MSM), young people who use drugs, young transgender people, and young sex workers (18-24 years), with specially-targeted and integrated services, based on the PYD approach. USAID PEPFAR programs will prioritize outreach activities (virtual and in-person), peer referrals, and expansion of person-centered differentiated models of care, as well as addressing the multifaceted needs of youth, such as civic engagement, education, and employment. USAID PEPFAR programs will work to deliberately address structural and policy-level challenges that impact young KP's ability to access HIV prevention, care, and treatment services, and will develop layered HIV prevention and care interventions for young KPs — similar to the DREAMS layering approach.

[7] Delany-Moretlwe, S., Cowan, F. M., Busza, J., Bolton-Moore, C., Kelley, K., & Fairlie, L. (2015). Providing comprehensive health services for young key populations: needs, barriers and gaps. Journal of the International AIDS Society, 18(2 Suppl 1), 19833. https://doi.org/10.7448/IAS.18.2.19833

[8] WHO. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations – 2016 update. https://www.who.int publications/i/item/9789241511124

Over the last several years, PEPFAR's orphans and vulnerable children (OVC) program has intensified support for clinical outcomes as well as primary prevention of HIV and physical and sexual violence, focused on the highest-priority children and highest risk adolescents. Adolescents living with HIV benefit from the added comprehensive support available through the OVC platform, and have greater adherence to ART and higher rates of viral load suppression than those not enrolled in the OVC program. USAID will leverage USAID's expertise across sectors and will scale a country-specific intensive package of support for adolescents (under age 18) living with HIV, which may include interventions such as higher frequency home visits, screening/referrals for sexual and reproductive health services (including family planning and STI testing and treatment), economic strengthening (potentially including cash transfers), education support, and other health interventions. USAID PEPFAR programs will also scale the best practice model of systematic triangulation of health facility records with self-reported OVC program data to proactively monitor enrolled adolescents living with HIV and facilitate family-based index testing, optimized ART regimens, retention, and viral load coverage and suppression.

Including individual tracking of adolescents/youth and KP in national and program level data systems

Collecting and analyzing data critical for identifying population segments and clients facing elevated risks is imperative for improving individual client and overall HIV cascade outcomes. For example, by identifying the differentiating characteristics of clients who are more likely to receive positive results from HIV testing, and less likely to initiate on and/or sustain treatment, programs can develop tailored and preferred service solutions to improve health outcomes for these individuals and others like them. Leveraging advanced data systems, including real time data analytics, is critical to strengthen case management, service delivery, and screening outcomes for adolescents and youth.

USAID's youth programs are shifting to real time digital solutions including DHIS2 Tracker Capture and mobile health (mHealth) platforms which are flexible and scalable for additional case management and reporting purposes. Additionally, prioritizing de-identified individual tracking of clients allows programs to report and respond to client needs at community and facility levels. Nearly all PEPFAR KP programs track key populations with a unique identifier code (UIC), and interoperability between the community-based DHIS2 system and the electronic medical records system allows KP implementing partners to contribute to the national information system for clients they are following, regardless of the status of KP criminalization. This allows for aggregation of results at a national level and reporting on KP-disaggregated treatment indicators, while maintaining confidentiality, data safety, and security of KP clients. Working with other PEPFAR agencies, WHO, Global Fund, and governments, USAID will scale up national KP DHIS2 individual level electronic trackers and integrate them into existing government systems. USAID will also utilize less static, more novel uses of small surveys and individual-level program data to align resources to the heterogeneous and complex risks of HIV acquisition and transmission faced by vulnerable youth cohorts including KPs.

Technology

OHA will increase youth involvement and engagement with the health system around new and emerging approaches to health care information and services, including the important role of youth in the uptake and normalization of digital health and information and communications technology (ICT) initiatives to connect potentially vulnerable groups to the health system. USAID will expand beyond current technology approaches and will partner with private sector actors to increase access to high quality health services via online medical appointments, virtual screening and counseling, virtual referrals for HIV testing, and virtual case management that meet the specific needs of adolescents and youth using social media and other innovative applications. When developing programming, USAID will consider digital divides based on socioeconomic status, education level, gender, geography, and disability status which influence young people's access and use of technology in many countries.[9]

USAID PEPFAR programs will continue to scale up virtual interventions including use of social media platforms, messaging apps, online reservation systems and electronic case management systems to provide attractive and accessible options for adolescents and youth and improve program efficiency. Data from different datastreams will be collected, analyzed and used to inform program implementation and decision making, involving diverse groups of youth in analysis and design while preserving confidentiality and protecting PII consistent with USG and host-country requirements.

[9] Girl Effect and Vodafone Foundation. Real girls, real lives, connected. https://prd-girleffect-corp.s3.amazonaws.com/documents/GE_VO_Full_Report-compressed.pdf?AWSAccessKeyId=AKIAIWVYO5R6RMTXA2NA&Signature=6xYH1Pf4C1Kt%2BNsEzDSbz51pPwI%3D&Expires=1645654390

Milestones

- Adolescents and youth have access to online doctor's appointments, virtual screening and counseling, and/or virtual referrals for HIV testing in at least 15 countries by FY24
- HCD or other activities designed with meaningful youth engagement implemented in at least ten countries by FY24
- Youth-led organizations participate in HIV programming as sub-recipients or in a formal mentee capacity to larger organizations in at least five countries by FY24
- New person-centered differentiated service delivery models specifically for young KP, including collaboration with DREAMS and other USAID partners on education, employment, and civic engagement, implemented in five countries by the end of FY22
- 100% of PEPFAR countries have policies that support adolescent consent for HIV testing without parental approval and support access to PrEP for adolescents and youth by FY23
- 20% yearly increase in the total number of AGYW ages 15-24 across all PEPFAR countries provided with PrEP through direct facility- or community-based service delivery or referrals to health facilities
- 20% yearly increase in the number of adolescent girls and young women receiving a modern FP/RH method at PEPFAR -supported sites by FY23
- Community-based mental health and psychosocial support models targeting youth rolled out in eight countries by FY23
- By 2024, KP reached and reported under KP_PREV have been enrolled in a DHIS2 tracker in at least five countries
- By 2024, 100% of follow-up visits for KP receiving PrEP or ART from the KP program registered in the DHIS2 tracker
- 75% of countries with USAID KP programming have had KP population size estimates (PSE) conducted in the past 5 years, as relevant for the population (MSM, FSW, TG, PWID and prisoners based on programmatic results or available epidemiologic data)

Jane Emmanuel, 21, Peer leader for teen club for adolescents living with HIV, 2020
Photo: USAID Office of HIV/AIDS

INTERMEDIATE RESULT 2: Adolescents and youth received education and employment assistance that increases the probability of remaining HIV-free or virally suppressed through adulthood

While access to health and HIV services is critical for adolescents and youth at risk of acquiring or living with HIV, their economic, educational, and safety needs must also be addressed to increase the probability of continued good health and well-being as they transition into adulthood. As the population of adolescents and youth ages 10-29 rapidly expands, this group will increasingly be pivotal contributors to low- and middle-income country economies. USAID has an opportunity to catalyze broader programming (across health, education, democracy, human rights and governance, climate change, agriculture, and economic growth and trade) to avert new HIV infections, keep youth virally suppressed, and ensure youth are healthy, educated, economically productive, and civic-minded members of society.

The DREAMS program is rooted in reducing AGYW vulnerability to HIV, which is frequently intertwined with economic disparities and gender inequalities. In addition to helping AGYW stay healthy, DREAMS programming supports all eligible AGYW to continue their education and to build financial capabilities, leading to increased agency in making decisions. USAID PEPFAR programs will take this even further over the next several years to explicitly create pathways to employment or entrepreneurship by building skills that respond to demonstrated needs in the local market, providing start-up support and ongoing coaching/mentoring, and encouraging asset building via savings groups or financial service providers.

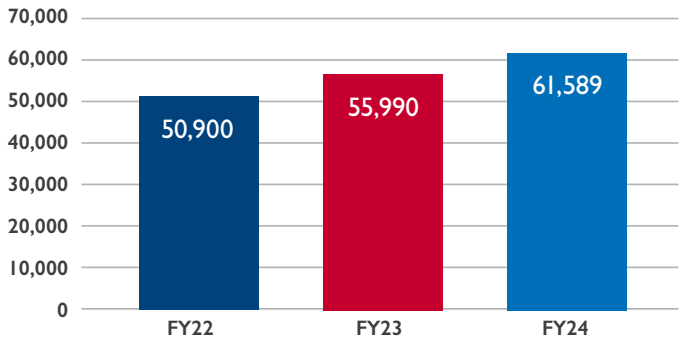
OHA and USAID PEPFAR programs will partner with public and private sector actors to link employment and/or entrepreneurship opportunities with AGYW enrolled in the DREAMS program and adolescents/youth living with HIV. Programming will actively identify and pursue opportunities in the fields of technology, agriculture, health care, and other sectors that respond to existing market needs, as well as increase youth employment/entrepreneurship and strengthen youth resilience more broadly. OHA will introduce professional development and employment requirements in PEPFAR-funded awards that will provide a career ladder for young people, as already demonstrated in the DREAMS portfolio. OHA will also leverage USAID's considerable expertise, resources, and infrastructure to expand learning and earning opportunities for young people by actively pursuing cross-program collaborations with other USAID programs such as Feed the Future, Power Africa, Prosper Africa, and education programs.

Milestones

- Formal collaborations with USAID and/or private sector partners that explicitly create employment opportunities for adolescents and youth in at least five countries, by FY24
- Number of AGYW who earn more income through wage or self-employment increased by 10% annually (50,900 in FY22 to 61,589 in FY24)
- Fifteen countries have awards with a professional development requirement for PEPFAR-supported clients by FY24
- USAID youth-focused PEPFAR programs incorporate digital platforms into economic strengthening and/or financial literacy interventions in at least four countries by FY24
- USAID youth-focused PEPFAR programs identify and launch new opportunities for youth entry into the healthcare and social welfare workforce in at least five countries by FY23

FIGURE 7:

PROJECTED YOUTH EMPLOYMENT AMONG DREAMS BENEFICIARIES ACROSS GEOGRAPHIC AREAS WHERE USAID IS IMPLEMENTING DREAMS



Annual 10% increase of AGYW earning more income through wage or self-employment

Under AHOP Pathway 2 Adolescent and Youth Resilience, USAID will increase the number of AGYW employed by linking with both educational and professional opportunities.

Note: *Estimates based on baseline of 509.000 (estimated FY21Q4) DREAMS AGYW ages 15-24 completing the primary package of prevention and support services*

PATHWAY 3: LOCALLY-LED AND MANAGED HIV RESPONSE

GOAL: USAID-supported PEPFAR countries advance along the path toward resourcing and managing sustained epidemic control for all populations.

RATIONALE

Achieving sustained control of the HIV epidemic depends, in part, on mobilizing and effectively allocating and spending donor, public and private funding while protecting vulnerable populations from increasing out-of-pocket and in-kind costs. Despite many countries' continued dependence on donor funding, domestic governments in most low- and middle-income countries are an increasingly important source of financing for health and HIV services. There is a need to advocate that governments increase funding to health, commensurate with economic growth, especially as PEPFAR-supported countries shift from low- to middle-income status. That said, increasing domestic contributions for HIV services is necessary, but not sufficient, for sustaining HIV epidemic control. While increased spending does correlate with improved health system performance, there is significant variation between countries at similar levels of spending per capita.[10] Therefore, it is critical that the sustainability agenda not only be about the quantity of government funding allocated to the health sector, but also about efficiency and institutional strengthening. This includes accountability for ensuring the delivery of priority, high quality services to the populations that need them, and reducing costs to the system (e.g., reducing duplication and overlap) so that progress towards coverage goals can be sustained.

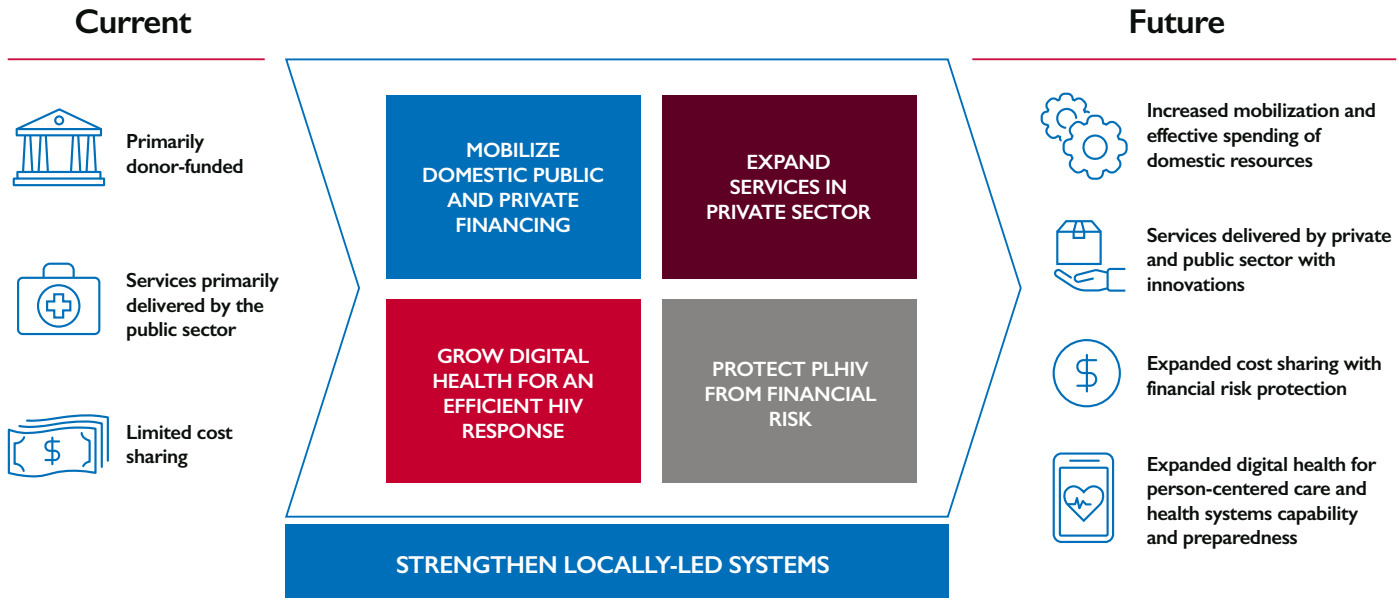
Also imperative is the understanding that the health system encompasses both public and private actors, and that countries will need to harness the comparative advantages of each in order to achieve and maintain HIV epidemic control. The private sector can increase the supply of healthcare services and commodities and meet the specific needs of different patient populations and groups; promote access to finance and unlock private investment; catalyze innovation through private sector capabilities and processes; and improve value, efficiency, and sustainability through optimized systems and processes.

In addition, sustained epidemic control requires that functions required to manage a national HIV program, such as planning, financing, and human resources, are led and managed locally, and integrated within strong, capacitated country health systems. In countries with decentralized health systems, working directly with sub-national governmental units and removing barriers limiting their effectiveness are integral to advancing local ownership and accountability for HIV service delivery. Locally led also means recognizing that interventions are implemented within a local organizational and cultural context and therefore are more likely to reach the intended outcome over the long term if they are adapted to allow for integration into existing systems.

[10] http://apps.who.int/iris/bitstream/handle/10665/250048/WHO-HIS-HGF-HFWorkingPaper-16.1-eng.pdf?sequence=1

FIGURE 8:

STRATEGIC HEALTH FINANCING, PRIVATE SECTOR SOLUTIONS, AND LOCALLY-LED SYSTEMS



USAID will continue to support strategic financing approaches, protect PLHIV from financial risk, increase direct government to government (G2G) programming as part of a transition to locally-led and managed systems, support transition of programming to local partners, and expand private sector services for prevention and treatment services.

INTERMEDIATE RESULT 1:
Country health systems are optimized and resourced to support access to and delivery of HIV services for all populations

Sustainability is influenced, in part, by organizational factors within the health system (financial stability, risk protection, partnerships with civil society and the private sector, among others) and available resources (both human and financial).

HEALTH SYSTEM OPTIMIZATION

In addition to increasing coverage, ensuring equitable access to HIV services requires reducing the perceived and actual risk of financial hardship caused by health service utilization. By protecting people from catastrophic expenditures, countries increase equitable access to health services and prevent impoverishment due to out-of-pocket costs. In close collaboration and coordination with host country governments and private sector, USAID will establish and strengthen health insurance and financial protection schemes and will work with countries to remove user fees to strengthen financial risk protection for PLHIV. Health insurance activities consist of increasing the number of HIV-related services in health insurance benefit packages and ensuring sufficient funding to cover services; improving accessibility, eligibility, and scale to increase the number of

[11] https://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-040617-014731

people enrolled; and increasing domestic financing for health insurance. User fee elimination policies for HIV services offered in the public sector are a PEPFAR minimum program requirement. USAID will continue to support countries to monitor the implementation of those policies, and support governments to address the funding gaps resulting from user fee elimination.

The private sector (both for profit and not for profit) plays an important and expanding role in most health systems around the world. In countries with established pathways and regulations for provision of services by the private sector and coordination/collaboration between private and public sectors, the private sector can be a significant contributor to increasing coverage of and equitable access to HIV services. In countries where this is not the case, the private sector remains an ineffectively used resource.[12] USAID PEPFAR programs will increase private sector participation in service delivery through working with countries to establish regulatory frameworks that allow for private sector provision of the full range of HIV services, facilitating government contracting with civil society organizations (CSOs) and the private sector, and growing commercial markets for services and commodities.

Partnering with private providers, including hospitals/clinics, pharmacies, general practitioners, labs, and informal drug shops, can expand both PEPFAR and the country health system's capacity to test and treat, reduce the burden on public facilities, and increase client satisfaction. Partnerships may include direct payment to private providers, but can also include other kinds of support, such as facilitating access to commodities, increasing the size of the health workforce, providing training, facilitating accreditation or establishing referral networks. DDD, through private pharmacies, is a key example of private provider partnerships, where PEPFAR-supported sites or IPs sign Memoranda of Understanding with private pharmacies to outsource ARV refill services. USAID will continue to expand DDD and also explore opportunities to partner with the private sector to launch workforce development programs, including on-the-job training programs, to fill skill gaps and employment opportunities to further advance DDD.

CSOs are vital actors of local community health systems. They are integral to the delivery of community-based HIV service models, the monitoring of the quality of services at both community and facility levels, and the community engagement required to maintain HIV gains. CSOs need to diversify funding streams through alternative financing models to reduce dependency on foreign aid for continuation of programs and services. USAID PEPFAR programs will support transition models for CSOs to become *social enterprises* by providing market analyses, seed funding, strategic planning, structural analyses, and targeted support to address enablers and challenges, as well as capacity building, coaching and mentoring to CSO staff.[13] USAID will also focus on policy, regulation, and organizational strengthening changes required to make it easier for CSOs to contract with the government, become accredited or registered, secure loans, hire top-level staff, and start new business ventures.

USAID and partner country governments will increasingly contract with local and regional private sector enterprises to provide a number of programmatic services including clinical, social services, and supply chain logistics. USAID will support more effective private sector contracting through technical assistance to governments and the private sector; costing exercises; advocacy to make the case for contracting or outsourcing; and policy reform and coordination to establish transparent and effective procurement systems and processes. USAID will also provide technical assistance to expand government contracting of private providers, and as part of G2G agreements, to meet health workforce requirements and strengthen capacity for contract oversight. This is a key step towards the transition of health worker salaries and supervision to in-country public and private health systems to maintain HIV services for sustained epidemic control.

[12] https://www.who.int/docs/default-source/primary-health-care-conference/private-sector.pdf?sfvrsn=36e53c69_2

[13] Macassa G. (2021). Social Enterprise, Population Health and Sustainable Development Goal 3: A Public Health Viewpoint. *Annals of global health*, 87(1), 52. https://doi.org/10.5334/aogh.3231

RESOURCES

Sufficient human and financial resources are required to promote equitable access to health and HIV services. While development partners often look to governments to raise revenues via domestic public sector budget allocation, this limited view does not recognize the role the private sector can play in increasing the supply of healthcare services and commodities and investing in technology and other innovations that will simplify service delivery and retain clients in care.

As mentioned previously, the private sector can increase the supply of healthcare services and commodities and meet the specific needs of different patient populations and groups, as well as catalyze innovation through private sector capabilities and processes. USAID will connect private capital with market opportunities to increase investments in health systems and innovations for HIV and harness the comparative advantages of the private sector. This includes mobilizing access to working capital for private healthcare providers, including expansion of local entrepreneurship and startups that help increase employment of health workers and innovative service delivery models that expand access to HIV services. Through a focus on innovation, USAID will identify opportunities where the private sector can increase programmatic impact, find greater efficiencies in program delivery, and fill key gaps. USAID will leverage private sector approaches, distribution networks, capital, marketing expertise, and technology as a complement to public sector programs. USAID will also seek out private sector partners that are willing to assume risk and fund early-stage innovation of both health products and approaches and, if proven effective, work to transition these innovations into scaled and sustainable implementation.

USAID will design and launch *blended finance facilities* to address key HIV and health system barriers. Blended finance facilities combine donor funds with private commercial funds to increase the amount of private investment in healthcare, while providing financial return to investors. USAID will also identify, scope, and promote *targeted investments* in key priority areas using new tools offered by the U.S. Development Finance Corporation (DFC). USAID will join or launch an impact investment fund, funded by private investors, to create new funding streams for HIV services, social innovation, and economic strengthening. USAID envisions establishing a privately-funded and managed *healthcare investment* fund that will invest in a broad range of companies and projects for improved health and social outcomes to sustain HIV epidemic control. Across the spectrum of private financing, USAID will pursue investments to create sustainable impact across multiple health and development areas.

Milestones

- At least three blended finance facilities designed and launched in three countries to expand the availability of HIV and health services and commodities through the private sector by the end of FY24
- $25 million in investment capital mobilized in five countries to expand manufacturing capacity, improve locally-owned supply chains, and increase access to working capital for private healthcare providers by the end of FY24
- One million PEPFAR-supported clients receiving prevention, care or treatment services through private sector channels by FY24
- ARV pick-up available through private sector DDD options in all PEPFAR-supported countries by FY24
- PrEP available through the private sector in 15 countries by FY24
- HIVST kits available through the private sector in 15 countries by FY24
- Coverage of HIV services introduced or expanded within financial protection schemes in eight countries by FY24
- Private impact investments mobilized in at least five companies to introduce innovative and emerging technologies/products by the end of FY24
- CSOs, including for KPs, funded through sustainable business approaches (e.g., social contracting, social enterprise, or blended finance models) in 10 countries by the end of FY24
- HIV services or programs contracted from the private sector by partner country governments in eight countries by the end of FY24

INTERMEDIATE RESULT 2: Locally-led management and monitoring of health systems maintained ongoing access to and delivery of person-centered HIV services over the long term

Locally-led development is the process in which local actors — encompassing individuals, communities, networks, organizations, private entities, and governments — set their own agendas, develop solutions, and bring the capacity, leadership, and resources to make those solutions a reality.[14] Locally-led development and delivery of HIV services through resilient country health systems, local partners, CSOs, and the private sector are the cornerstone of sustainability for HIV epidemic control. Local partners play a key role in advancing sustainable quality programming, and in ensuring critical performance targets are met and sustained for UNAIDS 10-10-10, and 95-95-95 country goals. USAID will continue to expand the role of local partners in supporting HIV service delivery and delivering technical assistance through: increasing the number of local partners serving as prime implementers; reaching a goal of 70% of USAID PEPFAR funding allocated to local partners; and by setting and meeting milestones to foster an increase in local partners and G2G agreements across GH. USAID will also take additional steps toward locally-led development, where public and private sector partners take a leadership role in defining objectives and approaches, and finance, manage, and monitor implementation. This will be done both through USAID-specific processes, such as co-creation, as well as through systems strengthening interventions that build capacity and remove barriers to effective allocation, management, and monitoring of domestic resources.

USAID recognizes that in countries with decentralized health systems, it is critical for sub-national health units to have sufficient authority and capacity to plan for, manage, and monitor health service delivery. Therefore, it is essential to both strengthen system functions (governance, human resources, finance, and information systems), and improve management of those functions across levels of the health system to solve complex problems that hamper service delivery. USAID will pursue additional G2G agreements at the sub-national level, both to increase use of country systems and to strengthen the management capacity of these entities.

Equally important is the responsiveness of service delivery approaches and ability of the system to adapt to the evolving needs of clients. This requires effective feedback mechanisms for providers, clients, and those choosing not to access services, and also requires countries to have strong information systems that collect and analyze data at a frequency that allows managers to adjust programmatic approaches based on key indicators. USAID will support activities that enable communities to hold service providers and the health system accountable for the provision of high quality health services, where they're needed, when they're needed. One such opportunity is community led monitoring (CLM), which allows for feedback from PLHIV and clients in a routine and systematic manner that translates into action and change. USAID will expand support to CSOs (including KP-led and youth-led CSOs) for CLM, and will work with organizations and the health system to institutionalize a process for responding to feedback. USAID PEPFAR programs will also continue to drive data use and health system responsiveness by supporting integrated health information systems solutions that harmonize community, clinical, and supply chain data into common analytic platforms. Investments will enable countries to adjust interventions and areas of emphasis, as well as make decisions, in a timely and evidence-based manner.

As previously mentioned, USAID recognizes that sustainability is not only a question of revenue; PEPFAR and partner country governments need to consider how to better manage current expenditures to maximize results. While increased spending does positively affect service coverage, there is significant variation in system performance and service coverage among countries with similar levels of spending on health.[15] USAID will intensify its partnership efforts with host country governments to improve allocative and technical efficiencies to reduce waste, maximize value for money, incentivize desired service delivery improvements, and increase system transparency. USAID will also continue to be the PEPFAR interagency technical lead for the Activity-Based Costing and Management (ABC/M) initiative, which provides routine cost data to drive efficiency, cost-effectiveness, and quality improvements for HIV and health services over time. The ultimate goal of the ABC/M initiative is to ensure countries have the tools and evidence needed to move towards financial sustainability for the provision of HIV and health services, while minimizing catastrophic expenditures at the patient level.

[15] Jowett M, Brunal MP, Flores G, Cylus J. Spending targets for health: no magic number. Geneva: World Health Organization; 2016 (WHO/HIS/HGF/HFWorkingPaper/16.1; Health Financing Working Paper No. 1); http://apps.who.int/iris/bitstream/10665/250048/1/WHO-HIS-HGFHFWorkingPaper-16.1-eng.pdf

USAID's public financial management (PFM) work focuses on budget formulation, budget execution, and accounting and reporting in the health sector, as well as addressing system inefficiencies to maximize resource use. Budget absorption and the efficient use of resources is even more important as the COVID-19 pandemic constricts countries' economic growth. USAID will increase its focus on strengthening PFM systems, with the near term emphasis on maintaining the commitment of domestic health and HIV resource mobilization prior to COVID-19, depending on the macro-fiscal environment, and rapidly increasing budget execution while maximizing efficiency. USAID will actively collaborate with Ministries of Health, other key line ministries (such as education, youth, gender, etc.), and government ministries responsible for budget formulation, allocation, and spending.

Integral to financial sustainability is advancing the optimal utilization of health workforce investments made by PEPFAR and host-country governments. HR planning, allocation, and management processes are weak across many country health systems, hampering the delivery of health services, as well as system responsiveness to the needs of clients. Over time, fairly substantial efforts and necessary investments have been made by PEPFAR and other donors to address staff training needs and the shortage of trained staff. Less investment has been made to date to improve the management that enables improved allocation, productivity and performance of available health workers. This improved HR management capacity is critical to enabling absorption of workload supported by PEPFAR into local health systems. USAID will continue to advance analytical approaches, such as the Human Resources for Health (HRH) Needs and Optimization Solution, to inform HRH staffing requirements and yield greater use of resources for impact and efficiency. Additionally, USAID PEPFAR programs will increase support to countries to improve HR recruitment and retention and to strengthen HR performance management, and will seek opportunities to expand the capacity of local IPs and regional institutions so they are better equipped to partner with country governments to support HR functions.

Milestones

- 70% of USAID PEPFAR funding allocated directly to local partners by FY24
- At least eight countries with USAID PEPFAR-funded G2G agreements by FY24
- Expanded capacity of sub-national government health units to effectively plan and manage local HIV service delivery, including financing and human resource management, integrated within local health system service delivery infrastructure and provision of other essential services down to the community level across 20 countries
- Linkages between HIV service delivery plans and partner country government health budgets strengthened, and coordination with key multilateral institutions, such as the GF, increased in ten countries
- PFM interventions, including monitoring of expenditures, implemented in 20 countries to strengthen efficient resource alignment, allocation, and budget execution
- ABC/M implemented and country-specific budgeting and accounting systems institutionalized in 16 countries by the end of FY24
- HRH Needs and Optimization Solution implemented in 20 countries to increase attribution of health workforce staffing to target achievements by the end of FY24

[14] https://www.usaid.gov/sites/default/files/documents/What_is_Locally_Led_Development_Fact_Sheet.pdf

PATHWAY 4: PERSON-CENTERED SUPPLY CHAIN SOLUTIONS

GOAL: Full range of high quality, affordable medicines and health commodities readily accessible to those who need them using best-in-class technologies and partners, and via person-centered and resilient supply chains.

RATIONALE

USAID will work to strengthen the resilience and efficiency of global supply chains and enhance the capacity of in-country supply chains and other pharmaceutical systems to support end-user delivery and ensure affordability and appropriate use for improved health outcomes.

Historically, USAID has supported the central medical store (CMS) model for public health supply chain management. Through this model, government employees directly manage and operate the supply chain — often with assistance from donors to support a cross-section of system functions. While support to this model led to early successes in delivering lifesaving medicines and products, and addressed critical gaps in necessary infrastructure, it is not the end point of strengthening country supply chains for health. In order to sustain and further develop health supply chains, USAID will focus on supporting countries to move beyond a government operated model and towards a system that increases the capacity of governments to regulate supply chains and use the capacity of local private sector to deliver commodities and services in a person-centered approach. To realize this vision, USAID will partner with governments to strengthen their role as strategic purchasers and stewards of supply chain services, diversify partnerships to include local and private sector

Photo: USAID Office of HIV/AIDS

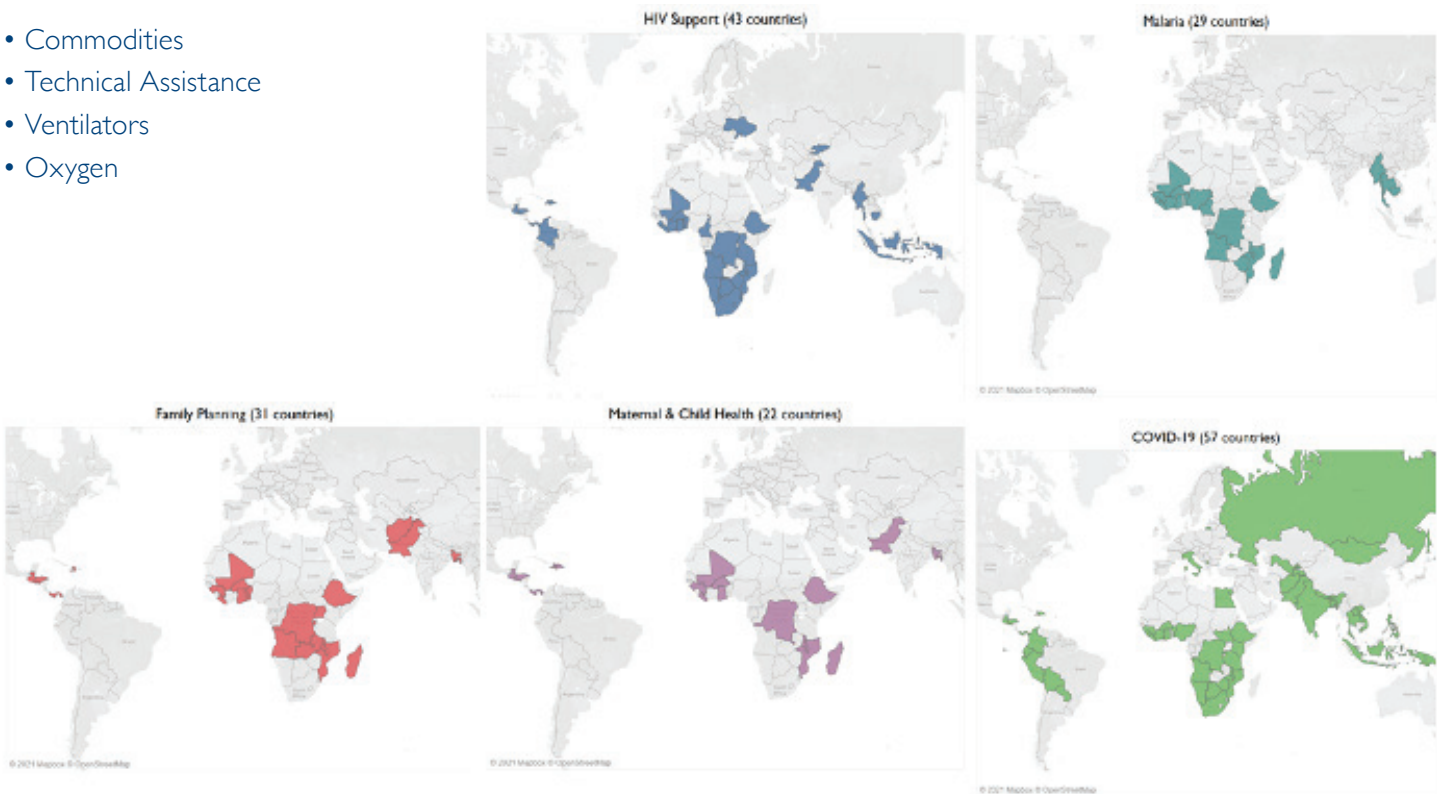
entities for sourcing, procurement, warehousing and delivery, engage vendors to play a larger role in the forecasting and stock management of commodities, and support permissive environments for regional manufacturing and sourcing. Additionally, increased access to health insurance options will provide patients with additional choice regarding access of health services via the public and private sector.

GH has developed the Next Generation (NextGen) of Supply Chain strategy from standards developed by industry and in the field, including: the use of product and supply chain segmentation to create more effective person-centered supply chains; the use of private sector logistics partners to gain efficiency and drive economic growth; and the implementation of end-to-end supply chain visibility through the use of global standards (GS-1) standards[16] to strengthen supply chain security and reduce risk. The NextGen strategy seeks to accelerate the uptake of these principles through policy and practice to promote more effective and sustainable supply chain operations that can be managed by partner country governments in the longer term. USAID-supported supply chain systems already engage across the GH portfolio (HIV, TB, malaria, maternal and child health, family planning, etc.) and will be further maximized to ensure clients can receive all of their health commodities, ideally in one location/visit; as well as utilize PEPFAR supply chain systems for addressing COVID-19 and any other future health needs.

FIGURE 9:

USAID GLOBAL HEALTH SUPPLY CHAIN SUPPORT ACROSS THE GLOBE

- Commodities
- Technical Assistance
- Ventilators
- Oxygen



USAID supports comprehensive supply chain systems in 47 countries, focused on a series of critical health areas, including HIV, Family Planning, Malaria, Maternal and Child Health, and COVID-19.

[16] https://www.gs1.org/industries/healthcare/standards

PERSON-CENTERED SUPPLY CHAIN SOLUTIONS

The work anticipated under the NextGen strategy reflects a shift in focus of USAID's technical assistance offerings. Previous practice supported an approach to public health supply chain management which necessitates the movement of people to commodities rather than one that moves commodities to places that are more convenient for patients, and is exacerbated by a system that historically supports less than efficient supply chain operations as a function of host government operations. Today, most high-income countries rely on a thriving private sector for supply chain implementation. The NextGen strategy will focus on the use of the private sector to both bring commodities closer to clients, as well as to gain efficiencies in supply chain operations. Beyond a shift in technical assistance, another major component of the NextGen strategy is the use of supply chain data and the implementation of end-to-end visibility to improve function, ensure on-shelf availability of critical public health commodities, mitigate supply chain risk, and encourage private sector investment.

INTERMEDIATE RESULT 1:
Accelerated utilization of private sector capabilities to improve supply chain efficiency and client experience

USAID is currently designing the NextGen supply chain architecture to allow for the rapid implementation of the NextGen strategy. The newly designed suite of supply chain mechanisms will segment global procurement and logistics by health program and commodity category. This approach acknowledges the unique requirements of the different USAID health programs and commodities. The design also consolidates health areas for functions where there is alignment in priorities and benefits from such consolidation. This includes quality assurance, in-country logistics, technical assistance, and the use of a control tower platform for supply chain oversight across all mechanisms. Technical assistance award(s) will provide a comprehensive array of supply chain and pharmaceutical management technical assistance services. Together, the NextGen supply chain mechanisms will focus on the use of best-in-class partners to perform critical supply chain functions at the global and local levels. It will allow for greater flexibility, as well as incorporate innovation and risk management into supply chain functionality.

Milestones

- Implement supply chain services provided by local, best-in-class private sector partners in 15 countries by FY24

INTERMEDIATE RESULT 2:
Improved government stewardship of commodity availability and security, with reliable, functional, and efficient regulatory and oversight strategies

To transform supply chain operations in USAID partner countries, the technical assistance focus will evolve from supporting host-governments performing functions of the supply chain to strengthening host-government management of contracts with best-in-class private sector supply chain partners. To support these in-country shifts, GH is developing resources that can be shared with country governments to inform planning and discussion on changes to supply chain operations. These resources cut across many of the NextGen activities, including outsourcing to private sector partners, segmentation of lab commodities, and person-centered distribution and dispensing. This work will guide and re-focus supply chain technical assistance on more effective and sustainable practices.

Milestones

- Agreements in three countries per year with host-country governments to expand private sector engagement for warehousing and/or distribution capabilities to improve supply chain efficiency

INTERMEDIATE RESULT 3:
Increased visibility to the point of service to strengthen demand planning, optimize operations, and promote appropriate use of products by providers, pharmacists/ dispensers, and consumers

Although not currently at full implementation, end-to-end visibility for supply chains will allow for more informed distribution strategies that look to incentivize private sector partners (manufacturers and wholesale/retail) to carry out and distribute the risk inherent in vital components of the supply chain. The use of GS-1 to track commodities through the supply chain allows for one standardized (i.e. comparable) data source to track commodities from manufacturer to end use and disposal. Within supply chain data systems, a focus on end-to-end visibility using innovative app-based technology and GS-1 global standards to collect consumption data from service delivery points is the singular most important element of a functional risk mitigation strategy, allowing for immediate recognition of systems level disruptions (supply chain or other) and giving confidence to donors and private sector partners looking to invest in developing markets. This level of visibility allows for programs to shift commodities in real time to ensure that all programmatic needs are met, as well as to assure the quality of those commodities.

Milestones

- Develop GS-1 implementation strategy and policy in three to five countries per year to increase visibility to the point of service to strengthen demand planning, and promote appropriate use of products by providers, pharmacists/ dispensers, and consumers
- Implement GS-1 track and trace capabilities at the global level for ARVs, HIV rapid test kits, and VL/EID tests to improve visibility into supplier-side supply chain activities

INTERMEDIATE RESULT 4:
Used contract terms to drive investment and improved performance of manufacturers and supply chain operators

The NextGen strategy seeks to incentivize the performance of private sector partners (including manufacturers, wholesalers, and logistics providers) through developing activity-based contracts that contain development-friendly incentives. Historically, donor-funded supply chain contracts have suffered from many challenges, including that they have relied on contract terms that do not reflect the true costs of the work involved; have lacked a focus on performance; and, by assuming all of the risk of supply chain operation, have allowed private sector partners to abrogate any responsibility to invest in local supply chain infrastructure. The NextGen strategy builds upon mission-driven successes in performance-based contracting to promote innovative approaches to private sector engagement.

Milestones

- Negotiate contracts with two to three manufacturers/wholesalers by FY23 to improve availability of locally sourced ARVs or other health supplies
- Transition to activity-based contracting with two to three private sector supply chain partners per year to improve performance and reduce supply chain costs

INTERMEDIATE RESULT 5:
Monitored and mitigated risks to ensure supply of affordable, quality-assured, safe, and effective products to clients

In July 2020, the Office of the Inspector General for USAID released a report finding that the Bureau for Global Health (GH) lacked a coordinated system to monitor supply chain risk at the individual country level as well as to identify broader risk patterns and appropriately safeguard commodities. In response to these findings, USAID/GH has developed and implemented a risk management process that incorporates a systematic periodic review of USAID-supported supply chains to identify, mitigate, and monitor risks across the global health supply chain program. To this end, the NextGen supply chain strategy plans to establish two supply chain risk management mechanisms. The first of these was awarded in October of 2020 and can be used to perform proactive supply chain and market assurance reviews. An additional award planned for FY22 will encompass broader risk mitigation measures and technical assistance.

Milestones

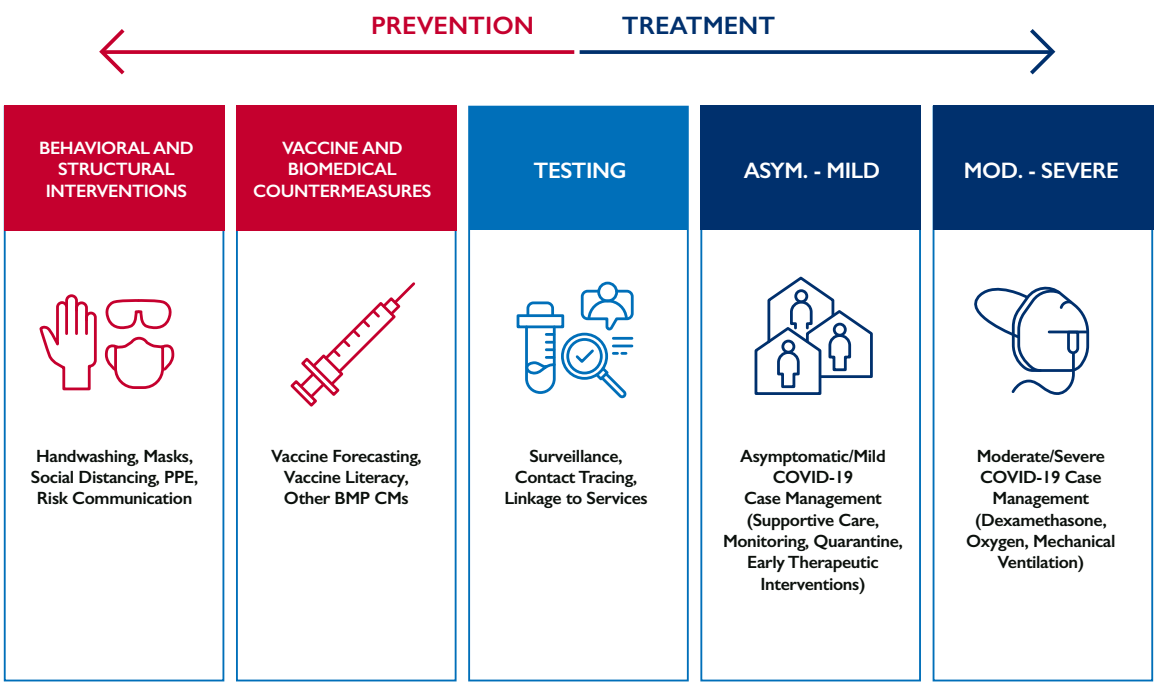
- Design and deploy third party monitoring of in-country supply chains, including last mile delivery logistics services, in three to five countries per year to proactively monitor and mitigate risks and ensure supply of affordable, quality-assured, safe, and effective products to clients

Photo: USAID Office of HIV/AIDS

PATHWAY 5: PANDEMIC READINESS, RESPONSE, AND RESILIENCE TO FUTURE SHOCKS

GOAL: USAID's HIV assets are strategically leveraged to support pandemic and other disease mitigation, disaster recovery, and readiness initiatives.

FIGURE 10:
EXISTING USAID CAPACITIES AND ASSETS EMPLOYED TO ADDRESS COVID-19 PREVENTION AND TREATMENT



RATIONALE

Support for the health workforce and ensuring continuity of life-saving HIV treatment and prevention services are dependent on resilient health systems and on the ability for countries and systems to rapidly adapt to complex emergencies that disrupt health services, including emerging pandemics like COVID-19.

Pandemic readiness and the capability to respond rapidly to emerging threats continue to be an essential part of USAID programming and preparedness. Readiness and a rapid response requires adapting and utilizing existing assets to immediately address a public health emergency while additional resources are mobilized. USAID has developed **substantial, sustainable, widespread, and effective public health assets**.

As noted in the Introduction section, USAID's assets include: resilient supply chain systems across 47 countries; robust and widespread testing and surveillance systems across 3,000 labs and 28 National Reference Labs; updated health infrastructure including over 10,000 health facilities across 40 countries adaptable to support pandemic preparations and vaccine deployment; over 100,000 healthcare workers in clinics and communities who excel at delivering quality healthcare services and understand local context; networks of 1000s of CHWs and volunteers with skills in delivering health information, supporting adherence and linking clients to services; 184 existing local awards (and 230 international partner agreements) with significant emergency response expertise and capacity; expanding agency capacity for triangulated analytics (commodities, program, budget and surveillance/epi data); across all countries, advanced digital/telehealth solutions for client engagement/communications and decentralized service delivery solutions that leverage public and private sector capacity; robust strategic information systems and data analytics capacity across 47 countries. At the highest levels, USG emphasizes the importance of leveraging current global health assets, like PEPFAR, to 1) lead and support an unprecedented public health and humanitarian response to the COVID-19 pandemic and 2) maintain preparedness for future infectious disease threats.

USAID, and specifically the Bureau for Global Health (GH) and the Office of HIV/AIDS (OHA), has decades of experience in leveraging health assets for an emergency response beyond just HIV epidemic control. This is most recently demonstrated in the COVID-19 response to date. USAID's HIV supply chain programs provide exceptional examples of USG-leveraged assets adapted to respond to emerging pandemic threats and complex emergencies. USAID supply chain assets have been utilized to move essential COVID-19 response commodities such as vaccines, PPE, and essential equipment and commodities for the oxygen ecosystem. Our stakeholder engagement has changed policy and scaled MMD to reduce COVID-19 exposure risk for our patients, healthcare workers, and other PEPFAR-supported staff. Data from our USAID HIV systems and partners have provided information on COVID-19's impact and best allocation of resources in the continuing response. The U.S. government is supporting the deployment of COVID-19 vaccines at scale with USAID playing a major role globally.

As the COVID-19 pandemic evolves, our technical knowledge about the best treatment and care protocols must rapidly respond and adapt. As new variants and other challenges arise, communicating to those at risk the actions required to protect themselves against the pandemic is critical. USAID will support essential state-of-the-art resources ("global goods") for partners, stakeholders, and implementers to access the latest COVID-19 related information, tools, materials, innovations related to case management, and social and behavior change communication regarding different aspects of the pandemic and its mitigation. Case management and social and behavior change communication are both highly specialized, and constantly changing aspects of the COVID-19 response and are areas that will benefit from existing GH and OHA global expertise. These adaptable resource platforms will also provide resiliency against future shocks.

As part of the U.S. government's commitment to global frontline efforts to get COVID-19 shots into arms and save lives around the world, USAID Administrator Samantha Power announced the U.S. government's Initiative for Global Vaccine Access, or Global VAX for short in December, 2021. The initiative is expanding assistance and enhancing international coordination to overcome vaccine access barriers and save lives now, with a specific emphasis on scaling up vaccination support in sub-Saharan Africa. Global VAX brings together a whole-of-government effort, through which the United States has already committed more than $1.3 billion for vaccine readiness. USAID also announced U.S. commitments of an additional $400 million in American Rescue Plan Act funds, provided by the U.S. Congress, to further augment this work. USAID is leading coordination and implementation among U.S. government agencies, working closely with host-country governments and civil society. USAID is leveraging existing GH platforms such as HIV, Infectious Diseases, PMI, MCH and others where and when it makes strategic sense to accelerate deployment of safe and effective vaccines for COVID-19. Ongoing technical assistance and service delivery activities, fully aligned and further detailed in the GH COVID-19 strategic plan, include the following:

Vaccine introduction

- Policy, Planning & Coordination:
  - Establish National Coordinating Committee and National Technical Working Group
  - Map assets of key global stakeholders in country
  - Missions/HQ will have identified specific gaps to be filled by PEPFAR COVID-19 funding
  - Missions/HQ, the USG interagency, local governments, other donors, and civil society initiated roll-out of COVID-19 vaccines via focused, coordinated technical assistance
- Regulatory Approvals:
  - Identify appropriate country regulatory pathways (i.e., WHO PQ, EUA, reliance agreements)
  - Support country regulatory and legal approvals
- Pharmacovigilance:
  - Track and report adverse events and vaccine safety data

Supply chain

- Procurement:
  - Determine type and quantity of ancillary commodities needed
  - Procure ancillary commodities, infection control, and prevention equipment
- Logistics:
  - Map country supply chain capabilities
  - Plan transportation logistics
  - Build supply chain and cold chain capabilities
- Vaccine Service Delivery:
  - Conduct precision mapping for target populations
  - Identify programs with access to communities
  - Align on population prioritization
  - Define approach (i.e., fixed post vs. campaign)
  - Support micro-planning to ensure target populations will be reached

Communications, advocacy & training

- Human Resources for Health:
  - Assess health worker, community networks/online channels
  - Assess existing vaccine training and supervision resources/platforms
  - Identify additional HCWs and community leaders/influencers, as needed
  - Train HCWs and community leaders on vaccine delivery, supervision, etc.
- Vaccine Literacy & Advocacy:
  - Assess country and local level communications capabilities, channels, risk
  - Plan country-specific communications strategy
  - Develop communications toolkit and crisis communications preparedness plan
  - Develop educational materials and job aids

Demand

- Community Engagement and Demand Creation:
  - Identify local SBC partners
  - Plan demand generation and risk mitigation campaigns
  - Conduct social listening

Data

- Monitoring, Evaluation, and Health Information Systems:
  - Assess country data collection capabilities
  - Integrate data systems (DHIS/HMIS, GIS) and prepare data entry tools and devices

In addition to vaccine deployment, USAID is supporting the prevention of COVID-19 as well as treatment and care for moderate and severe COVID-19, which is necessary while vaccines continue to be delivered worldwide. USAID is supporting activities such as infection prevention and control (IPC), continued Risk Communication and Community Engagement (RCCE), COVID-19 testing and lab systems, support for HRH including CHWs, and expanding digital health solutions.

USAID health assets allow GH and the Agency to respond quickly and mobilize needed resources in days, not weeks. OHA central mechanisms, for example, awarded to fulfill specific technical requirements and whose purpose is to represent state-of-the-art technical knowledge have shown exceptional alacrity with a global reach to respond to COVID-19 for not just commodities but essential and synergistic technical assistance. Thus, these global mechanisms allow USAID to source pre-competed and competitively priced expert technical assistance for specific programmatic purposes in a rapid manner now for COVID-19 and for resilience to future shocks.

Finally, Pathway 5 is dedicated to continuity of HIV and other health services and resilience during pandemics, natural or man-made disasters, and other challenges.

LEVERAGE PEPFAR ASSETS TO STRENGTHEN PANDEMIC RESPONSE

INTERMEDIATE RESULT 1: Strengthened partner countries to respond to and manage ongoing and emerging epidemic threats

USAID will continue to map and track HIV programs assets in order for countries to rapidly utilize these resources for expanded pandemic readiness and response. Relevant USAID HIV program assets will also be modified and adapted in anticipation of future threats and complex emergencies. USAID will also continue to support partner country governments and health systems to plan strategically for mitigating the impact of pandemics including vaccine and other biomedical countermeasure deployment.

Milestones

- By the end of FY22, 100% of USAID PEPFAR supported countries will update to a biennial USAID-specific pandemic readiness/response asset mapping exercise including vaccine and other biomedical countermeasure deployment
- By the end of FY22, 100% of USAID PEPFAR supported countries will reassess and document their countries' current pandemic readiness/response needs and prioritize specific gaps which USAID PEPFAR could support
- By the end of FY22, 100% of PEPFAR countries will gather client and community input/feedback that addresses preparedness and response plans for future complex emergencies and health system shocks

INTERMEDIATE RESULT 2:
Integrated PEPFAR assets (workforce, data systems, supply chain, etc.) into COVID-19 and other disease mitigation initiatives

USAID seeks to sustain seamless coordination with USAID missions, regional bureaus, GH and other Bureaus/ Independent Offices (B/IOs) to ensure an optimal, synergistic approach to COVID-19 vaccine deployment. This coordination structure will be maintained for readiness for future pandemic response.

Milestones

- By the end of FY22, USAID PEPFAR will have analyzed how the PEPFAR American Rescue Plan Act (ARPA) funding was utilized to support COVID-19 mitigation, alongside COP21 programming, review with GH (and other Agency response structures) and continue to scale (as needed) highest impact interventions
- By the end of FY22, USAID PEPFAR countries at/near epi control will develop joint approaches for sustaining HIV epidemic control and leveraging of health system investments (e.g. workforce, data systems, and supply chain) that address COVID-19 and other preparedness and response programming

INTERMEDIATE RESULT 3:
Ensured continuity of HIV and other health services, protection of the workforce, and future pandemic and emergency response readiness

USAID will continue to integrate and scale COVID-19 adaptations and digital health solutions into existing systems and ensure the future continuity of service delivery. USAID will also support the healthcare workforce, including ensuring equitable access to PPE, diagnostic testing, and treatments.

Milestones

- By the end of FY22, a GH-led central data reporting system will be established for direct reporting by missions or IPs to USAID HQ
- By the end of FY22, OHA will work with GH to establish a "rapid response" funding stream that allows for nimble programmatic pivots and adaptability during future emergency responses
- By the end of FY23, 100% of PEPFAR healthcare workers will have access to COVID-19 vaccination. By the end of FY23, 100% of PEPFAR CHWs will have access to COVID-19 vaccination
- By FY24, six priority PEPFAR countries will have either initiated design or awarded integrated mechanisms able to address HIV, COVID-19, and other pandemic readiness or resilience programming. This mirrors the milestone for comprehensive programming found in Pathway 1, IR 4

Photo: USAID Office of HIV/AIDS

CONCLUSION

The AHOP is a timely, guiding framework leveraging whole-of-Agency assets for efficient and measured programmatic approaches to advance resilient and country-led responses — both now and in the future. USAID's expertise will be channeled through the Five Critical Pathways to meet HIV and broader health and development goals. The AHOP will ensure USAID can help sustain the more than 17 million people currently on ART through PEPFAR, keep individuals and communities at the center of the response, and assist governments to reach and sustain HIV epidemic control, even as they tackle the economic, social, and health challenges elicited by COVID-19.

Partner country governments and communities will be the primary nexus of change for both policy and programs through planning processes, deliberate capacity strengthening and new government-to-government (G2G) agreements. USAID will continue to work hand in hand with multilateral, bilateral, and private partners to leverage USG investments and galvanize partnerships, especially in light of the continuing effects of COVID-19. Traditional partners such as the GFATM, UNAIDS, WHO, The World Bank, the Foreign, Commonwealth & Development Office (FCDO), Ireland AID, Africa CDC, and newer non-traditional partners such as the Africa Union, the private sector and beyond will be critical compatriots to jointly reach the 2030 and annual goals. Intensifying our work with these key partners will ensure we move further and faster to reach and sustain HIV epidemic control and end HIV as a public health threat.

The AHOP is a living document, and additional benchmarks will likely be added as countries approach HIV epidemic control and as programs rapidly adapt and reach goals. The AHOP does have clear and measurable milestones that are meant to be achieved over the next three years and that will require thinking and acting differently. The time for USAID's strong health and development platforms to be fully optimized and leveraged is now — incorporating the rigor of PEPFAR and PMI, simplified and digitized service systems, and always keeping the people at the center.

Photo: USAID Office of HIV/AIDS

APPENDIX I: BACKGROUND AND METHODOLOGY

BACKGROUND

USAID is one of the key agencies currently implementing the President's Emergency Plan for AIDS Relief (PEPFAR), the most successful international public health response to a single pandemic ever. USAID's HIV/AIDS program has consistently leveraged strategic partnerships and global health expertise to control one of the world's most serious public health challenges. USAID is a principal implementer among the five agencies implementing PEPFAR, launched by former President George W. Bush in 2003, currently providing support to over 50 countries. USAID's annual portfolio for HIV/AIDS is approximately $3.6 billion including contributions to the Global Fund and the Joint United Nations Programme on HIV/AIDS (UNAIDS), and is managed by approximately 1,000 PEPFAR-funded full-time equivalent (FTEs) in-country and 376 FTEs in Washington. Since the inception of PEPFAR, USAID has effectively managed over USD $52 billion in 53 countries. The Office of HIV/AIDS (OHA) in the Bureau for Global Health (GH) works closely with S/GAC and other PEPFAR partners — the U.S. Centers for Disease Control and Prevention (CDC), Department of Defense (DOD), Department of Treasury, Peace Corps, and the Health Resources and Services Administration (HRSA).

USAID provides global leadership to advance HIV epidemic control and sustainability, supports country-led efforts for results and long-term sustainability, and applies science, technology, and innovation to support implementation of cost-effective, trailblazing, sustainable, and appropriately integrated HIV/AIDS interventions at scale. USAID aims to achieve and sustain HIV/AIDS epidemic control by realizing the PEPFAR 95-95-95 targets in all countries it supports: 95 percent of people living with HIV will know their HIV status, 95 percent of people who know their status will receive treatment, and 95 percent of people on HIV treatment will be virally suppressed to lower the likelihood of passing on infection.

PEPFAR has provided the largest commitment by any nation to combat a single disease. Bipartisan Congressional support and consistent U.S. presidential commitments have contributed to its success. Since its establishment, PEPFAR programming has helped increase the numbers of people living with HIV (PLHIV) receiving ART, from 50,000 in 2003, to over 17 million individuals by the end of Fiscal Year 2021 Quarter 1. In 2018, Congress passed the *PEPFAR Extension Act of 2018*, which extended PEPFAR's authorization from Fiscal Years 2019 through 2023. USAID has played and will continue to play an integral role in working towards the goal of a country-owned, inclusive, and sustained response.

KEY ACHIEVEMENTS

Through PEPFAR, USAID supports more than 6.6 million people on antiretroviral therapy (ART), with 3.6 million receiving multi-month dispensing of ART to facilitate retention and adherence to this life-saving therapy, and provides care and support to 6.1 million orphans and vulnerable children and their families (FY21). USAID has provided HIV testing and counselling to 196 million people, voluntary medical circumcisions to nearly 7.1 million men, and through PEPFAR, USAID has supported over 2.2 million pregnant women on ART to improve the health of mothers and their infants since FY15. USAID programs supported over 4.2 million people on ART with preventive tuberculosis therapy (since FY17) and initiated over 800,000 high-risk individuals on pre-exposure prophylaxis (PrEP) to prevent HIV (since FY16 when PrEP was added to PEPFAR Technical Considerations based on the WHO "Guideline on when to start antiretroviral therapy and pre-exposure prophylaxis for HIV"). USAID trained over 96,000 healthcare workers to deliver HIV and other health services (since FY15), and currently employs nearly 160,000 healthcare workers at clinic and community levels.

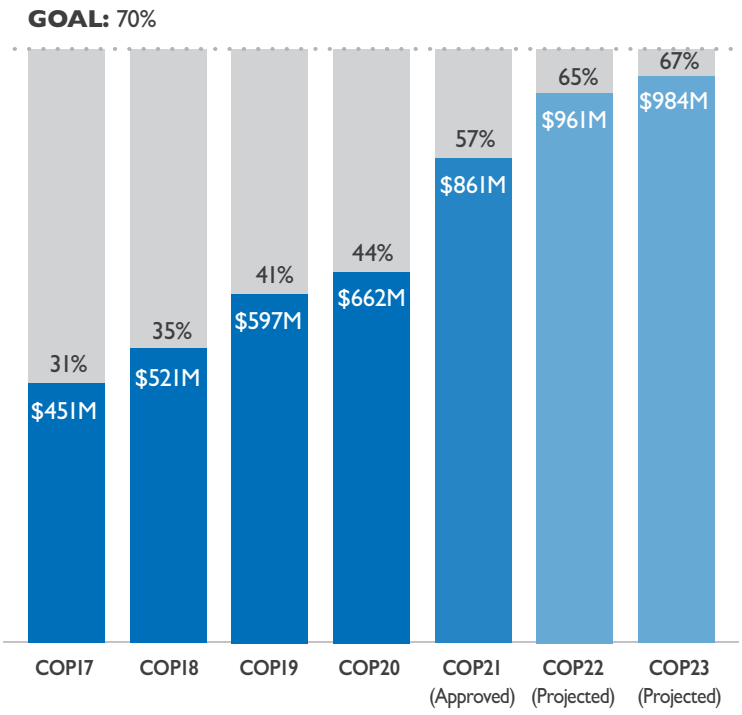
USAID is the lead implementer for the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program, reaching 2.4 million adolescent girls and young women (AGYW) (ages 10-24) with services such as access to safe spaces with mentor-led sessions on prevention of HIV and sexual violence, access to HIV testing, and education support. In FY21 through the DREAMS program, USAID maintained over 158,000 AGYW (ages 15-24) on PrEP. Additionally, each year, nearly 2 million individuals in key populations — those most at risk of contracting HIV — are reached with USAID-supported HIV prevention interventions and stigma-free care and treatment.

LOCAL PARTNERS: MOVING TOWARDS SUSTAINABILITY

USAID has embraced PEPFAR's goal of accelerating funding to local partners. In the past two years, local partner awards increased by 69 percent, representing partnerships with approximately 75 new local organizations. In COP20, an estimated 150+ local partners managed over $660 million in federal funds. Funding for G2G agreements in COP20 is more than seven times higher compared to COP18 (Fig. 11).

FIGURE 11:

USAID/PEPFAR HAS PRIORITIZED SHIFTING PROGRAMS AND FUNDING TO LOCAL PARTNERS AND LEADS THE AGENCY IN DIRECT FUNDING TO LOCAL ORGANIZATIONS



Includes LTS OUs only. Percentages exclude GHSC-PSM/RTK and M&O

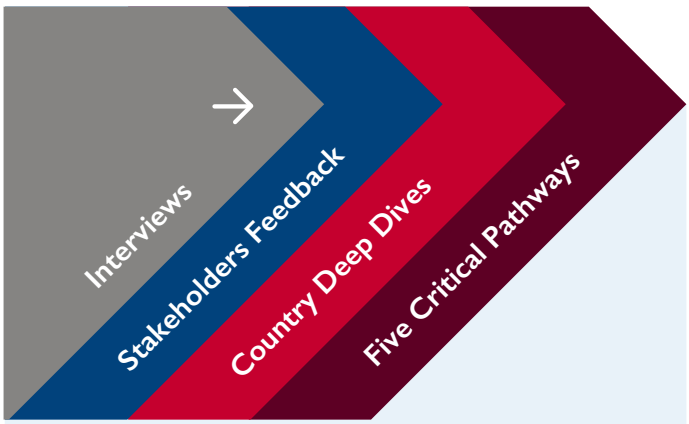
Source: SBU Local Partner Strategy Dashboard derived from Local Partner Workplans

USAID AGENCY MANAGEMENT STRUCTURES

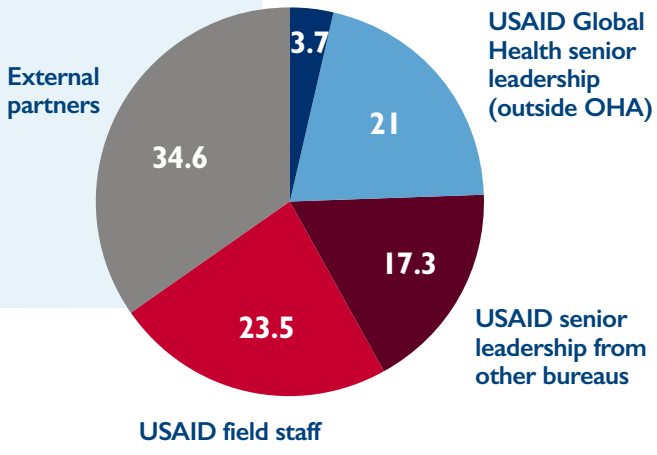
All of these efforts require considerable support from across the Agency; a PEPFAR Oversight Board established by OHA in 2019 ensures strategic engagement from leadership across Agency offices. OHA supports 53 countries to ensure that implementation is achieving performance goals at the country and subnational levels and that programs are tailored to the country context through the use and appropriate interpretation of data. USAID PEPFAR developed the 'high frequency reporting' system which was adopted by SGAC across all countries, and uses advanced analytics to support continuous improvement and decision making. These demands have required transformation of certain USAID business processes and ways of doing business; the results, however, demonstrate the impact of such concerted efforts.

FIGURE 12:
BUILDING THE OPTIMIZATION PLAN AHOP METHODOLOGY

81 INTERVIEWS CONDUCTED ACROSS 12 WEEKS COVERING A DIVERSE GROUP OF STAKEHOLDERS



Iterations and input from staff meetings, Global Health Bureau sessions, CSO engagements, SGAC, IP and global partners —and most importantly field Missions!



METHODOLOGY FOR OPTIMIZATION PLAN DEVELOPMENT

OHA, with support from the USAID Bureau for Global Health, undertook over 80 structured interviews with global public health leaders, key stakeholder organization representatives, civil society leaders, implementing partners, USAID field teams and representatives from USAID's health, education, democracy and governance, economic growth, and regional bureau leadership to help develop the AHOP. The intent of these interviews was to gain insight from key stakeholders to help formulate a new, compelling and relevant direction for USAID's HIV response.

The findings from these interviews indicate:

- that USAID's work in HIV is reaching a powerful inflection point as countries begin to reach HIV epidemic control;
- that the COVID-19 pandemic is changing the way programs are interacting and innovating;
- how USAID's wider development portfolio can be a preeminent strength in both sustaining epidemic control globally as well as be leveraged to achieve greater results in other sectors;
- that USAID's PEPFAR expertise and the 'best of PEPFAR' can also be leveraged across the Agency.

OHA additionally carried out analytics with support from Dalberg Global Development Advisors triangulating proximity to HIV epidemic control, HIV, and other Global Health program budgets, and progress towards performance targets across Global Health interventions.

Photo: USAID/Soumi Das

APPENDIX II: RESULTS FRAMEWORK

SIMPLIFIED SERVICE DELIVERY MODELS FOR COMPREHENSIVE HEALTH RESPONSE

PATHWAY 1	GOAL	RESULTS	MILESTONES
	Institutionalized and equitable provision of simplified person-centered HIV prevention and treatment models through country-led systems.	Intermediate Result 1: Expanded access to equitable and high-quality, person-tailored differentiated services – integrated (where appropriate and feasible) into primary health care (PHC) services	**100%** of USAID/PEPFAR funded service delivery support agreements include language for directed differential models of treatment and prevention services [simplified services and tailored services] **by end of FY22**
			* **85%** of PLHIV on ART >15 years old receiving access to 6+ months of ART **by end of FY23**
			100% of USAID/PEPFAR funded OUs can utilize PEPFAR funded SIEI data personnel to support data analysis in other health areas
			100% of USAID/PEPFAR funded programs explore and expand simplified service delivery approaches for HIV to include other priority health interventions and integration into PHC services where appropriate and feasible
			In countries where USAID/PEPFAR is present and Family Planning/RH programs are not present, USAID will work closely with FP colleagues to ensure that there are supportive policies, effective supply chain systems and ability for AGYW and WLHIV are able to readily access chosen family planning approaches
		Intermediate Result 2: Achieved optimized case finding through triangulated testing and surveillance analytics	Achieve and sustain **95%** rate of PLHIV linked to treatment **through FY24**
			Transition to an enhanced surveillance strategy that layers laboratory-based recency testing, case based surveillance, and community viral load monitoring, including baseline viral load, in **75% of all USAID-supported countries nearing epidemic control**
			Conduct baseline viral load monitoring **for up to 50%** of newly sero-converted PLHIV using a data driven sampling methodology to improve population level risk assessments
		Intermediate Result 3: HIV service delivery managed through locally-led systems (shared with Pathway 3)	**10%** of HIV treatment services funded through national or subnational G2G agreements **by end of FY25**
			70% of USAID/PEPFAR funding to local institutions **by end of FY23**

PATHWAY 2	GOAL	RESULTS	MILESTONES
	Durable, positive health outcomes for HIV-affected adolescents and youth achieved through employment of USAID's multi-sectoral assets.	Intermediate Result 1: Increased uptake of health services that directly reduce the impact of HIV on adolescents and youth	Adolescents and youth have access to online doctor's appointments, virtual screening and counseling, and/or virtual referrals for HIV testing in **at least 15 countries by FY24**
			HCD or other activities designed with meaningful youth engagement implemented in **at least ten countries by FY24**
			Youth-led organizations participate in HIV programming as sub-recipients or in a formal mentee capacity to larger organizations in **at least five countries by FY24**
			New person-centered differentiated service delivery models specifically for young KP, including collaboration with DREAMS and other USAID partners on education, employment, and civic engagement, implemented in **five countries by the end of FY22**
			100% of PEPFAR countries have policies that support adolescent consent for HIV testing without parental approval and support access to PrEP for adolescents and youth **by FY23**
			20% yearly increase in the total number of AGYW ages 15-24 across all PEPFAR countries provided with PrEP through direct facility- or community-based service delivery or referrals to health facilities
			20% yearly increase in the number of adolescent girls and young women receiving a modern FP/RH method at PEPFAR -supported sites **by FY23**
			Community-based mental health and psychosocial support models targeting youth rolled out in **eight countries by FY23**
			By 2024, KP reached and reported under KP_PREV have been enrolled in a DHIS2 tracker **in at least five countries**
			By 2024, **100%** of follow-up visits for KP receiving PrEP or ART from the KP program registered in the DHIS2 tracker
			75% of countries with USAID KP programming have had KP population size estimates (PSE) conducted in the past 5 years, as relevant for the population (MSM, FSW, TG, PWID and prisoners based on programmatic results or available epidemiologic data)
		Intermediate Result 2: Adolescents and youth received education and employment assistance that increases the probability of remaining HIV-free or virally suppressed through adulthood	Formal collaborations with USAID and/or private sector partners that explicitly create employment opportunities for adolescents and youth in **at least five countries, by FY24**
			Number of AGYW who earn more income through wage or self-employment **increased by 10% annually** (50,900 in FY22 to 61,589 in FY24)
			Fifteen countries have awards with a professional development requirement for PEPFAR-supported clients **by FY24**
			USAID youth-focused PEPFAR programs incorporate digital platforms into economic strengthening and/or financial literacy interventions **in at least four countries by FY24**
			USAID youth-focused PEPFAR programs identify and launch new opportunities for youth entry into the healthcare and social welfare workforce **in at least five countries by FY23**

PATHWAY 3	GOAL	RESULTS	MILESTONES
	USAID-supported PEPFAR countries advance along the path toward resourcing and managing sustained epidemic control for all populations.	Intermediate Result 1: Country health systems are optimized and resourced to support access to and delivery of HIV services for all populations	At least **three blended finance facilities** designed and launched in three countries to expand the availability of HIV and health services and commodities through the private sector **by the end of FY24**
			$25 million in investment capital mobilized in five countries to expand manufacturing capacity, improve locally-owned supply chains, and increase access to working capital for private healthcare providers by the **end of FY24**
			One million PEPFAR-supported clients receiving prevention, care or treatment services through private sector channels **by FY24**
			One million PEPFAR-supported clients receiving prevention, care or treatment services through private sector channels **by FY24**
			ARV pick-up available through private sector DDD options in all (USAID) **PEPFAR-supported countries by FY24**
			PrEP available through the private sector in **15 countries by FY24**
			HIVST kits available through the private sector in **15 countries by FY24**
			Coverage of HIV services introduced or expanded within financial protection schemes in eight countries by FY24
			Private impact investments mobilized in **at least five companies** to introduce innovative and emerging technologies/products by the end of FY24
			CSOs, including for KPs, funded through sustainable business approaches (e.g., social contracting, social enterprise, or blended finance models) in **10 countries by the end of FY24**
			HIV services or programs contracted from the private sector by partner country governments in **eight countries by the end of FY24**
		Intermediate Result 2: Locally-led management and monitoring of health systems maintained ongoing access to and delivery of person-centered HIV services over the long term	**70%** of USAID PEPFAR funding allocated directly to local partners **by FY24**
			At least **eight countries** with USAID PEPFAR-funded G2G agreements **by FY24**
			Expanded capacity of **sub-national government health units** to effectively plan and manage local HIV service delivery, including financing and human resource management, integrated within local health system service delivery infrastructure and provision of other essential services down to the community level across **20 countries**
			Linkages between HIV service delivery plans and partner country government health budgets strengthened, and coordination with key multilateral institutions, such as the GF, **increased in ten countries**
			PFM interventions, including monitoring of expenditures, implemented **in 20 countries** to strengthen efficient resource alignment, allocation, and budget execution
			ABC/M implemented and country-specific budgeting and accounting systems institutionalized **in 16 countries by the end of FY24**
			Health workforce staffing to target achievements by the **end of FY24**

PATHWAY 4	GOAL	RESULTS	MILESTONES
	Full range of high quality, affordable medicines and health commodities readily accessible to those who need them using best-in-class technologies and partners, and via person-centered and resilient supply chains.	Intermediate Result 1: Accelerated utilization of private sector capabilities to improve supply chain efficiency and client experience	Implement supply chain services provided by local, best-in-class private sector partners in **15 countries by FY24**
		Intermediate Result 2: Improved government stewardship of commodity availability and security, with reliable, functional, and efficient regulatory and oversight strategies	Agreements in **three countries per year** with host-country governments to expand private sector engagement for warehousing and/or distribution capabilities to improve supply chain efficiency
		Intermediate Result 3: Increased visibility to the point of service to strengthen demand planning, optimize operations, and promote appropriate use of products by providers, pharmacists, dispensers, and consumers	Develop GS-1 implementation strategy and policy in **three to five countries per year** to increase visibility to the point of service to strengthen demand planning, and promote appropriate use of products by providers, pharmacists/ dispensers, and consumers
			Implement GS-1 **track and trace capabilities at the global level** for ARVs, HIV rapid test kits, and VL/EID tests to improve visibility into supplier-side supply chain activities
		Intermediate Result 4: Used contract terms to drive investment and improved performance of manufacturers and supply chain operators	Negotiate contracts with **two to three manufacturers/ wholesalers by FY23** to improve availability of locally sourced ARVS or other health supplies
			Transition to activity-based contracting with **three to five** private sector supply chain partners **per year** to improve performance and reduce supply chain costs
		Intermediate Result 5: Monitored and mitigated risks to ensure supply of affordable, quality-assured, safe, and effective products to clients	Design and deploy third party monitoring of in-country supply chains, including last mile delivery logistics services, in **three to five countries per year** to proactively monitor and mitigate risks and ensure supply of affordable, quality-assured, safe, and effective products to clients

PATHWAY 5	GOAL	RESULTS	MILESTONES
	USAID's HIV assets are strategically leveraged to support pandemic and other disease mitigation, disaster recovery and readiness initiatives.	Intermediate Result 1: Strengthened partner countries to respond to and manage ongoing and emerging epidemic threats	By the end of **FY22**, **100%** of USAID PEPFAR supported countries will update to a biennial USAID-specific pandemic readiness/response asset mapping exercise including vaccine and other biomedical countermeasure deployment
			By the end of **FY22**, **100%** of USAID PEPFAR supported countries will reassess and document their countries' current pandemic readiness/response needs and prioritize specific gaps which USAID PEPFAR could support
			By the end of **FY22**, **100%** of PEPFAR countries will gather client and community input/feedback that addresses preparedness and response plans for future complex emergencies and health system shocks
		Intermediate Result 2: Integrated PEPFAR assets (workforce, data systems, supply chain, etc.) into COVID- 19 and other disease mitigation initiatives	By the end of **FY22**, USAID PEPFAR will have analyzed how the PEPFAR American Rescue Plan Act (ARPA) funding was utilized to support COVID mitigation, alongside COP21 programming, review with GH (and other Agency response structures) and continue to scale (as needed) highest impact interventions
			By the **end of FY22**, USAID PEPFAR countries at/near epi control will develop joint approaches for sustaining HIV epidemic control and leveraging of health system investments (e.g. workforce, data systems, and supply chain) that address COVID-19 and other preparedness and response programming
		Intermediate Result 3: Ensured continuity of HIV and other health services, protection of the workforce, and future pandemic and emergency response readiness	By the **end of FY22**, a GH-bureau led central data reporting system will be established for direct reporting by missions or IPs to USAID HQ
			By the **end of FY22**, OHA will work with GH to establish a "rapid response" funding stream that allows for nimble programmatic pivots and adaptability during future emergency responses
			By the end of **FY23, 100%** of PEPFAR health care workers will have access to COVID- 19 vaccination. By the end of FY23, 100% of PEPFAR CHWs will have access to COVID-19 vaccination
			By **FY24, six priority PEPFAR** countries will have either initiated design or awarded integrated mechanisms able to address HIV, COVID-19, and other pandemic readiness or resilience programming. This mirrors the milestone for comprehensive programming found in Pathway 1, IR 4

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