



January 16, 2019

INFORMATION MEMO FOR AMBASSADOR MARIE L. YOVANOVITCH, UKRAINE

FROM: S/GAC – Ambassador Deborah L. Birx, MD

SUBJECT: FY 2019 PEPFAR Planned Allocation and Strategic Direction

We are grateful to you, Ambassador Yovanovitch, and your Deputy Chief of Mission, Pamela Tremont, for your engagement in planning, review and implementation, and with the community and Government to enhance PEPFAR program impact. We are grateful for your attention to core policy adoption, holding partners to account and performance for improved outcomes and greater impact. Finally, we are grateful to your incredible PEPFAR staff in country, working together across agencies to ensure the most effective and efficient use of taxpayer dollars.

The U.S. government, through PEPFAR, is proud to partner with the people and Government of Ukraine to accelerate progress towards achieving HIV/AIDS epidemic control. With a bilateral investment of \$199,391,001 from FY 2007 – 2018, PEPFAR's support, including for procurement of antiretroviral treatment (ART), contributed to an increase in treatment coverage, bringing the national current on treatment to 98,936, of which 72,186 received services in PEPFAR priority regions.

During FY 2018, the team continued to advance efforts to identify and initiate those most at risk, particularly people who inject drugs (PWID), men who have sex with men (MSM) and prisoners. PEPFAR's technical assistance also improved patient access to clinical services, and allowed for the more rapid initiation of those diagnosed onto treatment. In total, PEPFAR supported HIV testing services for 148,155 people, and identified 4,420 new positives. In addition, PEPFAR launched two new testing partners this year and expanded programs to reach MSM, which will accelerate case identification and treatment coverage in FY 2019. At the national-level, PEPFAR continued to support the broader health reform effort, providing technical assistance to revise the National HIV Treatment Guidelines which were approved in April 2018. PEPFAR also contributed to the launch of the Central Procurement Agency which will procure all essential medicines, including ARVs, going forward. Finally, in 2018, HIV MIS scale-up achieved 83% coverage of all PEPFAR-supported treatment sites and the contract for the new National Reference Lab was awarded.

Although significant gains have been made this year, there are equally significant challenges to achieving epidemic control, and Ukraine is currently not on pace to reach UNAIDS' 2020 or 2030 targets. For the 2019 Country Operational Plan (COP19), PEPFAR will need to refine and scale efforts to identify PLHIV, including expansion of effective testing strategies like index testing, provider initiated testing and counseling (PITC), and self-testing. PEPFAR will also need to expand efforts to prevent new infections in key and priority populations, including the expansion of pre-exposure prophylaxis (PrEP). PEPFAR Ukraine should consider an increase in

the number of implementing partners if current organizations working in these areas are at maximum capacity and unable to expand further. Finally, PEPFAR needs to continue support to the larger reform efforts related to HIV clinical services and also continue to advocate for revisions to the HIV national testing algorithm to allow for confirmation with two rapid tests.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) total planning level for Ukraine for the 2019 Country Operational Plan (COP 2019) is **\$30,000,000**, inclusive of all new funding accounts and applied pipeline.

If you have questions about the priorities and guidance laid out in this letter, please contact your Chair and Program Manager. My office is continually grateful for your team's work on the PEPFAR program, helping us to move towards an AIDS-free generation by supporting the HIV response in Ukraine.

APPENDICES:

- 1. COP 2019 PLANNING LEVEL**
- 2. COP 2019 BUDGETARY REQUIREMENTS & GUIDANCE**
- 3. PAST PERFORMANCE**
- 4. COP 2019 DIRECTIVES**

Subject to COP Development and Approval

APPENDIX 1: COP 2019 PLANNING LEVEL

Based upon current analysis of spend levels, information submitted for the FY 2018 Q4 POART and performance information, the total COP 2019 planning level is estimated to be comprised as follows:

Table 1. COP 19 Budget

UKRAINE		
TOTAL COP 2019 PLANNING LEVEL: \$30,000,000		
Total Base Budget for COP 2018 Implementation		\$ 30,000,000
Total COP 19 New Funding	\$ 20,854,704	
<i>of which, VMCC</i>	\$ -	
Total Applied Pipeline**	\$ 9,145,297	
Total Faith Based Organization (FBO) Initiative Funding (FY 18 Funds)		\$ -

** Applied pipeline by agency is provided in chart below.

Table 2. Applied Pipeline

UKRAINE	
COP 2018 APPLIED PIPELINE BY AGENCY**	
Total Applied Pipeline	\$ 9,145,297
USAID	\$ 1,098,203
DoD	\$ 317,326
State	\$ 432,771
State/EUR	\$ 1,641,997
HHS/CDC	\$ 5,532,736
HHS/HRSA	
PC	\$ 122,264

**Based on agency reported available pipeline from EOFY.

All planning levels are subject to further adjustment, **based upon appropriations**, further analysis determining the availability of excessive pipeline, and other developments during the course of COP 2018 implementation and the COP 2019 review process. The total spend in the implementation of COP 2019 (FY 2020) may not exceed the total COP 2019 planning level of \$30,000,000.

APPENDIX 2: COP 2019 BUDGETARY REQUIREMENTS

Table 3. COP 2019 Earmarks

Ukraine COP 2019 EARMARK REQUIREMENTS	
Care and Treatment (C&T)	\$ 5,839,317
<i>% of base funds allocated to C&T</i>	<i>28%</i>
HKID	\$ 8,342
Gender Based Violence (GBV)	\$ -
Water	\$ -

Care and Treatment: If there is no adjustment to the COP 2019 new funding level due to an adjustment in applied pipeline, Ukraine’s minimum requirement for the care and treatment earmark is reflected in the chart above. Your care and treatment requirement is calculated as the sum of total new FY 2019 funding programmed to the HTXS, HTXD, HVTB, HBHC, PDTX, PDCS budget codes, 30% of the total funding programmed to the MTCT budget code, and 30% of the total funding programmed to the HVCT budget code. This minimum care and treatment earmark has been derived based upon a requirement that your country programs a minimum of 28% of all **new FY 2019 Base Funds** to care and treatment of people living with HIV.

HKID Requirement: Ukraine’s COP 2019 minimum requirement for the HKID budget code is reflected in the chart above. Your COP 2019 HKID requirement is derived based upon the approved COP 2018 HKID level. The COP 2019 planned level of new funds for HKID can be above this amount; however, it cannot fall below it.

Water: Ukraine’s COP 2019 minimum requirement for the water earmark is reflected in the chart above. Your water earmark requirement is calculated as the total **new FY 2019 funding** programmed to the water cross-cutting code. Your COP 2019 earmark is derived by using the final COP 2018 water earmark allocation as a baseline. The COP 2019 planned level of new FY 2019 funds for water can be above this amount; however, it cannot fall below it.

Transitioning HIV Services to Local Partners: To sustain epidemic control, it is critical that the full range of HIV prevention and treatment services are owned and operated by local institutions, governments, and organizations – regardless of current ARV coverage levels. The intent of the transitioning to local partners is to increase the delivery of direct HIV services, along with non-direct services provided at the site, and establish sufficient capacity, capability, and durability of these local partners to ensure successful, long-term local partner engagement and impact. This action is a priority for all OUs, Regional Programs and Country Pairs. PEPFAR has set a 70% goal **by agency** by the end of FY20, and must meet 40% by FY19. Each country has to contribute to this goal based on the context of the local partner mix and types of public and private partners available to provide essential services. Therefore, each OU agency should work with their respective agency HQ in determining their contribution in meeting the agency level local partner requirement for FY20 as appropriate through their COP 2019 submission.

COP 2019 Applied Pipeline

All agencies in Ukraine should hold a 3 month pipeline at the end of COP 2019 implementation in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. Any agency that anticipates ending COP 2018 implementation (end of FY 2019) with a pipeline in excess of 3 months is required to apply this excessive pipeline to COP 2019, decreasing the new funding amount to stay within the planning level.

The Applied Pipeline amount of \$9,145,297 given by S/GAC as a part of the COP 2019 planning level has been calculated to reflect the projected excessive pipeline as of the beginning of the COP 2019 implementation cycle (FY 2020), and is the minimum amount that Ukraine must apply as pipeline in the COP 2019 submission. The distribution of new base funds and Applied Pipeline was calculated to ensure 3 months of pipeline remains with mechanisms, based upon the financial data submitted for the FY 2018 Q4 Obligation and Outlay and FY 2018 End of Fiscal Year (EOFY) reports. Expired funds, funds on expired mechanisms and projected FY 2019 outlays as submitted in the EOFY report were all taken into consideration to inform the projected excessive pipeline and the required COP 2019 applied pipeline amount.

Unliquidated obligations on closed mechanisms identified in the FY 2018 EOFY report should be de-obligated in a timely manner. This will continue to be monitored throughout FY 2019 (COP 2018 implementation) and into COP 2019.

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APPENDIX 3: PAST PERFORMANCE TRENDS

Table 4. COP 2017/ FY 2018 Outlays versus Approved Budget*

*State obligations and outlays have not yet been reconciled and the numbers in this table may change based on reconciliation.

Row Labels	Sum of Approved COP 2017 Planning Level	Sum of Total FY 2018 Outlays	Sum of Over/Under Outlays
Ukraine	\$ 37,742,042	\$ 27,287,936	\$ (10,454,106)
HHS	\$ 14,608,176	\$ 10,878,056	\$ (3,730,120)
USAID	\$ 19,658,836	\$ 15,992,328	\$ (3,666,508)
DoD	\$ 505,970	\$ 27,874	\$ (478,096)
DOL	\$ -	\$ -	\$ -
PC	\$ 484,000	\$ 389,678	\$ (94,322)
State	\$ 2,485,060	\$ -	\$ (2,485,060)
Grand Total	\$ 37,742,042	\$ 27,287,936	\$ (10,454,106)

Ukraine’s total FY 2018 outlay level of \$27,287,936 is under your approved spend level of \$37,742,042 (COP 2017 budget). Within this total, USAID, DoD, DOL, State, and HHS spent below their approved level.

The following Implementing Mechanisms outlaid at least 125% in excess of their COP17 approved planning level.

Table 5. IP FY18 Outlays*

Mech ID	Prime Partner	Funding Agency	COP17/FY18 Budget (New funding + Pipeline + Central)	Actual FY18 Outlays (\$)	Over/Under FY18 Outlays (Actual \$ - Total COP17 Budget \$)
N/A	N/A	DOD	\$ 10,000	\$ 18,553	\$ 8,533
12899	Pact	USAID	\$ -	\$ 570,462	\$ 570,462
14254	All Ukrainian Network of People Living with HIV/AIDS	USAID	\$ -	\$ 227,588	\$ 227,588
17922	University of North Carolina at Chapel Hill, Carolina Population Center	USAID	\$ -	\$ 427,649	\$ 427,649
12899	KNCV Tuberculosis Foundation	USAID	\$ 450,000	\$ 800,000	\$ 350,000

*This table was based off of FY 18 EOFY submissions, but edited to reflect OPU’s as of January 15th, 2019. Agencies outlaid to the following Implementing Mechanisms 125% or more in excess of their COP17 approved planning level.

Table 6. COP 2017/ FY 2018 Results versus Targets*

* Financial and target performance data not a one-to-one correlation as program classification expenditures encompass more than those towards indicator/target presented.

Agency	Indicator	FY18 Target	FY18 Results	FY18 % Achievement	Program Classification	FY18 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	40,528	51,007	126%	HTS	\$1,638,244	79%
	HTS_TST_POS	2,466	1,966	80%			
	PrEP_NEW	500	130	26%	Prevention	\$581,720	65%
	KP_MAT	3,281	2,829	86%			
	KP_PREV	40,526	44,899	111%			
	TX_CURR	100,860	72,186	72%	C&T	\$1,095,801	
	TX_NEW	40,956	15,601	38%			
	TX_PVLS	81,378	44,953	55%			
		73,244	38,889	53%			
					Above Site Programs	\$2,996,087	
				Program Management	\$1,847,748		
PC	OVC_SERV	400	606	152%	SE OVC	\$108,379	100%
					Above Site Programs		
				Program Management	\$2,933		
USAID	HTS_TST	54,641	47,706	87%	HTS	\$2,074,158	52%
	HTS_TST_POS	6,974	2,325	33%			
	TX_CURR				C&T	\$10,194,000	95%
	TX_NEW						
	TX_PVLS						
					Above Site Programs		
				Program Management			
HHS/HRSA**					C&T	\$542,477	
					Above Site Programs	\$515,865	
					Program Management	\$476,509	

*No expenses reported.

**No results reported.

COP 2017/ FY 2018 Performance

1. Case Identification: PEPFAR Ukraine only achieved 44% of the HTS_POS target and 38.1 % of the TX_NEW Target for COP 17/FY 2018 and will require significant improvement during the COP 19 implementation to help Ukraine get on a trajectory towards epidemic control. Specifically:

- Health Link launched in Q2 of FY 2018 with sub-contracts starting in facilities during Q3. As such, results were low in relation to planned targets. Significant scale up, both in testing volumes and number of facilities reporting, occurred between Q3 and Q4. Initial efforts resulted in an increase in PITC and introduction of index testing in PEPFAR-supported facilities. Continued optimization and scaling will be needed to achieve FY 2019 targets. Health Link also launched programs in Q4 targeted to identify and link HIV+ MSM in Dnipro and Odesa. In that time the project identified 45 new positives, most in Odesa, with an overall yield of 3%. Linkage of those identified to treatment was 84%.
- METIDA achieved 69% of the HTS_POS target for FY 18. The total number of positives identified and overall testing yield were lower than FY17, however, METIDA greatly improved linkage of those that were identified (<20% in FY17 to >60% in FY18). This resulted in nearly twice as many HIV+ PWID initiating treatment compared to last year. METIDA also launched programs targeted to identify and link HIV+ MSM. In the first year METIDA reported relatively low yields (2.4%) and only identified 51 new positives. Linkage of those identified to treatment was 92%.
- Serving Life also launched activities in prisons during FY 2018 and reported initial results at Q4. In the one quarter of implementation they achieved nearly 400% of the HTS_TST and 177% of HST_POS. Initial program data identified Oblasts with higher testing yields and significant differences between prisons and SIZOs. Linkage to treatment remains low and should be a focus area going forward.
- HHS/CDC Center for Public Health (CPH): While CPH did not have testing targets, this mechanism reported results as part of the Fast-Track Cities initiative to complement the broader interagency effort to improve testing coverage in all high burden health facilities. Though volumes were small, the program supported testing in facilities and helped roll out index testing with yields ranging from 3.6 – 17%, respectively.
- The Ukrainian Military continued to report testing results in DATIM, although PEPFAR did not support testing activities during FY 2018.

2. Treatment: PEPFAR Ukraine achieved 38% of its FY 2018 TX_NEW target and 72% of its TX_CURR target by the end of FY 2018. This equated to enrolling approximately 1,300 new patients per month.

3. Above Site: PEPFAR Ukraine made significant progress towards advancing key systems goals, including:

- The HIV MIS was expanded to 209 of 253 ART sites by the end of FY 2018, achieving 83% coverage of all treatment sites and a total of 82,606 registered PLHIV. Expansion to the remaining sites is expected to be concluded in Q2 of FY 2019.
 - The new national treatment guidelines were approved in April and include several essential policies to advance progress towards epidemic control – such as the establishment of DTG regimens as the preferred first line regimen and encouragement of their use for both new and existing ART patients.
 - Revision of the national testing algorithm to allow for confirmation with two rapid tests is finalized and awaiting final approval through the Ministry of Justice. Current algorithm requires confirmation by ELISA, requiring a second appointment before initiation of ART.
4. Tuberculosis (TB): 99% of TB clients having documented HIV status, and 83 % of HIV positive patients are currently on ART. Ukraine reported to WHO that 60% of newly diagnosed people living with HIV are initiated on TPT and estimate that > 50% of all people currently on ART have completed. Data completeness is a concern. PEPFAR has not historically supported uptake of TPT.
5. Prevention:
- MAT: Through the HHS/CDC Alliance MAT Project, 2,829 clients received methadone maintenance therapy (KP_MAT) with an 86.2 percent target achievement. ART initiation rates among MAT PWID were very high, averaging 92% across six PEPFAR priority regions (Kyiv City, Dnipropetrovsk, Odesa, Mykolayiv, Kherson, and Donetsk).
 - PrEP: PEPFAR Ukraine only reached 26% of the PrEP target and largely targeted MSM. Effort to raise awareness amongst high-risk populations and with clinical staff were initiated which will increase rate of initiation during FY 2019.
6. Orphans and Vulnerable Children: PEPFAR Ukraine achieved 152% of the FY 2018 target for OVC_SERV, providing 606 orphans and vulnerable children and caregivers with mentorship and socioeconomic support. Two thirds of OVC clients reached (410 in total) were under the age of 18, and the remaining third (196 clients in total) were over the age of 18.
7. Financial performance: USAID over-outlaid in FY2018, largely due to close-out of contracts hitting at the beginning of fiscal year 2018.

8. Data Quality Assessment (DQAs): DQAs are currently in progress to support a review of the HIV MIS system as well as a data quality assessment of PEPFAR treatment indicators in 12 regions). These need to be completed by the end of FY 2019.

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APPENDIX 4: COP 2019 DIRECTIVES

Table 7. COP 2019 (FY 2020) Targets

Based on current progress towards epidemic control and funding level, the following FY 2020 Treatment targets are recommended for Ukraine:

Indicator	Pediatric (<15) Treatment Target	Adult Women (15+) Treatment Target	Adult Men (15+) Treatment Target	Treatment Target Total ^a
COP 18 (FY 19 Targets)				
TX_NEW (New on Treatment)	N/A	12,562	19,745	32,307
TX_CURR (Current on Treatment)	N/A	56,449	66,155	122,604
TB_PREV	N/A	N/A	N/A	N/A
COP 19 (FY 20 Targets)				
TX_NEW (New on Treatment)	N/A	12,779	15,895	28,674
TX_CURR (Current on Treatment)	N/A	66,406	78,742	145,148
TB_PREV	N/A	N/A	N/A	19,700

^aTargets should be further allocated by age and sex based on disaggregated PLHIV estimates and unmet need for ART.

These targets were developed based on the following assumptions:

- TX_NEW: Targets for TX_NEW assume that 95% of TX_CURR patients are retained from year to year, and that 90% of the TX_NEW target will be retained and thus contribute to the required TX_NET_NEW to achieve the TX_CURR target.
- TX_CURR: TX_CURR targets were generated to move Ukraine towards 95-95-95 at the country-level by continuing to scale current successful programming and increasing programmatic efficiency. We matched Ukraine's TX_CURR target to their national target in PEPFAR supported Oblasts.
- TB_PREV: Targets for TB_PREV were calculated using an Excel-based tool that utilized (among other considerations) estimated number of patients expected to be on ART at the start of COP 2019 who would screen negative for TB symptoms, the proportion likely to be ineligible for clinical reasons, the estimated number who would have already received TPT by the start of COP 2019 and projected enrollment and completion rates

Although Ukraine has made significant progress in the last two years, the rate of initiation of patients onto treatment is insufficient to reach epidemic control. For COP19, PEPFAR should focus efforts on refining and scaling effective testing approaches broadly, while continuing to support necessary policy reforms and systems strengthening.

COP 2019 Minimum Requirements

All PEPFAR programs – bilateral, regional, and country pairs – are expected to have the following minimum program requirements no later than the beginning of COP19 implementation (FY 2020). Adherence to these policies and practices are essential to the success of all PEPFAR programs at the national, subnational, community, and service delivery levels. Evidence demonstrates that lack of any one of these policies/practices significantly undermines progress to reaching epidemic control and results in inefficient and ineffective programs. Failure to meet any of these requirements by FY 2020 will result in reductions to the Ukraine OU’s budget.

Table 8. Minimum Requirements

Minimum Requirement	Ukraine Specific Guidance (if applicable in COP18 or COP19)
1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	The current testing algorithm requires confirmation by ELISA, delaying initiation of patients on treatment. It is also resulting in loss of clients between initial screen and receipt of confirmatory results. PEPFAR supported revision of the algorithm to allow confirmation by rapid test and is pending approval with MOJ. This policy is needed for full COP 19 funding.
2. Adoption and implementation of differentiated service delivery models, including six month multi-month scripting (MMS) and delivery models to improve identification and ARV coverage of men and adolescents.	PEPFAR Ukraine should continue to advocate for stable patients to receive six months of ARVs.
3. Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	TLD transition is on track.
4. Scale up of Index testing and self-testing, and enhanced pediatric and adolescent case finding, ensuring consent procedures and confidentiality are protected and monitoring of intimate partner violence (IPV) is established.	PEPFAR Ukraine has supported implementation of index testing with plans to scale in FY 2019. For COP 19 PEPFAR should continue to refine and scale both index and self-test strategies.
5. TB preventive treatment (TPT) for all PLHIVs must be scaled-up as an integral and routine part of the HIV clinical care package.	GOU policy is to provide TPT for all PLHIV that do not have active TB. 50% of newly diagnosed patients are reported to have initiated TPT but data systems are not strong and do not capture completion. PEPFAR Ukraine should support efforts to expand TPT

	to a greater number of patients initiating treatment and improve data collection to ensure completion.
6. Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	Overall, Ukraine has demonstrated improvements in time to initiation from confirmatory testing. PEPFAR Ukraine should continue to support efforts to further reduce. PEPFAR Ukraine should also continue to advocate for revision to the national testing algorithm to allow two rapid tests for confirmation.
7. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and related services, such as ANC and TB services, affecting access to HIV testing and treatment and prevention.	Not applicable.
8. Completion of VL/EID optimization activities and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups.	Continue current programs.
9. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	As per MER guidance.
10. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on adolescent girls in high HIV-burden areas, 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV, and children and adolescents living with HIV who require socioeconomic support, including integrated case management.	Ukraine should continue its alignment of OVC packages of services and enrollment to support children affected by HIV and their caregivers. PEPFAR Ukraine's OVC response and expenditures are consistent with provision of a comprehensive package of services.
11. Evidence of resource commitments by host governments with year after year increases.	GOU has met commitments to procure greater proportions of the HIV/AIDS response, including procurement of previously PEPFAR-funded ARVs. In addition, local governments have begun to invest in the HIV response, procuring test kits for example.
12. Clear evidence of agency progress toward local, indigenous partner prime funding.	PEPFAR Ukraine already has significant funding with local organizations. Ukraine should continue to look for opportunities to expand partnership with local entities.
13. Scale up of unique identifier for patients across all sites.	No action is required as this is already being addressed in the HIV MIS roll-out.

Table 9. Other Requirements

In addition to meeting the minimum requirements outlined above, it is expected that Ukraine will ensure appropriate progress towards viral load management and improved use of efficient testing strategies.

Requirement	Ukraine Specific Guidance (if applicable in COP18 or COP19)
1. Viral load management: Country policy updated.	Viral Load management is on track; continued progress is expected to increase viral load testing coverage and progress towards annual targets for viral load suppression.
2. Screen better and test smarter: Stop over-testing.	Screening and testing optimization is contingent on approval of the updated national testing algorithm. Continue the expansion of index testing and targeted PITC through all partners. If local partners are reaching maximum capacity, consider recruiting a third partner as needed to further intensify and expand case identification. Expand use of HIV-self testing, particularly for high risk groups (policy, protocols and implementation).

COP 2019 Technical Priorities

Tuberculosis

Ukraine has very high rates of MDR-TB (28% of new TB cases and 48% of previously treated TB case are MDR), and the benefits of TPT in a population with elevated risk of exposure to MDR-TB may not be comparable to those seen in populations with low risk of MDR-TB exposure. Currently, TPT is recommended by the Ukrainian MOH and it is estimated that in 2017, close to 61% of newly diagnosed PLHIV started TPT, though data were not reliably reported. Ukraine also estimates that approximately 50% of the current treatment cohort initiated TPT. Therefore, PEPFAR activities should focus on strengthening the surveillance system to allow reliable reporting and for clinical outcomes (acquired TB, acquired resistance, side effects) to be effectively monitored. Targets for TPT initiation in Ukraine should be linked with the annual target of HIV detection (excluding children born to HIV positive mothers) and take into account the epidemiology of MDR –TB, prior TPT coverage and the need for strict monitoring of TPT outcomes through a surveillance system. The TX_NEW target for FY19 is 32,307; given that, the target for TB_PREV numerator for COP19 is 19,700. In addition, the country team should develop clear recording and reporting mechanisms that capture treatment initiation,

treatment completion and treatment outcomes so that future planning can be based on country-specific data.

Other technical and programmatic priorities for Ukraine

Testing and Treatment:

- Case identification and treatment initiation should continue to be the primary focus in COP19. As noted above, PEPFAR Ukraine should consider expansion of partners, either existing or new, if Health Link, CPH and METIDA are at maximum capacity and unable to expand further.
- To reach UNAIDS and CPH targets by 2020, Ukraine will need to initiate greater than 3,000 new patients a month. This is 100% dependent on improved case finding, linkage to treatment, and use of HIV case verification approaches to effectively identify and re-engage clients who might otherwise be lost to follow-up after receiving an HIV test
- Based on FY18 results, it is clear that there is significant room for PEPFAR to support the military to refine approaches through TA in FY 2019.

Improving Case Finding for MSM:

- While MSM programs have just recently launched, case finding and linkages to treatment for MSM clients need to be rapidly refined and accelerated (building on PEPFAR Ukraine FY 2018 HTS_TST KP and HTS_POS KP achievements of 4,870 tested and 123 positive results, respectively).
- Further refinement to identify high-risk networks is needed during COP 18 implementation.

Scaling PrEP for Key Populations:

- Given high prevalence among MSM and TG, PEPFAR should support the Government of Ukraine to scale PrEP for these populations.
- Ongoing investment to increase demand with providers and patients should also remain a focus.

OVC:

- Continued attention should be given to OVC_SERV enrollment and participation across all relevant age bands, along with caregiver engagement.

Partner Management:

- For COP19, PEPFAR Ukraine must ensure any close out costs that will be incurred in FY2020 are included in the total budget envelope.

COP 2019 Stakeholder Engagement

Sustained control of the HIV/AIDS epidemic necessitates that PEPFAR teams actively and routinely coordinate and communicate with all partners, including local, regional and international civil society and community stakeholders, multilateral partners and the host country

government. With your leadership, PEPFAR is leading the way in facilitating transparent processes and in sharing data and results. Continued meaningful engagement with these groups throughout the development and implementation of COP 2019 remains a requirement for all PEPFAR programs, and as such the COP 2019 process will engage with stakeholders early and frequently. This engagement specifically includes the sharing of FY 2018 Q4 and FY 2018 APR results and analyses and the convening of an in-country planning retreat with local stakeholders no later than the week of January 28, 2019 in order to introduce and discuss all COP 2019 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP 2019. In February, initial COP tools will be submitted to S/GAC for review and feedback. S/GAC will provide feedback prior to the in-person meetings in March and April, and teams should reflect the feedback with their revised submissions. It is critical that meaningful involvement of civil society and community input is solicited and incorporated in every step of the process. In alignment with sustained control of the epidemic, the intentional outreach and inclusion throughout this process of civil society and community organizations that directly work with key and priority populations should be a priority of the PEPFAR field team.

In March and April 2019, PEPFAR will convene in-person meetings in Johannesburg, South Africa, Bangkok, Thailand, and Washington, DC where outstanding decisions will be discussed and finalized. In addition to host-country representatives, the meetings will also include representatives from local and international civil society and community organizations and multilateral partners. Engagement with all stakeholders is required beyond the meetings and throughout the COP 2019 development and finalization process. As in COP 2018, the draft Strategic Direction Summary (SDS) and Data Pack are required to be shared with stakeholders for their input and comments at least 72 hours prior to submission of these materials to the Embassy Front Office. Please refer to the COP 2019 Guidance for a full list of requirements and engagement timelines (Section 2.5.3).

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