Agenda Overview

• Welcome & OHA Front Office Update
  – Clint Cavanaugh (OHA Director) and James Maloney (OHA Deputy Director)

• Summary of Agency and PEPFAR Funding for COVID-19
  – Bob Ferris (Prevention Care & Treatment Division Chief and Lead PEPFAR Coordinator for USAID COVID-19 Task Force) and Alison Cheng (Biomedical Prevention Branch Chief)

• Technical Guidance in the Context of COVID-19
  – George Siberry (Senior Treatment Advisor, OHA) and Christine Malati (Pharmaceutical Advisor, OHA)

• Office of Acquisition & Assistance (OAA) Update
  – Mark Walther (Director, Office of Acquisition & Assistance) and Chris Nikola (Branch Chief, Office of Acquisition & Assistance)

• Update on Index Testing Pause
  – Vincent Wong (HIV Testing Team Lead/Senior HIV Testing Advisor, OHA)

• IP Workplan Submission Guidance
  – Audrey Johnson (Performance Transition Coordinator, OHA)

• Q&A
OHA Front Office Updates

Clint Cavanaugh, OHA Director
James Maloney, OHA Deputy Director
COVID-19

• PEPFAR is committed to continuing progress toward controlling the HIV epidemic and recognizes the challenges posed by COVID-19.
• PEPFAR is dedicated to serve, support, and protect our clients, communities, staff, and partners to mitigate the impact of COVID-19.
• PEPFAR is taking action in four priority areas:
  – Ensuring continued care for PLHIV
  – Leveraging PEPFAR supported health systems and infrastructure
  – Reducing staff and client exposure to facilities that are overburdened by and/or have potential for exposure to COVID-19
  – Flexibility for programs serving our HIV clients in areas affected by COVID-19
OHA Front Office Update

• Establishment of USAID COVID Task Forces
  – Close coordination with SGAC and OAA on programming guidance and global award modifications
  – Local partner engagement - ASAP webinars March 25-26
• To date, USAID has announced up to $100 million in funding to combat COVID-19. This commitment demonstrates strong U.S. leadership in response to the outbreak. Another $1.25 billion -- which Congress provided USAID and the State Department in an emergency supplemental appropriation -- is on the way.
• PEPFAR is reviewing options to mitigate COVID-19 impact on PEPFAR programs and the people they serve including potential reprogramming.
OHA Front Office Update

• Key programmatic concerns flagged from IPs in light of COVID-19:
  – Need to quickly accelerate multi-month dispensing and decentralized ART dispensing for PLHIV
  – Ensuring adequate ARV supply
  – Challenges in meeting FY20 targets

• Possible adjustments to HFR reporting with focus on tracking key indicators impacted by COVID-19 (MMD, TX_CURR)

• OHA will collect best practices/solutions from IPs (more later in this presentation)
Revisiting Expectations on High Frequency Reporting (HFR)

“Ensuring continuity of care for people living with HIV”

Statement by Ambassador Deborah L. Birx and Dr. Angeli Achrekar on PEPFAR’s Decisive Action in the Context of COVID-19

HFR Period 6

HFRG currently checking in with stakeholders - partner/SCAs
HFR submission due Thursday (Apr 2) → as planned

HFR Period 7 and beyond (during COVID)

HFRG continued check-ins with stakeholders allowable reduced requirements:
- reporting only once for full period (not weekly)
- only total numerators (no age/sex)
- greater emphasis on TX_CURR and TX_MMD

any further changes to guidance will be communicated from OHA Front Office
OHA Front Office Update

COP/ROP20 Approvals

• Teams finalizing and submitting tools, virtual approvals March 24 - April 10, Asia ROP outbrief last week, Western Hemisphere this week.
• Three Congressional Notifications (CNs)
• Priority support to country teams post COP Regional Planning Meetings:
  – Driving key technical priorities in current context - advancing decentralized drug distribution, MMD, PreP expansion, DREAMS expansion, retention
Index Testing AE Update

• **Key HTS Developments in 3/25 COVID Tech Update**
  - The evolving situation with COVID-19 may have implications for HTS implementation, monitoring and achieving HTS results, and *teams are expected to operate under any COVID-19 related country guidelines*
  - Previous halt on active index testing among key populations has been lifted
  - Need to ensure that either: (1) existing data confirm that current HTS provision at sites meets minimum standards or (2) sites are brought up to standards and assessed using vetted tools.

• **Index Testing and KP Communities of Practice (CoOPs) finalizing tools on IPV/AE Certification**
  - Currently status: Update and tools submitted last week w field input; seeking civil society feedback
  - *Proposed* core components: IP Site Assessments based on WHO min stds including IPV screening/response; AE Monitoring Systems; CQI through Client feedback, community led monitoring; in-service training updates where needed

• **AIDSFree/USAID is conducting a survey of reports of AE in Index Testing by implementing partners / site HTS managers**
  - Assess issues for program improvement. [DIRECT LINK](https://docs.google.com/forms/d/e/1FAIpQLSdl43bLQQMaiYalgisM8jJOHy_fO-P DMz0aCHeVgpBYYzgg/viewform)
  - ONLY USAID funded IPs/personnel currently conducting index testing
  - Seeking reports from IPs or sites; *no client level data*
  - by April 1, 2020
Summary of Agency and PEPFAR Funding for COVID-19

Bob Ferris, Division Chief, Prevention, Care and Treatment & Lead PEPFAR Coordinator for USAID COVID-19 Task Force

Alison Cheng, Branch Chief, Biomedical Prevention
COVID-19 Funding updates

USAID has announced up to $100 million from the Emergency Reserve Fund for Contagious Infectious Diseases. USAID is providing these funds to the World Health Organization, other multilateral institutions, and programs led by USAID implementing partners.

Another $1.25 billion -- which Congress provided USAID and the State Department in an emergency supplemental appropriation -- is on the way.
COVID-19 Funding updates

• Following interagency review and prioritization discussions, USAID's assistance to each country is tailored to the capacity and needs of each country. Our assistance includes:
  - Case management: USAID helps countries strengthen clinical care while minimizing the risk of onwards transmission to others.
  - Infection prevention and control: USAID helps countries prevent and control infections in health-care facilities.
  - Laboratory strengthening: USAID helps countries prepare laboratory systems for large-scale testing of COVID-19.
COVID-19 Funding updates

• Points-of-entry public health screening: USAID helps countries implement emergency plans to screen people arriving at countries’ various points of entry, such as airports and land-border crossings.
• Communications: USAID educates their populations on steps they can take to prevent and respond to the spread of the virus through country-specific media campaigns.
• Surveillance and rapid response: USAID helps countries enhance with case-finding and event-based surveillance for COVID-19. USAID also helps countries train and equip rapid-response teams to investigate cases and conduct contact tracing.
Technical Guidance in Context of COVID-19

George Siberry, MD, MPH, FAAP (Senior Treatment Advisor, Prevention, Care and Treatment Division)

Christine Malati, PharmD (Pharmaceutical Advisor, Supply Chain for Health Division)
Summary of Available Guidance

- March 25th updated guidance sent to IPs on March 26th.
- Additional guidance on KP, DREAMS, PrEP, Health workforce, and supply chain are outlined in the following slides.
- SGAC will continually update PEPFAR COVID-19 guidance and post it here: https://www.state.gov/pepfar/coronavirus
PEPFAR ST3 Technical Guidance/FAQ

- Sent to field on March 20 and shared with IPs on March 24
  - partially posted on pepfar.gov
- Guiding principles for the provision of services in PEPFAR-supported countries
  - Protect the gains in the HIV response
  - Reduce transmission of COVID-19 (during HIV services)
  - PEPFAR OUs have the flexibility to determine how best to serve HIV clients
  - Leverage PEPFAR-supported systems and infrastructure
  - Anticipate routine updates each week, including new FAQs
PEPFAR ST3 Technical Guidance/FAQ (cont’d)

• Update released on March 25 - USAID shared with IPs today
• Main updates from this new document are:
  – "If there are any barriers to 6-month MMD implementation, programs should alert their S/GAC Chair and PPM immediately for advice and assistance." [Please alert OHA SCA too!]
  – PEPFAR Quarter 2 reporting deadline has been moved to Friday, June 5th.
  – TPT: may continue to scale up. Dispense full course of TPT (like ARV MMV)
  – PPE: There's a global shortage and PEPFAR cannot currently ensure appropriate or adequate supply….asking teams to seek alternative sources at this time.
  – PEPFAR programs requested to share new COVID-19 MoH guidance to SGAC [and to OHA SCA]
  – KP index testing: the previous halt on active index testing among key populations has been lifted.
COVID-19 and Clinical Services

• Protect the gains in the HIV response:
  - Ensure continuous antiretroviral therapy (ART) provision to current recipients to maintain virologic suppression.
• Ensuring and maintaining HIV viral load suppression should be an essential medical service for PLHIV.
• The critical intervention for all programs and individuals is to accelerate and complete scale-up of 6-month dispensing of ART.

Recommendations

• Minimize patient contact with health facilities and reduce burdens on facilities.
• Staff should reach out to clients using positive health messages by phone/SMS.
• Facilities should maximize convenient six-month refills (6-month supply).
• Clients should receive their drug supplies outside of health facilities*
• If countries have significant movement restriction and/or high absenteeism amongst HCW, phone consultations should be considered.
COVID-19 and HTS

• Community social distancing and contact of well persons with health care settings recommendations should be observed.
• Plan to adapt programming in case of service disruptions.
• Maximizing use of self-testing outside of the clinic setting
• Prioritizing clinical-based HTS for those most in need:
  – ANC
  – Diagnostic testing (sign and symptoms concerning for HIV infection)
  – Individuals with TB, STIs, malnutrition
  – Early infant diagnosis (EID)
  – Passive Partner/index/family testing
  – Testing in KP programs if ongoing and not facility based.
COVID-19 and Key Populations (KP)

PEPFAR Guidance: With respect to prevention activities for KP beneficiaries, planning for smaller gatherings should begin. Group-based activities should follow local guidelines for mass gatherings.

The following are OHA considerations - Additional information will be forthcoming in an FAQ from PEPFAR.

Some Effects of COVID on Key Populations:

- There may be significant interruptions in access to HIV services
- Community outreach and traditional peer outreach approaches will likely be disrupted by COVID
- KP may face increased stigmatization and face barriers in accessing services
- KP may increase risk behavior due to economic hardship and potentially face increased risk of violence

Recommendations

- Prioritize uninterrupted HIV treatment access, clinical care, and support for KP. Ensure decentralized access to services in alternative locations to provide MMD for ARV, PrEP, HIVST, especially though community distribution points
- Ensure safety of KPs. Programs should track and report any barriers to accessing service delivery for KPs. Ensure violence prevention and response mechanisms are tracking and linking clients to needed services
- Determine where KP PLHIV will go and how to ensure continuity of care if they leave urban areas or hotspots
- Use online approaches, phone, SMS, and other alternative methods of communication to ensure continuity of services by health care providers and peer workers where possible
COVID-19 and DREAMS

PEPFAR Guidance with OHA Recommendations: Facility-based DREAMS services should follow MOH guidelines and take all the precautions and collective vigilance. Where feasible and appropriate, facility-based DREAMS clinical services should be offered in the community (e.g. HTS, FP, PrEP) with appropriate social distancing. Consider temporarily moving safe spaces that are currently held in facilities into community spaces.

PEPFAR Guidance: Group-based activities should follow local guidelines for mass gatherings (e.g. community mobilization and norms change sessions, parenting sessions, and ‘safe space' sessions). Social media may be an alternative platform to maintain connections between AGYW and mentors (but not for delivery of curriculum-based interventions).

Additional OHA Recommendations:
- Botswana has a virtual safe space platform for 20 - 24 year olds
- Increase air/data time for mentors to maintain weekly calls with AGYW
- Split AGYW cohorts into smaller groups, hiring new mentors as needed
- OHA currently reviewing IRC and USAID HA and CPS (DCHA) resources for further recommendations

Recommendations

• Training of trainers (TOT): Current and upcoming TOTs may need to be postponed. Curricula developers can develop a plan for online or teleconference training, but it must be submitted to the country team and USAID HQ for consideration, in collaboration with SGAC DREAMS team.
COVID-19 and OVC & Other Home Health Visitors

Please note these are OHA Considerations:

OVC and other home health visitors should follow host country DoH/MoH guidance. Where home visits can still occur OHA recommends the following:

• Ensure all PLHIV have access to 6mo MMD to maintain adequate supply of ARVs at home.
• Call and/or text message beneficiaries whenever possible in lieu of making a home visit.
• Home visitors who are immunocompromised (elderly, diabetic, PLHIV, other chronic conditions) should refrain from making home visits and instead enlist other home visitors to make visits when needed.
• Do NOT visit beneficiaries if you have a fever and cough; even if you have mild symptoms (runny nose or headache) you should stay at home until you recover.
• Do NOT visit beneficiaries if you have a known recent exposure to a person who tested positive for COVID or is suspected of having COVID.

Questions to determine if a home visit is essential

1) Is anyone in the household sick?
   a) Yes? Do not visit
   b) No? Proceed to next question

2) Are there confirmed recent concerns with adherence, VLS, advanced HIV, and/or safety of children and/or their caregivers/parents?
   a) No? Do not visit
   b) Yes? Proceed to next question

3) Can the family be contacted via phone?
   a) Yes? Do no visit and offer remote counseling
   b) No? Determine if the visit is essential.
      i) Critically ill beneficiary that urgently needs transport assistance to the clinic or hospital.
      ii) Children or adults exposed to physical harm, abuse or neglect requiring urgent attention.
      iii) CLHIV (or adult due to disability) who cannot otherwise access ART and is in danger of treatment interruption

4) If deemed essential, ensure appropriate measures, including personal protective equipment (PPE) if available are in place before, during, and after the visit and that both you and the client(s) consent to a visit.
   a) Once the family is stabilized, focus should then be to assist with 6mo MMD and/or drug pick-up from a community-based distribution point to ensure adequate supply of ARVs at home.
COVID-19 and GBV [OHA guidance]

- Rates of gender-based violence against vulnerable individuals will likely increase during the COVID-19 pandemic.
- Individuals at risk for violence who are facing lockdown or other movement restrictions will have limited access to GBV supportive services.
- PLHIV who have not disclosed their status or their use of ART or PrEP may not be able to safely take their ARVs while in lockdown.

Recommendations

GBV services are even more important during this time. Continue support for clinics or specialized/one stop centers providing services to survivors of violence. Consider:

- Phone/internet credit to meet increased demand virtual counseling services.
- Information on how to conduct safety planning for survivors who are in quarantine/isolation.
- Referrals to services that are open and able to see clients.
- Training/refresher training on GBV first line response and how to handle disclosures of violence, with a focus on how to provide virtual support.
COVID-19 and PrEP

SGAC Guidance -
For individuals already on PrEP, a 3-month prescription should be given. Any interim or follow up visits to assess side effects should be done telephonically or electronically. Community distribution and adherence support in small groups (less than 10 people present at a time) for PrEP may help support people and would not be a burden on the healthcare system. Adherence group meetings over the phone and use of SMS to send reminders is suggested as well.

Recommendations

- PrEP should not be forgotten during the outbreak - every step should be taken to maintain staff, services, supply, and scale-up as possible (ensuring safety of staff and clients)
- Use this opportunity to strengthen community-based delivery and innovative approaches to adherence support (e.g. text/messaging/virtual check ins)
- Notify Mission staff (who should notify OHA) about any stoppage in PrEP services, commodity supply issues (drugs/tests), or other issues
COVID-19 and VMMC

SGAC guidance
• New voluntary medical male circumcisions may be delayed or paused if guidance about mass gatherings cannot be followed.
• Post-operative follow-up (including complications management) should continue
  • Telephone consultation as initial screening before in-person visit.
• SGAC is aware that VMMC results may be impacted.

Recommendations
• Suspend campaigns, and/or community mobilizations
• Avoid group meetings - group counseling and group education
COVID and Health Workforce Staffing

OHA Considerations *more guidance on use of health worker staff forthcoming.*

- More demand may be placed on IP supported staff, as further shortages of host-country government healthcare workers (HCW) may develop or be exacerbated by COVID-19:
  - Ministries of Health could divert HCW toward supporting COVID-19 patients.
  - HCW may be sick or quarantined due to COVID-19 illness or exposure.
  - HCW may miss work in order to care for family members with COVID-19.

Recommendations

- IPs should align health worker staffing to minimize facility visits for HIV services in context of COVID-19, and communicate staffing shifts and status to USAID.
- Align staff to support:
  - Expanded **community** ART distribution
  - Adherence and psychosocial needs
  - Prevention/identification/referral of cases of violence
- Enable staff to make greater use of phones/digital/telehealth platforms for ART patient clinical monitoring and psychosocial assessment and support.
- IPs should track potential diversion of host country HCW for COVID-19 response, and should stay abreast of health worker issues arising (safety, availability, equipment) and routinely communicate to USAID.
COVID-19 and Safeguarding Staff

SGAC guidance
Reduce exposure of staff and clients to health care settings that may be overburdened and/or sources for potential exposure to COVID-19.

Recommendations

• Follow national authority guidance on safeguarding health worker staff to minimize risk of COVID-19 exposure.
• Maintain adequate supplies of appropriate personal protective equipment (seek help from other donors/non-PEPFAR)
• Need to ensure equal attention be placed on safeguarding community health worker staff with high risk of exposure working in community
  - Roles of community staff should be clearly communicated by local governments and civil society to help ensure safety
• Important to also place attention toward health worker self-care and psychosocial wellbeing.
Impact of COVID-19 on Supply Chain - Pharmaceuticals

- Three week lockdown from India in effect until April 14
- Italy / France: Slight delay in timing of RPT 150 mg orders
- USAID is communicating frequently with the manufacturers
- GHSC-PSM is exploring modes of transportation to reduce transit time and prepone the delivery of orders.
  - Reviewing every single order to every country to determine impact
- Return to near normal one month post shutdown (China)
- USAID has paused any decisions on the provision of PPE.

Recommendations

- Continue to promote six month MMD due to limit clinic visits and potential country limitations on movement – additional guidance on peds forthcoming
Impact of COVID-19 on Supply Chain Laboratory

- Delays on HIV RTKs and consumables
- At present, most laboratories are using instruments and reagents for COVID-19 testing that are different from those used for HIV VL and EID
- The new FDA approved COVID-19 diagnostic tests utilise the same platform as HIV VL and EID

Recommendations

- Anticipate increased consumption of common consumables
- Develop SOP to account for prioritization of testing (COVID, EID, VL)
- Highest priority for HIV-related testing: EID and VL for PBFW, children, and people with non-suppression of last VL
What’s next for our PEPFAR response?

• We will continue to send frequent email updates to IPs as we receive new guidance.
  – SGAC ST3 on COVID-19 is updating guidance routinely
• OHA is coordinating to ensure the robust infrastructure and health systems supported by PEPFAR can be appropriately leveraged for the COVID-19 response
• USAID has an Agency COVID-19 Task Force website with Resources for Implementing Partners
• Please send your emerging practices/solutions in adjusting programming to mitigate the impact of COVID-19 on PEPFAR services to Melinda Wilson (mwilson@usaid.gov), and copy your A/COR. A dedicated email for IP submission/engagement will be circulated soon.
OAA updates

Mark Walther, Director, Office of Acquisition & Assistance
Chris Nikola, Branch Chief Office of Acquisition & Assistance
USAID’s Office of Acquisition and Assistance (OAA) shared this guidance on March 12 and hosted a call on COVID-19 and implications for IPs on March 18th. Notes from the call on March 18 can be found here.

Additionally, OAA has offered a FAQ document and publicized this guidance related to funding inquiries.

We encourage you to also sign up for the OAA listserv to receive additional information as it becomes available.

Emerging Threats Expedited Procurement Package (EPP) Approved March 24.

Global IP letter in process - Letter to PEPFAR IPs Regarding Flexibility During COVID-19
Update on Index Testing Pause

Vincent Wong, HIV Testing Team Lead/Senior HIV Testing Advisor, OHA
Index Testing AE Update

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- **AIDSFree/USAID is conducting a survey of AE in Index implementing partner reports**
  - Assess issues for program improvement. DIRECT LINK: https://docs.google.com/forms/d/e/1FAIpQLSdl43bLQQMaYalgigM8jTOHy_fO-PDM2a0CHeVgpBYZegg/viewform
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  - by April 1, 2020
Work Plan Submission Guidance

Audrey Johnson, Performance Transition Coordinator, OHA
COP20/FY21 Work Plan Submission

Process:

1. Early April: IPs receive templates/guides from A/CORs for use in work plan development
2. May 1: IPs complete draft Work Plans and submit to USAID for review
3. June - Sept: IPs receive comments back from USAID and revise WPs
4. Sept 30: Final Work Plans due

Required elements due May 1:

- Targets
- Budget
- Narrative
OHA Engagement with IPs

- Monthly OHA IP calls
- Email updates on emerging PEPFAR COVID-19 guidance
- Exploring virtual fora to coordinate across IPs and OHA technical POCs
- Please send questions or suggestions to Amy Wasserbach (awasserbach@usaid.gov)
Resources

1. Statement by Ambassador Deborah L. Birx and Dr. Angeli Achrekar on PEPFAR's Action Re: COVID-19
   https://www.state.gov/statement-on-pepfars-action-on-covid/
2. Updates to S/GAC COVID-19 PEPFAR Guidance
   https://www.state.gov/pepfar/coronavirus/
3. PEPFAR ST3 Technical Guidance/FAQ
   https://drive.google.com/file/d/1_4aKKnHbiSZeZ941Veb8VGOQiB-kiDn/view
5. COVID-19 Guidance for Implementing Partners
6. Notes from OAA’s call with IPs on COVID-19
7. OAA FAQs
8. Guidance on funding inquiries
9. OAA Listserv sign up
   https://visitor.r20.constantcontact.com/manage/optin?v=0010rF170YEQLJnhR2o37BhqLqgGoFqI9INa8MfrSAAr7QcmYO4MLpj1Y1YRbaR335q7O2A3aiLLP6zTUv5zuQdTY02aab6HirMlOrnWt9AAY85-pBm2TmfeUmQh9HJ9gVgqz6i1Cf7CEmV8LAffzHZUQcFm7Y-iFMzkudl-0eYCPEiM%3D
10. AIDSFree/USAID survey of AE in Index IP report
    https://docs.google.com/forms/d/e/1FAIpQLSdl43bLQQMalYalqiqM8JJTOHy_fO-PDMz0aCHEVgpBYYzqgg/viewform
Thank you and Q&A