PEPFAR COP "Cheat Sheet" – Strategies, key points, and issues to raise in meetings with PEPFAR Country and/or via email to Country Coordinators

NOTE: Several countries have ongoing advocacy efforts to improve PEPFAR's response; in some cases there are organizations that have been taking the lead in coordinating national coalitions taking this work forward. Be sure to check in with allies to coordinate and align your advocacy.

****Stand alone question to add: "What is your draft list of core, near-core and non-core activities?"****

ART and Service Delivery Model

- How are you requiring PEPFAR implementing partners to invest in adherence support?
- Does your minimum package of services include community-based peer support people (who are compensated for their time)?
- What is the status of viral load monitoring funded by PEPFAR? Are there plans to expand capacity in the coming or future years?
- How are you ensuring that PLHAs are being linked to peer support groups?
- Who are you talking to/what evidence are you basing your service delivery model on?
- Are you collecting information on rates of gender- and intimate-partner based violence from women accessing ART, particularly via Option B-plus programs?

Data

- [If applicable—eg in countries where geolocating is underway] ~~What are the criteria being used to select districts that will continue to receive PEPFAR funding for ART services?~~
- Please provide the district and facility level analyses that you are using to justify current plans for geographic and/or population focus. (NOTE: the DISTRICT level analyses is always the same, from what we can gather—a four cell matrix of high and low prevalence eg > or < national prevalence and high and low burden (split of 80 vs. 20% of the overall number of people living with HIV. Additional levels of analyses are whether there are key populations in the District, unmet need for ART, and additional tweaks to the prevalence data, such as weighting based on more recent testing results from ANC data etc. THEN facility level analyses are much messier, and are being generated too late, and are not being shared. The District and Facility level analyses are SUPPOSED to be used together to inform decision making. In several countries, that is not at ALL what is happening. For example, in Zimbabwe, the district analysis is putting 23 districts on the chopping block, and then the facility level analysis is only being deployed in the remaining districts! We are trying to correct this through national advocacy, but even if we fail at the Harare level, we have notified OGAC through back channels and will push at the level of the COP review, privately and publicly.).
- What is the threshold of number of newly identified HIV positive people you are using as a 'cut off' for focusing resources for HIV treatment scale up?
- What would implementation of this threshold mean in terms of annual projected number of newly diagnosed people not identified, and infections and deaths not averted?
- Are there locations PEPFAR is proposing transitioning out of completely (eg transferring existing patients on ART to government or other support)?

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- We understand PEPFAR-funded VMMC has already been programmed with some degree of geo-targeting. Are those districts going to continue to be the focus? If not, what are the criteria being used to select districts where PEPFAR will continue to focus on VMMC?

- Can you disaggregate your testing, treatment and adherence/outcome data by gender, age, key population status?

Key Populations

- What are the definitions of key populations being used by this country team?
- Who is doing the training for health providers and other implementing partner staff engaging with and/or providing services to key populations? What does the training consist of?
- How are you consulting with key populations in designing programs to ensure acceptability and accountability?
- How are you monitoring the quality of service delivery provided by implementing partners, non-discrimination, confidentiality, and veracity of service delivery data (eg that the IP is actually reaching people, not merely inflating numbers)?
- For Namibia and Zambia: Will you provide the results of your key population serosurvey to civil society?

Prevention

- What are you spending on abstinence-only and abstinence-only and being faithful prevention programs?
- What is your minimum package of HIV prevention defined as (core, near-core, non-core activities?)
- How are you investing in daily oral PrEP as a potential prevention tool?
- Are you providing condom compatible lubricants?

Testing

- How are you developing testing programs to ensure that people who don't know their status are reached, engaged, and immediately (eg same day) linked to care and the opportunity to start treatment if desired?

Voluntary Medical Male Circumcision

- How does your projected number of VMMC procedures for the coming year compare to your highest performing year to date?
- If it is lower, why? If geographic focus is cited as explanation, ask whether projected total for coming year is equivalent to maximum capacity in those districts—is that information available?