South Africa

Country Operational Plan

COP 2023

Strategic Direction Summary

May 12, 2023

Acronym List

Acronym	Definition
3HP	Isoniazid-rifapentine
3MMD	Three Months (Multi-Month) Dispensing
6MMD	Six Months (Multi-Month) Dispensing
ABYM	Adolescent Boys and Young Men
ACC	Advanced Clinical Care
AGYW	Adolescent Girls and Young Women
AHD	Advanced HIV Disease
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral (drug)
AYFS	Adolescent- and Youth-Friendly Services
AYP	Adolescents and Young People
BBS	Bio-Behavioral Survey
BMGF	Bill & Melinda Gates Foundation
C/ALHIV	Children and adolescents living with HIV
CAB-LA	Long-acting Injectable Cabotegravir
CBM	Community-based monitoring
CBO	Community-Based Organization
CCMDD	Central Chronic Medicine Disease Dispensing and Distribution Programme
CD4	Cluster of Differentiation 4
CDC	U.S. Centers for Disease Control and Prevention
CHISA	Consolidated Health Informatics South Africa
CHW	Community Health Worker
CLI	Clinic Laboratory Interface
CLM	Community-Led Monitoring
CODB	Cost of Doing Business
CoE	Centers of Excellence
CoFSW	Children of Female Sex Workers
COP	Country Operational Plan (PEPFAR)
COP19	2019 Country Operational Plan
COP20	2020 Country Operational Plan
COP21	2021 Country Operation Plan
COP22	2022 Country Operation Plan
COP23	2023 Country Operation Plan
CPP	Combination Prevention Program
CPT	Cotrimoxazole Preventive Therapy
CQI	Continuous Quality Improvement
CrAG	Cryptococcal Antigen

CSE	Comprehensive sexuality education
CSO	Civil Society Organization
CSIR	Council for Scientific and Industrial Research
CUPs	Contracting Units for Primary Health Care
DBE	Department of Basic Education
DHIS2	Digital Health Information Software 2
DIC	Drop-In Center
DMOC	Differentiated Models of Care
DNO	Diagnostic Network Optimization
DoH	Department of Health
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
DR	Drug Resistant
DSD	Direct Service Delivery
DSP	District Service Partner
DTG	Dolutegravir
EAC	Enhanced Adherence Counselling
eGK	electronic Gate Keeping (code)
EHR	Electronic Health Record
EID	Early Infant Diagnosis
EML	Essential medicines list
FA	Focal Area (from the PEPFAR 5x3 strategy)
FAST	Funding Allocation to Strategy Tool
FBO	Faith-Based Organization
FDC	Fixed Dose Combination
FSW	Female Sex Workers
FY	Fiscal Year
G2G	Government to Government
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GHSA	Global Health Security Agenda
GoSA	Government of South Africa
HAPPY	HIV Awareness & Prevention Program for Youth
HEI	HIV Exposed Infants
HIC	Health Information Center (housed by the Digital Health Unit)
HIV	Human Immunodeficiency Virus
HIVSS	HIV Self Screening
HMIS	Health Management Information Systems
HPRS	Health Patient Registration System
HRH	Human Resources for Health
HRH 2030	South Africa's Human Resources for Health Strategy 2030

HRID	Human Resources Inventory Database
HRIS	Human Resources Information System
HSRC	Human Sciences Research Council
HTS	HIV Testing Services
I-ACT	Integrated Access to Care and Treatment
ICASS	International Cooperative Administrative Support Services
IIT	Interruptions in Treatment
IM	Implementing Mechanism
IP	Implementing Partner
IPC	Infection Prevention and Control
IPT	Isoniazid Preventive Treatment
IPV	Intimate Partner Violence
IQC	Internal Quality Control
ISHP	Integrated School Health Program
KP	Key Populations
KZN	KwaZulu-Natal Province
LES	Locally Employed Staff
LF-LAM	Lateral-Flow Urine Lipoarabinomannan Assay
LIVES	Listen, Inquire, Validate, Enhance Safety and Support (Approach)
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and related communities
LPV/r	Lopinavir/Ritonavir
M&E	Monitoring and Evaluation
MINA	For Men. For Health. “me” in the context of “my community” (Campaign)
MHPSS	Mental Health and Psychosocial Support
MMD	Multi-Month Dispensing
MNCH	Maternal, Newborn and Child Health
MRC	Medical Research Council
MSM	Men who have Sex with Men
NAPHISA	National Public Health Institute of South Africa
NDoH	National Department of Health
NGO	Non-Governmental Organization
NHLS	National Health Laboratory Service
NHI	National Health Insurance
NICD	National Institute for Communicable Diseases
NSP	South Africa National Strategic Plan for HIV, TB, and STIs, 2023-2028
OGAC	Office of Global AIDS Coordinator
OHSC	Office of Health and Safety Council
OST	Opioid Substitution Therapy
OVC	Orphans and Vulnerable Children
PASIT	Planning Activities for Systems Investment Tool
PBFW	Pregnant and Breastfeeding Women

PCO	PEPFAR Coordination Office
PCV	Peace Corps Volunteer
PDoH	Provincial Department of Health
pDTG	Pediatric Dolutegravir 10mg
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PEP	Post-Exposure Prophylaxis for HIV
PHC	Primary Healthcare
PICT	Provider-Initiated Counseling and Testing
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PrEP	HIV Pre-Exposure Prophylaxis
PSRF	Private Sector HIV Response Strategy Framework
PSNU	Priority Sub-national Unit
PSS	Psychosocial Support Services
PT	Proficiency Testing
PWID	People Who Inject Drugs
POC	Point-Of-Care
PVC	Post Violence Care
QA	Quality Assurance
RfA	Results for Action
RPCS	Repeat Prescription Collection Strategies
RTCQI	Rapid Test Continuous Quality Improvement
SA	South Africa
SAFETP	South African Field Epidemiology Training Program
SAHPRA	South Africa Health Projects Regulatory Authority
SANAC	South African National AIDS Council
SANPUD	South African Network of People who Use Drugs
SAPS	South African Police Service
SDS	Strategic Direction Summary
SMS	Short Message Service
SNU	Sub-National Unit
SOP	Standard Operating Procedures
SPA	Small Project Assistance Program
SRE	Surveys-Surveillance, Research and Evaluation
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
SW	Sex Worker
SyNCH	Synchronized National Communication in Health
TB	Tuberculosis
TG	Transgender
THP	Traditional Health Practitioner

TLD	Tenofovir/Lamivudine/Dolutegravir fixed-dose combination (ARV)
TEE	Tenofovir Disoproxil Fumarate/Emtricitabine/Efavirenz (ARV)
TPT	Tuberculosis Preventive Therapy
TWG	Technical Working Group
U.S.	United States
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
USD	U.S. Dollar
U.S.	United States
U=U	Undetectable = Untransmittable
VAC	Violence Against Children
VAST	Volunteer Activities Support and Training
VL	Viral Load
VMMC	Voluntary Medical Male Circumcision
WBPHCOT	Ward-Based Primary Health Care Outreach Teams
WHO	World Health Organization

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I. Vision, Goal Statement and Executive Summary

Vision and Goal Statement

Through the President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan 2023 (COP23), the United States (U.S.) government will support the Government of South Africa (GoSA) toward the shared goal of ending HIV as a public health threat by 2030. PEPFAR South Africa (PEPFAR SA) is centering COP23 on the GoSA's vision and strategy for achieving this goal. While PEFPAR SA has long strived to align with the GoSA's policies, guidelines, and goals, the COP23 commitment to follow the GoSA's lead on the epidemic response is a major paradigm shift and will ensure a clear, aligned, country-led HIV response.

For COP23, PEPFAR SA has aligned its priorities with the GoSA National Strategic Plan for HIV, Tuberculosis (TB) and sexually transmitted infections (STIs) (2023-2028) (NSP), GoSA targets and policies, and the PEPFAR 5-year Strategy: "Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030" (referred to throughout as the "5x3 strategy.") (See Figure 1.1 for an illustration of the alignment between these two plans.) PEPFAR SA and the GoSA aim to meet the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 targets, and currently stand at 94-77-92.[1] To achieve this, PEPFAR SA will enhance focus on bringing equitable access to services for populations that face greater barriers. In COP23, PEPFAR SA will prioritize populations such as children and adolescents (81-65-68); key populations (KP) including female sex workers (FSW) (80-35-49); men who have sex with men (MSM) (41-39-86), and transgender persons (36-57-46).[2] In this two-year COP, covering Fiscal Year (FY)24/FY25,[3] PEPFAR SA will reinforce focus on evidence-based interventions, proven beneficial to the HIV Program, to scale and support the GoSA in rolling out policies with fidelity. A key aim of this work will be to link and retain People Living with HIV (PLHIV) on antiretroviral therapy (ART) and prevent new HIV infections through (1) Enhancing community- led monitoring, coordination and leadership to identify issues and solutions; (2) Revamping pediatric treatment to implement the Global Alliance to End AIDS in Children by 2030 and improve support for children and caregivers; (3) Reducing HIV risk and stigma for adolescents and young people (AYP) through the expansion of adolescent and youth-friendly services, including youth zones and youth care clubs; (4) Improving comprehensive HIV literacy, including through campaigns such as Undetectable = Untransmittable (U=U); (5) Providing equitable, comprehensive and KP-sensitive services for KP, including at public facilities through the expansion of Centers of Excellence (CoE); (6) Ensuring appropriate choices of prevention interventions are available and accessible; (7) Reinforcing partnerships with all levels of government, Civil Society, community-led organizations, and other stakeholders; and (8) Aligning with Department of Health (DoH) priorities at the national, provincial, and district levels through direct service delivery (DSD) and health system strengthening. These priorities, conducted in alignment with the GoSA response, will address key gaps and barriers to services for populations at greater risk and those in the highest-burden districts.

Also, in COP23, PEPFAR SA will strive to close the equity gap through implementation of game-changing priority interventions, which are either new or require reinstitution. For example, in COP23, PEPFAR SA will introduce and scale a status-neutral approach for HIV testing; advance the GoSA-led Nerve Center approach to accelerate HIV treatment uptake and improve quality of care at 100 high- volume and high-burden facilities (referred to throughout as the "100 facilities project"); expand viral load services at the

1 Thembisa 4.6 national-estimates. Viral suppression estimates from Thembisa 4.6 represent the fraction of ART patients who are virologically suppressed (<1000 cp/mL).
2 KP figures: JHU 2023 PSE for 26 PEPFAR Districts (KCD Missing).
3 FY24 is 1 October 2023 to 30 September 2024, and FY25 is 1 October 2024 to 30 September 2025.

community level, such as through mobile services; support treatment optimization for children through the transition to dolutegravir (DTG)-based regimens; collaborate with the National Department of Health (NDoH) to build a cadre of trained and mentored clinicians to aggressively manage cases of advanced HIV disease (AHD); and improve and support the GoSA development and rollout of the Electronic Health Record (EHR).

Executive Summary

This Strategic Direction Summary (SDS) describes in detail the priorities and activities that PEPFAR SA will undertake in partnership with the GoSA and implementing partners (IPs) in the country throughout COP23. PEPFAR SA's programming in COP23 aligns with the PEPFAR 5-year strategy and the NSP to address barriers for priority populations and close geographic gaps by targeting highest-burden districts. All planned PEPFAR SA interventions also align with the UNAIDS 95-95-95 targets; World Health Organization (WHO) guidelines; and global best practices.

Section 1 of this SDS describes how, with a focus on Pillar 1 of the PEPFAR 5-year Strategy, in COP23, PEPFAR SA will ensure equitable access to services for all, with a focus on priority populations including children, pregnant and breastfeeding women (PBFW), AYP, and KP. PEPFAR SA will expand proven interventions such as scaling-up index testing at the community level; implementing KP-sensitization and stigma reduction interventions at facility and community levels; improving follow-up of AHD cases; scaling-up multi-month dispensing (MMD); and improving psychosocial and disclosure support through peer and caregiver support groups. To strengthen prevention services, PEPFAR SA will implement game-changing interventions such as accelerating scale-up of pre-exposure prophylaxis (PrEP) for populations such as PBFW, building a Men's Health platform beyond Voluntary Medical Male Circumcision (VMMC) services; supporting the GoSA's transition plan for DTG-based regimens for children and adolescents living with HIV (C/ALHIV) to improve viral load suppression, and aligning prevention services with existing GoSA programs and initiatives.

Section 2, which covers Pillar 2 of the PEPFAR 5-year Strategy, describes how, in COP23, PEPFAR SA will support the GoSA with ensuring local capacity for sustaining the HIV response. This will include support for GoSA efforts towards sustainability at all levels including development and implementation of provincial roadmaps, capacity building, and leveraging stakeholder relationships to ensure alignment with the NSP and its accompanying Sustainability Framework. This integrated planning will be critical for achieving the 95-95-95 targets. It will also be critical for ensuring adequate funding for the HIV response. In COP23, PEPFAR SA will support GoSA initiatives for identifying and taking up opportunities for efficiency gains, such as expanding MMD and DTG-based regimens. Under the GoSA's leadership, PEPFAR SA will support continued development of comprehensive, patient-centered, web-based health management information systems (HMIS), which will ultimately help identify gaps and solutions to reach the 95-95-95 targets. PEPFAR SA will also support the GoSA with preparation for important health financing reforms to support the country's goal of achieving universal health coverage (UHC). This support in COP23 includes technical assistance to strengthen systems for health financing and public financial management.

Section 3 outlines how, in alignment with Pillar 3 of the PEPFAR 5-year Strategy, PEPFAR SA will contribute to preparing the GoSA to respond to the HIV epidemic and emerging global health security threats. This section first outlines PEFPAR SA's planned support for addressing HIV-specific programmatic challenges and gaps—including HIV Program oversight and quality management. Key here is also care for AHD and TB co-infection. Then this section outlines how, in COP23, PEPFAR SA will provide system-wide support for South Africa's cross-cutting public health systems and institutions. This work includes support for institutionalizing the National Public Health Institute of South Africa

(NAPHISA); strengthening of the supply chain and ensuring readiness for changes in the health system; ensuring quality laboratory systems that are integrated with patient-level information systems; and supporting collaboration on and systems for human resources for health (HRH) planning. PEPFAR SA's COP23 investments in health workforce management are aligned with South Africa's Human Resources for Health Strategy 2030 (HRH 2030).

Section 4 of this SDS describes the key role of transformative partnerships in COP23. PEPFAR SA will continue to engage and strengthen partnerships with government, Civil Society, the South African National AIDS Council (SANAC), community-led organizations, the private sector, other donors, and multilateral stakeholders. Under the leadership of the GoSA and guided by the NSP, PEPFAR SA will support efforts to diversify and leverage partnerships to coordinate a clear and efficient response to the HIV epidemic focused on commitment, accountability, and optimization of synergies.

As outlined in Section 5, in COP23, PEPFAR SA will ensure that the HIV Program in South Africa is evidence-based and data-driven. PEPFAR SA will support the GoSA with utilizing surveys, surveillance, and research to inform decision-making and interventions. In alignment with NDoH priorities, PEPFAR SA will continue collaborations with South African researchers and invest in activities such as periodic HIV biobehavioral surveys (BBS) and population size estimates for KP; modeling, surveys, and surveillance among the general population; antenatal sentinel surveillance; mortality surveillance; HIV drug resistance surveillance; and surveillance for recent HIV infections. In addition, PEPFAR SA will utilize South African National HIV Prevalence, Incidence, Behavior, and Communication Survey (SABSSM) data to guide and measure progress on the national HIV response.

Section 6 of this SDS describes how PEFPAR will leverage key program enablers: community leadership, innovation, and a "leading with data" approach to ensure successful activities in COP23. PEPFAR SA remains fully committed to active partner management and accountability, engagement and alignment with all spheres of government, and mobilizing all stakeholders to achieve its goals and those of the GoSA. PEPFAR SA is particularly committed to working closely with Civil Society and following GoSA's lead to ensure continued access to high-quality, equitable, client-centered HIV services. Regarding planned innovation, COP23 will include a focus on country-led innovations, proactive market shaping for new product innovations, and efforts for leveraging innovative finance models to drive programming scale.

Finally, COP23 will mark the first year of aligned U.S. Government and GoSA targets for HIV. Through close dialogue with the GoSA, PEPFAR SA has adjusted its targets to ensure one voice/one target in facilities. In alignment with GoSA priorities, in COP23 PEPFAR SA will continue to co-invest in South Africa's 27 highest HIV burden districts which are home to 78% of PLHIV nationwide. Within these districts, PEPFAR SA will further focus on the four largest metropolitan districts (accounting for 29% of PLHIV) and populations with the largest treatment gaps.

Figure 1.1 Alignment between the GoSA NSP for HIV, TB, and STIs and PEPFAR's 5x3 Strategy for 2023-2028

	Health Equity for Priority Populations	Sustaining the Response	Public Health Systems and Security	Transformative Partnerships	Follow the Science
Community Leadership Innovation Leading with Data	• Status-neutral approach at testing • Psychosocial support • Enhanced package of services at testing to flag AHD clients • AHD cases managed by trained and mentored clinic cadre • Treatment optimization for children and adolescents with transition to DTG-based regimens (including pDTG) • Centers of Excellence for KP Focused Services • Global Aliance for Paeds	• Community-based models of care • Expanded community viral load services • High-quality enhanced adherence counselling • Operation Phuthuma (100 Facilities project) • 2023 ART Guideline implementation • Intensify case management for children and adolescents	• Community Led Monitoring & interventions • Peer-led support groups • National Electronic Health Record & integrated HMIS	• TB and HIV literacy, including U=U and ART, PrEP, and PEP • Expand provision of integrated prevention and treatment services through youth zones and youth care clubs	• Implementation science to answer ART linkage issues & interruptions • Alignment of TB & HIV national guidance • Improved TB case finding • Improved AHD surveillance
NSP 	• Breakdown barriers to achieve HV, TV and STI Solutions	• Maximize equitable & equal access to HIV, TB, & STIs services & solutions	• Build resilient systems for HIV, TB and STIs that are integrated into systems for health, social protection, and pandemic response • Fully resources and sustain an efficient NSP led by revitalized, inclusive, and accountable institutions		

Table 1.1 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression

Table 1.1 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression*											
Epidemiologic Data					HIV Treatment and Viral Suppression				HIV Testing and Linkage to ART Within the Last Year		
	Total Population Size Estimate (#) [1]	HIV Prevalence (%) [1]	Estimated Total PLHIV (#) [1]	PLHIV Diagnosed (#) [1]	On ART (#) [1]	ART Coverage (%) [1]	Population Viral Suppression <1000 cp/mL (%) [1]	Viral Suppression <1000 cp/mL (%) [2]	Tested for HIV (#)** [3]	Diagnosed HIV Positive (#)** [3]	Initiated on ART (#) [3]
Total population	59,742,800	13%	7,850,920	7,477,003	5,614,795	75%	69%	93% [1]	12,634,539	385,852	362,515
Population <15 years	16,494,400	1%	188,805	158,207	108,320	68%	39%	67% [1]	1,247,063	7,734	8,126
Men 15-24 years	4,877,010	4%	176,555	153,037	101,896	67%	Males 15+: 65%	73%	861,026	12,148	9,365
Men 25-49 years	11,410,200	16%	1,804,710	1,673,953	1,143,294	68%		88%	1,998,490	115,196	107,379
Women 15-24 years	4,828,690	8%	397,366	318,826	212,402	67%	Females 15+: 74%	80%	2,966,324	56,365	51,586
Women 25-49 years	11,444,300	31%	3,494,800	3,404,970	2,679,062	79%		91%	4,503,011	158,973	152,198
MSM	309,700 [4]	29%	90,494 [1,4]	81,834[1,4]	49,068 [1,4]	60% [1]	Not available	93% [3]	39,791	3,108	2,709
FSW	146,000 [4]	57%	83,162 [1,4]	79,286[1,4]	60,931 [1,4]	77% [1]	Not available	90% [3]	24,255	2,841	2,758
PWID	82,500 [4]	14% [5]	10,598 [4,5]	8,457 [4]	4,292 [4,5]	41% [4]	Not available	69% [3]	478	149	149
People in prison & other closed settings	143,223 [6]	11% [4]	15,898 [4,6]	Not available	15,787 [4,6]	99% [4]	Not available	92% [3]	58,681	4,415	3,536
Transgender individuals	179,327 [7]	58% [4]	104,010 [4, 7]	Not available at national-level	Not available at national-level	Not available at national-level	Not available at national-level	88% [3]	2,881	309	317

*PLHIV estimates represent Thembisa 4.6 national-estimates for 2023; diagnosed, on ART, and viral suppression estimates represent Thembisa 4.6 age-specific estimates for 2023; viral suppression estimates from Thembisa 4.6 represent the fraction of ART patients who are virologically suppressed (<1000 cp/mL) for 2023. **Disaggregations do not sum to the totals due to unknown age in some HIV testing records

[1] Johnson LF, et al. (2022) The effect of HIV programs in South Africa on national HIV incidence trends, 2000-2019. Journal of Acquired Immune Deficiency Syndromes. 90: 115-123

[2] Viral suppression represents the proportion of total viral load tests done with a result of less than 1,000 copies/mL, as reported by National Health Laboratory Service for October 2021-September 2022.

[3] PEPFAR reported data (FY22). PEPFAR partners have used TIER.Net for HIV testing and treatment reporting from FY17Q3 onward.

[4] UNAIDS Key Populations Atlas, https://kpatlas.unaids.org/

[5] Scheibe, A, Brown, B, dos Santos, M, Final Report: Rapid assessment of HIV prevalence and HIV-related risks among people who inject drugs in five South African cities, February 2015.

[6] Department of Correctional Services Annual Report 2020/2021

http://www.dcs.gov.za/wp-content/uploads/2021/11/DCS-AR-202021-FINAL-SIGNED.pdf

[7] Global Fund (2021). Population size estimates among Transgender People in South Africa.

Figure 1.2 PLHIV, Treatment Coverage, and Viral Load Monitoring Coverage

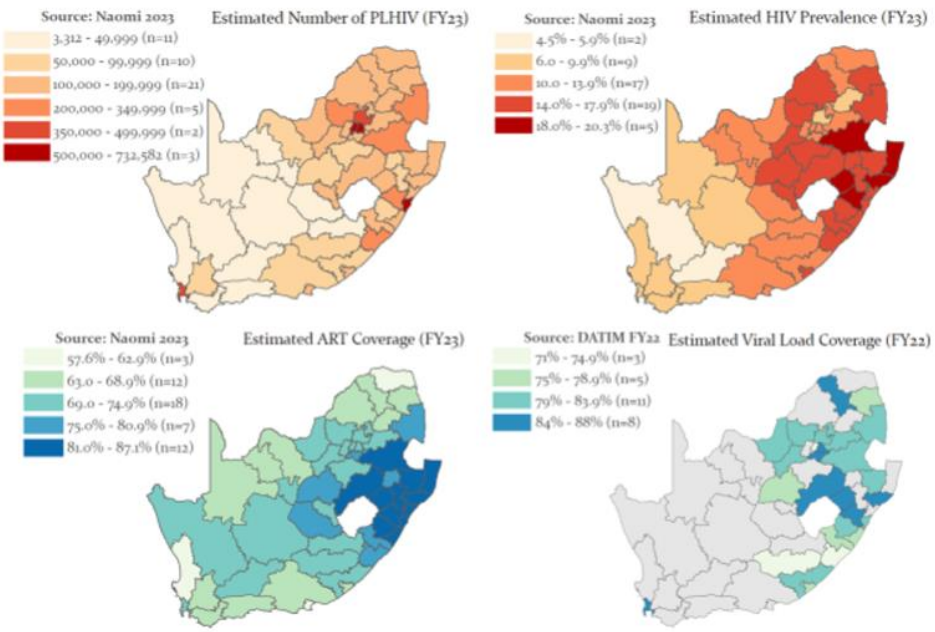

Table 1.2 Current Status of ART Saturation

Table 1.2 Current Status of ART Saturation				
Prioritization Area	**Total PLHIV (% of all PLHIV for COP22) [1]**	**# Current on ART (FY2022) [2]**	**# of Districts FY2023 (COP22)**	**# of Districts FY2024 (COP23)**
Attained				
Scale-up: Saturation	2,285,263 (29%)	1,495,069	4	4
Scale-up: Aggressive	3,874,587 (49%)	2,674,432	23	23
Sustained				
Central Support	1,702,157 (22%)	933,214	25	25
No Prioritization				
Total National	7,862,007	5,102,715	52	52
[1] Eaton, J & Johnson, L. Unpublished Document – NAOMI 2022 District-level modeling of South Africa Prevalence by Age and Sex (COP23 Datapack)				
[2] DATIM FY22Q4 Annual Program Results sourced from TIER.Net (TX_CURR 28 day definition)				

1.0 Pillar 1: Health Equity for Priority Populations

According to PEPFAR's new 5-year strategy, attaining health equity for priority populations is a priority. This section, which focuses on Pillar 1 of the strategy, provides highlights of COP23 plans for PEPFAR SA to effectively close gaps and address inequities for priority populations. PEPFAR SA remains committed to working with the GoSA and stakeholders to ensure that all clients have fair and just ability to receive high-quality care. The section includes plans for:

1. Closing the gap in treatment for the general population
2. HIV testing services that close gaps, promote equity, prioritize public health approaches, and assure appropriate linkage to treatment and prevention services
3. Closing the gaps in the pediatric and adolescent cascades, and for Orphans and Vulnerable Children (OVC) services
4. Services for Pregnant and Breast-Feeding Women and their infants
5. Key Population (KP) services
6. Adolescents and Young People (AYP) services
7. Combination prevention plan that promotes equity, especially advancing access to PrEP
8. Addressing Stigma, Discrimination, Human Rights, and Structural Barriers

1.1 Closing the Gap in Treatment

1.1.1 Retention of all clients over time—Reducing Interruption in Treatment

The South African National HIV Program has been growing at a slow pace in recent years. This was exacerbated by the SARS-CoV-2 pandemic. Although interruptions in treatment (IIT) have declined to pre-pandemic levels, IIT and retention remain significant challenges. Drivers of these challenges are often client-dependent (e.g., forgot appointment, traveled, stigma), but health systems barriers also play a significant role (e.g., inconvenient hours, long waiting times, unfriendly clinic environment).[4] The lack of integrated Health Information Management Systems leads to an underestimation in the number of PLHIV retained in care (e.g., related to migration and data capture).

To address these IIT and retention challenges, a multi-pronged response and coordinated leadership are needed. In COP23, PEPFAR SA will align with the GoSA's priorities, targets, and key interventions as included in the NSP (See Pillar 2 for more on the NSP development and integrated planning in South Africa.)

Addressing barriers to retention: Priority Interventions

In COP23, responses to client-level barriers will include several interventions to strengthen and optimize care and treatment services in conjunction with the GoSA and implemented by our DSPs (District Service Partners) (see table at 1.1.1 section end.) The PEPFAR program will sustainably expand psychosocial support services through GoSA aligned cadres of social and auxiliary social workers and PLHIV peer-led approaches. In COP23, professional psychosocial support services will be scaled-up through collaboration with the Department of Social Development to upskill the social and auxiliary social workers to provide effective HIV support services. PEPFAR SA will ensure all relevant curricula is revised, updated and training cascaded across the PEPFAR support districts. PEPFAR SA, through its DSPs, will

4 Biedron, et, al., (2022). Patient-reported reasons for missed appointments among antiretroviral therapy (ART) patients in South Africa [Conference presentation abstract PEE1656]. IAS 2022, Montreal, Canada.

ensure PLHIV peer-led psychosocial support is rendered at all high-volume facilities (PEPFAR-supported Operation Phuthuma sites) and the selected 100 DoH facilities. This approach ensures psychosocial support is rendered within health facilities and continued in the community. This community approach will also be boosted by PEPFAR SA support to increase ART access through expanding the number of external pick-up points and ensuring comprehensive ART services in GoSA mobile clinics to ensure at least 70% of eligible PLHIV receive ART in the community. Finally, in COP23, PEPFAR SA will also increase efforts to integrate mental health and substance abuse prevention interventions across the prevention and treatment portfolios. (See Pillar 3 for further detail.)

PEPFAR SA will increase access to high-quality community-based HIV services that include demand generation through collaborations with civil society organizations (CSOs), community-based organizations (CBOs) and community leadership/traditional structures, such as traditional health practitioners (THP) and faith-based organizations (FBOs). The community-based services will include supporting GoSA mobile clinics to render comprehensive HIV services, community-based psychosocial support through PLHIV peers, GoSA social workers and auxiliary social workers. PEPFAR SA implementing partners will collaborate with the above-mentioned community systems actors through provision of basis HIV training to empower them to address issues of adherence and return to care for the disengaged clients. These community interventions are anticipated to impact re-engagement of care by MLHIV.

South Africa is known for having evidence-informed health policies; however, fidelity in implementation is often a challenge. PEPFAR SA in collaboration with the GoSA, Civil Society, and other stakeholders, will support the implementation of the revised 2023 ART Guidelines and 2023 Adherence Guidelines, which will enable earlier collection of the 1st viral load (VL) and review of VL results. Under the revised guidelines, all newly initiated clients will have their first VL after 3 ART dispensing cycles. If suppressed, the second routine VL will be after 10 dispensing cycles. This systems-level intervention, for expediting the VL timeline, will facilitate earlier enrollment into differentiated models of care for eligible clients and reduce the overall number of first-year clinical visits thereby fostering improved retention. The earlier VL timeline will also facilitate earlier identification and intervention for those with abnormal viral load results in need of enhanced support. Overall, this will reduce the 1st year annual visits to 5 clinical visits and 1 refill (6 total) from 8 clinical visits and 1 refill (9 total) previously.

Also, in COP23, to address community- and facility-level barriers to retention, PEPFAR SA will continue to support Ritshidze, South Africa's community-led monitoring (CLM) program, which will be implemented in 400 health facilities, which helps to inform the provision of quality ART to improve retention in care by identifying specific challenges and implementing community-led, tailored interventions. In COP23, PEPFAR SA is committed to ensuring efficient and respectful service delivery, such as addressing factors that create long waiting times and barriers to receiving services. The GoSA, with PEPFAR SA support, aims to reduce total average waiting time at PEPFAR SA-supported sites that have been flagged as having longer waiting times than average, staff attitudes and other deterrents. As mentioned above, PEPFAR SA will prioritize in COP23 is ensuring that all the revised adherence guidelines, Standard Operating Procedures (SOP) are routinely followed for missed appointments (e.g., SMS, phone call, and home visit) and will be closely monitored through the PEPFAR SA-supported Operation Phuthuma program. PEPFAR SA will also incorporate Ritshidze data into planning and programming to improve the quality of treatment services at these sites to prevent missed appointments and loss from care. PEPFAR SA will continue to provide human resource investments for DSD (See Pillar 3) and ensure PEPFAR SA funded staff have equipment (phones/airtime/data/computers) needed to effectively follow-up on missed appointments.

In sum, PEPFAR SA in COP23, will support data-driven quality improvement efforts to address facility-, district-, and provincial-level program gaps, including those identified through CLM, leading to improved quality of care, opportunities for decanting, and improved treatment retention. Client satisfaction will be monitored and validated by PLHIV, KP, and CSO groups through CLM.

Furthermore, in line with the success of the GoSA's Operation Phuthuma efforts, PEPFAR SA will continue to expand its intensive partner management and support in COP23. Using developed SOP and tools, PEPFAR SA will work closely with the GoSA Nerve Centers at both national and provincial levels through weekly data-reviews and facility management hubs, attended by technical leads from PEPFAR SA, GoSA, and Civil Society. PEPFAR SA will support the roll-out of the 100-facilities project led by the NDoH. This project will see the revitalization of the facility, sub-district, district and provincial Nerve Centers to be effective and sustainable hubs driving program performance. Functional Nerve Centers will serve as a melting pot for key interventions which will then be cascaded to other facilities leading GoSA led HIV response to sustainably achieve 95-95-95 by 2026. The initial aim will be to support 100 high-volume facilities offering an enhanced level of intensified oversight and accountability and then expand to other sites in the 27 PEPFAR-supported districts.

PEPFAR SA will defer to the NDoH regarding adequate infection, prevention, and control (IPC) for SARS-CoV-2 and TB, but will provide technical expertise as requested on IPC in facilities. This approach will foster collaboration and also aims to ensure long-term sustainability.
Treatment literacy among PLHIV on ART is a critical tool to empower patients in their own care, complementing the efforts of DSPs to improve retention and adherence. U=U messaging supports both these goals, works to create patient demand for VL testing, prompts communication of results, and is a potent weapon against the stigma and self-stigma that undermine continuity of and adherence to ART. Especially for younger patients and those initiating therapy while immunologic function remains strong, U=U messaging may provide stronger motivation to start and staying on ART than does traditional messaging about avoiding death and living a long, healthy life. Despite the potential of U=U, findings from recent Ritshidze CLM efforts demonstrate that patient literacy and understanding of U=U messaging remain inadequate. In COP23, PEPFAR SA will continue to collaborate with the GoSA to enhance patient treatment literacy and expand use and understanding of U=U messaging within PEPFAR SA-supported services.

A national framework for HIV literacy (PEP, PrEP, ART) has been developed by SANAC and other stakeholders, in collaboration with the NDoH. The framework's objective is to streamline HIV literacy initiatives, which will help with expanding and implementing HIV literacy (inclusive of prevention and treatment), and U=U messaging. PEPFAR SA and the GoSA will continue to work to enhance messaging for all populations, including KP and AYP. KP partners will select appropriate channels of communication and messages based on the feedback from KP groups to ensure that U=U messaging is communicated effectively and understood by each KP group. KP groups are not homogenous, and therefore messaging and communication channels may vary across groups and geographies.

PEPFAR SA will work with the GoSA to ensure that all healthcare workers are capacitated to provide accurate and easily understandable information on treatment adherence, the importance of an undetectable viral load, and if undetectable, the availability of repeat prescription collection strategies (RPCS) when talking to PLHIV, through consultations, counseling, outreach, and health talks at clinics—and that viral load test results are properly explained to all PLHIV in a timely manner.

Addressing barriers to retention: Accelerating proven interventions

In FY22, PEPFAR MER data show that young PLHIV (both males and females) aged 20–24 years had the highest proportion of treatment interruptions, while PLHIV aged 35-49 years contributed the greatest number of people to the ART coverage gap per NAOMI modeling results. Additionally, published literature shows that alcohol and substance abuse[5], high levels of gender-based violence (GBV), and mental health[6] challenges increase the risk of interrupting HIV treatment and contribute significantly to this retention gap. In COP23, PEPFAR SA will address these population-specific gaps and challenges. To increase retention among both young men and women, PEPFAR SA will scale-up the MINA (For Men. For Health. "Me" in the context of "my community") Campaign to increase coverage to all PEPFAR supported sites. This will ensure the linkage between the above line marketing campaign is matched with the in-facility strategy. PEPFAR will support GoSA to re-establish adherence support groups (I-ACT), postnatal care clubs, community ART (ART initiation and maintenance), and enrollment in RPCS.

To improve ART coverage among PLHIV aged 30–49 years, PEPFAR SA will support a range of activities. These include, for men, scale-up of services like Men's Corner and men-friendly services days, which are designated spaces to provide comprehensive services to male clients. PEPFAR SA will continue to embed messages on adherence to treatment, retention in care, treatment literacy, and U=U in the MINA campaign to improve engagement of men in their health. In addition, PEPFAR SA, will continue peer-to-peer-based case management, and promote the integration of services for women to reduce queueing at various types of health-care delivery sites (e.g., provision of HIV services in the family planning service point).

Also, in COP23, PEPFAR SA will continue to support the GoSA in implementing person-centered strategies to improve access to ART and facilitate adherence and continuity of treatment. The strategies will include scaling with fidelity the implementation of the updated National Adherence Guidelines including RPCS, South Africa's differentiated service delivery models optimizing differentiated models of care, and strengthening decentralized MMD models. PEPFAR SA DSPs will continue to support facilities to track missed appointments, and flexible hours for clients who are working or at school will be expanded for drug pick-up. More convenient places (e.g., decentralized drug distribution, facility extensions into the community) and procedures that support expedited ARV refills, and mobile ART deliveries will also be improved.

Recognizing that systemic barriers can interact with individual-level factors, in COP23, PEPFAR SA will support the expansion of differentiated antiretroviral (ARV) delivery options that suit the individual needs and preferences for all HIV clients. The PEPFAR SA team will continue efforts to increase the number of patients decanted into RPCS, including through the national Central Chronic Medicine Dispensing and Distribution (CCMDD) program. RPCS include facility-based pick-up points (previously called, "spaced appointment and fast lane (SFLA)", facility- and community-based adherence clubs (used as pick-up-points during COVID-19 lockdowns), and external pick-up points (such as private pharmacies or CBO-run sites). In part through its support for the supply chain (see further detail in Pillar 3), PEPFAR SA will help the GoSA in ARV stock quantification and ART provision to facilitate decanting and to facilitate the scale-up of MMD to stable PLHIV and RPCS options through a digital system, Synchronized National Communication in Health (SyNCH). PEPFAR SA will also work with the GoSA to expedite

5 Alcohol and substance abuse article: Ndirangu et.al., (2022). Barriers to antiretroviral therapy adherence among women using alcohol and other drugs living with HIV in South Africa.
6 GBV and Mental Health citation: Conroy et al., (2023). Mental Health Mediates the Association Between Gender-Based Violence and HIV Treatment Engagement in US Women.

national roll out of MMD with the aim of full-scale roll-out of three months dispensing (3MMD) across all districts and planning for six months dispensing (6MMD), while ensuring that the CCMDD is able to support this expansion.

In COP23, PEPFAR SA will collaborate with the GoSA and Civil Society to improve the enrollment and retention of patients in RPCS and ensure that >90% of patients enrolled in RPCS are active (and not overdue for rescripting) on the program. PEPFAR SA will also monitor and support facilities to report on patients enrolled in RPCS that are more than 28 days late for rescripting. Demand creation for RPCS will continue in COP23 through the Dablapmed campaign. Finally, PEPFAR SA will support the GoSA in ensuring the functionality and long-term sustainability of the CCMDD program, including for monitoring and reporting on the number of clients decanted to RPCS on a quarterly basis.

PEPFAR SA actively supported GoSA with dissemination, training, and implementation of the revised national Welcome Back Strategy started during COP21. This strategy aims to create a welcoming environment for PLHIV who may have interrupted their treatment or missed an appointment, ensuring that facility staff treat those returning respectfully and with compassion. Working with GoSA, PEPFAR SA will strive to support implementation with fidelity of SOP 8 and 9 of the National Adherence Guidelines, which outline expectations for those returning to care. PEPFAR SA will also support the GoSA's oversight institutions (e.g., Office of Health Standards Compliance) to strengthen reports of patient mistreatment. DSPs in PEPFAR SA-supported sites will continue to support the implementation of the Department of Health's (DoH's) SOP regarding the handling of transfers.

Roughly 2 million ART clients (approximately 39% of clients on ART) were decanted to RPCS by the end of FY22. Data on the proportion of PLHIV who are eligible for decanting is limited. As the country moves towards Universal Health Coverage and implementation of National Health Insurance (NHI), PEPFAR SA will support development and roll-out of the EHR (See Pillar 2, Section 2.3 and Enabler: Leading with data, Section 6.3 for more information). This work will greatly improve misclassified IIT and allow for accurate quantification of RPCS-eligible PLHIV. Improvements in data quality expected from the EHR will also benefit the NDOH's Nerve Center approach to facility oversight and quality management (see Pillar 3, Section 3.2).

PEPFAR SA COP23 Priority Interventions: General Population

- Support groups and intensified psychosocial support
- Integrate mental health and substance abuse prevention (See Pillar 3 for further detail)
- Scale up community-based interventions
- Implementation of the revised 2023 ART Guidelines
- Intensified site-level support and scale up of Operation Phuthuma Nerve Center approach through GoSA's 100 facilities project.
- HIV literacy support, including U=U
- Use CLM for site-level action planning and implementation to improve quality of care
- High-quality EAC for abnormal viral loads

1.1.2 Treatment Optimization

PEPFAR SA has supported the GoSA with transition to and scale up of Tenofovir-Lamivudine-Dolutegravir (TLD) (from Tenofovir-Emtricitabine-Efavirenz (TEE)). Current implied dispensing data show a 90:10 TLD:TEE split across the country; however, additional progress is needed. In COP23, PEPFAR SA will

support the GoSA to further expand and monitor TLD access with an emphasis on pediatric DTG (pDTG) roll-out and the implementation of the revised 2023 ART Guidelines (See above).

Optimization of ART will be done through accelerating the transition to TLD and other DTG-based regimens to improve treatment initiation, earlier detection of adherence issues, retention in care, and overall optimal treatment outcomes. This will be achieved by assigning aggressive TLD initiation and transition targets in partnership with the GoSA and monitoring TLD stock at different levels.

In COP23, PEPFAR SA will support the GoSA to implement interventions that will ensure that all patients are offered TLD with informed choice. These interventions will include expanding the availability of patient educational materials, capacity building interventions to address healthcare worker hesitancy, and healthcare worker job-aids, as needed. PEPFAR SA will also support DTG-related pharmacovigilance and active surveillance efforts to track side-effects and adverse outcomes, and support on-going training of healthcare workers, including side-effect monitoring and appropriate regimen switching, in line with national guidelines.

1.1.3 Ensuring Viral Load Coverage and Suppression

The current PEPFAR VL coverage is 82%. To achieve and document population-level viral suppression of 73% and viral suppression of 95% among those tested and on treatment, PEPFAR SA will need to aim for close to 100% VL coverage and scale up VL testing so that every eligible patient receives a VL test. Among the key steps to improve HIV VL testing coverage, PEPFAR SA will continue to conduct a thorough assessment of the drivers of low VL coverage to develop facility- and population-specific strategies. Interventions will focus on three main areas: 1) reducing missed appointments for those due for VL (e.g., calling patients ahead that are due for VL); 2) reducing missed opportunities to draw a VL (e.g., creating a VL due list, fast-tracking clients due for VL to a phlebotomist); and 3) installing quality improvement plans to optimize VL coverage (e.g., defining VL management process flows at facilities and appointment of VL champions at facilities). These activities will synergize with enhanced patient and provider reminder systems, and integration of home phlebotomy into home delivery of medication models. This community-based model will be implemented through community systems such as CBOs, FBOs, and peer-led support groups to reduce interruption in treatment. Peer-led support groups and expanding mobile clinics as community pick-up points and also as VL sample collection point are both COP23 game changers.
As noted above, expanded decanting services with additional external pick-up points will also positively impact ART continuity and VL suppression.

Although VL suppression rates (at <1,000 copies/ml) are high among PLHIV currently on ART (Figure 4.2.2), PLHIV who are currently on ART still experience high rates of low-level viremia (LLV) of 50–999 copies/ml as reflected by LLV rates ranging from 16–23% among all VL tests done by the National Health Laboratory Service (NHLS) from PEPFAR SA-supported districts from FY21 Q4 to FY22 Q4. Furthermore, LLV has been associated with virological failure.[7] In COP23, the continued roll-out of TLD- and DTG-based regimens, along with increased psychosocial support, HIV literacy (see below), and U=U are expected to further improve VL suppression and have a significant impact on community-level VL suppression rates. Many facilities continue to see delays in the actioning of VL results, with some clients

[7] Hermans LE, Moorhouse M, Carmona S, Grobbee DE, Hofstra LM, Richman DD, Tempelman HA, Venter WDF, Wensing AMJ. Effect of HIV-1 low-level viraemia during antiretroviral therapy on treatment outcomes in WHO-guided South African treatment programmes: a multicentre cohort study. Lancet Infect Dis. 2018 Feb;18(2):188-197. doi: 10.1016/S1473-3099(17)30681-3. Epub 2017 Nov 17. Erratum in: Lancet Infect Dis. 2017 Nov 24;: PMID: 29158101.

waiting months before enhanced adherence counselling, which is frequent, in-depth tailored client-level support to address barriers and enable VL suppression, is done. These clients stay on a failing regimen for months before a VL test is repeated, or the regimen is changed. To help address these issues, high-quality enhanced adherence counselling will be supported by PEPFAR SA in COP23.

Additional measures to improve VL coverage will be to 1) align prescriptions of decanted patients with VL draw appointments and 2) collaborate with the NDoH in various Technical Working Groups (TWGs) to address some of the policy/guideline and implementation barriers that are impeding on both VL coverage and suppression.

1.1.4 Select Systems Impacting Care and Treatment

Strengthening the clinic-laboratory interface

PEPAR SA will support clinic laboratory interface (CLI) strengthening for VL through provider use of Results for Action (RfA) reports from the National Institute for Communicable Diseases (NICD) and the eLABS application, a mobile application which provides clinicians with real-time access to patients' laboratory results. In COP23, PEPFAR SA will also continue to support the expansion of the eLABS "Patient Support Module" which sends VL results directly to patients, reminders of their next VL test date, and educational health messages emphasizing the importance of adherence, VL testing, suppression, and U=U messaging (as described in Pillar 3, Section 3.5).

Data systems enhancements and support for data use

In COP23, PEPFAR SA will continue to provide technical assistance to facilities to streamline patient file management and data entry into TIER.Net for all ART clients, which will facilitate data completeness and the ability to generate, review, and manage VL due dates. PEPFAR SA will also support GoSA's move to an EHR (see Pillar 2, Section 2.3 and the Enabler: Leading with Data, Section 6.3).

Further, support will be provided to district health management teams to implement NDoH-supported Nerve Center meetings, which motivate facilities to closely monitor their performance, identify gaps, develop corrective action plans, and share best practices with other facilities to improve patient management. PEPFAR SA will also continue to support the needs of health facilities, such as with additional blood sample collection points and flexible facility hours.

1.2 Finding People with Undiagnosed HIV and Getting Them Started on Treatment

As South Africa moves towards reaching the first 95 target, in COP23, PEPFAR SA will need to stay focused on proven interventions while also striving for the game changing pivots that will help to achieve the last mile.

1.2.1 Status Neutral Approach to HIV Testing

In COP23, HIV testing services (HTS) will be implemented for both case finding and HIV prevention services while establishing linkages to appropriate care. For the approximate 600,000 undiagnosed PLHIV, in COP23, PEPFAR SA will continue to support HIV case finding through targeted geographic interventions for specific populations using a focused and strategic mix of modalities. Linkages to treatment for PLHIV will lay the foundation for adherence, retention, and viral load suppression.

High-risk, HIV-negative persons will receive appropriate referrals to prevention interventions and enhanced pre- and post-test counselling, including PrEP, PEP, psychosocial support, and other

prevention interventions as part of HIV literacy messaging and education. Linkages for these individuals will employ person-centered approaches to ensure linkage to relevant prevention services and lay the foundation for accurate self-risk assessment and adherence to/safe use of chosen prevention methods.

Facility-based testing will continue to be the main case finding strategy through full implementation of enhanced provider-initiated counseling and testing (PICT) at the acute, chronic, and maternal, newborn and child health (MNCH) patient care streams. PICT optimization including risk screening tools for children and HIV self-screening (HIVSS) at facilities will be the focus to ensure HIV testing is routinely offered to all clients at high risk for HIV infection. Clients from all entry points, such as TB, STI, ANC and other NICDs clients will be used as proxy for HIVSS distribution. We will work closely with the NDoH to ensure identification of facility testing needs using program data from HTS registers at the different entry points in the facility so that we can close the already identified testing gap amongst individuals aged 40 and above. Furthermore, we will work on optimizing PICT services by creating male-friendly navigation support using MINA Coaches, male treatment navigators, and fast-tracked and integrated service packages.

The status neutral approach to HIV testing maintains core testing services to also reach people with HIV but not on treatment and will be a critical strategy for linkage to care in COP23. PICT will be integrated within other healthcare services provided at the clinic, to minimize stigma and increase HIV testing for those who are eligible to be tested. These efforts will be accompanied by back-to-basic interventions like enhanced pre- and post-test counselling, which is inclusive of thorough Intimate Partner Violence (IPV) screening (with appropriate referral system) and HIV treatment literacy. In addition to identifying high risk individuals in need of an HIV test, HTS will also serve as an entry point for previously diagnosed individuals who have interrupted care so that they can be re-engaged in HIV treatment services.

1.2.2 Enhanced package of Differentiated HIV Testing Services

PEPFAR SA will continue to implement Differentiated HIV Testing Services are client- focused and this strategic mix of modalities will include:

PEPFAR SA COP23 Priority Interventions: General Population

- Introduction and upscaling of status-neutral approach for HIV testing
- Re-engagement and identification of re-testers, previously on ART clients
- Enhanced package of patient-focused dHTS
- Strategic engagement with Civil Society and Ritshidze
- Implementation science to understand why people do not start treatment after being diagnosed

HIV self-screening

In COP23, PEPFAR SA will additionally support assisted and unassisted HIVSS efforts for patient populations with a special focus on men, adolescents, and young people, and KP including: 1) patients in the queues waiting to consult clinicians; 2) distribution channels such as workplaces, institutions of higher learning, and transport hubs; 3) partners of PBFW; and 4) through KP program sites. In COP23, the targets for self-screening as a targeted testing modality will focus on reaching the partners of index clients, community testing, preventions programs such as DREAMS, as well as assisted self-screening at facilities. Secondary distribution of HIVSS kits will help improve access to HIV testing services and reduce the stigma associated with HIV testing for individuals who may not otherwise seek out testing on their own.

Index testing

Facility-based index testing will be fully implemented, targeting all newly identified PLHIV, clients who have unsuppressed viral loads, STI patients, and patients with presumptive and diagnosed TB. The focus

on ART clients with unsuppressed viral loads is crucial because these clients are at high risk for transmitting HIV to sexual and needle-sharing partners and to neonates or infants during pregnancy, labor, delivery, and during breastfeeding. In addition, adolescent girls will also be included as part of priority populations for index testing. Index testing affords an opportunity to identify known PLHIV who have either fallen off treatment or were never linked after diagnosis and therefore remains an important modality to bring those clients back to care.

Screening and monitoring instances of IPV is a key component of the index testing modality. All IPs will fully comply with the government SOP in screening all clients for risk of violence before contacting partners. No contacts who have ever been violent or are at risk of being violent will ever be contacted in order to protect the individual and other partners the contact may have that are unknown; however, all identified cases will be referred for appropriate interventions, with a focus on psychosocial support. To ensure fidelity in the scale-up of index testing, including alignment with the WHO's "Five C's" of HTS, the DoH supports ongoing and refresher training for its staff on the correct implementation and monitoring of index testing. Similarly, PEPFAR SA-funded DSPs will implement training and mentorship for their staff.

Index testing includes screening clients for IPV, and those who are identified as experiencing IPV are linked to GBV services. If IPV referrals are not available, index testing will not be implemented or continued. Referrals are closely monitored to ensure that individuals receive the necessary services and that the referral sites have the capacity to provide them. Clients are informed that index testing is voluntary, and they have the option to opt-out at any time to protect their human rights. Overall, index testing is designed to be a voluntary process that prioritizes the safety and well-being of clients, particularly those who are experiencing IPV, while also providing valuable data for public health surveillance and monitoring. All adverse events are monitored through a proactive post partner notification and testing adverse event monitoring system conducted through follow up calls of index clients to identify and provide services to individuals harmed by index testing. Index testing implementation reporting is part of the weekly/monthly Operation Phuthuma Nerve Center meetings with the NDoH and DSPs where clinical cascade performance is discussed at the district and sub-district level. PEPFAR SA will also work closely with CLM through Ritshidze to action any feedback received during facility assessment for index testing.

Community and facility testing

Community testing in COP23 will focus on testing the contacts and children of index clients and enhanced case-finding among men by targeting community hotspots that men frequent. These will include, but are not limited to, workplaces, men's hubs, and travel hubs. PEPFAR SA testing partners in the community will be trained to also use self-screening to reach men who are not utilizing testing services at facilities. PEPFAR SA supported mobile outreach services, as an extension of the existing healthcare system to encourage access and uptake of basic services such as HIV testing, family planning, STI screening, and ART initiation with management closer to the community as a strategy to reach, initiate, and retain men. PEPFAR SA will move away from using yield/positivity as an indicator of success for both facility and community testing but will maximize absolute number of HIV diagnoses and ensure linkages.

Both facility-based and community HIV testing will continue to be supported in COP23 to ensure quality-assured HIV rapid testing services are provided through the Rapid Test Continuous Quality Improvement (RTCQI) program, involving tester training and certification; internal quality control (IQC) of HIV testing kits using enzyme immunoassays; proficiency testing (PT); and annual site audits, using the Stepwise Process for Improving the Quality of HIV Rapid Testing (SPI-RT) assessment tool.

1.2.3 Engaging Civil Society and Ritshidze on HTS

Strategic engagement with Civil Society and Ritshidze on HTS will be a game changer in COP23. This work will contribute to stigma reduction efforts, improved understanding of the community HIV stigma index, and determining the level of potential social (family and community) enacted HIV stigma impeding HIV testing and its contribution to testing without engaging to treatment. PEPFAR SA will continue to implement activities aimed at increasing awareness of HIV testing services while leveraging Civil Society's strong ties to local communities to play a critical role in HIV testing demand creation and stigma reduction efforts, including community dialogues. Additionally, in COP23, DSPs will ensure coordination of grassroot-level CBOs, including those funded through the PEPFAR SA Community Grants Program, to enhance the quality of counselling with the inclusion of HIV literacy during pre- and post-counselling while ensuring appropriate referrals for both those who test positive and require ART treatment initiation and retention in care, and those who test negative and require comprehensive prevention services. PEPFAR SA will scale up community self-screening to focus on patients not engaging in traditional testing modalities with a special focus on the target populations listed above.

1.2.4 Implementation science for HTS

Implementation science activities will be conducted in COP23 to understand reasons for patients' disengagement from care, facilitate point-of-care identification and management of "repeat HIV-positive testers," and surveillance for recent infections. In COP23, PEPFAR SA aims to consolidate participating facilities into 2-3 districts (down from 5) to facilitate higher coverage of HTS_POS in selected districts, and improve the efficiency of the system; sites conducting recency surveillance will be leveraged for the implementation science activity aiming to identify repeat testers using the Labtrak system to facilitate improved case management (see further detail in Follow the Science, Section 5.4).

1.3 Plan to Close Gaps within the Pediatric & Adolescent HIV Cascades, and the Orphans and Vulnerable Children (OVC) Services

1.3.1 Pediatric and Adolescent Surge

PEPFAR SA recognizes that C/ALHIV remain the most underserved population in the HIV response. Over the last two decades, progress has been made in the country's HIV response; however, inequities among C/ALHIV remain. Whereas the 95-95-95 program goals stand at 94-77-92 among adults, progress among children and adolescents lags considerably at 81-65-68. With an estimated 164,281 children under 15 years living with HIV, South Africa has the largest HIV epidemic among children globally. In 2021, there were an estimated 10,000 new infections and nearly 3,000 deaths from AIDS in children aged <15 years.[8] In COP23, the reduction in CLHIV estimates from 233,000 to 164,281 is attributed to calibration of the NAOMI model to Thembisa at district level for finer age and sex bands resulting in more precise estimates. Inequities in access to sustained, life-saving ART and preventable deaths are compounded by stigma and socio-economic hardships. PEPFAR SA has been implementing the pediatric surge since FY21 with the goal to accelerate case finding and linkage to treatment, while ensuring service delivery models are tailored for children and adolescents. With this approach, notable improvements include scale up of index testing, improved case management, and improved viral suppression rates among adolescents. Despite these improvements, case identification and linkage to treatment have plateaued over the years. Subsequently, there has been slow growth in the pediatric cohort on treatment. PEPFAR SA has been supporting the NDoH's pediatric and adolescent matrix of interventions to ensure standardized

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approaches are implemented. The GoSA recently approved pDTG which will be available starting in FY23 Q3; the procurement of ARVs is led by the GoSA.[9] PEPFAR SA COP23 priorities are aligned to the Global Alliance to End AIDS in Children by 2030. This will create the much-needed momentum to accelerate progress towards elimination of vertical transmission of HIV and improve pediatric and adolescent HIV outcomes.

In the ensuing sub-sections, we describe the COP23 pediatric and adolescent strategic direction that encompasses expansion of priority interventions and innovations tailored to close the gaps along the cascade. The priority interventions are evidence-based, specifically chosen upon successful implementation by PEPFAR SA's district support partners. These successes include but are not limited to; a) doubling cases identified through index testing, b) increased testing coverage within OPD through use of pediatric risk screening tools, c) doubling coverage of viral load testing within family-based service delivery models and, d) attaining 96% retention of attendees of youth care clubs.

1.3.2 Pediatric and adolescent case finding

With the estimated 164,281 children under 15 years, and 195,148 adolescents aged 15-19 years living with HIV, only 81% of children and 85% of adolescents are of known status, respectively. Among those of known status, only 66% of children and 70% of adolescents are on treatment. South Africa is in a unique position with a number of children and adolescents being of known status but not in care. Case identification is complicated by difficulties related to disclosure, consent, and inconsistent implementation of targeted testing approaches at the facility and community levels. This country context presents a need for differentiated case-finding approaches that encompass new case identification, re-engagement of those of known status but not yet on treatment, while strengthening the community and national Integrated School Health Policy referral pathway.

In COP23, PEPFAR SA will close the gaps in case finding by employing targeted approaches to identify undiagnosed children and adolescents and re-engage those of known status but not yet on treatment. PEPFAR SA will utilize an approach that encompasses community mobilization and demand creation to identify newly diagnosed and re-engage previously diagnosed children not yet on treatment. PEPFAR SA will support health worker sensitization and equipping with age-appropriate screening tools (including Integrated Management of Childhood Illness (IMCI) tools) for children under 5 years of age and validated tools for 5-14-year age band to optimize index testing within the communities and key entry point testing at facility level. This will be done at the outpatient and inpatient departments, immunization clinics, youth zones, and sick entry points—such as malnutrition and TB. This approach will be critical in districts with high TB burden, as program data illustrates that a high proportion of children and adolescents presenting with confirmed or presumptive TB are co-infected with HIV. Despite this, program data shows that the volume of testing within the TB entry point remains relatively low with the majority of new cases identified through index testing and the outpatient departments.

In COP23, PEPFAR SA will improve the quality of testing and follow-up of index clients by enhancing counselling of index clients; supporting disclosure; tracking of children and adolescents who have not returned for follow-up; and distributing HIV self-testing. PEPFAR SA will engage Civil Society to drive demand for testing of children of PLHIV and are planning a 'Know your Child's Status' campaign in COP23, which will be a priority intervention to help us identify and link some of the missing C/ALHIV to treatment (LIFT UP Equity Initiative Funding). Further, PEPFAR SA will support community testing through mobile outreach services to improve access in hard-to-reach areas and for children of KP; this

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will be an effective model to ensure that we reach the children where they are. Also, in COP23, PEPFAR SA will employ case management approaches starting from the time of case identification to ensure linkage to treatment. PEPFAR SA will enhance program implementation across facility and community structures to better reach adolescents that do not routinely use health services. With PEPFAR SA's significant investments in community-based institutions through the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) and OVC programming, IPs are well-positioned to help bridge gaps between health facilities and the community. PEPFAR SA will promote HIV testing by facilitating partnerships between health facilities and youth-focused community institutions to implement joint programming and bi-directional referral processes. Further, PEPFAR SA will support HIV self-screening assisted by community health workers during routine household visits, community TB contact tracing, and immunization drives. This integrated approach will enhance the identification of previously diagnosed children who are not on treatment or have interrupted treatment. The program will explore potential strategies that encompass school and early childhood development centers.

1.3.3 Pediatric and adolescent linkage to treatment

Despite improvements in linkage to treatment for children aged 0-9 years over time, notable gaps remain among 10-14, and 15-19 year age bands. PEPFAR SA will support scale up of peer-based case management approaches, as well as employ differentiated service delivery such as family care days, and youth care clubs to improve uptake of treatment services. To mitigate barriers to sustained engagement in care and given the rise of unwanted teenage pregnancies among the females within the 10-19 year age bands, PEPFAR SA will increase awareness within the community and facilities to prevent and report GBV and support mental health interventions and referrals to appropriate psychosocial support services. PEPFAR SA will also continue to accelerate referral of HIV-infected children and adolescents identified in hospitals, enhance community-facility linkages, and enable children to be initiated in the community. Liaisons with the OVC program (see section 1.3.7) will ensure re-engagement of children and adolescents who are not yet on treatment through community outreach services. For children under 18-months of age, PEPFAR SA will continue to support the utilization of the NICD RfA datasheets developed to improve linkage to treatment. PEPFAR SA IPs will continue to support capacity building for pediatric and adolescent HIV management through training and clinical mentorship.

1.3.4 Pediatric and adolescent treatment optimization & differentiated service delivery

PEPFAR SA COP23 Priority Interventions: Pediatric, Adolescent

- Support treatment optimization with pDTG
- Capacitate community cadre on pDTG
- 'Know your child status' campaign
- Differentiated testing approaches
- Community interventions for VL services
- Intensify case management approaches
- Accelerate referral of C/ALHIV, infants to OVC program
- Youth zones, AYFS, DREAMS, learners program agents

Through IPs, PEPFAR SA supports about 80,270 children aged under 15 years who are currently on treatment. TLD transition has been slower than optimal with only 51% of children aged 10-19 years old on TLD in FY22. The GoSA approved pDTG in June 2022; however, implementation was delayed due to the public tender process. In COP23, PEPFAR SA will support NDoH's phased implementation plan for transition to pDTG with prioritization of newly diagnosed and virally unsuppressed children, as Lopinavir/ritonavir (LPVr) pediatric formulations are phased out.

In COP23, PEPFAR SA will continue to support service delivery approaches that are tailored to the needs of C/ALHIV, including intensified case management, family-centered models, youth zones, and youth care clubs, and 3MMD dispensing and enrollment onto repeat prescription collection strategies (specific for pediatrics and adolescents). PEPFAR SA will monitor the transition of children to pDTG starting FY23 Q3. PEPFAR SA IPs will support the roll out of the new national Antiretroviral 2023 Guidelines and provide onsite mentorship and training of the DoH clinicians in FY23-24. PEPFAR SA will also pivot service delivery to the community level to reach the harder to reach children, leveraging mobile services through DREAMS and DOH (LIFT UP Equity Initiative Funding).

Also, in COP23, PEPFAR SA will continue conducting clinical file audits to improve transition of eligible C/ALHIV to DTG-based regimens including pDTG. A multidisciplinary team approach and clinical file audits will be used to identify the reasons for non-suppression and develop targeted interventions. PEPFAR SA will target specific interventions to the needs of pediatric populations, including appointment time flexibility, family care days, and optimizing ART regimens. Partners will also continue supporting enrollment of C/ALHIV into RPCS to improve retention outcomes, improve quality of care, and reduce the burden on C/ALHIV and caregivers for clinic attendance. Treatment literacy and disclosure support sessions for both caregivers and C/ALHIV will be supported through peer support groups.

Finally, to further improve retention on treatment, PEPFAR SA will support inclusion of the pediatric formulary into SyNCH — the information system that facilitates online patient registration in the country's RPCS. PEPFAR SA will sensitize and orientate community cadres including outreach team leads on pDTG to ensure social mobilization and demand generation.

1.3.5 Pediatric VL Outcomes

Despite improvements in viral suppression among children aged 10-19 years at 82% in FY22, suppression among younger children under 10 years of age remains plateaued at 77%. Further, VL coverage also remains low, particularly for younger children, due to capacity limitations in pediatric phlebotomy among health workers. In COP23, PEPFAR SA IPs will support quality improvement measures to improve pediatric VL management and process flow. Further, eLABS platform and the RfA datasheets will be used to facilitate rapid identification of C/ALHIV with unsuppressed viral loads. To improve viral coverage, PEPFAR SA will support capacity building for pediatric phlebotomy as well as support opportunities for VL testing within communities by leveraging on community cadres and mobile clinics.

1.3.6 Pediatric and adolescent advanced disease management

PEPFAR SA recognizes that pediatric AHD needs to be addressed. Program data shows that 23% of C/ALHIV <15 years of age have CD4 counts <200 cells/µl at diagnosis, with mortality trends suggesting higher proportions among children under 5 years of age. This calls for a need to amplify AHD management among C/ALHIV. In COP23, PEPFAR SA will support the WHO Screen, Treat, Optimize and Prevent (STOP) AIDS approach to enhance timely screening, prevention, and treatment of opportunistic infections (including TB and cryptococcal meningitis) and address malnutrition. This will be done through support for training and clinical mentorship for pediatric advanced clinical care (ACC). PEPFAR SA will also accelerate referrals of C/ALHIV and HIV exposed infants to the OVC program to ensure holistic approaches that cater to the socio-economic needs of this vulnerable sub-population.

1.3.7 Orphans and Vulnerable Children (OVC)

South African children, adolescents, and their families continue to face the double burden of the impacts of the SARS-CoV-2 pandemic and HIV/TB, including the added stresses of unemployment,

hunger, violence, and interruptions in education, all of which have led to widened inequalities, increased vulnerability, anxiety, and depression. Caregivers of children are burdened by poverty, overcrowding, and unemployment. In light of these challenges, the PEPFAR SA OVC partners have continued to adapt services for children, adolescents, and their caregivers to meet them where they are with what they need to ensure they access services and remain in care. Addressing socio-economic factors and the social determinants of health will advance equity for vulnerable children, adolescents, and families.

1.3.8 Aligning OVC targets and support

For COP23, the PEPFAR SA OVC Program will provide service delivery for children, adolescents, and families in support of attaining the 95-95-95 targets by 2026, in alignment with the NSP, and support the Global Alliance to End AIDS in Children by 2030, through implementation across the three OVC models: OVC Comprehensive, OVC Preventive, and OVC/DREAMS Family Strengthening.

The PEPFAR SA OVC Program will target 606,064 beneficiaries across all 27 Districts, including 70% in the OVC Comprehensive Model and 7% in the OVC Preventive Model (OVC-Only). The PEPFAR SA OVC program will support the DREAMS SA program with family strengthening interventions in USAID districts. The majority of beneficiaries will be reached through the OVC Comprehensive Model, prioritizing the existing caseload of beneficiaries and to offer enrollment to newly identified C/ALHIV in support of closing the equity gaps for children and in alignment with the national plan for the Global Alliance to End AIDS in Children by 2030. OVC Preventive targets were slightly reduced for COP23 to accommodate and prioritize OVC Comprehensive beneficiaries. The OVC DREAMS Family Strengthening target for USAID remains consistent with COP22 as determined by the DREAMS SA team.

1.3.9 Community Grants Program support for OVC

The PEPFAR SA Community Grants Program will continue to provide an opportunity for direct funding to local CBOs to provide differentiated, evidenced-based and person-centered community-level care and support services for children and youth living with HIV, including orphaned and vulnerable children and their caregivers. From the overall target mentioned above, the Community Grants Program target contribution is 11,861 beneficiaries, comprised of 9,139 OVC Comprehensive and 2,722 OVC Preventative. The Community Grants Program will also strengthen collaboration with the OVC program at interagency level and between CBOs and OVC IPs in overlapping implementation districts to strengthen referrals and layering of services.

1.3.10 Peace Corps Support for OVC programming

At Peace Corps SA, the HIV Awareness & Prevention Program for Youth (HAPPY) supports national priorities in several ways. The HAPPY program is aligned to the NSP and the UNAIDS sustainable development goals. It geographically and programmatically aligns Peace Corps SA Volunteer (PCV) sites with the 27 PEPFAR SA priority districts most impacted by the epidemic. PCVs will focus their activities on combination prevention interventions, especially the delivery of evidence-based behavioral interventions targeting youth. This also includes activities targeting the most vulnerable, including OVC, by building their resiliency and that of their families through direct support and linkages to OVC services. Activities include co-facilitating camps, clubs, and afterschool programs for OVC, co-facilitating sessions, and clubs for the parents and caregivers of OVC. These are implemented by 2-Year PCVs, Virtual Service Pilot Participants and host CBOs.

Peace Corps SA had the first cohort of in-person volunteers since the COVID-19 evacuation that returned in October 2022. Two Health PCVs were placed with rural CBOs and four Response PCVs were placed in

PEPFAR SA IPs to implement preventative programming. The program target of 950 OVC beneficiaries (prevention) and 950 priority prevention beneficiaries reflects the gradual return of PCV to service in COP22. Peace Corps SA hopes to return to full pre-evacuation strength by COP24. Peace Corps SA also continues to strengthen collaboration with other PEPFAR SA IPs in priority districts where volunteers will be serving.

Post has placed Response PCV with PEPFAR SA IPs through referrals from USAID SA and CDC SA. The response program provides support to prevention, care, and treatment initiatives in response to PEPFAR SA's HIV/AIDS mandate. The response program provides high level/specialized skills in capacity building for both health and education projects. The high impact placements for the response program range from 6-12 months with a possibility of extension after thorough evaluation. Peace Corps SA has received two Response PCV cohorts for 2022 and 2023. The response program is collaborating with the Community Grants team in providing specialized skills to interested PEPFAR SA-funded Community Grants recipients. Peace Corps SA is taking its response program to the communities; this amplifies Response PCVs being active on the ground and not being office bound, as they will work directly with the community, in the community. Peace Corps SA response program is looking into expanding into climate change and agriculture activities. The response program is venturing into placing Response PCVs in DREAMS priority districts.

Peace Corps SA has developed a strategy that aligns with PEPFAR and Peace Corps objectives and would like to build relationships with schools and educational institutions to explore the possibility of HIV literacy in schools as raised at the COP23 discussions as a challenge from the Department of Basic Education (DBE). This approach also aligns with the recently launched SANAC National HIV literacy framework, which supports the inclusion of age-appropriate HIV literacy concepts in both lower and higher institutions of learning. Both health and education PCVs will collaborate on these initiatives.

1.3.11 OVC Comprehensive: Case management and psychosocial support

In COP23, the PEPFAR SA OVC Program will advance equity for children and adolescents through the provision of family-centered comprehensive case management for priority sub-populations at highest risk, including, but not limiting to, HIV Exposed Infants (HEIs), newly diagnosed C/ALHIV and new on treatment or failing treatment, children of female sex workers (CoFSW), children with an HIV+ caregiver; adolescent mothers living with HIV; children who have experienced sexual and gender-based violence; adolescent girls and young women (AGYW); and double orphans. The targeting approach for COP23 leveraged the OVC target setting framework agreed on by the interagency, which prioritized strengthening collaboration with DSPs to enroll unsuppressed C/ALHIV by priority sub-national unit (PSNU) and ensure sufficient coverage in the OVC Comprehensive Model against TX_CURR <19 years. OVC IPs will intensify multidisciplinary team efforts with DSPs and KP partners through co-location in proximity of high burden sites, continue collaboration on family care days, and differentiate OVC case management services, including active referrals for targeted community HTS and index testing services; treatment literacy, disclosure, and adherence support; and track retention and viral suppression for children, adolescents, and their caregivers. OVC IPs will play a key role in supporting caregivers to understand treatment optimization as South Africa rolls out pDTG.

OVC IPs will also scale up Listen, Inquire, Validate, Enhance Safety, and Support (LIVES)/ violence against children (VAC) training for case workers and strengthen relationships within the multidisciplinary team to include Thuthuzela Care Centers and school-based cadres to receive active referrals for children and adolescents who have experienced sexual violence and require longer-term support. Mental health and psychosocial support (MHPSS) will be prioritized in COP23 implementation, including parenting support and grief support. Adherence clubs for adolescents living with HIV and caregivers of C/ALHIV will

continue and be upscaled in communities. Vulnerable households will be actively linked to GoSA social grants while food support will be streamlined through private sector engagement and CSOs. School attendance and progression will continue to be monitored, particularly for households impacted by the SARS-CoV-2 pandemic, caregiver death and illness, or loss of income. OVC partners will also continue prioritizing collaboration with KP partners to provide CoFSWs with comprehensive OVC support and documenting the successes.

Furthermore, to catalyze a sustained response for comprehensive case management, the PEPFAR SA OVC Program will leverage its existing relationship with the Department of Social Development focused on OVC Preventive and implement a new national Government-to-Government (G2G) agreement focusing specifically on reaching children and adolescents living with HIV, as well as child survivors of sexual violence. The Department of Social Development will capacitate CBOs on RISIHA (a community-based children protection program aimed at OVC), C/ALHIV, children living in child- and youth-headed households, and/or children living with chronic health conditions. To contribute towards closing treatment gaps for all populations, Department of Social Development will further capacitate social service professionals (community health workers (CHWs), community care workers, social workers) working in facilities on RISIHA as well as the integration of case management into clinical work. Through a G2G agreement, Department of Social Development can support the sustainability of community implementation beyond PEPFAR SA and our existing IPs.

1.3.12 OVC Preventive: Prevention of HIV and Sexual Violence amongst Children 10-14 years

In COP23, the OVC program will continue to implement structured evidence-based interventions focusing on the prevention of sexual violence and HIV amongst at-risk, very young adolescent girls and boys aged 10-14 years through three youth facilitator-led curricula that were developed and evaluated in South Africa and complement DREAMS: ChommY, and Grassroot Skillz. These curricula use age-appropriate indigenous games and activities that cover topics such as decision-making, self-esteem, adolescent sexual health, HIV/AIDS, and rights/responsibilities. Since COP19, PEPFAR SA has supported the roll out and implementation of primary prevention of sexual violence and HIV activities among 10-14-year-olds through the current high performing G2G with Department of Social Development in three districts. COP23 will leverage the success of this existing G2G agreement with the Department of Social Development and expand to additional districts with an intensified focus on reaching boys through enhancing the Boys and Men Championing Change Initiative. Drop-in-centers will be prioritized for OVC Preventive, while the DBE will complement OVC Preventive with reaching adolescent girls and boys through scripted lesson plans focusing on Comprehensive Sexuality Education in schools.

1.3.13 OVC DREAMS: Family Strengthening intervention for adolescent girls and their caregivers

A key priority for COP23 is to ensure that the right adolescent girls and their parents/caregivers are reached with Family Strengthening as part of the DREAMS SA secondary package of interventions through strengthened active linkages between the DREAMS SA primary package IPs, and the USAID OVC IPs. DREAMS Family Strengthening in CDC districts is implemented by DREAMS partners as part of the comprehensive package. These strengthened, active linkages are also key for accommodating girls at risk in need of comprehensive case management services. For girls that may need additional support, DREAMS SA partners refer these girls to the OVC Comprehensive program for assessment and care plan development. To further strengthen active linkages with other secondary package IPs, DREAMS SA Family Strengthening facilitators incorporate and reinforce messaging around PrEP, especially continuity, family planning and the importance of condom use as key messages incorporated into Let's Talk and Parenting for Lifelong Health sessions.

1.4 Plan for Services for Pregnant and Breast-Feeding Women and their infants

1.4.1 Prevention of Mother-to-Child Transmission

In alignment with the Global Alliance to End AIDS in Children by 2030, South Africa has renewed its commitment for elimination of vertical transmission of HIV. South Africa's prevention of vertical transmission program has sustained universal coverage of testing and treatment among pregnant and breastfeeding program at >95% over several years. The outstanding gaps include sero-conversion of PBFW, delayed first antenatal (ANC) presentation of younger women (including adolescent girls and youth), and viral non-suppression among some PBFW. These gaps have resulted in continued vertical transmission. There is an estimated mother-to-child transmission (MTCT) of HIV rate of 2.9% at 18-months, and the country has an estimated 7,828 new cases annually, based on the Thembisa 4.5 estimates (2022). PEPFAR SA supports the implementation of the key interventions identified to address the gaps e.g., scale up PrEP implementation, partner testing and integration of HIV services within the MNCH clinics. In 2023, PEPFAR SA supported the NDoH to develop the Global Alliance National Implementation Plan; pillars 2 and 3 of this plan specifically address these MTCT gaps.

Further, implementation of pre-exposure prophylaxis (PrEP) within antenatal and postnatal clinics remains sub-optimal with the 2022 Antenatal Sentinel Surveillance Survey indicating that only about 6% of eligible young women are receiving PrEP. IPs have been supporting implementation of adolescent and youth-friendly services, scale up of PrEP and TLD transition to reduce vertical transmission and improve maternal and child outcomes. In COP23, PEPFAR SA will continue to advocate for development of the national longitudinal cohort monitoring tool for mother-infant pairs follow up.

In COP23, PEPFAR SA will continue to support roll out of adolescent- and youth-friendly services, postnatal clubs, and other peer-led case management modalities to improve HIV literacy, service uptake, retention, and follow-up of the mother-infant pairs. PEPFAR SA will also continue to support and scale up the integration of sexual reproductive health services into the adolescent- and youth-friendly services and youth zones in COP23, including supporting promotion of condom usage and family planning measures.

PEPFAR SA IPs will also continue to support implementation of optimized treatment regimens among PBFW to ensure rapid viral suppression and ultimate reduction in vertical transmission of HIV towards the goal of EMTCT; this is another game-changing activity.

Finally, to improve retention, PEPFAR SA will support implementation of differentiated service delivery models, including RPCS for stable PBFW as appropriate, including enrollment into post-natal clubs, family care days and MMD in alignment with maternal and child health appointments. Emphasis will be made to ensure a tailored, holistic package of care for young mothers (including adolescents and young women) to improve uptake of services for prevention, testing and treatment.

1.4.2 Preventing new infections among pregnant and breastfeeding mothers

Recent district-level data show that 30% of newly identified women living with HIV are aged between 15-24 years. Further, the SARS-CoV-2 pandemic exacerbated factors that placed adolescent and young women at higher risk of contracting HIV. In 2022, the National PrEP Guidelines were updated to include prioritization of at-risk pregnant and breastfeeding women, and to remove previous creatinine testing requirements for all clients. These guidelines recommend creatinine testing for pregnant women, at baseline for non-pregnant clients >30 years, and annually for high-risk clients. These changes have resulted in the scale-up of PrEP.

Starting in 2023, the NDoH has made provision to include PrEP uptake among pregnant women in the national register which will enhance monitoring. Further, the Global Alliance National Plan includes community engagement to improve HIV literacy, partner testing and engagement to reduce maternal and infant postnatal sero-conversion and linking partners to HIV preventive services like VMMC.

In COP23, PEPFAR SA will support a change strategy for reaching adolescents and young people that will be anchored in integration of HIV testing across the health system. This will include universal testing in antenatal, family planning, tuberculosis, youth zones and inpatient services and offering PrEP for those eligible. We will strengthen collaboration between DREAMS and DSPs to promote integration of preventive and treatment programs at the community level within youth zones and in facilities leading to improved linkage to treatment, access to socioeconomic and psychosocial interventions.

PEPFAR SA COP23 Priority Interventions: PBFW

- Accelerate scale-up of PrEP among PBFW
- Optimize maternal treatment with DTG-based regimens
- Intensify dual infant prophylaxis for high-risk infants
- Optimize dual HIV and syphilis testing among PBFW

1.4.3 Enhanced prophylaxis for HIV exposed infants

PEPFAR SA has been supporting the birth testing for HIV exposed infants, reaching >99% coverage in 2022. Despite this success, based on program data and aligned to the global picture, most pediatric infections due to vertical transmission occur after the 6-week post-delivery period. The 2023 National HIV Management Guidelines emphasize extended dual prophylaxis for high-risk HIV exposed infants. This definition has been expanded to include infants born to mothers whose viral load is >50 copies/ml or is not known at delivery; this will reduce vertical transmission significantly in COP23. This expanded definition will curb new infections among infants. PEPFAR SA will support training and clinical mentorship in alignment with these guidelines.

1.4.4 Viral load management and early infant diagnosis optimization

PEPFAR SA has been supporting the implementation of the national 2019 Prevention of Mother-to-Child Transmission (PMTCT) Guidelines which included additional VL testing for pregnant women at birth and at 6 months post-delivery. The NHLS monitors the use of electronic gate keeping (eGK) codes which allow for repeat VL testing in pregnant and breastfeeding women to be done without specimen rejection. PEPFAR SA partners have supported the utilization of the eGK codes, although gaps exist between the facility-to-laboratory interface.

Further, PEPFAR SA has funded the eLABS system that is being used to improve turnaround times, reduce specimen rejection rates, and improve results usage for VL testing and early infant diagnosis. PEPFAR SA has been working with the DoH at the provincial and district levels to improve the utilization of this system. PEPFAR SA will also monitor the actioning of results at the facility level. While South Africa has made immense strides in preventing vertical transmission of HIV, in COP23 PEPFAR SA IPs will continue to improve early infant diagnosis (EID) by conducting targeted training and clinical mentorship to clinicians in alignment with the 2023 National PMTCT Guidelines. PEPFAR SA will also support utilization of the NICD RfA reports, which detail weekly facility-level HIV PCR results, to enhance tracing of HIV-exposed infants. The guidelines emphasize transition of all eligible pregnant and breastfeeding mothers to DTG-based treatment regimens. IPs will continue to conduct clinical file audits to identify

gaps related to attaining VL suppression and support quality improvement measures through Operation Phuthuma to close these gaps. PEPFAR SA is working closely with the district DOHs to close identified gaps, specifically, through training on advanced HIV diseases management.

1.5 Plan for KP services

1.5.1 Key Populations

Key populations (KP) do not exist in isolation; they are affected by and impact the HIV epidemic in the broader population. As we move towards the 95-95-95 targets, increased KP resources will be needed to sustain epidemic control. In 2021, KP and their sexual partners accounted for 70% of new HIV infections globally, and for 51% of new HIV infections in sub-Saharan Africa.[10] The following sections provide more information on PEPFAR SA's planned KP services in COP23, and strategic direction to reach the 95 -95-95 targets and the 10-10-10 structural enablers.

Expanding KP Services to Public Health Facilities

In COP19, PEPFAR SA recognized the need for expanded KP services in public health facilities and started working with the NDoH to realign the former "High Transmission Area Program' into the current KP program. The Key Populations Health Implementation Plan and KP Centers of Excellence (KP CoE) are key to strengthening KP-friendly services in the public health sector. Establishment of KP CoE is a collaborative effort, including provincial and district DoHs, Civil Society, DSPs, and KP IPs. The NDoH is leading this activity with the secondment of a PEPFAR SA-funded secondee. To date, 25 KP CoE have been established in four provinces, and 93 district managers, 95 clinicians, and 87 support staff have been trained and mentored. Increased resources will support a more rapid scale up with at least four KP CoE established per district, equating to approximately 200 KP-friendly clinics and training nearly 3,000 health workers by the end of COP24. The Core Package of Services at a KP CoE will be determined by the NDoH Key Populations Health Implementation Plan. The KP Sensitization Toolkit will be updated, and training expanded to Regional Training Centers, and DSPs. The final component of this activity is CLM of public facilities. In COP23, Ritshidze will continue to monitor public clinics, and especially the KP CoE where possible to ensure that key populations are treated with dignity and respect. The KP CoE are the primary game changer that will ensure that more facilities are capacitated to deliver high quality and KP-friendly services.

Policy Development and Alignment

All KP programs are aligned with strong country strategic plans and informed by population-size estimations and BBS data. In COP23, PEPFAR-SA will conduct the third BBS with FSW, and the second survey among people who inject drugs (PWID) is expected to be complete in COP22. Protocol development on a BBS among transgender people will also be started in COP23 and implemented in COP24. (See Pillar 5 for further detail.)

In 2020, SANAC launched the second National Sex Worker Plan, 2019-2022. In COP23 PEPFAR SA will support a mid-term progress review of this plan and the development of the new sex worker plan, which may be launched in COP24. In addition, PEPFAR SA will support the development of the second National LGBTQI+ (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and related communities) Plan as well as one for PWID. All these plans are aligned with the NSP. Finally, PEPFAR SA is supporting SANAC to

10 UNAIDS. In Danger: UNAIDS Global AIDS Update, 2022. https://www.unaids.org/en/resources/documents/2022/in-danger-global-aids-update. Accessed April 11, 2023

develop guidelines on services for young KP in COP22, and these are expected to be disseminated in COP23. These plans demonstrate strong consensus on PEPFAR SA's strategic direction in COP23 and confirm GoSA's support.

PEPFAR SA collaborates closely with several KP CBOs, specifically, the South African Network of People who Use Drugs (SANPUD), and Sisonke (a movement of sex workers). PEPFAR SA will fund SANPUD in COP23 to conduct treatment literacy campaigns, capacitate grassroots organizations, and support CLM. Through SANAC, PEPFAR SA has frequent consultations with the LGBTQI+, PWID, and sex worker sectors. PEPFAR SA has also collaborated with Detention International and the Judicial Inspectorate Commission that ensures humane treatment of inmates.

Geographic and Population Prioritization

KP groups are characterized by high HIV prevalence with social marginalization and stigmatization contributing to high infections; KP groups include sex workers (SW), MSM, TG, PWID, and people in prisons. PEPFAR SA-funded sites provide a comprehensive package of prevention, treatment, and complementary services through drop-in centers (DICs) and mobile outreach. By expanding services across the HIV cascade including treatment, VL suppression, and prevention interventions for KP in the highest KP burden districts, South Africa will disrupt HIV transmission and reduce HIV incidence.

Focus districts for KP are listed in Table 1.4. Sites are selected based on KP epidemiology, including size estimations and presence of hotspots in careful coordination with The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) to ensure expanded coverage of KP programs with no program overlap.

Table 1.5.2 Geographic Distribution of PEPFAR SA Key Populations Sites

District	FSW	MSM	TG	PWID
ec Buffalo City		■	■	
ec Nelson Mandela		■	■	
ec OR Tambo	■			
gp City of Johannesburg	■	■	■	
gp City of Tshwane	■	■	■	■
gp Ekurhuleni	■	■	■	
kz eThekwini	■	■	■	
kz uMgungundlovu	■	■	■	
lp Vhembe	■			
mp Ehlanzeni	■	■	■	■
mp Gert Sibande	■			

mp Nkangala				
nw Dr Kenneth Kuanda				
nw Ngaka Modiri Molema				
wc Cape Town				

ec=Eastern Cape Province, gp=Gauteng Province, kz=KwaZulu-Natal Province, lp=Limpopo Province, mp=Mpumalanga Province, nw=NorthWest Province, wc=Western Cape Province
NB: PEPFAR also supports approximately 60 correctional centers in South Africa.

1.5.2 Differentiated and Client-Centered Service Delivery

PEPFAR SA's dedicated DICs provide high quality and tailored packages of prevention and harm reduction, care and treatment interventions targeted to SWs, MSM, TG women, PWID, and people in prisons. Peer-led outreach and mobilization is the cornerstone of the KP program, supporting targeted strategic communication and demand creation, and dedicated KP mobile and DICs. In addition to comprehensive HIV services, sites provide: STI screening and treatment; TB screening and referral; PrEP (including MMD and community collection); post-exposure prophylaxis (PEP) and other primary health services, including sexual and reproductive health, condom-compatible lubricants, and both male and female condoms that are easily available; psychosocial support; mental health services; and gender-based violence services on site or by referral.

Where possible, KP are employed as counselors at PEPFAR SA-supported sites to improve psycho-social support and counseling for KP. Additional complementary services, including medication for opioid use disorder; drug dependence counselling and support; harm reduction information; wound and abscess care; and access to sterile injecting equipment are provided where relevant. Mobile clinics provide services at times and locations that are convenient to each KP group. Collaboration between KP and OVC partners support children of KP through linkages to OVC teams for structural support. (See section 1.3.7 on OVC for further information.) This is particularly important for FSW and women who inject drugs. Social workers embedded in the KP teams provide therapeutic counselling and structural support including linkages to social welfare. PEPFAR SA's comprehensive package of HIV prevention and treatment services is supported by peer-led health literacy initiatives, and together with concurrent screening and treatment of comorbidities like STIs, TB, and viral hepatitis.

1.5.3 Case finding for Key Populations

The target setting approach for HIV case-finding in COP23 is focused on using testing modalities that will reach undiagnosed KP individuals. Social network testing strategies will be employed, in addition to index testing that will be conducted with caution. to prevent unnecessary disclosure of KP behaviors, and to prevent potential GBV or IPV. The needs of each KP group are taken into account. For example, VCT is most appropriate for people in prisons, while social network strategy and ethical index testing have been used successfully among MSM, FSW, TG, and PWID. Screening tools and Labtrak will be used to identify repeat testers and those who are already on ART. Enhanced adherence counselling and psycho-social support will be provided to these individuals. Social network strategy testing and index testing approach will be used to find "hidden" KP individuals who do not know their status.

All counselors engaged in index testing/partner notification will receive KP sensitization, LIVES training, and adverse event monitoring training to ensure that interpersonal violence and gender-based violence do not occur due to contact solicitation. This training will be extended to KP CoE, where many KP

individuals continue to access services. As detailed in the NDoH's SOP for HIV index testing, contact registers only contain the identity number of the index client and no information on the mode of transmission to protect the confidential information of both the index client and contacts when doing tracking and tracing.

1.5.4 VL Outcomes for Key Populations

PEPFAR SA COP23 Priority Interventions: Key Populations

- Collaborate with NDoH to expand key population-friendly services in public facilities
- Partner with GoSA and other organizations to provide structural support to address homelessness, poverty, and GBV
- Collaborate with NDoH and SANAC to update harm reduction and other related policies
- Collaborate with NDoH to roll out CoE

The KP program will prioritize continuity on treatment and VL coverage among all KP groups in COP23. VL suppression rates continue to be strengthened among most KP groups, with most achieving VL < 1,000 copies/mL. We aim to strengthen the continuity on treatment and VL suppression through same-day or rapid ART initiations, MMD, and drug drop-offs at homes or hotspots. The comprehensive package of HIV prevention and treatment services is supported by peer-led treatment literacy initiatives, and targeted U=U campaigns. Psychosocial support through social workers or psychologists will support continuity on treatment through enhanced adherence counselling and motivational interviewing.

Although VL coverage in PEPFAR SA-funded KP sites still lag, the use of eLABS has strengthened coverage, with notable increases among FSW from 54% in FY20Q3 growing to 83% in FY22Q4, and a growth among PWID from 15% in FY20Q3 to 107% in FY23Q1. Several provincial and district DoHs do not allow PEPFAR-funded KP sites to use eLABS, and PEPFAR SA continues to advocate for this use with the support of our PEPFAR SA lab team and the NHLS. The NHLS provides PEPFAR SA with biweekly reports from eLABS, and this allows partners to take immediate remedial actions. Challenges faced by KP individuals further contribute to low VL coverage. These include high mobility; homelessness; and a lack of internet access/data, transportation funds, and cell phone access. IPs have responded to these barriers through interventions including taking blood draws for viral loads at home, hotspots, or other venues, and via mobile clinics, and strengthening SOP for tracking due viral loads.

Although VL coverage is suboptimal, the VL suppression of those with viral load done among KP groups is approaching the third 95 goal, with an average of 93% VL suppression of less than 1,000 cp/ml across all KP groups. The suppression rates are 97% among inmates, 91% among FSWs, MSM, and TG, and 78% among PWID. Strengthening suppression rates may be attributable to development and rollout of tailored U=U messages and channels of communication. There is evidence that opioid substitution therapy (OST) is associated with a 54% increase in ART initiation, and 45% increase in the odds of VL suppression[11].

Finally, in COP23, early interruption of treatment (<3 months) will be monitored, and clients will be followed up, and provided with enhanced adherence counselling using motivational interviewing techniques. Social workers/case managers will continue to follow-up and extend psychosocial support to clients on treatment. Same-day initiations will be strengthened with the support of motivational

11 Low, Andrea J. et al. Impact of Opioid Substitution Therapy on Antiretroviral Therapy Outcomes: A Systematic Review and Meta-Analysis. Clinical Infectious Diseases, Volume 63, Issue 8, 15 October 2016, Pages 1094–1104

interviewing and peer role models, MMD, and drop-offs of medication at hot-spots or places of choice by the client. SMS motivational messages that have been developed by the SW team will be expanded to other KP groups: this comprises a daily message that encourages and reminds the client to "take their pill" every day.

1.5.6 PrEP for Key Populations

New PrEP initiations continue to be scaled up. PEPFAR SA partners will continue to develop social media outreach and scale up other demand creation activities to strengthen continuity on PrEP through loyalty programs and motivational interviewing. PrEP is actively offered to everyone who is eligible and wants it. PrEP refills are provided on a three-monthly basis for eligible key populations.

PEPFAR SA data from FY23Q4 show that MSM are the largest KP group initiating on PrEP, with steep increases since the start of the rollout. A pilot project has shown that event-driven PrEP is feasible and acceptable among gay and other MSM. Although the DoH does not aim to amend guidelines, it has given verbal permission for roll out event-driven PrEP in PEPFAR-SA funded sites. In COP23, PEPFAR SA will continue to advocate with GoSA for expansion of event-driven PrEP beyond PEPFAR-funded DICs starting with the KP CoEs but expanding to all public clinics in the future.

1.6 Plan for Adolescent and Young People Services

1.6.1 Geographic and Population Prioritization

Priority populations for prevention were identified based on HIV risk profiles, with the greatest focus being on AGYW and OVC. DREAMS SA programing in COP20 expanded from four original implementation districts to an additional 20 districts with extremely high incidence and high burden of PLHIV. In COP21 and COP22, DREAMS SA retained its population- and need-based target setting approach across all DREAMS SA districts, utilizing key variables as age band-specific risk proxy multipliers (e.g., orphanhood, multiple sexual partners, inconsistent condom use, etc.) to ensure robust estimates of the target population. In COP23, DREAMS SA will maintain a focus on scaling up in the COP20 approved geographic expansion districts, as well as its focus on development and implementation of a multi-year saturation plan to ensure the most vulnerable AGYW are reached with prevention interventions. Given the multitude of dynamic factors that impact the DREAMS SA program and its target beneficiaries (e.g., mobility; changing program requirements and priorities; variable and unpredictable AGYW risk profiles; ageing in and out of primary target age bands, etc.), understanding when DREAMS SA has reached district-level saturation (signaling the need to move into a "maintenance" phase) is quite complex; and as such, a model which considers key dynamic factors over time is necessary to inform program planning.

DREAMS SA will continue to work in collaboration with the GFATM in the eight shared districts in order to ensure complementary programming and additive coverage of vulnerable AGYW and adolescent boys and young men (ABYM) with customized and targeted interventions. In COP21, the South African OVC Program contributed to the PEPFAR SA pediatric surge through continued scaling up and enrollment of C/ALHIV and support for the continuity of treatment for children under 18 years of age.

Scaling up PrEP for AGYW in DREAMS districts

DREAMS SA will increase targets for COP23 to continue reaching AGYW who are vulnerable and at high risk of attaining HIV. PrEP will continue to be implemented as part of the core package of interventions and offered as part of a comprehensive sexual reproductive health services package and PEP for post-violence care survivors. DREAMS SA will continue to support the DoH to institutionalize the provision of

PrEP services in health facilities, engage provinces where PrEP is still not being offered in health facilities to provide targeted capacity building, and continue to accelerate the services in community-based settings through mobile vans. DREAMS SA will ensure PrEP is prioritized for the most at-risk/vulnerable AGYW, including PBFW in health facilities, GBV survivors, and sero-discordant couples. IPs have been sensitized not to deny older females and males requesting PrEP services.

In COP23, DREAMS SA will continue to prioritize the scaling-up of the prevention of sexual violence and HIV amongst at-risk youth, and the interventions will continue to include girls and boys where feasible. This will involve an intensive scale-up of evidence and curriculum-based interventions addressing risks; violence prevention which includes focused attention on increasing HIV prevention knowledge; self-efficacy; and linkage to HIV testing services. DREAMS SA interventions will continue to include the LIVES training for facilitators of HIV and violence prevention interventions and mentors and linkage officers, including learner support agents in schools who support beneficiaries in targeted "Safe Spaces" or "Hubs of Hope." Training and support for mentors and learner support agents will be scaled-up so they can be better equipped in supporting beneficiaries and to improve direct linkages to services through health facilities and the Integrated School Health Program (ISHP) for youth in schools. DREAMS implementation will focus on strengthening bi-directional referrals from other IPs, collaborating on PrEP, HTS, and PEP demand creation, and ensuring that DREAMS SA, VMMC, OVC, and pediatric/PMTCT IPs plan and work closely to provide services to beneficiaries especially at the community level. DREAMS SA will ensure targeted and strengthened linkages to MHPSS for beneficiaries especially those who have been impacted by COVID-19 and GBV, with a particular focus on survivors of sexual violence/rape to ensure timely completion of PEP, should PEP be accepted, and offer of PEP to PrEP transition.

DREAMS SA has also maintained the GEND-GBV targets to reduce persistent high levels of GBV, which were specifically reported during COVID-19 lockdowns. Overall efforts to prevent GBV are expanded to focus communities through targeted interventions addressing gender norms, violence prevention with AGYW beneficiaries, and males in community settings. DREAMS SA interventions target community leaders, change agents, and the male sexual partners of AGYW. DREAMS SA will continue to increase access to post violence care service points both at facility and community levels to expand the provision of targeted comprehensive services to vulnerable beneficiaries (decentralized services).

In COP23, DREAMS SA will conduct mapping to identify "Youth Led Organizations" within the 24 DREAMS SA districts to create targeted and sustained engagements to support planning, implementation of services and interventions. Additionally, DREAMS SA will focus on strengthening partnerships with Community Grants Program funded CBO and OVC partners to address social and gender norms, behavior change including post violence care services, violence against children services, and promotion and support of comprehensive HIV literacy focusing on PEP/PrEP/ART. DREAMS SA interventions will ensure targeted messaging to increase and expand awareness on the benefits of PEP at the primary health clinic and community health center level and through family planning platforms.

Also, in COP23, DREAMS SA, in partnership with the Department of Social Development, will increase availability of social workers/auxiliary social workers to improve the provision of psychosocial support services (PSS) to survivors of GBV. This support will also cover opportunities to build capacity of young people to identify GBV victims; provide basic counseling services; facilitate direct linkages to health and social protection services; and provide ongoing mentoring as needed to vulnerable youth.

Intensive economic strengthening interventions

Over the past years, DREAMS SA has substantially increased the resources, targets, and strategies for linking DREAMS SA beneficiaries to intensive economic strengthening opportunities which include linkages to wage employment, entrepreneurial, and income generation. In COP23, different implementation strategies will continue to be strengthened and utilized to ensure that there are opportunities for AGYW in the health sector and within the PEPFAR SA program through IPs. While continuing with training and linkages of young women to select trades and vocations using the Siyakha Girls intensive economic strengthening (IES) approach and connecting them to Accelerating Strategies for Practical Innovation and Research in Economic Strengthening (ASPIRES) and Work for a living, additional targeted strategies will be used to directly link young women to wage employment opportunities in the health and social development sector.

Finally, in COP23, DREAMS SA will work with IPs to improve reporting on all categories of the intensive economic strengthening package interventions for young women.

Progress and plans for saturation by SNU and geographic expansion

There are no planned DREAMS SA geographic expansions in COP23 as the SABSSM VI results will only be released in August of FY23. Findings from the survey will inform DREAMS SA programming specifically to determine geographic expansion plans. For the first year of COP23, DREAMS SA will continue to focus implementation in the current 24 districts, and the focus will be on recovery and increasing coverage reach of the vulnerable beneficiaries in the current districts and target sub-districts. In COP23, DREAMS SA will review and monitor HIV incidence levels in focus districts and determine in collaboration with South African stakeholders whether the saturation level has been reached. In COP23 and beyond, DREAMS SA will be using the R Shiny App to calculate saturation in the 24 DREAMS districts.

DREAMS SA will continue to consolidate and strengthen HIV and violence prevention interventions to ensure performance improvement and achievement of the DREAMS primary package, including working with key multi-sectoral stakeholders to sustain the implementation of the primary package. This is coupled with the standardization of the use of South Africa' national ID (where possible) to collect and report data under the AGYW-PREV indicator and strengthen the layering of DREAMS SA interventions through the improved web-based cohort tracking system (known as CBIMS.NET).

Primary prevention of HIV and sexual violence among 10–14 year-olds

In COP 23, DREAMS SA aims to target 147,835 10–14-year-old adolescent girls through school-based interventions. The interventions targeting these age groups include boys and girls as the majority of 10-14-year-old youth are still in school settings in the focus districts. The interventions cover topics that address violence prevention and address risk, including creating awareness about sexual violence; healthy and unhealthy relationships; delaying sex; sexual consent; gender stereotyping; sexism; and abuse, sexual grooming, bullying, and HIV prevention. (See the OVC section 1.3.7) for more details on the OVC-specific implementation of primary prevention of HIV and sexual violence for 10-14-year-old boys and girls.) To ensure that parents and caregivers along with community leaders are included to protect both boys and girls, targeted radio lessons are also used to reach 10-14-year-olds, parents, and caregiver. These lessons are broadcast through community radio stations and are also used as teaching and learning materials in schools. These interventions are aimed at mobilizing communities to prevent violence and change harmful gender norms.

To achieve the necessary DREAMS coordination efforts in COP23, DREAMS SA will continue to strengthen multisectoral collaboration to support the successful implementation of AGYW/ABYM

interventions with key GoSA departments, including health, social development, and education, as well as the AIDS councils at national, provincial, and district levels. DREAMS SA will also continue to work closely with GFATM to standardize and harmonize AGYW interventions; increase access and coverage of services; pool together resources; cost share on common interventions; avoid duplication; and promote program efficiencies. DREAMS SA will dedicate funds for evidence-based violence prevention for 15-24-year-old ABYM and leverage VMMC platforms which offer comprehensive prevention services, including a men's health program to improve access to HIV services among the male sex partners of DREAMS SA AGYW.

Comprehensive DREAMS Review

DREAMS SA in partnership with South African departments, at the national and provincial levels, as well as SANAC, will conduct a comprehensive review of the DREAMS SA program to understand successes and challenges and better align programming by selecting the most successful interventions moving forward. Planning for the review will commence in COP22, with the review expected to take place in COP23.

Additional Program Priorities

In response to increasing HIV and STI acquisition and pregnancy rates among adolescents during the SARS-CoV-2 pandemic, in December 2021, the Cabinet of South Africa approved the DBE's Policy on the Prevention and Management of Learner Pregnancy in Schools. The goal of the policy is to reduce the incidence of learner pregnancy through the provision of comprehensive sexuality education (CSE), direct linkage to adolescent and youth-friendly sexual reproductive health (SRH) services to ensure pregnant learners receive a supportive environment for the continuation of learning and are not excluded from school. In alignment with the NSP, PEPFAR SA will provide support for the implementation of this policy, to ensure that pregnant AGYW and young mothers are supported through peer support, while scaling up SRH services and dual protection methods to prevent unwanted pregnancy and STIs and HIV infections. DREAMS SA will also continue to support the scale-up of CSE through DSD and a sustainable capacity building model, strengthen linkage to PEPFAR-supported complimentary SRH, PrEP, and HTS services for youth and adolescents through AYFS and the ISHP, as well as targeted support for behavioral and structural programming services in DREAMS SA interventions.

Finally, in-line with the PEPFAR 5x3 strategy, in COP23 DREAMS SA will prioritize the following: 1) maintain health care workforce (including AGYW), to strengthen and support youth zones and AYFS sites; 2) support decentralization of GBV services in community health care facilities; 3) integrate routine and targeted AGYW health promotion programs into existing community health systems; 4) engage engagement with youth-led organizations to ensure that AGYW/ABYM needs are adequately addressed, while supporting improvements in DREAMS SA programming and implementation; and 5) expansion of IES interventions through collaboration with GoSA key departments and the private sector.

1.7 Across the Continuum: Combination Prevention and Treatment

The PEPFAR 5x3 strategy has provided a framework emphasizing the breaking-down of programmatic siloes to promote health equity and ensure that gaps inadvertently created through siloed programming, and the loss of patients through the gaps created by siloes, can be addressed. As such, combination prevention programming—which forms the cornerstone of all prevention programming in PEPFAR SA—aims to leverage across all PEPFAR SA programs in its attempts to "double-down" in COP23.

PEPFAR SA COP23 Priority Interventions: Combination Prevention

- Expand Key Populations CoE and KP sensitization integration
- Introduction of new PrEP technologies
- VMMC expansion to 'Men's Health' platform
- Ensuring that all individuals receiving HIV testing, regardless of status, have information on prevention and treatment (status neutral approach)

In addition to programming focused on DSD or TA and measured by MER indicators, both Prevention and Care and Treatment programs have increased investments in above-site and systems-level activities in order to reach longer-term goals around sustainability. While Combination Prevention is explicitly mentioned under Pillar 1: Health Equity in the PEPFAR 5x3 strategy, there are COP23 priority activities which cut across all 5 Pillars and all 3 Enablers. This section highlights those cross-cutting activities and provides additional context.

1.7.1 Combination Prevention and Treatment for Priority Populations

The PEPFAR 5x3 strategy emphasizes the importance of providing combination prevention for priority populations. Based on South Africa's HIV epidemiology and response, PEPFAR SA considers priority populations to include:

- All five categories of PEPFAR SA Key Populations (individuals in prisons, FSW, MSM, TG, and PWID),
- Adolescents and youth (AGYW, given the current data on continuing high incidence),
- Pregnant and breastfeeding persons (PBFP), and
- Males (specifically ABYM, male sexual partners of AGYW, and adult males).

One of the key aims of the PEPFAR SA Combination Prevention Program (CPP) in COP23 is to ensure that the appropriate choices of prevention interventions are available and accessible to all in need, with a special emphasis on priority populations. A combined approach is necessary to ensure that the multi-faceted needs of patients and communities are adequately met. Directly addressing accessibility needs, the program will intensify the strengthening of referrals of high-risk and all in need individuals from HIV testing into prevention interventions (i.e., the status-neutral approach prioritized in the 5x3 Strategy). This translates to ensuring universal offering of prevention tools (including PEP and PrEP) regardless of HIV status. (See section 1.1. above for further detail on status neutral HTS.)

In addition, in COP23, the CPP will undertake efforts to address GBV as one of the key structural drivers for HIV risk, treatment interruption or non-adherence, and subsequently low viral load suppression. In COP23, the CPP will implement the game changer expansion of GBV prevention interventions coupled with a quality assurance process for ensuring appropriate post-violence care. Throughout these efforts, there will be a strong focus on equitable services for persons living with disabilities, SW, LGBTQI+ individuals, and AGYW. To support the GoSA's implementation of the GBVF NSP and the priority of

decentralization of post-violence care services, PEPFAR SA aims to leverage CSO, CBOs, and FBO for service awareness generation and de-stigmatization as well as for GBV prevention through interventions such as SASA! and SASA! Faith.

PrEP continues to be a vital component of combination prevention in COP23. PEPFAR SA aims to enhance equitable access to PrEP through two key game-changers: 1) Ensuring that event-driven PrEP for MSM is available nationally as a part of a choice agenda rather than a PEPFAR SA priority, and 2) rapidly piloting long-acting injectable cabotegravir (CAB-LA) through DoH facilities and KP DICs/CoE once the global supply of CAB-LA is available to meet the need and shown to be cost-effective.

HTS and PrEP in DREAMS

DREAMS SA has long incorporated HTS in prevention programming and monitoring. In COP23, HTS remains a core component and necessary for determining progress towards the DREAMS objective of helping AGYW to remain HIV-negative. In line with targets for PrEP and GBV, HTS will be scaled-up/available during the implementation of multi-session interventions, safe spaces, and at PrEP demand activations. HTS will be provided in alignment with COP23 guidance to ensure direct linkage to HIV prevention services and/or HIV treatment services. Through DREAMS SA, HTS is offered to the male sexual partners of AGYW and to parents and caregivers who are in the program.

DREAMS SA has flatlined PrEP targets in COP23. The program seeks to prioritize a more targeted focus on reaching AGYW who are the most vulnerable and at highest risk of attaining HIV. In addition, in COP23, DREAMS SA has increased investments in above-site and systems-level activities with the aims of having a longer-lasting and more sustainable impact; enhancing community leadership; and amplifying the voices of Civil Society, including the youth and traditional sectors. DREAMS SA will continue to implement PrEP and PEP as part of the core package of interventions offered as part of a comprehensive package of sexual and reproductive health and post violence care services. DREAMS SA will continue to support the DoH to institutionalize the provision of PrEP services in health facilities and continue to accelerate the services in community-based settings through mobile vans, youth zones, and other community venues. DREAMS SA will ensure PrEP is prioritized for the most at-risk/vulnerable AGYW, PBFP, GBV survivors, male sexual partners, and sero-discordant couples. IPs have been sensitized not to deny older females and males requesting PrEP services.

PrEP in KP Programming

See section 1.5.6 for information on PrEP for KP.

Additional PrEP Program Priorities

With the approval in South Africa of the dapivirine ring and CAB-LA, PEPFAR SA is working with the NDOH to determine the most cost-effective and impact-driven approach to introduction of these new technologies. This work involves activities to determine current demand in South Africa and the globally available supply for these new technologies.

1.7.2 Ensuring Sustainability and Local Leadership for Combination Prevention and Treatment

Ensuring the long-term sustainability of and local leadership for combination HIV prevention in South Africa is a key priority for PEPFAR SA in COP23. Many of the combination prevention activities which focus on sustainability have been detailed in program-specific or population-specific sections of this document. However, some priority interventions to highlight here include: 1) the rapid expansion of the KP CoE program being led by the NDoH and supported by PEPFAR SA; and 2) the cross-program priority

of expanding HIV literacy to ensure individuals can make informed choices around prevention options regardless of HIV status and that everyone, regardless of HIV status (but led by PLHIV), understands HIV treatment and U=U messaging. One key activity in the combination prevention space is to work more closely with the DoH, leveraging all PEPFAR SA programs, to better support the expansion of quality oral PrEP services in all DoH facilities (including youth zones/AYFS, ANC, and KP CoEs). In COP23, PEPFAR SA will leverage planned HIV literacy and choice agenda activities to ensure broader impact, e.g., VMMC will be leveraged to indirectly prevent HIV infections of female sexual partners and decrease cervical cancer risk.

1.7.3 Using Transformative Partnerships to Leverage Combination Prevention and Treatment

Transformational partnerships will be key to success for all PEPFAR SA programming in COP23. In COP23, the CPP will strive to strengthen engagement and take advantage of opportunities for joint programming with the Department of Social Development, DBE, Department of Justice and Constitutional Development, National Prosecuting Authority, South African Police Service (SAPS), DoH, SANAC/Civil Society, traditional leaders, traditional health practitioners, etc. Improved partnership and collaboration with these varied stakeholders will enhance multisectoral action, integration of services, and system resilience. The program will also strive to increase strategic community-level partnerships through the Community Grants Program, Peace Corps Volunteers, and other opportunities for capacity building. Finally, the program will strive to better leverage VMMC services. The PEPFAR SA VMMC program has exceptional engagement with traditional leaders and enjoys substantial involvement and leadership from the traditional sectors.

1.7.4 Strengthening Combination Prevention and Treatment through Science

Finally, the PEPFAR 5x3 strategy also calls out the necessity to “follow the science” in designing and implementing all HIV programming. In COP23, the CPP will follow the science through implementation science efforts to identify appropriate models for PrEP referrals within VMMC and other services. These activities will also explore the social determinants and social/societal barriers (e.g., GBV and harmful gender norms, mental health) that impact across the prevention and treatment continuum and ways to address them.

1.7.5 Voluntary Medical Male Circumcision (VMMC)

Health equity for men

The PEPFAR SA VMMC program will continue to implement a substantial part of VMMC demand generation activities, specifically targeting ABYM and adult men. These are community-based and most often implemented through community-based partners. To improve VMMC access for underserved individuals in the VMMC target population, the program will continue to implement several VMMC service delivery modalities within communities. This approach showed greater outputs in the past and will be carried forward and strengthened in COP23. Targeted VMMC interventions create the potential to offer men a more holistic HIV prevention service and targeted messaging for youth / boys / men. Besides VMMC being directly beneficial to men, it has shown an indirect effect of preventing HIV infections in female sexual partners and decreasing cervical cancer risk. Adoption of men’s health approach will create a favorable platform for men of different ages and social statuses to converge for different HIV related services. VMMC will support this DoH-initiated approach in COP23.

Sustaining the VMMC response

Following VMMC scale up in the past few years, the program has now commenced with transition toward sustainability. There are a couple approaches lined up to achieve this in COP23, and these include: 1) assisting the DoH in the integration of the VMMC program into the general health system and supporting national capacity to administer approximately 50% of VMMC service delivery; and 2) helping to improve the coordination of parallel program implementation. In collaboration with the DoH and other supporting agencies/partners, a VMMC Sustainability TWG has been established, and the program is looking at ways to pilot DoH-owned/-implemented VMMC services (to be expanded over time). To improve the cost-effectiveness of the program, there will be an introduction of reusable VMMC instrument packs, and this is already in its pilot phase in KwaZulu-Natal (KZN) province. In COP23, the PEPFAR SA VMMC program will explore a gradual shift from DSD to a technical assistance approach and step-up capacity building for DoH personnel and VMMC service providers (and consider collaboration with Regional Training Centers). A substantial amount of funding has been allocated toward sustainability projects for COP23 to aid the process. Lastly, the PEPFAR SA VMMC program will continue to advocate for a policy to standardize the availability of VMMC services in public health facilities across South Africa.

VMMC in the Public Health System

There are plans to improve health systems strengthening and security through transitioning the VMMC supply chain to the DoH. Capacity building at different levels of the DoH will be the most used tool to realize secured public health system and PEPFAR SA VMMC program will also support task shifting from medical to nursing personnel, accelerate VMMC training and capacity building, improve VMMC data systems (e.g., transitioning routine data quality assessment system to the DoH), strengthen all appropriate referral systems and strengthen specific demand generation activities for implementation through health facilities among others. COVID-19 left a huge dent in and lesson to the VMMC program, and the program is already implementing/monitoring innovations stemming from COVID-19, in order to sustain a ready workforce to respond to future epidemics/emerging public health threats. Through bi-weekly VMMC coordination meetings, VMMC program will continue to align its priorities and planning to that of the DoH.

Transformative partnerships

At a higher level, the PEPFAR SA VMMC program will continue to strengthen collaborations with the DoH, WHO, MMC Sustain, Bill & Melinda Gates Foundation (BMGF), and other key stakeholders to have meaningful and transformative partnerships. This includes traditional leadership. The biggest component of the PEPFAR SA's VMMC program is implemented in KZN, where the program has enjoyed, for the past few years, support from the late King of the Zulu nation, his Majesty King Zwelithini ka Zulu. The plan to solicit support from the current King, Misuzulu ka Zwelithini, has commenced through the KZN Consular General office and VMMC IPs. In COP23, the PEPFAR SA VMMC program, in collaboration with the Embassy's Small Grants Program, will continue to strengthen all community engagement with non-governmental organizations (NGOs), CBOs, FBOs, and traditional leaders, or other community-based structures (e.g., Isibaya sa madoda – men's kraal). There are plans to use extensive collaboration with local schools and institutions of higher learning to reach AGYW and ABYM and increase program engagement with community-led, KP men and youth organizations in planning, implementing, and evaluating of service delivery activities. To better explore and strengthen internal program collaborations and integration in COP23, PEPFAR SA VMMC will leverage its VMMC program for provision of other programs: care and treatment, HTS, DREAMS, mental health, GBV, and KP. There are also plans to explore integration of PrEP initiation in VMMC services. A successful technical assistance approach, which will support sustainability, will require strong partnership with Regional Training

Centers (RTCs) for VMMC training and capacity building, and this is the approach that will be taken by the PEPFAR SA VMMC program.

Follow the Science

The PEFPAR SA VMMC program will continue to use client satisfaction assessments to continually adjust and improve VMMC service delivery. As it has been in the past few years, the program will continue supporting implementation of routine VMMC External Quality Assessment (EQA) and increased attention for program improvement at the health facility level. Improvement of the current VMMC data system (i.e., DHIS) to provide useful indicators, in addition to only collecting age at VMMC, has shown great benefits to the program. When the SABBSM IV findings become available, the PEPFAR SA VMMC program will use the data to establish robust and reliable VMMC coverage data. Modeling demonstrates that program implementation will remain cost effective in South Africa through 2030, most likely 2040, and for the foreseeable future after that, even while HIV incidence is gradually decreasing.

Community Leadership

The PEPFAR SA VMMC program solicited and documented valuable inputs from different stakeholders throughout COP23 planning. Implementation of VMMC service modalities within communities will be further strengthened. The plan to increase involvement of traditional coordinators (chiefs and indunas) in the program will be enhanced to facilitate heightened community-level ownership and leadership. There will be continuous engagement of communities and civil society groups to advocate for the availability of VMMC in public health facilities. The PEPFAR SA VMMC program has already started engaging the NDoH on including VMMC in scopes of work for CHWs and ward-based teams.

Innovation

The PEPFAR SA VMMC program uses an increasing set of programmatic data to implement program innovations for boys and men on an ongoing basis. Among other incremental innovations, the program has put in place a robust data system to better monitor and evaluate program performance and data quality. This will be scaled up in COP23. There was also an introduction of exceptional demand generation reporting dashboards to better measure returns on investment on existing demand generation modalities. This assisted in streamlining demand generation systems and processes and has been well accepted by the DoH for rollout. To improve program quality, current IPs have set up systems and teams to monitor all VMMC-active sites at regular intervals. There is also a great analysis done on adverse events reported to better explore root causes and relevant interventions. For sustainability and implementation of cost-effective VMMC services, the program will soon be commencing with a pilot on reusable VMMC kit.

Leading with Data

The PEPFAR SA VMMC program continues to conduct implementation science and operations research and to collect and utilize meaningful data to develop and scale-up targeted programming. As noted, the SABBSM VI findings will establish robust and reliable VMMC coverage data and inform program planning. A VMMC data quality system has been tested and finalized for use by the PEPFAR SA VMMC program, as indicated as one of the innovative ideas above. The program created data systems for each program area (monitoring and evaluation (M&E), demand generation, and program quality) to better use data-driven approaches in VMMC programming. There are continuous program data reviews to support planning for scalable, impactful, and sustainable evidence-based interventions.

1.8 Plan to address Stigma, Discrimination, Human Rights, and Structural Barriers

In COP23, PEPFAR SA will support programming which seeks to reduce stigma and discrimination in line with *South Africa's National Human Rights Plan: A comprehensive response to human rights-related barriers to HIV, TB services, and gender inequality in South Africa*[12]. Particular focus will be placed on reduction of stigma and discrimination as a part of PEPFAR SA DREAMS and KP programming.

In the PEPFAR SA DREAMS portfolio, the primary focus is on the reduction of stigma and discrimination experienced by both at risk/vulnerable AGYW and ABYM who are seeking health services such as HIV testing and other prevention services (e.g., PrEP, condoms & SRH), which are delivered through various platforms including primary health care facilities and school-and community-based platforms. In addition to continuing to support capacity building in adolescent and youth friendly services (AYFS), including youth zones for client-centered sensitive care, DREAMS also strengthens the implementation of parenting and caregiver programs such as Let's Talk/Sinovuyo and Family Matters!, which aim to create a supportive environment for AGYW and serve as a platform to generate awareness of prevention services targeting AGYW such as PrEP and SRH. Through evidence-based, community and norms change interventions such as No Means No, Stepping-Stones, and SASA!, DREAMS seeks to reduce stigma and discrimination for ABYM and AGYW and create awareness of issues and prevention of gender-based violence. DREAMS SA will strongly focus on engaging community leaders and generating awareness around prevention of gender-based violence and the availability of post-violence care services in the communities and which will enable access to survivors of violence.

The PEPFAR SA KP program integrates anti-stigma and discrimination communication in all aspects of direct service programming through social asset building and mental health services. KP peer educators are recruited from the communities in which they live and host community dialogues to increase visibility of KP members and answer questions in a safe environment. Social workers at PEPFAR SA's sites provide comprehensive psychosocial services and verified linkages to social support to all our KP. PEPFAR SA's FSW and PWID programs work closely with the SAPS to improve relationships between police and criminalized KP groups. This collaboration is done at a local level through informal dialogues, continuous engagement, and discussions with local police precincts in areas where outreach occurs and invitations to sensitization workshops.

In COP19, PEPFAR SA supported the development of a robust KP sensitization toolkit which has been rolled out to all DSPs, civil societies, and DoH staff and is freely available online.[13] This toolkit has been adopted by the NDoH to be incorporated as a part of standard in- service training for all facility staff. In COP22/23, PEPFAR-SA will support refresher training for DSPs and DoH staff. Additionally, we plan to update the toolkit to reflect current priorities. A post-training evaluation tool is being developed in COP22. Post sensitization training, PEPFAR SA will work together with the GoSA and Ritshidze to assess the quality of KP service provision at site level, where possible, to show the success of the sensitization program. PEPFAR SA will work closely with GoSA to urgently investigate any reports of poor staff attitude; privacy violations; verbal or physical abuse/harassment; and/or of services being restricted or refused and disciplinary action will be taken where appropriate. Further, PEPFAR SA will investigate any reports in PEPFAR-funded KP sites.

12 SANAC. South Africa's National Human Rights Plan: A Comprehensive Response to Human Rights-Related Barriers to HIV & TB Services and Gender Inequality in South Africa. 2018. https://sanac.org.za/wp-content/uploads/2020/03/HR-STRATEGY-FULL-electronic.pdf
13 https://portal.foundation.co.za/Course/Details/1093

PEPFAR Civil Society points of contact are working with the SANAC Civil Society Forum's TWG on Human Rights. In a recently held multi-stakeholder meeting, a mid-term review of the Human Rights Plan was presented for discussion. The review sought to: (a) assess South Africa's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards scaling-up to comprehensive levels programs aimed at removing human rights-related barriers to HIV, TB and malaria services. Further meetings will be convened on a quarterly basis and stakeholders, including PEPFAR SA, are expected to identify an area of support that aligns with their programming.

2.0 Pillar 2: Sustaining the Response

According to PEPFAR's new 5-year strategy, "achieving long-term sustainability requires a substantial reorientation of the way PEPFAR, and the entire HIV/AIDS ecosystem, does business." This section, which focuses on Pillar 2 of the strategy, provides a summary of COP23 plans for PEPFAR SA to support the GoSA in leading and managing the HIV response. The section includes:

1. How PEPFAR SA will work with the GoSA and other stakeholders through capacity strengthening and other initiatives to support implementation of the country's HIV sustainability vision and roadmap
2. An overview of funding for the HIV response in South Africa, including plans for alignment of donor and national resources and identification of opportunities for efficiency gains
3. Identifying current health systems gaps given national priorities, how these are being addressed, and how PEPFAR is engaging in integrated national planning to close these gaps

2.1 Sustainability Vision and Road Map

2.1.1 NSP & Sustainability Framework

The GoSA views its consecutive NSPs as the country's road map for achieving the 95-95-95 targets and ensuring sustainability within the HIV and TB Programs. SANAC leads the drafting of the NSPs through a large-scale, multidisciplinary, inclusive process. SANAC and the GoSA released the country's most up-to-date NSP in early 2023. It includes four goals for HIV, TB, and STIs nationally: 1) breaking down barriers to achieve solutions; 2) maximizing equitable and equal access to services and solutions; 3) building resilient systems that are integrated across health, social protection, and pandemic response; and 4) fully resource and sustain an efficient NSP led by revitalized, inclusive, and accountable [local] institutions.

The 2023–2028 NSP is well-aligned with PEPFAR SA's goals for COP23. It outlines plans for integration of vertical HIV and TB programs, monitoring program performance, and identifying risks and vulnerabilities. It makes provisions for monitoring global and national socio-economic shocks affecting the national fiscus and in turn the HIV and TB program, and, finally, it makes recommendations for evidence-informed resource-allocation decisions and coordinated action by a range of stakeholders.

The NSP is accompanied by a Sustainability Framework. It includes six domains: service delivery, epidemic control, financial sustainability, governance and accountability, critical enablers, and support systems for health. The Sustainability Framework outlines various stakeholders' roles and responsibilities in ensuring sustainability, including for funding. Provinces and districts are also tasked to develop sustainability plans to strengthen HIV/AIDS and TB governance and management structures; build accountability across all levels; and facilitate the tracking of progress towards desired results.

2.1.2 Local capacity and leadership for implementing the NSP

In COP23, PEPFAR SA will support the GoSA and SANAC with implementation and monitoring of the NSP for 2023–2028 in a number of ways. (See below for PEPFAR SA's financial contributions to the HIV response.) In addition to these investments, PEPFAR SA will participate in SANAC's Sustainability Framework TWG at the national level and on the national team supporting provinces with translation of the framework into provincial sustainability roadmaps. PEPFAR SA will also participate in national or provincial assessments and development of corrective action plans. Finally, through its DSPs, PEFPAR SA

will assist provinces in implementing their provincial roadmaps and provincial strategic plans for HIV, TB, and STIs.

Meeting the goals of the Sustainability Framework will require capacity building and support for local leadership. Support for local organizations is a priority for PEPFAR SA. In COP23, PEPFAR SA-supported local organizations will play a key role in assisting the GoSA with service delivery, planning, and project and financial management across the HIV/TB cascade. PEFPAR SA's IPs will conduct capacity building activities, including trainings and identification of best practices to be shared across provinces. This also includes supporting the provincial sustainability roadmaps, data use, and, for community-based prevention, IPs will also support organizational development and the economic empowerment for young women.

PEPFAR SA also has a number of G2G agreements in place or under development. These agreements serve to facilitate strengthening of local and national government in leading the HIV response. The site-specific objectives are set by government, and government is accountable for meeting them in a timely fashion. PEPFAR SA will continue to leverage these G2Gs to ensure that the GoSA generally has sufficient capacity and support to implement the NSP, achieve planned progress towards the 95-95-95 targets, and address the shared priorities noted in PEPFAR's 5 x 3 strategy.

Finally, in COP23, PEPFAR SA will leverage its relationships with entities throughout the GoSA, multilateral donors, and other key stakeholders, particularly, DBE, Department of Social Development. and all sectors linked to SANAC including women, youth, private sector, and PLHIV networks, to ensure progress towards the NSP's goals. PEPFAR SA will increase its collaborations with the GFATM and identify strategic, new partnerships where necessary.

2.2 Funding the HIV response: Alignment of Donor and National Resources

2.2.1 Funding the HIV Program

The GoSA funds the majority of the HIV response in South Africa. According to the most recent National HIV/AIDS Spending Assessment (NASA), which covers 2017/18–2019/20, the national HIV response in South Africa is funded primarily by the GoSA (69%, USD 1.7 billion in 2019/20) through domestic public revenues.[14] Additional funding comes from external development partners (or donors) such as PEPFAR SA (24%) and GFATM (2%), as well as the private sector. Government resources fund the majority of HRH and critical commodities such as ARVs and laboratory reagents. Donor funding complements and partners with government resources to address critical resource gaps and focuses on developing innovative interventions and solutions.

South Africa has faced a highly constrained fiscal environment in recent years with a growing debt-to-GDP ratio that has been exacerbated by the SARS-CoV-2 pandemic, high inflation, contracted economic growth, and inefficiencies and nationwide, incremental reductions in supply in the energy sector. As a result of the SARS-CoV-2 pandemic, many public sector programs experienced budget cuts during the 2020/21 budget year, and budgets have not fully recovered. Provincial Department of Health (PDoH) budgets declined in real terms in 2023/24, and the HIV/AIDS conditional grant, which increased considerably in real terms from 2007/08 to 2021/22, leveled off in 2022/23. A real decline is expected in 2023/24.

14 Government of South Africa. National AIDS Spending Assessment 2017/18-2019/20. Url: https://www.unaids.org/sites/default/files/media/documents/NASAreport_southafrica_2017-2020_en.pdf

Lastly and notably, the GoSA has committed to achieving Universal Health Coverage (UHC) by 2030. Its pathway for doing this, while improving efficiency, equity, and resource optimization, is through a transition to NHI. Under NHI, existing government revenues will be pooled into an NHI Fund. The fund will be used to strategically purchase healthcare services from both public and private sectors for over 40 million uninsured South Africans. Public and private primary healthcare (PHC) facilities will be provided with a risk-adjusted capitation payment to cover all the health needs of individuals within their catchment area, and their performance will be measured against several key output and outcome indicators. HIV and TB services as defined by the national guidelines are covered under the essential primary healthcare package for NHI.

The transition to NHI is a game changer for South Africa, requiring new and improved systems and processes throughout the health system. In COP23, PEPFAR SA will assist the NDoH with the steps necessary to ensure that strategic purchasing and capitation perform as planned, and that integrated service-delivery models at the PHC level provide PLHIV and South Africans broadly with the robust and integrated package of healthcare services envisioned under UHC.

It is expected that NHI will offer opportunities for efficiency gains, and possibly even cost savings, in some areas. There will be a need for careful monitoring of progress and (re)prioritization of activities and resources as the reforms mature. Throughout this maturation, PEPFAR SA will collaborate closely with the GoSA to ensure that its resources are used efficiently and with the aim of catalyzing the larger investments of GoSA.

2.2.2 Opportunities for efficiency gains

Despite economic challenges and major upheaval in the health systems as the country transitions to NHI, the GoSA's financial commitment to its HIV program remains high. The National Treasury is committed to ensuring that funds are allocated to support an increasing number of people on ART. To meet this commitment, the country will need to work hard to identify and take advantage of opportunities for improved technical and allocative efficiency, as well as cost savings, in its programming nationwide.

At the national level in COP23, PEPFAR SA will continue to support initiatives that have the potential for cost and efficiency gains. For example, PEPFAR SA will support updates to the South Africa HIV and TB Investment Case to inform the national HIV program budget. PEPFAR SA will also support the continued expansion of adult and pediatric TLD coverage, which is critical for both health gains and cost savings. PEPFAR will assist with the roll-out plan based on targets; ensure availability of stock at district level; and mentor clinicians to transition children on pDTG using the SoP. (See section 3.4.1 for further detail.)

Differentiated models of care and MMD also offer potential efficiency gains and will be aided through support to the country's CCMDD program. (See section 3.4.1 for further detail.) Inefficiencies in spending on HRH will also be addressed. Within the HIV/AIDS-related health sector, HRH represented 33% (USD 900 million) of total expenditures in 2019/20. Identifying opportunities for greater efficiency and approaches to maximize the utility of HRH will be essential for South Africa to sustainably achieve HIV epidemic control. In COP23, PEPFAR SA will support HRH planning models best suited for SA; support monitoring of allocation for equity at using Human Resources Information System (HRIS); establish a national HRH coordination committee to provide oversight to all PEPFAR supported HRH using Human Resources Inventory Database (HRID); explore integration of functions for the cadres not formally integrated as part of health workforce in South Africa; and support CHWs institutionalization as part of the ward-based primary health care outreach teams (WBPHCOT). (See Pillar 3 below for further detail.)

PEPFAR SA's support for health financing and public financial management will also address specific sub-national needs in COP23. In South Africa, the PDoHs play a pivotal role in managing public health facilities and lead decision making about sub-national budgets, investments, and staffing needs. They are responsible for implementing national policies and service delivery. Funding flows to provinces for health and other public services through two main channels—the provincial equitable share and conditional grants. In COP23, PEPFAR SA will provide financial management capacity building to select provinces and districts to better integrate budgeting and planning functions and to achieve improved health outcomes.

In addition to the activity- or area-specific initiatives noted above, PEPFAR SA will also support larger-scale national efforts to improve resource optimization and integration. There is an urgent need to establish and test the multifaceted technology, systems, and process required for the Contracting Units for Primary Health Care (CUPs). There is also a need for evidence-informed planning of the capitation payment approach and systems established to monitor the impact of capitation on specific outcomes, including HIV and TB. In COP23, PEPFAR SA will support the preparation of NHI at national and provincial levels, working with technical task teams to align benefit packages to payments and improve outcomes at the primary healthcare level under capitation models.

To ensure broad support and integrated planning for health financing and public financial management reforms in South Africa, in COP23, PEPFAR SA will continue routine engagements with relevant stakeholders and support for initiatives that facilitate dialogue and planning between the GoSA and the donor community. PEPFAR, NDoH, GFATM, and SANAC will collaborate to outline the current budget and expenditure by funding partner as well as budget projections, based on the NSP goals, and by program and selected HIV/TB interventions. The collaboration ensures that all budgets and expenditure are accounted for and there is accurate estimation of the funding gap, using estimates based on the planned budget envelopes from various sources.

Finally, in COP23 PEPFAR SA will continue to drive sustainability through providing relevant trainings; participation in TWGs or assessments for Ideal Clinic and Nerve Centers; strengthening partnerships with GFATM, BMGF, and other donors to improve coordination; and investing in information systems in alignment with the National Digital Health Strategy (2019–2024) to ensure functional, interoperable systems and increased use of data and analytics to improve financial decision-making at all levels.

2.3 Addressing Health System Gaps to Meet National Priorities

2.3.1 Integrated national planning

PEPFAR SA's investments are well-aligned to South Africa's national goals, including those outlined in its National Development Plan for 2030, the National Health Strategy; and, as noted above, the NSP for 2023–2028. There is broad consensus on the need to reduce health inequities and advance efforts towards the country's goals of epidemic control and UHC.

PEPFAR SA's investments are also reflective of multi-sectoral, integrated planning, which took place not only at the COP23 co-planning meeting, but also as part of routine engagements throughout the year with the GoSA and other stakeholders. Through these processes, targets for progress towards the 95-95-95 targets have been aligned. There is also agreement on many issues cutting across the health system, including the need for collaborative efforts to address: quality of care; the technical skills and competencies of and planning for HRH; and resource optimization that results in program efficiencies. In COP23, PEPFAR SA will continue to actively support and participate in integrated national planning on all aspects of the HIV program. See section 2.1.2 for further detail.

2.3.2 Addressing health system misalignments and gaps

The LAST analysis performed during COP22 planning and presented in Appendix E in the COP22 Strategic Direction Summary involved review of the Sustainability Index Dashboard (SID) and Resource Allocation tools and identification of "misalignments" or gaps between program areas required for achieving epidemic control and a sustainable response and related outcomes. Due to already well-aligned programming in South Africa, just three areas were identified as requiring shifts in the coming years: 1) above-site investments, 2) services for KP, and 3) private sector engagement. Below is further detail on progress to date in these areas during COP22 and plans for COP23.

Above-site investments

Despite a decrease in overall funding in COP23, funding for above-site investments in South Africa has increased slightly from COP22. The bulk of the increase will be put towards HMIS due to their critical importance for the country's health financing reforms and for addressing barriers preventing attainment of the 95-95-95 targets, such as interruption in treatment.

In February 2022, the NDoH released a circular noting the creation of the NHI Digital Unit, which is responsible for systems integration and development of a unified, interoperable digital health architecture in preparation for NHI. This digital architecture will assist the country in data-driven decision-making for service planning and provision, budgeting, and management. The circular also declared a moratorium on further development of digital systems not under the purview of the new Digital Health Unit.

Creating the envisioned NHI digital architecture, which includes an EHR, will require a significant amount of resources. The GoSA has already committed funds, and PEPFAR SA and the GFATM will also support this initiative in COP23. Some of the necessary processes are already underway. The Digital Health Unit currently manages the Data Center, which houses the national health data lake, and the Health Information Center (HIC), which is the analytic and visualization platform associated with the Data Center. The Digital Health Unit conducted an HMIS audit in June 2022 to inventory systems developed with support of PEPFAR or other donors. Subsequent deliberations earmarked two PEPFAR SA-supported digital systems for transition into the HIC. The Consolidated Health Informatics South Africa (CHISA) system, which uses patient-level matching of TIER.Net data to create a longitudinal HIV and TB record and a suite of associated analytics, is migrating into the HIC in mid-COP22. The SyNCH system, which supports the CCMDD program, is slated for migration in the coming months. Both systems have been identified as critical building blocks of the new architecture.

The migration of these two systems and scoping for development of the HIV and TB module of the EHR is being led by the Council for Scientific and Industrial Research (CSIR), the government entity delegated to do the technical development of new digital systems for the NDoH. SyNCH will require ongoing maintenance and support until a new system can take on its functions, likely in COP24. The CHISA system will be integrated into the HIC before COP23. Going forward the Digital Health Unit will require support to ensure that data coming from the planned HIV and TB module of the EHR flow into the HIC's HIV and TB analytics platform and that the module and platform meet the country's evolving needs for monitoring and management of patients across the cascade.

In COP23, PEPFAR will provide support for development of the EHR and other digital systems scoping and development in alignment with the NDoH strategy. In addition, PEPFAR SA will participate in the Digital Unit's planned TWG on HIV and TB Data Governance. The group's scope includes development of SOP and data governance processes related to HIV and TB patient-level information systems and data

access. Finally, PEPFAR SA will also support the necessary change management for moving HRH towards the goal of using the planned digital systems for data capturing, use, and analysis at all levels. (See Enablers: Leading with Data for further detail.)

Services for Key Populations (KP)

In response to discussions on the lack of government-led programs targeted at Key Populations, the GoSA has committed to integrate these services into PHC facilities through capacity building and skills transfer from the expanded CoEs in priority districts. In COP23, there are plans to have CoEs in each PEPFAR-supported district to increase comprehensive care for Key Populations. The location and number will be informed by size estimation results for the various Key Populations. PEPFAR SA will continue to assist the GoSA in the development of a national M&E framework and KP surveillance system to understand the gaps in services. (See section 1.5 for further information on KP services.)

Engagement of the private sector

The launch of South Africa's Private Sector HIV Response Strategy Framework (PSRF) in March 2022 was a significant milestone in advancing the national response and partnerships in support of the 95-95-95 targets. This Framework also supports SANAC to better coordinate and monitor private sector implementation of the NSP. The PSRF has already facilitated the establishment of national and nine provincial private sectors. There is a representative participating on resource mobilization committee. The success was outlined in the mid-term review of the last NSP. During COP23, the private sector and donors will be part of the resource mobilization committee as part of the NSP Sustainability Framework. (Please see Pillar 4 for additional information on transformative partnerships, including with the private sector.)

2.4 Game changers in COP23 to address systems level barriers

Systems-level barriers to epidemic control will be addressed in COP23 across PEPFAR SA's entire program. Challenges noted by PEPFAR SA's Care and Treatment team include retention, inability to trace clients, limited access to ePuPs, and limited case management for priority populations including children, youth, and men. There are also challenges reported by clients, including long waiting times, stock-out of medicines and lubricants, and limited differentiated service delivery.

In COP23, PEPFAR SA's activities will address these barriers through targeted systems investments. A high proportion of PEPFAR SA above-site funding will be directed to the development of the planned EHR, in response to a direct request from the NDoH and in alignment with NHI and the National Digital Health Strategy. At the same time, PEPFAR SA support will include health data analytics, rollout, training, change management, and mentorship on the new system. This support will address the service-delivery barriers and challenges at their root cause—the fragmented, inefficient information systems that have historically prevented attaining high quality, person-centered care. Development of the EHR and transitioning to its widespread use will directly impact the quality and reporting of services delivered to HIV and TB patients and greatly facilitate efforts to improve retention in that individual patients can be followed throughout their interactions with the health system regardless of their location.

The digital health investments dovetail with the supply chain support in increasing efficiency through interoperability, minimizing stock outs, increasing integration with co-morbidities, and facilitating differentiated service models, including greater access to ePUPs. The digital investments also align with targeted support to laboratory quality services and integrated laboratory results to decrease result turnaround times and improve case management tools. PEPFAR SA will further address retention

challenges and promote service uptake through socio-behavioral change communication including supporting the U=U treatment literacy campaign led by SANAC and the Welcome Back campaign for those that have interrupted treatment or those that postponed enrolling into care after testing positive for HIV.

HRH investments will address inequities and impact the service quality and client experience issues identified above. Specifically, PEPFAR SA will collaborate with the NDoH HRH Cluster for assessments and strategic planning to overcome district and facility-level barriers to optimized, equitable distribution of HRH including CHWs. In COP23, PEPFAR SA will utilize data on PEPFAR-supported HRH and provide analytics in support to NDoH in its 100 Clinics Initiative (See section 3.2) and will look at service models that could address gaps. The support will also include approaches to expand psycho-social support in health services and institutionalize CHWs.

Health financing investments will strengthen public financial management capacity at national and provincial levels while supporting the national health financing reforms necessary for the country's transition to NHI. This support will include technical assistance for the NDoH in identifying and implementing best practice, evidence-based models for strategic purchasing of HRH and other services, resource mobilization in an NHI environment, and ensuring that NHI remains responsive to the country's goals for the HIV response, the NSP, and sustainability in the health sector.

Above site support will also include targeted evaluations of socio-behavioral change and HIV incidence and prevalence surveys along with routine surveillance activities to inform service delivery and identify best practices in alignment with the enabler of leading with data. PEPFAR SA will leverage the benefits of innovation by promoting processes and policies that incentivize locally manufactured commodities and build capacity of the national health regulator, South Africa Health Products Regulatory Authority (SAHPRA), to expedite assessment and registration. Finally, PEPFAR SA G2G mechanisms strengthen GoSA at national and sub-national levels to address its barriers to equity, person-centered care, and epidemic control through training and mentorship and strategic policy development.

3.0 Pillar 3: Public Health Systems and Security

According to PEPFAR's new 5-year strategy, "During the COVID-19 pandemic, the public health infrastructure, relationships, and practices that PEPFAR helped to establish and strengthen for HIV proved essential to responding to this new, unexpected health threat." This section, which focuses on Pillar 3 of the strategy, provides a summary of COP23 plans for PEPFAR SA to support the GoSA in strengthening the public health infrastructure in South Africa for achievement of the 95-95-95 targets and ensuring a resilient, responsive health system in the face of future public health threats. The section includes:

1. Strengthening of the National Public Health Institute of South Africa (NAPHISA)
2. PEPFAR SA's quality management approach and plan
3. Person-centered care that addresses comorbidities posing a public health threat for PLHIV (advanced disease, tuberculosis, hypertension) and mental health services
4. Supply chain modernization and adequate forecasting
5. HRH

3.1 Regional and National Public Health Institutions

Strong public health systems are essential for an equitable, sustainable, high-quality, person-centered HIV response and for addressing global health security threats. South Africa is a Global Health Security Agenda (GHSA) member state and a leader in many areas of preparedness and response against such threats. However, in South Africa's largely favorable Joint External Evaluation (JEE) in 2017, one identified weakness was the lack of legislation and national-level, integrated plans in the public health sector as a legal framework for its on-the-ground capacity—with specific reference made to the lack of legislation establishing NAPHISA. In response to its JEE, South Africa completed a National Action Plan for Health Security and has recently reinvigorated its efforts on NAPHISA. PEPFAR SA's system-wide support for critical public health building blocks like the supply chain, laboratory systems, and HRH continue to contribute to this capacity and address weaknesses identified in the JEE on these issues. PEPFAR SA's platform across this range of activities was leveraged during the SARS-CoV-2 pandemic and continues to support global health security objectives in coordination with other U.S. government-funded activities and other donors.

The NDoH has redoubled its efforts to institutionalize NAPHISA, in addition to strengthening these core health systems and functions in preparation for NHI. According to its authorizing legislation, passed in 2020, NAPHISA will provide integrated and coordinated disease and injury surveillance; research; specialized reference laboratory and referral services; workforce development; monitoring and evaluation of services; efficient use of resources; sustained public health systems investments; and other interventions directed towards the major public health problems affecting the South African population. It is envisioned that NAPHISA will help to achieve the GoSA's goals of improving health system effectiveness, efficiency, and equity. NAPHISA is also viewed as important for strengthening the country's ability to respond to public health threats such as TB, HIV, and SARS-CoV-2 through provision of coordinated, evidence-based public health services.

In COP23, PEPFAR SA will support the operationalization of NAPHISA, following GoSA leadership. The GoSA is prioritizing moving NAPHISA forward, and in recent months has set up a steering committee. They have also officially placed responsibility for NAPHISA with the Deputy Director General, Health Regulation and Compliance, at the NDoH, enlisted the assistance of PEPFAR SA in developing the business case and organizational structures, and sought technical and financial assistance for the process of taking NAPHISA from an idea to a reality. In COP23, PEPFAR SA will also support finalizing the

institute's business case, which is a key requirement to officially enact the NAPHISA Act by the President and allow budget negotiations with the National Treasury for national funding.

The U.S. government, through PEPFAR SA and other funding streams, already supports various functions of a national public health institute. CDC has supported the NICD and the Medical Research Council (MRC) as well as the NHLS for laboratory strengthening, including a range of activities related to HIV and TB testing services. CDC also supports NICD on various surveillance systems for optimal HIV and TB program monitoring—including population surveys to understand HIV prevalence and incidence; enhanced antenatal surveys in pregnant women; HIV and TB drug resistance surveillance; and HIV mortality surveillance. The NICD leveraged these systems for pandemic preparedness, as in the case of SARS-CoV-2. Also, CDC has engaged in technical collaboration with the NDoH and NICD on disease surveillance, laboratory strengthening, and health communication. USAID, through PEPFAR headquarters operational plan funding, supported NICD and the International AIDS Vaccine Initiative in evaluating the resistance of contemporary virus strains to improve vaccine design and development.

In COP23, PEPFAR SA will continue to support these activities and will ensure that funding and technical assistance are aligned with the emerging NAPHISA structures and processes and utilize the existing G2G relationships between CDC, the GoSA, and entities specified in the National Health Act and the NAPHISA authorizing legislation to support the full institutionalization of NAPHISA as the central implementer of NPHI functions. Currently, there are several GoSA departments and public health agencies that maintain data systems and conduct surveys and surveillance to measure the health and disease profile of the South African population. As a result, there is a lack of unified institutional capacity for providing coordinated and integrated disease and injury surveillance data to inform interventions and policy. Some pockets of excellence of communicable and noncommunicable disease surveillance systems are managed by different institutions. NAPHISA will bring together the existing public health institutes such as the NICD and the National Cancer Registry, which are affiliated under the NHLS and MRC, as well as incorporation of environmental and occupational health functions into NAPHISA. This merger will eliminate duplication of the work done by the individual public health agencies while increasing efficiency and linkages, thus leading to more integrated and cost-effective functionality. The national digital health architecture is the essential foundation to merge surveillance data into program management under the NAPHISA. By providing the infrastructure and data governance required to effectively link essential health data from multiple sources, the digital architecture will directly facilitate NAPHISA's mandate to guide, direct, and promote a cohesive roadmap for health surveillance in South Africa. HIV case surveillance, for example, requires longitudinal collection and linkage of patient-level sentinel events from EMR, NHLS and civil registration to generate near real-time analytics and reports for action. The digital architecture will facilitate national scale-up of case surveillance by providing a common platform for merging and visualizing essential patient-level data, availing data for action to health facilities/DoH, and ensuring the highest levels of data protection. A central repository can also facilitate triangulation and review of data from a variety of clinical surveillance activities, including case surveillance, surveillance for recent infections, ANC pharmacovigilance surveillance, and early warning indicators for HIV drug resistance. A common digital architecture and central data repository also paves the way for integration of data on new and emerging health threats and NCDs. Finally, the establishment of a national TWG on HIV and TB data provides an appropriate mechanism through which to bring stand-alone surveillance systems into a cohesive, fit-for-purpose, well-designed, and effective platform for comprehensive health surveillance under the NAPHISA.

During the SARS-CoV-2 pandemic, the U.S. government directed COVID-19 resources to improve commodity security and the enabling environment for medicines and vaccine manufacturing in South Africa as part of overall pandemic preparedness and response. PEPFAR SA resources partnered with U.S.

government COVID-19 resources to improve NDoH medicine and vaccine stock visibility and monitoring systems, commodity data, and dashboards to assist with improved management of all essential medicines and vaccines. U.S. government COVID-19 resources also assisted the SAHPRA to improve its ability to assess and register biological products and to initiate conversations around local manufacturing of vaccine products. In COP23, PEPFAR SA will seek to build on the gains made with COVID-19 resources to support systems-strengthening within the NDoH and SAHPRA to manage integrated supply chains and support commodity security through local and regional manufacturing.

In terms of workforce, the South African Field Epidemiology Training Program (SAFETP), established in 2006 and wholly managed by the GoSA, continues to train field epidemiologists ("disease detectives") and increase public health workforce capacity in South Africa and the region. SAFETP currently incorporates all 3 tiers of epidemiology training: frontline/basic, intermediate, and advanced, which vary in length and scope for different levels of professionals. In the past several years, SAFETP has expanded at all three levels to meet demands related to pandemic response and global health security. In COP23, PEPFAR SA will expand support and work closely with NICD to ensure quality implementation, GoSA funding commitments, and NAPHISA linkages. Expanding the number of disease detectives will aid in preventing, detecting, and responding to public health threats of all types throughout the Southern Africa Region, which is directly aligned with GHSA objectives.

3.2 Quality Management Approach and Plan

In the past several years, substantial gaps have emerged related to initiation and retention of PLHIV on ART in South Africa. These gaps were further widened by the SARS-CoV-2 pandemic which further contributed to a decline in linkage and retention of PLHIV. In COP23, we aim to support program implementation and quality management by scaling proven quality improvement methodology, in close collaboration with IPs and the NDoH, to close the current gap to targets.

Aligning with the GoSA's quality management plans will be a key priority and strategy for addressing current programmatic challenges. Support for the government in the initiatives will contribute to local capacity and long-term sustainability. Below is additional detail on notable activities for collaboration, integration, and monitoring in COP23.

Operation Phuthuma support

PEPFAR SA and IPs will continue to support the Operation Phuthuma Nerve Center approach at all levels of government. Through Operation Phuthuma, PEPFAR SA and the NDoH will continue routine monitoring of key indicators, weekly reporting, and data-driven decision-making through results-driven IPs that work with the DoH at all levels to resolve site-level bottlenecks.

In COP21, the NDoH's Operation Phuthuma forum launched a revised Operation Phuthuma Nerve Center Support Handbook to guide provinces, districts, and health facilities in a targeted HIV/TB quality improvement program for attainment of the 95-95-95 targets. PEPFAR SA has supported the roll-out and guidance of the handbook at all levels of the health system and will continue to do so in COP23.

PEPFAR SA and the NDoH will continue to hold high level weekly coordination meetings to evaluate program performance, identify gaps, and determine the need for additional support to the provinces, districts, and facilities. PEPFAR SA technical staff, in coordination with the NDoH, will support the development of any technical materials, as needed.

100 clinics in 100 days

As a game changer, PEPFAR SA will support implementation of the NDoH's "100 Clinics in 100 Days" initiative. The "100 clinics" proposal includes focusing on 100 high- burden facilities across all nine provinces to drive quality and support program and systems improvement over a period of 100 days through effective Nerve Centers, supportive supervision, quality improvement at facilities, and the use of data for improvement. This will include continuation of intensified site level support for key programmatic focus areas and documenting and addressing facility-based challenges through in-person and remote support. Careful monitoring of the fidelity of the implementation of these interventions will help South Africa reach the 95-95-95 targets. Strategy development for this game-changing initiative has started in COP22.

District and provincial forums

The DoH Nerve Centers, Management Review Meetings, and other government-led forums regularly review performance; identify and address bottlenecks; and monitor implementation of action-items to improve the quality of health services. These forums provide a platform for the DoH to take a leadership role and overall oversight for their programs and drive performance. PEPFAR SA's COP23 activities will continue to bolster these forums for optimal collaboration and coordination to effectively expedite the resolution of site-level challenges. PEPFAR SA will strive to increase collaboration across all partners, PEPFAR SA, and the NDoH to address quality management and improvement at site-level.

Data use for focused site support

In COP23, PEPFAR SA will continue its focus on retention, viral load coverage, viral load suppression, and more specifically, priority populations including pediatrics. PEPFAR SA has directed attention to improving IP capacities to retain PLHIV on treatment and re-engage those who have interrupted care by sharing best practices of high performing IPs/sites, focusing on key indicators and monitoring improvement over time, and conducting focused technical support visits to sites when early warning indicators reflect a concern.

3.3. Person-centered Care to Address Comorbidities posing a Public Health Threat for PLHIV (Advanced HIV Disease, Tuberculosis, Hypertension) and Mental Health Services

3.3.1 Person-centered care that addresses AHD

PEPFAR SA COP23 Priority Interventions: AHD

- AHD indicators and surveillance
- Implementation of the 2023 National ART Guidelines, including AHD components
- Expand and promote the use of Advanced Clinical Care hotlines
- Developed a trained and mentored clinician cadre that can better identify and manage AHD cases

Approximately 20% of CD4 tests conducted between January and December 2022 showed CD4 <200 cell/ml. Given this is test-level data and not unique patient-level data coupled with the fact that there are no national AHD indicators that are routinely reported, the actual burden of AHD in South Africa is not known but is nonetheless substantial and requires urgent attention. Despite the gap in accurate, comprehensive statistics on AHD in South Africa, AHD is the main driver of AIDS-related deaths among PLHIV, which has plateaued at over 50,000 deaths annually.

In COP23, PEPFAR SA will support the NDoH in developing a national Monitoring, Evaluation and

Reporting Plan for AHD. On completion and endorsement by the NDoH, this framework will support surveillance, reporting, and monitoring of AHD, including cryptococcal meningitis. This initiative will provide, among other statistics, national data on the number of patients with AHD and the number of cryptococcal antigen tests (CrAg) conducted. Also, in COP23, PEPFAR SA will collaborate with the DoH and relevant stakeholders, including community members, to enhance the DoH-led, TWG that will provide governance and coordination for all AHD-related efforts. This will include monitoring AHD burden; guideline implementation; diagnostic and therapeutic product forecasting; and management of referral networks.

Finally, in COP23, PEPFAR SA will also continue to support the GoSA in implementing the 2023 ART guidelines, including the AHD components, which focus on: 1) CD4 testing among PLHIV newly enrolled and those returning to care after interruption, 2) appropriate management of PLHIV with cryptococcal meningitis, and 3) improving ACC referral networks. PEPFAR SA will build the capacity of clinicians through training and mentorship to better identify and aggressively manage adults and pediatric clients with AHD, treatment failure, and drug interaction. PEPFAR will also support cascading of national trainings on ACC, advocate for use of national and regional ACC helplines for close-ended communication and referrals between health providers. PEPFAR SA will leverage lay providers to support re-engagement strategies and strengthen successful down-referral of PLHIV with AHD from hospitals to clinics through case management approaches. The priority interventions are expected to lead to improved treatment outcome for unstable PLHIV through timeous identification and linkage to treatment and support.

3.3.2 Person-centered care that addresses TB/HIV

PEPFAR SA COP23 Priority Interventions: TB

- Improved TB literacy
- Improved TB case finding: Targeted Universal Testing for TB for PLHIV, improved awareness and use of the TB check app, strengthening the GeneXpert algorithm, support for the use of LF-LAM in public facilities and digital chest x-ray
- Improved integration of TB screening in DMOC
- Supporting alignment and revision of TB and HIV National Guidance

South Africa has the largest HIV epidemic globally, compounded by a high TB/HIV coinfection burden and rising drug-resistant TB cases. South Africa pioneered the implementation of the WHO policy on collaborative TB/HIV activities, which provides a framework for actions to decrease the dual burden of TB and HIV. Despite the early rollout of the NDoH policy and guidelines recommending TB and HIV care integration, its suboptimal implementation has resulted in TB remaining one of the major causes of death among PLHIV. PEPFAR SA will continue strengthening efforts to improve TB/HIV program implementation and embrace progressive and innovative approaches to move from partial to full integration of TB/HIV services in communities. In COP23, PEPFAR SA will focus on the following four key strategies to reduce new TB infections and TB-associated deaths.

Improving TB case finding among PLHIV

South Africa has made significant progress in adopting and scaling up rapid molecular diagnostics for TB. The current policy prioritizes PLHIV among high-risk groups for intensified TB case finding. One success towards improving TB diagnosis was the NDoH and the National TB Think Tank's joint development of a package of interventions to improve TB screening and testing and revising the national SOP for systematic TB screening and investigation. The first national TB prevalence survey indicated that subclinical TB was underestimated and that the use of chest x-ray as part of the diagnostic work-up package would improve the TB diagnostic yield. However, there remains a performance gap in case

detection as evidenced by a declining positive TB screening rate, low presumptive TB rate, and sub-optimal use of GeneXpert as the initial diagnostic test.

To address these gaps and improve the quality of TB case finding, PEPFAR SA will focus on addressing operational issues to ensure consistent implementation of key interventions with fidelity. Several evidence-based priority interventions will be scaled up (refer to Priority Interventions: TB at 3.3.2 end). Other proven interventions such conducting joint tuberculosis preventive therapy (TPT) monitoring with the NDoH will continue. PEPFAR SA will further leverage community-based integrated service delivery models to fully integrate TB/HIV services. Specific interventions to improve TB case finding among children will include continuous training and mentorship for clinicians in health facilities on identification of TB in children with a medical doctor and chest x-ray on site.

Improve data access and quality

HTS are an integral part of the services provided to presumptive and confirmed TB cases. While HTS are routinely provided to TB patients, reported data does not accurately reflect the coverage of HTS, and can be an underestimate. While overall HTS coverage among TB patients remains above 90%, PEPFAR SA will intensify support to clinicians to improve HTS for children <15 years, in whom coverage is below 90%. To address data quality issues and make progress toward achieving 100% HTS coverage in both adults and children, PEPFAR SA will focus on: 1) optimizing HTS in TB and presumptive TB patients through the scale-up of HIV-SS and index testing; 2) strengthening the use of weekly line lists to ensure documentation of TB/HIV information and data capturing; 3) intensifying site-level monitoring to improve performance and inform support need; 4) supporting the NDoH to develop monitoring and evaluation indicators for AHD; and 5) supporting the use of molecular, epidemiological, drug-resistant TB data to inform treatment policy.

Address programmatic gaps linked to split care

ART has dramatically decreased HIV-associated morbidity and mortality in high-and low-income countries with a corresponding reduction in TB incidence; however, the epidemic of HIV-associated TB continues to rage in South Africa. Programmatic gaps linked to split care (i.e., collecting TB treatment and ART in different facilities) continue to impact ART coverage in co-infected patients.

In COP23, as a key game changer intervention, PEPFAR SA will support the NDoH in aligning and revising the TB and HIV national guidance to improve the integration of TB and HIV services. This will include reviewing and aligning the 2023 National ART Guidelines on the provision of TPT for pregnant women living with HIV and the TPT guidance in the 2023 National Guidelines for Tuberculosis Infection. This guidance will also be reviewed for alignment to current WHO recommendations to 1) Initiate ART in co-infected patients as soon as possible within two weeks of initiating TB treatment, regardless of CD4 count, and 2) Start ART while investigating TB in all symptomatic and asymptomatic patients, except for those with symptomatic central nervous system disease. Once finalized, PEPFAR will support the roll-out and implementation of the guidance in PEPFAR supported districts.

Aligned with the National TB Program strategic plan for TB and the NSP, PEPFAR SA will focus on optimizing TB/HIV integration in differentiated care models across all PEPFAR SA supported districts with a goal to achieve 99% TB_ART coverage. Our interventions will focus on sustaining mechanisms for collaboration between the TB and HIV programs, infection control in health care and congregate settings, HIV testing of TB patients, ART for PLHIV to reduce illness and mortality, and adopting HIV case management best practices to improve linkage to treatment.

PEPFAR SA will assign TB Champions using existing cadres to: 1) follow up on HTS results for presumptive TB patients and TB patients diagnosed in hospital; 2) improve follow-up of down referred TB patients; 3) improve linkage to care; 4) find the missing TB cases; and 5) improve documentation of TB/HIV information, especially for patients in split care; and 6) ensure multi-disciplinary case management for pediatric HIV-TB cases. The expected outcomes of our key activities will be ensuring that: 1) TB patients that are living with HIV are identified and treated effectively; 2) ART is initiated early once TB treatment is tolerated; 3) TB infection is prevented among PLHIV; 4) program monitoring is intensified; and 5) data quality is improved.

Improve TPT completion

Active TB is suspected if any of the following symptoms are present: cough (of any duration for PLHIV), night sweats, fever, and unexplained weight loss. Ambulatory PLHIV with none of these symptoms and no contraindications, such as active liver disease or active alcohol abuse, should be started on TPT. TPT is an instrumental component of HIV care because it has a synergistic effect with ART and independently lowers the risk of TB disease among PLHIV. PEPFAR SA has been at the forefront of scaling up TPT provision, with over 3 million PLHIV who received TPT through program support. Although the number of TPT initiations has increased substantially over time, patient adherence and completion rates remain low—in large part related to the South African TPT guidelines' stipulation of a longer, 12-month, course of isoniazid preventive treatment (IPT) for adults living with HIV. The roll-out of isoniazid-rifapentine (3HP), a fixed dose combination (FDC) therapy that combines two antibiotics for the treatment of latent tuberculosis infection, proclaims the new era of shorter TPT regimens in South Africa. PEPFAR SA envisages that the introduction of 3HP will address some of the barriers to implementing IPT because of its reduced hepatotoxicity, better adherence, and shorter course with higher treatment completion rates compared with that of isoniazid alone.

In COP23, PEPFAR SA will: 1) support the GoSA with the dissemination and implementation of the recently approved national guidelines on the treatment of TB infection, and advocate for alignment of ART and other relevant guidelines; 2) continue to scale up the provision of TPT among eligible PLHIV without active TB; and 3) improve TPT completion. To achieve an 85% completion rate, PEPFAR SA will: 1) continue engaging the NDoH to align PEPFAR SA TPT targets; 2) obtain buy-in from the PDoHs; 3) develop tailor-made interventions to improve TPT uptake in children and adults living with HIV; 4) support 3HP scale-up and advocate for other shorter TPT regimens such as 1HP; 5) advocate for 3HP FDC for PLHIV to address pill burden issues that may threaten TPT completion; 6) collaborate with District DoHs and local stakeholders to enforce TPT scale-up in differentiated care models; and (7) conduct joint TPT monitoring with the National and PDoHs. Joint TPT monitoring and PDoHs will ensure to improve TPT documentation and stock monitoring at the facility-level to secure sufficient supplies required to scale-up TPT; strengthen patient adherence education and TPT demand creation activities; and address TPT interruptions to improve TPT completions.

The U.S. government bilateral TB Program recently conducted a laboratory diagnostic network assessment to broadly assess diagnostic capabilities across the country. Key systems issues were identified that affect turnaround time for specimens, specimen rejection rates, and the expansion of new diagnostics, including the quality assurance program for LF-LAM. In COP 23, PEPFAR SA will continue to partner with the NHLS to address these systematic challenges and identify opportunities to leverage bilateral TB Resources.

3.3.3 Person-centered care that addresses mental health for PLHIV

In COP23, PEPFAR SA will also leverage local PLHIV groups and lay providers to support reengagement

strategies including linkage to ongoing psychosocial support, which addresses patients' psychological and social needs. PEPFAR SA will also leverage clinical providers to increase availability and access to psychosocial care, including mental health services, through screening, referral, and connection to psychosocial support services for PLHIV in supported districts. PEPFAR SA will support the GoSA to standardize screening tools for anxiety, depression, and harmful alcohol and drug use in primary care facilities across supported districts. Furthermore, PEPFAR SA will support the GoSA for lobbying and capacitating professional nurses to prescribe and dispense medication to treat common mental health disorders.

PEPFAR SA will also support the GoSA to standardize capacity building and mentorship activities for healthcare workers in supported districts to facilitate and enhance positive and welcoming attitudes when providing care in supported facilities.

At the community level PEPFAR will support the GoSA's efforts to integrate detection and treatment of common mental health disorders by WBPHCOT and the provision of comprehensive psychosocial support services in communities through training CHWs on mental health, mental health disorders, screening, and support; and standardization and implementation of screening tools for anxiety, depression and alcohol and drug use disorders at community level as well as capacitating DoH and Department of Social Development social workers and social auxiliary workers to offer psychosocial support.

Finally, PEPFAR will continue its policy-level support for expanded and improved mental health care, including its inclusion in the NSP and NHI, and will operationalize its efforts to the site level to support improved screening, care, and referral for both PLHIV and the HCWs that rely on quality care and treatment. The latter will be accomplished by: 1) capacitating DoH personnel and PEPFAR Care and Treatment and Prevention partners in mental health service provision; 2) continuing the development and expansion of referral pathways by networking mental health care professionals, mapping service availability, and supporting the connection of PLHIV and HCWs to appropriate services; and 3) ongoing social media campaigns to spread awareness of available support and diminish stigma.

3.4 Supply Chain Modernization and Adequate Forecasting

3.4.1 Supply chain support for the GoSA

South Africa remains at the center of the global AIDS epidemic and has one of the world's highest burdens of TB. An efficient and effective health supply chain that improves medicines availability is critical to addressing that disease burden. PEPFAR SA works in partnership with the GoSA to strengthen public health systems and supply chains to achieve an AIDS-free generation, meet the country's goals on TB, and contribute to achieving UHC. In recent years, with PEPFAR SA support, the GoSA supply chain has changed its implementation approach, allowing for more robust data aggregation to enable more informed ordering recommendations for provinces. There has been increased pipeline accuracy vis-a-vis demand planning with suppliers and a demonstrated reliance on and utility of evidence-based resolutions for supply chain-related challenges with immediate and longer-term benefits.

Supply chain priorities for COP23 are anchored in the PEPFAR strategy: Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030. While the supply chain is primarily referenced within Pillar 3 (Public Health Systems and Security), commodity security underpins PEPFAR SA's overall ability to achieve health equity and a sustainable HIV/AIDS response. Going forward, PEPFAR SA will work together with the NDoH through a multi-pronged approach to ensure that the supply chain remains resilient through any disruption South Africa faces.

In COP23, PEPFAR SA will continue to strengthen and capacitate the supply chain by optimizing demand, budget, and supply planning; contracting and contract management; replenishment planning and management; and financial management at all levels of the supply chain (including at the health establishment level). This work is supported by the ongoing strengthening of good governance, including the regulatory and policy framework to underpin the supply chain, as well as capacitating the workforce.

In collaboration with PEPFAR SA's DSP and Civil Society, in COP23, PEPFAR SA will continue to work closely with the PDoHs to improve collaboration for better coordination and management of activities between multiple stakeholders operating at different levels to better integrate the supply chain and service delivery at the health establishment level. This includes optimizing treatment for all clients; developing models that will assist provinces to manage the switching of pediatric and adolescent patients to the newly introduced DTG 10mg regimen; and the implementing of and scaling up of patient-centered supply chains. PEPFAR SA will also foster engagement between IPs to strengthen collaboration and coordination at all levels and leverage Civil Society's capacity for identifying site-level stock challenges.

Furthermore, in COP23, PEPFAR SA will provide ongoing support to the NDoH, provincial depots, and healthcare establishments to monitor and improve visibility and analytics of all medical and non-medical commodities, ultimately contributing to enhanced medicine availability.

Finally, PEPFAR SA will also provide support to strengthen processes for selecting and including new technologies to detect, treat, and manage HIV, TB, NCDs, and STIs. This will include the use of health technology assessments using robust data-informed, evidence-based decision making so that the most cost-effective medicines and medical devices are available.

3.4.2 Demand Forecasting

In collaboration with the NDoH, PEPFAR SA IPs have been advancing the development, implementation, and expansion of innovative demand planning methodologies at national, provincial, and district levels. This ongoing initiative aims to offer technical support to strengthen the capacity of national and provincial structures, processes, and personnel to manage budgeting and financial reporting for pharmaceuticals appropriately. Additionally, the demand forecasts contribute to formulating comprehensive annual budget plans for all provinces. In COP23, this practice will be continued to generate data-driven, demand-informed budgeting for essential medicines. Support will be provided for tender forecasting for new contracts and in-contract demand forecasting to provide updated information to allow suppliers to plan more effectively.

The forecasting methodology incorporates a statistical baseline derived from previous demand, which is subsequently enriched with insights from various health programs to reach a mutually agreed-upon projection. As new data emerges, the process will continually be refined, incorporating crucial data such as the number of PLHIV and HIV patient targets. (See section 6.3.3 for more on target setting and alignment.) This ensures the accurate allocation of medicines to meet every patient's needs. Moreover, the process will account for treatment regimen changes, allowing for a seamless transition between regimens without wastage or shortages. This consideration will be particularly significant as pDTG is introduced, and the current LPV/r is phased out. As the utilization of PrEP increases, data will be updated to accommodate the growing demand, ultimately aiding in the provision of medicines to mitigate the disease's transmission.

3.4.3 Policy, regulatory and legislative changes to support regional and local manufacturing

One of the key lessons from the SARS-CoV-2 pandemic is the urgent need to ensure security of health products in Africa. During this period, countries periodically went into lockdown—interrupting global supply chains and access to life-saving medicines. This put lives at risk and posed challenges in the availability of medicines used to fight HIV/AIDS, TB, and other diseases. Local and regional manufacturing of pharmaceuticals and related health products will play a major role in ensuring security of products, equitable access, and sustained availability of affordable, high-quality medicines.

To support this activity in COP23, PEPFAR SA will engage with key stakeholders at the local and regional level to identify opportunities and develop an approach to support and facilitate regional and local manufacturing of key commodities to enhance security of supply. This will include engagements with representation from various stakeholders, including but not limited to government, the private sector, regulatory bodies, and development partners.

PEPFAR SA will also support activities to strengthen the regulatory system in South Africa, including processes for medicines, diagnostics, medical devices—a game changer in COP23, as well as the personnel working throughout the supply chain and supply chain oversight bodies. This support will be provided to both the SAHPRA and the South African Pharmacy Council, and will include the development and review of regulations, norms, policies, processes, and guidelines with a particular focus on enabling local manufacturing.

Finally, PEPFAR SA will advocate for and review applicable policies and legislation including the Medicines and Related Substances Act 101 of 1965 to enable regional and local manufacturing in South Africa and support the review and revision of procurement policies to align with local and regional manufacturing strategies.

3.4.4 Supply chain support for National Health Insurance (NHI)

The objective of South Africa's planned NHI reforms is to provide access to quality affordable personal health services for all South Africans based on their health needs, irrespective of their socio-economic status. This will require a health financing system that pools funds and risks across the public and private health sectors. The GoSA is gearing up for the introduction and implementation of NHI as the NHI Bill moves through the country's parliamentary processes.

In COP23, PEPFAR SA will support the NDoH in preparing the supply chain for the introduction of NHI. The support will include the establishment of units within the NDoH, which will perform the functions of the Office of Health Products Procurement. This will also include operationalizing plans for health technology assessments. PEPFAR SA will provide support to develop these activities, as well as the related processes, policies, regulations, and required SOP.

In tandem with these efforts, PEPFAR SA will support further development of the supply chain in such a way as to support transformational partnerships with the private sector, as envisioned under NHI. This will require a thorough review, revision, and drafting of relevant legislation, policies, and guidelines, while strengthening the regulatory and policy framework necessary to underpin the supply chain. The technical assistance provided will reflect complementarity efforts with the GFATM, SANAC, and other donors and funders.

3.5 Laboratory Systems

3.5.1 HTS quality assurance program

South Africa has the world's largest HIV testing program with between 15–18 million HIV rapid tests and 6.4 million VL tests conducted in the public sector in FY22. PEPFAR SA supports quality assurance of both point-of-care (POC) and laboratory-based tests for the HIV testing service. In COP23, PEPFAR SA will align with the GoSA priorities and, whilst continuing support for these activities, prioritize skills-transfer to GoSA for sustainability. The following sections outline the major focus areas for PEPFAR SA in COP23.

To ensure quality of HIV POC testing across the country, PEPFAR SA supports the RTCQI program for HTS, including external quality assurance (i.e., PT, IQCs, site assessments and interventions, trainings, and competency assessments and certification). In COP23, the GoSA will transition to a three-test algorithm for HIV rapid testing to improve the accuracy and reliability of HIV testing and will introduce dual HIV/Syphilis testing. PEPFAR SA will continue to ensure the quality of these test kits through verification and post-market surveillance and will collaborate with GoSA to implement this new strategy.

3.5.2 Laboratory quality assurance program

To ensure the quality of laboratory tests including HIV VL, EID, CD4, TB, and CrAg, in COP23, PEPFAR SA will continue to provide technical support and resources for accreditation through the Strengthening Laboratory Management Towards Accreditation program, PT, trainings, laboratory workflow assessments, and continuous dashboard monitoring for laboratory indicators. Data-driven interventions will be used to determine focus areas. In South Africa, the NHLS is the public laboratory testing authority. It has 17 VL testing laboratories across the country currently. In COP23, PEPFAR SA will support the NHLS in its expansion of VL testing services through the addition of 11 VL laboratories, taking the total to 28 VL testing laboratories, for improved operational efficiencies. In addition, PEPFAR SA will support the development of a laboratory TWG for improved coordination and collaboration between the NDoH, NHLS, and other stakeholders.

3.5.3 Clinic-laboratory interface (CLI) strengthening

CLI strengthening activities will continue for improved turnaround times and reduced specimen rejections. These efforts are conducted through DSP laboratory advisors who provide facility and courier assessments, and training and mentoring on laboratory processes. To assist with specimen tracking and results return, innovations such as eLABS (an mHealth application at >2000 facilities) and the NICD RfA reports will be utilized. Many facilities continue to see delays in actioning of VL results, with some clients waiting months before enhanced adherence counselling is done. These innovations provide clinicians with real-time access to patient laboratory results, with the potential of reducing the lag time between testing and provider action. With the eLABS innovation, patients who are virally unsuppressed or have a rejected VL specimen could be identified early and recalled for enhanced adherence counselling or a repeat blood draw with the support of case managers.

3.5.4 Advancing diagnostic health equity across priority populations

To ensure health equity to priority populations and to close diagnostic equity gaps, in COP23, PEPFAR SA will support expansion of eLABS to allow for specimen tracking and results return for KP, including inmates, FSW, MSM, and PWID. In addition, as an endeavor to improve VL and EID test-coverage in

maternity settings for pregnant mothers at delivery and babies at birth, the NHLS will conduct a proof-of-concept implementation of POC testing to assess the feasibility of integrating such testing into the routine NHLS testing workflow. Finally, to improve VL test coverage in pediatric patients, PEPFAR SA will support training resources for collection of blood samples from infants and children.

3.5.5 Patient HIV literacy and demand creation for VL testing

In COP23, PEPFAR SA will continue to support and expand laboratory activities to strengthen patient HIV literacy and demand creation for VL testing through the eLABS "Patient Support Module." This game

changer sends viral load results directly to patients (accompanied by guiding messages based on the result); reminders of their next VL test date; and health-education messages emphasizing the importance of adherence, VL testing, suppression, and U=U.

3.5.6 TB and advanced HIV disease (AHD) programs

In alignment with GoSA priorities and to strengthen support for TB/HIV and AHD, in COP23, PEPFAR SA will expand the CLI and support laboratory systems strengthening to focus on TB as well as to include tests for AHD (e.g., CD4, CrAg, LF-LAM). POC testing quality assurance will be expanded to include verification and post market surveillance for LF-LAM test kits. Finally, facility and courier assessments; training and mentoring on laboratory processes; and specimen tracking and results return through eLABS will be expanded to the TB and AHD programs.

3.6 Human Resources for Health

The South African health workforce is the cornerstone of all health service delivery and critically important for responding to the country's high HIV-burden. In this resource constrained environment, collaboration on HRH is crucial. In COP23, PEPFAR SA will continue to collaborate with the GoSA on achieving the 95-95-95 targets.

PEPFAR's 5x3 strategy includes a specific focus on strengthening the health workforce. This element in the strategy prioritizes PEPFAR SA support at all levels (national, sub-national, and community). It also highlights the importance of providing support in terms of health workforce planning, management, and working towards greater alignment with the GoSA in terms of its health workforce investments. All of this is well aligned with HRH 2030, notably Goal 1, "Effective Health Workforce Planning to Ensure HRH Aligned with Current and Future Needs." The following sections provide details on PEPFAR SA's plans for COP23 and alignment with the PEPFAR 5x3 strategy. Although this section highlights work for Pillar 3, PEPAR SA's HRH support cuts across several pillars and enablers.

3.6.1 Aligning with the GoSA on HRH policies

In COP23, PEPFAR SA will expand on its already strong relationship with the GoSA and collaborate with the DoH at all levels (national, provincial, and district). A key focus will be alignment on HRH priorities, needs, and policies.

This work aligns with the 5x3 strategy under Pillar 2's focal areas (FAs). PEPAR SA will support FA1, "Developing a Country-led Sustainability Roadmap" through support for consultative engagement of HRH workforce management strategies at all levels, with a priority on capacitating the provinces. This work will also support FA2, "Accelerating Integration" through provision of support for country leadership at all levels to strengthen workforce management. Finally, this work speaks to FA4, "Engaging in integrated national planning" in that it will include: 1) fostering the coordination of strategy-

development across government, the donor community, and civil society; and 2) ensuring that the critical priorities of stakeholders are represented and addressed in the strategy-development process.

These activities are envisaged to also include PEPFAR SA DSPs and other relevant donors that are providing support for HRH in the country.

3.6.2 Aligning with the GoSA on HRH planning

Goal 2 of HRH 2030 reads "Institutionalize data-driven and research-informed health workforce policy, planning, management, and investment." PEPFAR SA supports various functions meant to improve HRH-related processes and functions in South Africa. PEPFAR SA is supporting the development of data driven HRH strategies (HRH placement, forecasting HRH needs, etc.), and supporting two Deputy Directors in the Human Resources Directorate at the NDoH to oversee development and maintenance of the HRIS. HRIS was integral for the GoSA's efforts to deploy staff during the SARS-CoV-2 pandemic. This support will continue in COP23. It speaks to the PEPFAR 5x3 strategy Pillar 2 FA1, "Developing a Country-led Sustainability Roadmap" in that it will involve developing and applying HRH modeling for increased efficiencies and impact.

This work will also align with the PEPFAR 5x3 strategy enablers, "Leading with data" and "Innovation." PEPFAR SA will support application of all available data—including HRIS, PEPFAR-supported HRH reporting, and other sources—to help GoSA with making more informed decisions. HR data and data systems are also required to support innovation on HRH.

Finally, support for South Africa's HR data systems and planning will align with PEPFAR 5x3 strategy Pillar 5, "Follow the science" FA2, "Leveraging Targeted Implementation Science for Program Improvement." As noted above, this work will include applying advanced modeling and other evidence-based strategies to achieve cost-effective workforce management for both PEPFAR SA and the GoSA. It will also facilitate utilization of HRH data for routine monitoring of the impact of staffing on health outcomes.

3.6.3 Aligning with the GoSA on HRH management at the subnational level

Over 20,000 healthcare full-time equivalents are currently supported across 27 districts supported by PEPFAR SA. They provide DSD and monitoring and evaluation services. In COP22, through a one-year pilot, PEPFAR SA is providing national and provincial technical assistance on PDoH HRH systems and processes within four provinces to identify province-level, HRH-specific needs. In COP23, PEPFAR SA will support the national HRH Cluster in its establishment of an HRH coordination working group that will serve as a platform where regular dialogue and joint planning can take place across government and donors. In addition, PEPFAR SA will build on the COP22 pilot and conduct a national HRH landscape analysis to inform capacity building interventions.

At the request of the PHC Directorate, PEPFAR SA will also provide support at the national level to update the current CHW business case in efforts to institutionalize CHWs into the government system. Recently, steps have been taken by the GoSA to address the need for this valuable cadre, signalling greater commitment to action. This includes the National Minimum Wage Commission publishing a gazette (No. 47758, 15 December 2022) requesting comments on "the wages and conditions of employment of the Community Health Workers in the health sector, with a view to establish a sectoral determination prescribing wages and conditions of employment." Political will has also increased, demonstrated by comments at the Presidential Health Summit on May 4, 2023, noting that institutionalization of CHWs was part of the foundation of NHI. PEPFAR SA will support the NDoH and GoSA more broadly with taking up the findings from the public comment, and ultimately PEPFAR SA will

facilitate collaborative planning for optimized, capacitated, and equitable distribution of CHWs as well as their integration into WBPHCOTs.

PEPFAR will also strengthen the capacity of the Office of Health and Safety Council (OHSC) through monitoring of cases by the OHSC and provision of training to increase their capacity for timely resolution of complaints received. The technical support provided across provinces will inform a national level framework and policy based on the understanding of the common HRH issues found at the provincial level.

Also in COP23, PEPFAR SA will support PDoHs with staffing for DSD and data management at health care sites and provide technical support and capacity building for the PDoH workforce. This work aligns with PEPFAR 5x3 strategy Pillar 2 FA2, "Accelerating Integration" in that it will include supporting country leadership at all levels to strengthen workforce management. It also aligns with Pillar 3 FA1, "Strengthening National Public Health Institutes" in that the activities will also take note of NAPHISA priorities for HRH. Ultimately, the goal of supporting improved HRH planning, policies, and deployment is to "Improve Patient-Centered Care for PLHIV", FA5 under Pillar 3. PEPFAR SA will encourage the staffing of peers that represent and understand the specific needs of the population they serve.

3.6.4 Aligning with the GoSA on mental health services for healthcare workers (HCW)

PEPFAR 5x3 strategy's Pillar 3 notes the importance of "Strengthening the health workforce." In COP23, PEPFAR SA will support targeted training for HCWs and support staff. We will also support staff wellness to build a resilient workforce. This includes working to improve the quality of, access to, and utilization of mental health support for HCWs through improved screening support, as well as improving access to mental health care by strengthening referral pathways.

4.0 Pillar 4: Transformative Partnerships

The GoSA has historically led the funding charge to the country's national HIV response through domestic public revenue, with partners such as PEPFAR SA and the GFATM, as well as private sector, bringing in additional resources—both financial and programmatic—that further support the direction and outcomes achieved by GoSA. Collectively, these partnerships have accomplished a great deal in the country and demonstrate the importance of working together to achieve success in HIV and TB care, treatment, and prevention. However, the SARS-CoV-2 pandemic fundamentally changed every aspect of how partners support HIV and TB activities in South Africa. Notably, the need to divert resources to pandemic and social support reduced the overall amount of funding available for HIV/TB programming in South Africa and limited the programmatic interventions that could be undertaken, particularly during the country's extended quarantine periods. Recovering from these times, and advancing HIV/TB care, treatment, and prevention to respond to completely new challenges in the post-COVID era, will require partners to innovate new ways of working together to support the GoSA's sustained commitment to ending the HIV epidemic in the country. South Africa needs new and diversified partnerships to address South Africa's high HIV burden and large and growing number of people on treatment, and those expected to become part of the HIV and TB treatment program. This sentiment is echoed by all within the country's HIV ecosystem: The recently launched the NSP 2023–2028, which has been endorsed by the SANAC plenary and the GoSA, also emphasizes the need to build and expand multi-sectoral partnerships that increase collective commitment, accountability, and optimization of synergies to ending the HIV epidemic across the entire care, treatment, and prevention cascade.

PEPFAR SA's mandate of ending the HIV/AIDS pandemic will not be accomplished simply through our own funding and efforts in South Africa. Through strategic partnerships, there is an opportunity to both diversify the nature and scope of partners that we engage, and to design more ambitious, scalable partnerships that can truly transform programmatic impact.

In COP23, PEPFAR SA will strengthen its partnerships with five key groups of stakeholders to transform the way we work together to resource, design, and implement sustainable HIV/TB programming in South Africa:

1. The Government of South Africa, both national and provincial
2. Civil Society and Communities
3. Regional Institutions and Philanthropies
4. The Private Sector
5. U.S. Institutions

The below sections detail each of these partner categories and the way that PEPFAR SA aims to engage each for stronger and more sustainable activities in COP23.

4.1 The Government of South Africa (GoSA)

Nationally, PEPFAR SA is proud to maintain a productive and rewarding relationship with the Government of South Africa. Our work with the National, Provincial and District Departments of Health, Social Development, Basic Education, Correctional Services, and others has been at the cornerstone of our shared success with the GoSA. To maintain and expand these relationships, COP23 programming will reinforce these collaborations and seek to expand them where possible in order to achieve even greater successes in partnership with the GoSA. Much of this will come through an enhanced commitment to strategic guidance and alignment with our national-level counterparts to ensure that PEPFAR SA can provide the capacity, on-the-ground evidence, and overall strategic insights needed to design the

approaches and programs that will transform the country's approach to HIV and TB support to address evolving challenges. Health Systems Strengthening is an excellent example of where PEPFAR SA will continue to work with the GoSA on data-driven solutions to align more tightly to the country's progression towards a universal healthcare system driven by a clear focus on integrated, primary healthcare accessible for all people.

PEPFAR SA has also embedded a clear commitment in COP23 towards expanding our relationships with sub-national governments in South Africa. Our work has shown us that as our partnerships with provincial, district, and sub-district health teams strengthen, our local results improve and become more impactful. To expand this, PEPFAR SA will increase COP23 activities to build sub-national government leadership capacity and strengthen coordination support for sub-national government partner forums (e.g., Provincial and District AIDS Councils). To further ensure localized sustainability, we will channel much of this support through our local IPs to foster greater relationships between sub-national governments and local health institutions. PEPFAR SA will also better/expand leveraging the U.S. government structures that are designed to enhance local engagement, such as the U.S. Consulates in Johannesburg, Cape Town, and Durban. These Consulates, and the Consuls General that lead them, are direct extensions of the U.S. government deliberately positioned to strengthen the U.S. government's relationships with, and support for, Provincial and Local governments. PEPFAR SA will use COP23 to better leverage these consulates for health programming to ensure that sub-national GoSA counterparts receive the extended support needed to best leverage PEPFAR SA support to achieve their own, locally supported health policies and objectives. In doing so, PEPFAR SA seeks to strengthen political and provincial buy-in and multi-sectoral collaboration, programmatic partnerships, and improved policy collaboration and implementation for innovative local programming needed to achieve the 95-95-95 goals in each province.

COP23 will also see expanded use of G2G agreements that enable localized decision-making on how health resources are used. G2Gs have been deployed both nationally and provincially to incentivize local partners to own and decide the specifics of how HIV resources are allocated and used, depending on local and programmatic relevance. These agreements, often results-based, help increase local autonomy over resources and transfer programming over time to local ownership and ensure sustainability of PEPFAR investments. For more information on G2Gs, see section 6.2, Strategic Enabler: Innovation in this report.

4.2 Civil Society and Communities

PEPFAR SA has long enjoyed its relationship with South Africa's civil society. One of our strongest relationships remains with SANAC, an organization which brings together Civil Society groups , government, other development partners, and the private sector to create a collective response to HIV, TB and STIs in South Africa. PEPFAR SA leverages its engagement in SANAC to work with the Civil Society Forum, a broad-spectrum platform of 18 organized sectors of society, including women, men, LGBTQI+, youth, NGOs, labor, people with disabilities, PLHIV, and other representatives. PEPFAR SA also works with the Health Partners Forum to improve coordination between donors and civil society. Beyond our engagement with SANAC, PEPFAR SA's relationship with Ritshidze, a civil society CLM and advocacy organization, has only strengthened with time. This collaboration has improved program planning, resulting in a more robust and comprehensive HIV response. Through partnerships with these organizations, and through additional relationships with other local civil society organizations, PEPFAR has built a strong platform to advance and transform its engagement with civil society for a more equitable and sustainable approach towards ending the HIV epidemic in South Africa.

PEPFAR SA's commitment to include civil society perspectives in COP23 began as soon as the COP23 planning process launched: As part of the COP co-planning process, Civil Society provided critical inputs towards development of the PEPFAR SA COP during planning meetings with civil society organizations that represent the PLHIV sector and through the PEPFAR SA strategic retreat and COP co-planning meetings in collaboration with SANAC, other development partners like UNAIDS, GFATM, and the GoSA—all to ensure that civil society has an equal, and equitable, voice in PEPFAR SA programming decisions.

The result of this planning process is clear in PEPFAR SA's COP23 commitments aimed at transforming our partnerships with civil society and communities. In COP23, PEPFAR SA will strengthen its engagement with Civil Society and communities by first ensuring that civil society continues to inform and guide PEPFAR SA's programming through efforts that increase community involvement in program design. This will ensure that all PEPFAR SA programs respond to clients' needs and experiences, all with the clear aim of working better together to end the HIV epidemic. The growing volume of deeply-local and community-generated evidence from Ritshidze will be a critical starting point for these dialogues, providing PEPFAR SA with the local insights needed to build and design our programs with communities at the forefront of planning.

Second, PEPFAR SA will work in COP23 to implement our programs inclusively and equitably in ways that reach clients for long-lasting buy-in and adherence. Ritshidze's CLM activities will help us track our progress and ensure that our work is aligning with the lived experience of clients using health services. PEPFAR SA also commits to strengthening the relationship between Civil Society and the GoSA, including clinic committees and other ward-based structures, through these efforts to ensure that community-generated data is increasingly seen as a leading source for supportive insights on what components of programs need to change—and how best to change them.

Third, PEPFAR SA will shift its COP23 implementation approach to embolden/increase participation of more PLHIV organizations, CBOs, and FBOs and THPs to directly provide care, treatment, and prevention services to their own communities. COP23 will also include expanded support to work with community leaders to share vital health messaging, advocacy, and demand generation campaigns that will bring more people onto treatment and help keep them there through trust and long-term support in partnership with trusted community health practitioners. These direct partnerships will cover the entirety of the cascade but will focus specifically on themes like child and youth services, pediatric HIV care, and support for parenting- or family-focused programming, gender-specific care, behavior change communications, and prevention programming.

Finally, to support this full process, PEPFAR SA will continue to build and strengthen the capacities of civil society members, their organizations, and the collectives that support them. This will be a critical component for long-term sustainability, and for improved future results. In addition, PEPFAR SA will work to facilitate coalitions that bring more Civil Society partners together with the GoSA and other development partners for greater collective action—particularly in a way that builds on the comparative advantages of all partners. Here, PEPFAR SA will strengthen its coordination and collaboration support for CSOs, like SANAC and others, particularly in support of SANAC's NSP, to make sure that PEPFAR SA activities build on these inclusive strategies.

4.3 Regional Institutions and Philanthropies

International and local donors, development institutions, and philanthropic organizations have a vital role to play alongside PEPFAR SA in the HIV response in South Africa. PEPFAR historically has had a strong relationship with global HIV actors such as the WHO, UNAIDS, and the GFATM. It is essential to

the HIV response in South Africa that PEPFAR SA continues to increase its coordination and collaboration with these institutions across all areas of the program as they serve as the technical and financial backbone of the global response. The HIV response only becomes more effective if global institutions are aligned across strategic priorities, technical viewpoints, and operations with those of the GoSA and contribute to a single national health strategy of improving the health status of all South Africans. As a group, regional institutions and philanthropies bring vital resources, intelligence, and strategies to South Africa's HIV programming. This translates into greater, and more coherent, support for the GoSA and the work it is doing to end the HIV epidemic in the country. This group can also push the boundaries on innovation and what is possible: Collectively, this group can make riskier, but potentially high-impact, bets on early-stage, unproven or emerging ideas to be able to more quickly identify promising solutions that can go to scale and be sustained by our country partners and demonstrate a body of evidence. To support transformational partnerships within regional institutions and philanthropies, PEPFAR SA will ensure COP23 efforts include aligning with complementary funding portfolios, leveraging complementary programmatic implementation, and aligning policy goals. PEPFAR SA will work closely with partners to ensure that donor funding strategies and targets are better aligned for greater success in aggregate. If coordinated and streamlined, philanthropic funding can have outsized impacts on the populations that all organizations support. Coordinating funding will ensure that the best resources reach the most targeted and appropriate needs and will also streamline the way that funding supports the GoSA, making it easier and more transparent for donor and philanthropic funding to support the government's collective vision. To coordinate and support complementary funding portfolios in COP23, PEPFAR SA will map out the current HIV funding ecosystem's partners, priority programs, complementary strategies, and programmatic gaps that need to be filled. Following that, PEPFAR SA will convene technically and politically aligned partners to identify the best way to further target funding streams and funded programs for success at scale to ensure that resources are leveraged and that investments are planned to be complementary both technically and geographically. This will include a review of "missed opportunities" that are needed for success but do not currently have funding, and a review of potential ways to work across partners to fund priority initiatives.

To better leverage programmatic implementation for improved HIV results in COP23, PEPFAR SA will convene partners in specific priority health systems clusters such as regional manufacturing, regulatory harmonization, resilient supply chains, and health systems financing to align programs and interventions in ways that lead to greater collaboration and support under shared goals. PEPFAR SA will start by engaging philanthropies at the early stages of the design of new programs to identify opportunities for collaboration and build and implement programs around those, where possible. Doing this will aim to ensure programmatic delivery is strategically aligned across partners to deliver optimal support for priority populations as a bloc of donors, philanthropies, and regional bodies. PEPFAR SA will also work across partners to harmonize the indicators that measure program success, so that more partners are working towards a shared vision of success in South Africa.

To support funding and programs, PEPFAR SA will also use COP23 to harmonize policy across philanthropies and regional bodies. As South Africa is a destination hub for emerging regional health and development institutions. In COP23, PEPFAR SA will invite regional technical institutions (e.g., Africa CDC, WHO AFRO, PAHO, etc.) to more actively participate and lead dialogues that set key priorities for the regional HIV/AIDS response. Together, these regional institutions can quickly convene key technical and political decision makers to accelerate the integration of new technical guidance and program innovations into national policy. Moreover, PEPFAR SA can work with philanthropic partners and regional bodies to align South Africa's HIV policies with the public health priorities emerging across Africa to accelerate domestic policy advancement internally and leverage South Africa's experience for

greater regional advancement and support cross-country collaboration on priority issues (e.g., regional manufacturing, regulatory harmonization, resilient supply chains, and health systems financing).

4.4 The Private Sector

Transforming PEPFAR SA's partnerships with the private sector is one of the strongest opportunities to build out new resource and implementation partnerships that reach key populations with more equitable healthcare in more sustainable ways. The response to the SARS-CoV-2 pandemic in South Africa and globally showed the power of collaborating with the private sector to enhance responses to health emergencies. In COP23, PEPFAR SA aims to learn from these lessons and build on its previous experience engaging the private sector to be truly innovative in improving direct HIV/TB services, expanding the health ecosystem, and opening new avenues of implementation financing.

PEPFAR SA's COP23 activities will promote the private sector's role in improving five categories of direct services: 1) manufacturing, 2) supply chain, 3) digital health, 4) laboratories, 5) private clinic service delivery, and 6) mining sector. In each of these, the private sector's direct activities can support strengthened HIV/TB service delivery for clients across South Africa. PEPFAR SA will pursue a whole-of-market approach to unlock the role of the private health sector in service delivery (e.g., strengthening bidirectional referral networks for HIV or TB in the mines or factories and public clinics or community).

PEPFAR SA will also work with the private sector to expand and enable the larger health ecosystem for more strategic and sustainable growth. COP23 activities will include leveraging private sector strategies and approaches to make HIV programming more in line with client services mindsets, particularly in target populations; designing new marketing and outreach strategies that build off private sector experience to optimize the reach of COP23 care, treatment, and prevention activities; and working with private sector partners to improve technologies that help PEPFAR SA resources reach more people, more efficiently, such as social media and app-based client health engagement. PEPFAR SA's previous engagements with the private sector—such as with CCMDD and client-centered marketing and engagement like MINA—has already demonstrated how powerful the private sector's approach, strategies, and thinking can be for PEPFAR SA's programming. COP23 now seeks to augment and expand this value-adding collaboration. PEPFAR SA will also strengthen data partnerships with the private sector to ensure that results from private sector-funded programs, such as health programs at mines, are integrated into national datasets for a shared, "whole of South Africa" view on performance and success.

Finally, in COP23 PEPFAR SA will also seek out complementary funding streams from Private Sector partners for programs where goals and objectives overlap. Leveraging private sector funding and finance innovation will be key to diversifying sources of finance for HIV/TB programming in South Africa. To do so, PEPFAR SA will identify private sector partners which share programmatic priorities with PEPFAR SA and identify ways that funding can be structured collaboratively to achieve greater scale and breadth of targeted programs.

4.5 U.S. Institutions

Working closely with the GoSA, PEPFAR SA will continue to utilize U.S. and local ingenuity and innovation from across sectors to support sustained HIV impact and increase investment in knowledge production and technology outputs from South African institutions to generate more home-grown solutions in response to HIV, TB, and STIs. South Africa has internationally renowned institutions which have exceled in research, including operations and translational research. PEPFAR SA, in collaboration with SANAC, the National Research Foundation, CSIR, the Human Sciences Research Council (HSRC),

NICD, the Medical Research Council, and other relevant institutions, will engage with stakeholders and collate priority research questions and community generated research questions, in line with other national research agendas, for example, the NDoH National Health Research Strategy. PEPFAR SA will translate the latest tools, technologies, and scientific breakthroughs into program implementation to better serve our clients. We will apply the capabilities of U.S. and local academic institutions, including minority serving and historically black colleges and universities to deploy research and science expertise in support of local African institutions and on-the-ground programming.

PEPFAR SA will also strengthen its coordination with other U.S. government global health and development programs to maximize synergies, impact, and collaboration. Coordination will take place both in Washington, D.C. and through intensified engagement with the U.S. Chief of Mission in South Africa to optimize the value of various U.S. government foreign assistance investments, technical assistance, and policy priorities for those populations who are most in need of support. PEPFAR SA will increase the frequency, depth, and intentionality of bidirectional, mutually beneficial collaboration and coordination with the U.S. domestic AIDS response. PEPFAR SA will share relevant HIV program, policy, and partnership learnings; data; and innovations from the global AIDS response for potential adaptation and adoption to inform and strengthen U.S. domestic HIV efforts. Similarly, PEPFAR SA will incorporate key insights gained from U.S. domestic responses into the global response as applicable and appropriate. Finally, in COP23, PEPFAR SA, the Office of National AIDS Policy, and the U.S. Department of Health and Human Services will jointly convene periodic bidirectional exchanges to share program data, experiences, and other pertinent information to strengthen U.S. global and domestic HIV leadership and investment.

5.0 Pillar 5: Follow the Science

According to PEPFAR's new 5-year strategy, "As countries progress towards the 95-95-95 targets, and we begin to reach the "last mile" of missing cases and new infections, closing the gap will require embracing and elevating the best new scientific innovations, and ensuring that programming is data-driven." This section, which focuses on Pillar 5 of the strategy, provides a summary of COP23 plans for PEPFAR SA to support the GoSA with surveys, surveillance, and research activities. These activities will provide insights necessary to accelerate progress toward the 95-95-95 targets. The section includes:

1. The South African National HIV Prevalence, Incidence, Behavior, and Communication Survey (SABSSM);
2. Periodic HIV BBS and population size estimation of KP;
3. Modeling, surveys, and surveillance among the general and KP population; and
4. Implementation science and operations research.

PEPFAR SA has strong collaboration and partnership with South African researchers and the GoSA under Pillar 5 and supports activities essential to monitoring trends in the HIV epidemic and remaining gaps in epidemic control among general, priority, and key populations. In COP23, PEPFAR SA will continue to invest in critical scientific activities to inform the national HIV response, in line with South Africa's NSP, COP Guidance, and issues raised in stakeholder consultations. Below are further details.

5.1 South African National HIV Prevalence, Incidence, Behavior, and Communication Survey (SABSSM)

South Africa has a robust research infrastructure and high capacity to design, implement, and lead scientific and applied epidemiologic activities. With technical and financial support from PEPFAR SA, South African scientists at the HSRC have led the SABSSMs since 2002, providing valuable strategic information to measure progress in and inform the national HIV response. SABSSM has provided important scientific contributions and continues to serve as a pivotal data source for statistical and mathematical models for the epidemic in SA. The sixth survey in the SABSSM series (SABSSM VI) will conclude in COP22, the results of which will guide the NDoH and PEPFAR SA priorities and target setting in future COPs. COP23 will focus heavily on disseminating the results of SABSSM VI to communities, government, and non-governmental stakeholders. As a first step, provisional modeled HIV estimates incorporating SABSSM VI survey data will be reviewed in COP22 Q4 collaboratively with NDoH, PEPFAR SA, and key stakeholders to ensure COP23 targets (and beyond) are guided by the most current information on the HIV epidemic. SABBSM VI will answer the priority questions about HIV epidemiology and program reach/gaps in South Africa in Table 5.1 below.

Table 5.1 SABBSM Priority Questions and Data Use

Priority questions	How data will be used to improve/guide the national HIV response
Monitoring the HIV epidemic, program impact, health equity	
What is the burden of HIV (prevalence, incidence) in South Africa? • How does the burden differ across geography and sub-population (e.g., men, children, AYP)? • How has the burden changed over time?	Monitor program impact and gaps over time; align resources, strategies with burden (disparities)

To what degree have geographic areas, sub-populations progressed towards the UNAIDS 95-95-95 targets? • What proportion of PLHIV know their status, are on ART, virally suppressed? • Where/among whom (e.g., children, AYP, men) are the remaining gaps? • What factors are associated with gaps in KOS/ART/VLS observed?	Monitor progress towards 95 targets remaining gaps towards ending HIV as a public health threat by 2030 Target strategies to address gaps in 95s
Measuring (equitable) access to prevention and treatment	
To what degree are key HIV prevention services used/accessed? Examples: • What proportion of HIV-negative persons are aware of/ever used/are currently taking PrEP? • What is the prevalence of male circumcision by priority age groups/geography?	Identify groups for which social/behavioral study would be useful Target prevention strategies, program investments, targets towards greatest need/gap
What proportion of pregnant women access ANC? • What are the main reasons for not accessing ANC (or an HIV test at ANC)?	Target community-based strategies to improve demand/access to ANC
What are the barriers to uptake of ART among persons who know their HIV status? • How do these differ by sex?	Use findings to identify and address barriers, improve patient-centered care, ART uptake
Monitoring trends in social/behavioral determinants, barriers, stigma	
What is the prevalence of specific social and behavioral risks for HIV among the general and priority populations (AYP)?	Identify threats to equitable epidemic control; populations vulnerable to HIV infection
What knowledge, perceptions, and stigma exist around HIV (TB)?	Inform community engagement; monitor impact of strategies to reduce stigma
What proportion of PLHIV have disclosed their HIV status to family, spouse/partner, friend? • What are the main reasons for non-disclosure?	Assess burden of non-disclosure as a key barrier to accessing care; inform targeted strategies to address reasons for non-disclosure

5.2 Periodic HIV biobehavioral surveillance (BBS) and population size estimation of KP

In COP23, PEPFAR SA will continue to support periodic BBS and population size estimation of KP to ensure the GoSA and PEPFAR SA have timely, high-quality data to effectively plan for, and promote health equity among KP. In COP23, PEPFAR SA will initiate a BBS among FSW and migrant agricultural workers and will wrap-up activities from ongoing BBS among PWID and mining communities. The program will also begin preparation (protocol development) for a BBS among transgender populations. To supplement existing data gaps for KP, particularly in locations where empiric population size estimates are limited or of poor quality, and to inform program planning, PEPFAR SA will continue funding extrapolation methodology to develop indirect KP population size estimations at national and

sub-national levels. BBS activities implemented in COP23 will answer the priority questions around HIV epidemiology, access to care, program gaps among KP and migratory populations in Table 5.2 below.

Table 5.2 BBS Priority Questions and Data Use

Priority questions	How data will be used to guide/ improve HIV programming
Identifying gaps in health equity among KP and migratory populations	
What is the burden of HIV/STI and associated social/behavioral factors among key populations (FSW) in South Africa? • To what degree do FSW access prevention/care and treatment services? • What is the status of UNAIDS 95-95-95 targets among FSW? • What is the estimated size of the FSW population?	Monitor impact of the KP program, gaps in access to prevention/treatment services; guide program targets
South Africa is a regional hub for in-/out-migration from neighboring countries. What is the burden of HIV/STI and associated social/behavioral factors among migrant persons in South Africa? • To what degree do migrants access prevention/care and treatment services? • What is the status of UNAIDS 95 targets among migrant population? • What is the estimated size of the migrant population?	Measure the burden of HIV and access to care in a mobile, hard-to-reach population; inform strategies to improve health status/access to care
What are the extrapolated population size estimates of KP at sub-national and national levels in South Africa? • What is the extrapolated population size of KP where empiric estimates are not available? • What is the status of UNAIDS 95 targets among KP at sub-national and national levels using extrapolation methods?	Use estimates to drive program priorities and service delivery, inform target setting, facilitate program M&E, and provide denominators for indicators related to coverage for KP

5.3 Modeling, surveys, and surveillance among the general population

In COP23, PEPFAR SA will continue to support modeling, surveys, and surveillance among the general population to ensure HIV programs are evidence-driven and aligned with epidemiologic need. PEPFAR SA invests in UNAIDS activities to generate and review national and sub-national HIV estimates, which serve as critical denominators to inform the GoSA and PEPFAR SA program priorities and target setting. The quality of modeled HIV estimates depends heavily on having timely and high-quality routine surveys (e.g., ANC sentinel surveys, household-based HIV serological surveys) and surveillance activities.

In COP23, PEPFAR SA will continue support for ANC sentinel surveillance, an important data source for these modeled estimates, and will continue investments in case surveillance, mortality surveillance, HIV drug resistance surveillance, and surveillance for recent HIV infections in line with NDoH priorities. The next ANC survey will include a qualitative sub-study of facilitators and barriers to PrEP use among PBFW.

As feasible, and in alignment with the NDoH, case surveillance in COP23 will focus on expanding the number of HIV sentinel events collected; implementation of a validated algorithm for deduplication and record linkage; and, building capacity of stakeholders to review case surveillance data, and use reports for public health action.

In alignment with the NSP and PEPFAR priorities to improve outcomes among children living with HIV, HIV drug resistance surveillance will be expanded to include children aged <15 years. Surveillance for recent infections will adopt a workflow in line with the PEPFAR guidance and Scientific Advisory Board recommendations, including minimizing burden on clients and health facility staff, achieving high coverage (>80% HTS_POS) in a limited catchment area (2–3 districts) as a platform for establishing baseline trends in recent infections and refining strategies to effectively use these data to improve programing, non-return of results, and assuring quality through testing at a central laboratory using a LagAvidity-based recent infection testing algorithm.

Clinical surveillance activities will address the priority questions in Table 5.3 to guide and improve HIV programing and health outcomes among PLHIV in South Africa. (Note: these questions cannot presently be effectively answered through routine program data, or other data sources.)

Table 5.3 Clinical Surveillance Priority Questions and Data Use

Priority questions	COP23 surveillance activity	How data will be used to inform/improve program
Monitoring gaps in elimination of mother-to-child transmission of HIV		
To what degree have gaps in PMTCT found in the 2022 ANC survey been addressed? • Has PrEP uptake increased among pregnant women? What missed opportunities remain? • To what degree have gaps in ART uptake, viral load suppression been addressed by program? • Does the prevalence of syphilis continue to increase among pregnant women? Are 100% of women with syphilis receiving treatment? • Has agreement between routine program (rapid test) and survey (ELISA test) met WHO standard?	National ANC sentinel survey + Nested qualitative study of facilitators/ barriers to PrEP uptake among pregnant (and BF) women (new)	Monitor trends in HIV prevalence, 95-95-95 cascade among pregnant women attending ANC Critical input for HIV modelling Inform strategies/monitor impact of strategies to address observed gaps/missed opportunities in PMTCT Assess readiness for transition from ANC sentinel surveys to routine program data
What are the birth outcomes among pregnant women receiving a DTG-based ART regimen, PrEP?	Pharmacovigilance registry in pregnant women (continuing)	Monitor for signals around excess adverse health outcomes; manage concerns about TLD, PrEP among patients/healthcare professionals
Monitoring/improving health outcomes among PLHIV		

What are the health outcomes (sentinel events) among PLHIV who have accessed care? • Do outcomes/gaps in continuum of HIV care differ among sub-populations/cohorts/change over time? • Which clients need immediate health interventions?	HIV case surveillance (continuing)	Monitor trends/gaps in key sentinel events among treatment cohorts; use to address gaps in care Reports for action will flag patients needing immediate intervention at facility level
What are the health beliefs, cultures, attitudes, and practices affecting treatment re-initiation and adherence among clients who are chronically disengaged from care?	Mixed-methods study of treatment disengagement (new)	Use findings to inform case management and strategic marketing to decrease IIT, improve return to care
What is the prevalence of HIV drug resistance among adults and children on ART? • What are the trends over time?	HIV drug resistance survey (continuing, expanded to children)	Monitor HIV drug resistance among adults, children
What proportion of newly diagnosed clients acquired HIV in the past < 12 months? • Who are the recently infected clients? • How can trends in recent infections over time, geography, and population inform HIV prevention and treatment programming?	Sentinel surveillance for recent infections (continuing; redesigned)	Monitor trends in recent HIV infections; triangulate with program data on prevention and treatment cascades; inform targeted interventions to prevent infections/promote timely diagnosis
What is the burden of HIV/TB mortality in South Africa? • Are HIV/TB deaths at facilities accurately captured, how can this be improved? • About 50% of deaths in South Africa are out of facility; what proportion are HIV/TB deaths? • How can HIV/TB deaths be collected more accurately and timely?	Improving mortality and cause-of-death surveillance (continuing)	Determine program impact for epidemic control Understand mortality proportion and causes of unconfirmed loss to follow up and out of facility deaths

5.4 Implementation science and operations research

Finally, in COP23, PEPFAR SA will continue to support implementation science and operations research to be responsive to service delivery needs and promote uptake of evidence-based interventions. PEPFAR SA will continue to conduct implementation science activities focused on long-acting HIV prevention

methods for AGYW. These activities will inform key policy and implementation considerations towards introduction of long-acting prevention methods for priority populations.

PEPFAR SA will also implement important operations research, including a study to identify and manage repeat HIV testers, (clients who do not disclose previous HIV diagnosis when seeking services at HTS delivery points), using the existing LabTrak system. Through this work, PEPFAR SA will also support a qualitative study to better understand reasons for repeat testing among PLHIV, and how to better case-manage and prevent persons who present for repeat testing. This study will inform a process for routinely identifying, at point-of-care, and effectively case-managing, repeat testers at the national level. This work will be done in the same health facilities conducting recency surveillance in order to promote efficiency, and to provide a comprehensive picture of PLHIV presenting for routine HTS.

Implementation science activities conducted in COP23 will address the priority questions in Table 5.4 below.

Table 5.4 Implementation Science Priority Questions and Data Use

Priority questions	COP23 Implementation Science Activity	How data will be used to inform/improve program
Effective implementation of long-acting HIV prevention methods among AGYW		
How can we best deliver long-acting HIV prevention methods to AGYW? • How acceptable and feasible are long-acting HIV prevention methods to AGYW? • What is the uptake, preference, and patterns of use among AGYW at DREAMS sites? • How will offering additional choice influence coverage of PrEP for AGYW? • What are key policy, implementation, and community considerations from policy makers, provincial and district program managers, and DREAMS implementing partners towards introducing the Ring for AGYW? • What factors influence choice and uptake of different PrEP methods for AGYW? • What are the rates of PrEP continuation among ring users, what factors affect continuation, and how do they differ by PrEP product?	Implementation science: Long-acting HIV prevention methods among AGYW (continuing)	Use findings to inform optimal programmatic scale-up of long-acting HIV prevention methods for AGYW

• What is the frequency and reasons for switching between PrEP products for AGYW? • Which differentiated service delivery model facilitates uptake of the Ring for AGYW?		
Identification and effective case management of "repeat testers" for HIV		
How can LabTrak be used to identify repeat testers at HTS points-of-care for effective case management? • What proportion of HIV-positive clients presenting for HTS already know their status? • What are the reasons for repeat testing? • Are repeat testers on/off ART? • What is the optimal approach for effective case management of repeat testers?	Implementation science: Identification/management of "repeat testers" for HIV + Nested qualitative study to understand motivations for repeat testing; inform case management (new)	Develop an SOP for routinely identifying/managing repeat testers at point-of care; Inform possible scale up through sustainable methods (i.e. LabTrak system look-up) Understand reasons for repeat testing; use to inform/improve case management, retention, HTS counseling, screening Estimate proportion HTS_POS that are repeat tests; establish a correction factor for interpreting HTS_POS indicator; inform assumptions/ interpretation of modeled HIV estimates;

As in prior COPs, PEPFAR SA will support rapid incorporation and use of epidemiologic results to support program objectives, with a strong and deliberate focus on timely data use for action across all supported activities.

6.0 Strategic Enablers

PEPFAR's Five-Year Strategy, "Fulfilling America's Promise to End HIV/AIDS Pandemic by 2030," built around five pillars and three enablers, is the foundation to the COP23 planning and proposed initiatives. This section highlights the critical role of the three enablers: Community Leadership, Innovation, and Leading with Data.

6.1 Community Leadership

PEPFAR's new strategy highlights, across all the pillars and within the community leadership enabler, the pivotal role that Civil Society plays in the planning, development, implementation, and monitoring of prevention, treatment, and systems-focused programming to reach the 95-95-95 targets.

Below is further information on PEPFAR SA's plans for supporting community leadership in COP23. This section covers:

1. Collaborative engagement with Civil Society;
2. Community-led monitoring;
3. Community leadership; and
4. Peace Corps support for communities.

6.1.1 Collaborative engagement with Civil Society

PEPFAR SA engages with SANAC on broad programmatic direction which brings together government, Civil Society, and the private sector to create a collective response to HIV, TB and STIs in South Africa. PEPFAR SA also continues to collaborate with multiple stakeholders including the GoSA, other donors, and multilateral organizations, such as the GFATM, UNAIDS, WHO, the Clinton Health Access Initiative, the BMGF, the International AIDS Society, AIDS Healthcare Foundation, and Médecins Sans Frontières, among others. In COP23, PEPFAR SA plans to expand the engagement to include community leaders (See below for further detail). This is planned through strengthening current work with the traditional leadership sector which is active at the community level. Key to moving forward will be strengthening and collaborating with the private sector to improve program coordination.

Throughout the COP23 development, PEPFAR SA engaged Civil Society and other stakeholders at various levels and at regular intervals. This engagement provided valuable input and buy-in into the COP23 plans and ensured alignment on goals and priorities for the HIV response. Examples of stakeholder involvement throughout the COP23 development processes include participation of NDoH, DBE, Department of Social Development, Department of Planning, Monitoring and Evaluation and the National Treasury in the COP23 Retreat; participation of local and global stakeholders in the COP23 Co-Planning Meeting; adjustments in COP23 priorities based on the People's COP; Civil Society meetings; collaboration with the GoSA, donors, and civil society on refining the COP23 strategy; Technical Working Group meetings; and stakeholder check-ins for feedback on the COP23 preliminary budgets, targets, and strategy. As stakeholders have provided input through these various fora, the PEPFAR SA team has noted and incorporated elements where feasible and in alignment with the GoSA's priorities. Examples of input via the People's COP are noted in Table 6.1 below.

Table 6.1 Stakeholder Feedback and PEPFAR SA Responses

Examples of priority topics raised in the People's COP, COP23 Co-Planning Meeting, and other fora	PEPFAR SA responses for COP23
HIV Literacy	• Improve messaging on U=U in line with NDoH directive • Support and expand comprehensive HIV literacy (PEP/PrEP/ART)
Mental Health Services & Psychosocial Support	• Support groups for peers, caregivers, and youth • Improve mental health services for youth and KPs • Increase support for PSS & ISHP
Services for pediatrics and caregivers	• Support disclosure to caregivers & children • Engage multidisciplinary team at facility level for operationalizing the Children's Act • Support transition and demand creation for pDTG
Access and availability of PrEP	• Scale-up PrEP • Introduce of new PrEP technologies • Intensify TA for oral PrEP • Training on PrEP & ART initiation for DCS staff
Gender-based violence	• Oversee partners to address social & gender norms, behavior change (including PVC & VAC services) • Increase availability of social workers/ social work auxiliary in provision of PSS to survivors of GBV • Scale population-sensitive, high-quality GBV prevention and response • Offer a clear referral network for PSS, PVC, and MH
DREAMS/Prevention services for AYP	• Multiple strategies with the focus on CHOICE and the best prevention option for an individual • Strategic testing, case finding, linkage to treatment, and prevention services
AHD and TB	• Align and implement and ART & TB guidelines • Strengthen Xpert algorithm for patients new on ART • HCW training for improved TB case finding in children and with TUTT and LF-LAM • Improve TB literacy • Offer enhanced services at testing, psychosocial support, and frequent follow-up of AHD cases (e.g., from hospitals) • Capacity building to enable clinicians to aggressively manage cases of ACC & action abnormal lab tests • Surveillance of AHD indicators • Promote differentiated service delivery models including use of TPT in communities to prevent AHD
Viral load management	• Improve specimen and results management • Provide viral load appointment reminders

	• Support high-quality EAC for non-suppressed viral load (e.g., viremia clinics) • SyNCH Clinic visits with VL specimen • Viral load sample collection
Partnerships and initiatives with Civil Society and CBOs	• Case Finding for mobile outreach services • Engage and identify opportunities to support youth-led organizations • Engage and identify opportunities to support KP-led organizations • Support CBOs through the Community Grants Program • Support programming aimed at women • Increased efforts towards support for communities. Recognize the need to fully utilize resources and engage communities in planning and programming.
Stigma and discrimination	• Support stigma reduction interventions, such as HIV literacy (U=U) • Improve facility stigma and discrimination programming
Improving quality of services for KP	• Expand KP CoE through KP sensitization and consider increased allocated budget • Finalize the KP Health Implementation Plan • Consider placing KP staff in facilities • Consistent supply of condoms, lube, harm reduction, GAHT, and viral hepatitis services
Adherence guidelines implementation	• Implementation of revised 2023 ART/Adherence guidelines, including CD4 counts for those returning to care

6.1.2 Community-led monitoring

Community involvement, leadership, and supported programs have been an integral part of the PEPFAR SA strategic priorities. The CLM program, Ritshidze, developed and led by the PLHIV sector, received PEPFAR SA's support since its inception in 2018. The program is a collaboration and partnership between Civil Society, the GoSA, and PEPFAR SA to increase awareness and understanding of the communities' experience of care services and proposals made by the community. The partnership further includes the consideration of proposals made by the community to maintain good services; scale up best practices and community proposed solutions to address service delivery challenges; and hold service delivery providers or duty bearers accountable to implement the commitments made to improve services.

Ritshidze monitors over 400 clinics and community health centers across 27 PEPFAR SA priority districts in eight provinces across South Africa. This community-led program includes quarterly gathering of evidence; analysis of the data by the PLHIV sector and members of the community, including community leadership; generating solutions to problems found; and providing feedback to relevant duty bearers for implementation. The engagement of duty bearers includes the production of annual State of Health

Reports and annual community accountability meetings. The implementation of recommendations and advocacy for change continues at the various levels of the health system.

Data from the Ritshidze dashboard are utilized at various levels of the health system, such as in the national, monthly Operation Phuthuma meetings, provincial Nerve Center meetings, and AIDS Councils, to identify service delivery challenges as well as plan mitigation strategies.

During COP20 and COP21, CLM focused on two major, separate programs, namely Ritshidze and KP CLM. The KP CLM was included as part of the Ritshidze program in COP22. Ritshidze launched the 'State of Healthcare for Key Populations" report in January 2022. The Draft People's COP22 and the State of Healthcare for Key Populations report were presented at the PEPFAR COP22 strategic retreat. Stakeholder recommendations were addressed by PEPFAR SA during the COP22 processes.

Between October 2021 – September 2022, Ritshidze interviewed 65,906 public health care users, of which 41,877 (63.5%) were PLHIV and 13,659 (20.7%) were young people (i.e., under the age of 25). In addition, 1,193 facility managers were interviewed, and 1,617 real-time observations of facilities were conducted by Ritshidze monitors. Between July 2022 and September 2022, Ritshidze conducted KP-focused CLM across 21 districts in seven provinces. A total of 9,137 surveys were conducted, of which 2,349 were gay, bisexual, and other men who have sex with men, 3,353 were PWID, 2,200 were sex workers, and 1,145 were transgender. Ritshidze is contributing to improved service delivery and PLHIV care in South Africa. Below are observed changes in the quality of healthcare service delivery between 2021–2022:

- Health care users' reports of "always" having enough staff in facilities increased from 35% to 40%.
- There was a 4% increase in respondents who found facility staff to be friendly and professional.
- Ritshidze data demonstrated a lower proportion (3% lower than 2022) of patients who left facilities without medication due to medicines stockouts.
- The percentage of PLHIV getting refills for 3 months or more increased from 33% in 2021 to 44% in 2022.
- Ritshidze data showed an increase in treatment literacy. The proportion of PLHIV who understood how viral load impacted their lives increased by 4%
- Patient waiting times decreased from 4 hours in 2021 to 3 hours and 35 minutes in 2022.

While the Ritshidze program generates important data on the quality of health service delivery, there is room to improve. In COP 23, PEPFAR SA will implement a number of game changers to address programmatic challenges. First, there is suboptimal acceptance and use of the Ritshidze reports to improve service delivery at the local levels. In COP23, PEPFAR SA will focus on facilitating service provider understanding of the CLM processes and data, leading to increased buy-in and commitment to use information for improved service delivery. Then, there is limited multisectoral involvement of the community and community-led response at the local levels. In COP23, the Ritshidze program will pivot to sub-national levels and transition to community-led responses that include advocacy for long-standing issues based on CLM data. Next, in line with the goals of the new PEPFAR strategy, PEPFAR SA will increase its collaboration with its stakeholders to ensure alignment and sustainability of PEPFAR-supported initiatives to reach the 95-95-95 targets. This requires greater collaboration on CLM processes, such as increased community dialogues to guide the strategic direction of PEPFAR SA programs. Finally, Ritshidze data and lessons learned are made public and disseminated through community dialogues. Non-CLM monitored sites stand to gain from these insights as similar violations/problems may also persist in these sites. DSPs are key to cascading lessons learned from the

Ritshidze project and further complement the GoSA efforts to improve patient satisfaction via the Ideal Clinic Model.

6.1.3 Community leadership

Across all PEPFAR SA programs, there is increased emphasis in COP23 on engagement and collaboration with Civil Society and the communities to strengthen community leadership, participation in the planning, and implementation of PEPFAR SA supported initiatives. Below are a few examples of PEPFAR SA activities for COP23:

- Support community participation in decision-making platforms (community leadership representation at local (inclusive of traditional leadership), district, provincial, and national levels);
- Leverage CLM for understanding and addressing barriers to services for PLHIV, women, children, LGBTQI+, FSW, PWID, AYP, and combination prevention initiatives.
- Expand CLM for children's services to understand gaps.
- Support and partner with relevant sectors in their advocacy roles to address the identified barriers through multi-sectoral collaboration.
- Advocacy for equitable access to care (including hard-to-reach children of KP, policy, and environment barriers).
- Invest in Stigma Index 2.0 (monitoring, documenting, and responding to human rights violations and barriers through self-coordinated advocacy actions).
- Engage and identify opportunities to partner more with youth- and women-led organizations to ensure needs are addressed (e.g., support scale up of youth zones).

6.1.4 PEPFAR Community Grants Program

The PEPFAR Community Grants Program awards direct PEPFAR funding to CBOs to provide comprehensive prevention, case finding and care and treatment support services to OVC and youth, Key and priority populations as well as PLHIV in community settings. The program funds 100% local partners that are based in the communities they serve with an established and trusted presence. In addition to supporting implementation of interventions and services, the program builds the capacity of CBOs to improve and strengthen their performance, financial and data management, and governance practices to scale up efforts to manage larger funds.

To ensure funded CBOs are aligned to best meet the HIV response goals and address gaps through community-led interventions, in COP23, PEPFAR SA aims to:

- Support Community Grants Program-funded CBOs to work collaboratively with facilities to implement community led responses or interventions that address the CLM findings.
- Through the Community Grants Program funding, invest in strengthening the technical, managerial, and financial management capacity of CBOs to foster community-level differentiated, evidenced-based and person-centered community led and oriented prevention; case finding; and treatment services (e.g., expand treatment literacy/HIV literacy in the community, support relevant sectors to conduct adherence groups in the community).

6.1.5 Peace Corps support for communities

Peace Corps specializes in a people-to-people approach to development that is based on relationships and skills exchange to implement sustainable, low-cost, replicable interventions to support community

priorities. As PCVs become integrated into their communities, they build relationships with both individual beneficiaries (e.g., OVC and youth) and with non-profit organizations (e.g., schools, clinics, faith-based organizations and other health structures) that serve them. They work closely with organizations in Mpumalanga, Limpopo and KZN to gain access to young populations and engage them in a variety of activities, including behavior change interventions and trainings. PCVs partner with host organizations to build their capacity for sustainable delivery of services. PCVs are uniquely positioned to serve as role models to their communities' youth, training them in HIV prevention through areas such as youth sexual and reproductive education. More experienced PCVs come with additional skills to build capacity to impact organizational change at the higher levels. As a holistic, combination prevention approach, PCVs and their counterparts can co-facilitate activities to address the structural drivers of the epidemic, through clubs, camps, and relationships within the community. Activities include building the capacity of communities to address the needs of OVC and youth; co-planning and co-facilitating training on organizational development topics; coaching organization members to apply organizational development skills and knowledge; training community staff on how to provide gender- and youth-friendly services; and coaching community-based staff on linkages.

In COP23, PCVs will continue to work with their CBOs to foster sustainability and build their HIV program capacity. These combined efforts will empower the communities to respond to their priorities while aligning to PEPFAR SA and national priorities. Peace Corps will continue discussions with PEPFAR SA implementation partners to diversify placements, including possibilities for placement of PCVs within clinics and municipal structures. Peace Corps is also committed to pursuing a Memorandum of Understanding or a letter of endorsement with the NDoH and the Department of Social Development to allow PCVs to work in government-funded organizations to support PEPFAR SA prevention priorities.

In light of the Civil Society and NSP feedback shared during the COP23 Planning Meetings, in COP23, Peace Corps activities will include:

- Partnership with US Agencies, government, youth organizations, and civil society working in child health.
- Expanding health literacy and HIV prevention for People Living with Disabilities.
- Cross-sectoral programming to strengthen integration of life skills, HIV, and access to available mental health services.
- Utilizing resources such as Participatory Analysis of Community Action and defining Peace Corps' role in systematically mapping, referring, and linking to health and social services.
- Promoting a national volunteer service initiative and government implementation of national volunteering initiatives.
- Supporting provincial, local, and national government capacity building through Peace Corps Response Volunteers/Virtual Service Pilot Participants.
- Updating Volunteer Activities Support and Training (VAST) program funded by PEPFAR /USAID-funded Small Project Assistance Program (SPA) guidelines to allow at least two grants per timeframe for PCVs to implement more activities and to allow more local, sustainable development.
- Providing regular data/feedback from PCVs/counterparts to local communities for ongoing reflection and learning.
- Capacitating communities to be able to get grant funding from VAST/SPA.

Peace Corps is committed to continuing as an active, participatory member of the PEPFAR SA Interagency team and adapting to the current realities faced by PCVs and community-based organizations, as well as funding shifts, changes to strategy or direction, or budget adjustments due to

the ongoing impact of the SARS-CoV-2 pandemic. The health team is fully staffed with a new Training specialist who will oversee the technical training support of PCVs and counterparts during their service in COP23.

6.2 Innovation

PEPFAR SA's COP23 plan prioritizes strategic innovation as an enabler across each strategic pillar. Innovation within programming will be essential to reach the 95-95-95 targets in ways that open new programming to priority populations with more equitable and accessible interventions. Innovation will also ensure that PEPFAR SA programming becomes more sustainable in the long-term, ensuring the activities and impact catalyzed by PEPFAR programs continue well beyond the program itself.

While innovation is infused across all the PEPFAR SA COP23 strategies, three "breakthrough" innovation approaches demonstrate key pivots within COP23 to transform the way that PEPFAR SA programs achieve impact at scale. These categories are:

1. Accelerating country-led innovations;
2. Proactive market shaping for new product innovations; and
3. Leveraging innovative finance models to drive programming scale.

Focusing on these categories of innovation will ensure that South Africa, and the people who live in it, will be at the heart of programming pivots for greater buy in. They will prepare the local market to be ready to accept and take-up vital life-saving interventions that will further strengthen 95-95-95 performance. And they will help empower local partners to take part in, and eventually own, interventions through new financial structures that increase local ownership and decision-making.

6.2.1 Accelerating Country-Led Innovations

Innovating for sustainability and equity requires ground-up interventions that are designed, supported, and implemented by local partners — whether that be government, IPs, CBOs, health practitioners, or clients and their families. In COP23, PEFPAR SA will prioritize and accelerate country-led innovations by designing new processes and mechanisms into our funding and supporting policy guidance that fosters the enabling environment for government and IPs who effectively surface high-potential program innovations. Below are further details on these plans for COP23.

Improving holistic pediatric care and treatment

PEPFAR SA recognizes that it takes additional investments to reach children with the care and treatment they need to achieve the 95-95-95 targets along the pediatric cascade. To do this, PEPFAR SA will channel additional funding for each pediatric client above-and-beyond the funding for each individual adult. The aim is to align funding with the importance of pediatric performance in South Africa and incentivize partners to focus more time, energy, and resources on pediatric interventions. Innovations in pediatric disclosure and testing, treatment regimens, and case management amongst others will be critical areas for breakthrough innovations across the pediatric cascade. One example of a new pediatric innovation includes PEPFAR's proposed "LIFT UP Equity Initiative activities. Its goal is to address equity gaps by pivoting to the community to reach children "where they are" through social mobilization campaigns that address HIV, BT, Nutrition, and epi. Social mobilization and demand generation will use tailored messaging through community engagement (e.g., community radio) and community mobilization through CBOs and FBOs to improve uptake and retention. LIFT's main messages will focus on the need for caregivers to know their child's HIV and viral load statuses, particularly to create demand for pediatric DTG. Activities will include social mobilization and demand generation, along with

outreach services, in seven districts with the largest pediatric gaps. This will be aligned to the NDoH's 100 facilities project.

To ensure sustainable scale-up of pediatric innovations, PEPFAR will include additional support based on already-tested interventions such as index testing training for DoH counsellors, CBOs, and DSD/OVC program leads; capacity building of DHO clinicians on pediatric NIMART guidelines; file audits for greater adherence; multi-disciplinary Human Resources for Health staffing (e.g., counsellors, social workers, and case managers) to support differentiated pediatric delivery models; stronger collaborations with DREAMS and NDoH youth zones to establish youth care clubs; and improved policy and political will support to drive scale and sustainability of pediatric interventions. Community outreach will also be scaled, particularly through mobile interventions such as roving HIV testing and treatment service delivery to re-engage C/ALHIV and support catch-up of missing VLs; Capacity building of mobile health care providers for improved adherence to National pediatric guidelines; and improved leverage of DREAMS DSP and DoH mobile services—all innovations that proved invaluable during COVID-19 for sustaining care.

Increasing higher-yield and status-neutral HTS

Innovation is needed to find more people, particularly in targeted vulnerable groups that may not be easily found through conventional testing platforms. Evidence from current programming has shown how index testing and HIVSS increase yields in key groups such as men and the elderly. In COP23, PEPFAR SA will innovate new approaches that expand the use of these approaches across South Africa, including initiatives that increase official acceptance of index testing, and ensuring it remains safe, ethical, voluntary, and non-coercive, in provinces where it is not currently able to be used, and programs that support the scale up of index testing and HIVSS in locations where they are already in use. In COP23, PEPFAR SA will also innovate new programming and policy approaches that expand status neutral approach to HIV testing.

Making it easier for people to get on, and stay on, treatment

PEPFAR SA's plans for COP23 acknowledge that clients and their caregivers need new interventions to help them get on, and stay on, ART. Developing these will be critical to achieving success in the second 95. New programs that improve fast-tracked initiation and counseling in ways that clients trust will be critical to this. PEPFAR SA will also prioritize new innovations that help reduce interruptions to treatment and facilitate re-entry into treatment. Success in returning to care will require innovations that are client-friendly, welcoming, and compassionate to the many factors that may cause people to drop out of care, particularly within the first six months of starting treatment. Existing programming and input from Civil Society demonstrates that new programming is needed to reduce and eliminate judgment from health practitioners at clinics when patients return to care.

To help people stay on treatment, PEPFAR SA aims to innovate add-on programming that builds on our existing success of innovation with the NDoH in differentiated models of care (DMOC) and CCMDD. PEPFAR SA's programming to develop the Dablapmeds campaign and successfully hand it over to the NDoH, which now uses it nation-wide at scale, demonstrates just how successfully innovations can be in catalyzing sustainable programming shifts at scale when bought-into by the government. In COP23, PEPFAR SA aims to innovate add-on programs that open new programs and locations for DMOC and CCMDD, particularly focused on MMD and pediatric interventions. These innovations will help more people stay on treatment and suppress viral loads at scale, particularly through innovative partnerships with government, private sector, and others.

Suppressing viral loads

In COP23, PEPFAR SA will encourage partners to develop new innovations that extend high-quality Enhanced Adherence Counselling for non-suppressed viral loads (e.g., viremia clinics) and expand community viral load services, particularly via mobile services. PEPFAR SA will also continue to work with its partners to expand the already-underway U=U campaign to reduce patient viral loads and improve the quality of life for patients through clinical and psychosocial interventions — this is discussed in greater length in the section below.

Strengthening KP-led service delivery to reach 95-95-95

KPs are best served when KP-led organizations have actively designed programs in partnership with the communities they know and represent. KP need to lead in the design of solutions to expand testing, access to treatment, retention, and prevention services. KP-led organizations can also play a role in supporting U=U messaging to emphasize the power of adherence to treatment, reduce stigma towards key populations living with HIV, and create an enabling environment for testing. Innovations in programming that support KP-led and KP-trusted organizations will go further to strengthen the capacity of these organizations to close gaps in KP prevention and treatment services by ensuring consistent, dedicated, evidence-based, tailored HIV programming for KP organizations that PEPFAR has already proven successful and capable of scale—such as increasing gender-affirming healthcare and Opioid Agonist Therapy support for continuity on ART. Much of PEPFAR's work will focus on working alongside government partners to innovate new ways of expanding and scaling up the CoE program. Further, IPs will bolster leadership of and collaboration with key populations and communities through technical assistance for KP-led HIV service delivery. In COP23, PEPFAR SA will work to identify new partners with a strong community-led track record to strengthen KP organizations to deliver comprehensive, youth-friendly, rights-based HIV prevention and treatment services. Collectively, doing so will enable KP-led and KP-trusted organizations to sustain and improve their performance over time, including financial management and governance, to be able to effectively scale-up their efforts and manage larger amounts of funding from donors and governments.

Preventing the spread of HIV

Improving the ways in which PEPFAR SA and its partners engage people who have experienced GBV will be at the heart of our innovative work in prevention. This will include programming to improve post-violence care services, particularly to ensure that all clinicians understand how to treat GBV from a patient-centered perspective (e.g., knowing that they do not have to wait for a police report before providing post-violence care/examinations) and that they are trained and supported in doing so. Innovations that build on an existing track record of success will also include working with government and civil society partners to increase the availability of social workers in provision of PSS to survivors of GBV. New innovative programming will also seek to reduce GBV overall through partnerships with Community Grants Program-funded CBOs and OVC partners to address social/gender norms and behavior change including through new PVC and VAC services and the promotion of comprehensive HIV literacy campaigns.

Further innovations in prevention programming will focus on diversifying existing programming. This may include supporting increased transitions from PEP clients to PrEP clients; increasing the focus on parenting programming to include literacy on PrEP and SRH for AGYP; collaborating with street vendors and other entry points for improved PrEP delivery for PWID; collaborating with traditional healers to support PrEP uptake for LGBTQI+ in communities; and critically, expanding programs to include support for ABYM alongside, and in complement to, current programming that focuses on AGYW, such as

DREAMS. ABYM innovations will aim to provide comprehensive structural behavior and prevention programming for this critical population. PEPFAR will also innovate ways to crowd-in people into ABYM, such as leveraging VMMC and Men's Health programs for increased participation and referral into ABYM prevention programs.

Improving TB results

Innovations in HIV/TB care will seek to improve and expand TB screening, prevention, and detection through activities already underway that demonstrate improved performance. This will include expanded TB screening in differentiated service delivery models; scale-up of 3HP to improve TPT uptake and completion; support for the use of digital chest X-rays and scale-up of LF-LAM; virtual training and consultation resources and digital referral platforms for AHD; and overall policy support for new interventions such as activating use data on molecular epidemiological DR TB surveillance to inform DR TB treatment policy.

Building new ways of working with CBOs and communities

Ensuring the sustainability and long-term buy-in for PEPFAR SA programming and impact in South Africa will require interventions that are created, planned, and delivered alongside communities. Planned innovations to do so in COP23 include innovations of new programs that gradually increase the level of direct care, treatment, and prevention activities that CBOs, and increasingly peers, can provide along the full care and treatment and prevention cascades. Innovative partnerships with CBOs can channel more support to help them address social/gender norms, behavior change, PVC services, and the promotion of comprehensive HIV literacy. To do this, PEFPAR SA will continue to expand innovations that explicitly connect IP support with CBOs like our OVC and youth partners, to ensure more people can receive care in trusted ways. PEPFAR SA will also continue to innovate procurement approaches so that CBOs are more clearly integrated into PEPFAR programming — and receive the funding needed to sustainably grow their operations. In doing so, PEPFAR SA aims to open up new and differentiated channels for community-led testing and treatment interventions, which are particularly powerful inroads into expansion of vulnerable population and pediatric care. PEPFAR SA will also continue to innovate new ways to support increased CLM to improve the gathering and use of data to advocate for equitable access to care and advocacy for issues central to communities and their health.

Innovations to expand PEPFAR's support for traditional health practitioners/traditional leaders will also seek to open up newer and more trusted channels for people to engage with HIV care, treatment, and prevention. These interventions will seek to train traditional health practitioners and traditional leaders to provide care and support to PLHIV, especially in rural areas, along with prevention support, including for teen pregnancy.

Promoting integration as a priority innovation stream

As South Africa moves towards Universal Health Care, in COP23, PEPFAR SA will prioritize innovations that integrate HIV/TB support into holistic primary health care provision. Doing so will improve patient experiences at health entry points and will build greater support and sustainability from GoSA counterparts. For integration, innovations will focus on strengthening the integration of HIV/TB care with other STIs (e.g., Hepatitis C) and other chronic disease treatment; improving access to training for clinicians on mental health, in partnership with the Department for Social Development; and the continued expansion of existing PEPFAR SA programs that bring holistic and integrated health services to target groups, such as comprehensive men's health services (Men's Corners; integration of VMMC into full men's services) and children's health services.

Innovating technology for improved and partner-led engagement

Digital technologies have increasingly been at the forefront of HIV care, treatment, and prevention — a trend that grew rapidly during South Africa's COVID-19 lockdowns. To continue the innovation already underway, in COP23 PEPFAR SA will be continuing to support innovation on patient-centered interventions such as virtual care clubs, which were proven to be an essential way of maintaining treatment adherence during the SARS-CoV-2 pandemic. Other patient-centered digital innovations will be pursued to make it easier for clients to enter in and stay on treatment. Digital innovations will also support our partners, notably the GoSA. PEPFAR SA will aim to expand the use of e-learning platforms and accessible resource libraries for the DoH to ensure that they can always continually innovate their own programs and human resources.

6.2.2 Proactive Market Shaping for New Product Introductions

In COP23, PEPFAR SA will work with other donors to proactively shape the market for all new products that have emerging or demonstrated clinical evidence to suggest they will have a substantial impact on programmatic outcomes. Below are further details.

Supporting the innovation of pharmaceutical interventions for improved results

PEPFAR SA is well positioned to catalyze and support innovation within the pharmaceutical sector; if done, these new interventions will greatly strengthen the results of our programming.

In COP23, PEPFAR SA will support the fast-tracked use of long-acting PrEP, such as the dapivirine ring, injectable PrEP, and CAB-LA along with the expansion of pDTG, including new dispensing mechanisms. To do this, PEPFAR SA support will include consultations with pharmaceutical companies to understand their goals and abilities; creation of a working group with the private sector and DoH to develop/enhance an implementation plan based on understandings of the DoH strategy, private sector capability, and collaboration in line with pharmaceutical ambitions; identification of promising dispensing mechanisms and modalities through leveraging of private sector innovations and/or services (e.g., ePharmacy); and the motivation for adoption and acceptance of any new distribution and client accessibility plans into the DoH, leveraging existing relationships to do so.

PEPFAR SA understands that, as with any new pharmaceutical intervention, CAB-LA and other innovations in preventative therapies must be introduced to communities in ethical ways. This is particularly noted due to constraints on supplies, which will continue to remain in place in the early stages of introduction. To innovate for ethical introduction, PEPFAR SA will work with CAB-LA to understand the required exposure and supply abilities; work with NDoH prevention teams to understand key program objectives and where CAB-LA best fits; and develop guidelines and clear patient eligibility criteria aligned to supply constraints. To assist in monitoring these interventions, all demonstration projects will be asked to use a revised PrEP form which allows for capturing and reporting of any new PrEP implementation strategies, such as long-acting PrEP.

Beyond its support for innovation of new pharmaceutical prevention technology, in COP23, PEPFAR SA will also seek to innovate new programs and services that help transition clients to optimized ARV regimens. Potential PEPFAR SA support for innovation in this area will include supporting the development of guidelines, training, and implementation plans for new ARV regimens; leveraging mapping where necessary to assist with planning, tracking, and assisting with scale-up and bottlenecks of new ARVs; assisting with targets and monitoring implementation; and investigating opportunities to drive the expansion of new ARV regimens through CCMDD and private sector partners. Delivering these innovations is supported by the positive results seen from PEPFAR SA's existing advocacy for TLD and

3MMD. Additional innovations that will help advance new ARV regimens and their impact on improved health outcomes will include strengthened research collaboration; improved uptake and design of digital health technologies; improved use of behavioral nudges for clinicians (e.g., highlighting patient eligibility through file stickers; the automatic selecting of 3MMD on scripting and requiring motivation for why 1 or 2 MMD is needed); and expanded patient retention strategies.

Supporting supply and demand

Optimizing the uptake of new pharmaceutical innovations will require complementary innovations in supply and demand creation. While there is regulatory approval for CAB-LA, it is still uncertain as to what the price will be, or when it will be available. Balancing demand creation now, with an uncertain supply, requires careful and targeted interventions ahead of any release. While we want users to be ready to use it, we do not want to create unfounded expectations that, when unmet, reduce confidence or reliability on CAB-LA. Promisingly, the NDoH has already created a plan and signaled commitment to support a procurement approach to make sure CAB-LA is equitably available. To streamline the pre-availability supply/demand system, in COP23, PEPFAR SA will prepare the marketplace by innovating and strengthening supply chain management systems which will help ensure that the new pharmaceutical products are available at health facilities when needed. Additional market innovations may involve developing robust inventory management systems; optimizing supply chain logistics; establishing clear communication channels between different levels of the supply chain; improving forecasting and planning tools to ensure adequate supply of products can meet demand and the development of training material for health care providers; and developing in-field clinician training programs aligned to national guidelines. PEPFAR SA will also be working with national and provincial governments to explore the most effective ways of developing local manufacturing of key HIV-related medicines and commodities. (See more under Pillar 3.)

Ecosystem enhancements to improve new pharmaceutical innovations

Additional ecosystem programming innovations will also improve the future uptake of pharmaceutical interventions, particularly when supportive of integrated health services. In COP23, these will include new programs to improve community preparedness through HIV literacy; monitor implementation; collaborate with researchers to document key considerations as implementation moves ahead; identify ways to work with existing private sector partners (like CCMDD) to expand the reach of new interventions; improve pharmacovigilance and mapping; create well-defined patient retention strategies; introduce combination rapid test kits such as HIV, syphilis, and hepatitis C kits; and improve support for cold chain and logistics particularly for CAB-LA roll-out across designated facilities—an intervention that draws on the strength and experiences of PEPFAR SA's private sector strategy partners.

Improving patient literacy and uptake

Innovations in patient literacy programs will further improve demand for, and uptake of, new treatments. In COP23, the most prominent of these innovations will be PEPFAR SA's continued promotion and support of U=U messaging, which will have particularly important impacts for the 2nd and 3rd 95. U=U is a multi-pronged approach that includes a psychosocial and mental health effect for patients. This approach anchors on sharing the empowering and destigmatizing message of the benefits of being consistently virally undetectable as a way of motivating patients. Creating new channels for PEPFAR SA to share this message, and working with our partners in communities, private sector organizations, and others to broadcast this message more widely, will sustainably expand the impact of this vital program at scale to achieve strengthened 3rd 95 results.

Community support for new pharmaceutical products

As innovation in pharmaceutical products moves ahead, PEPFAR SA acknowledges that there are still many components of future market release that are uncertain. If not supported with complementary innovation, these uncertainties could have potential negative impacts on the communities and markets they seek to better. To support the communities and markets ahead of new pharmaceutical interventions, PEPFAR SA will be innovating complementary initiatives that will ensure communities are ready to take up CAB-LA, pDTG, and other interventions when they are ready and available, most notably through improved patient literacy programs and community preparedness and education activities. As an example, in COP23, PEPFAR SA will work to capacitate community cadres on pDTG to support transition and create more demand through trusted community connections, augmented by literacy campaigns such as the "Know Your Child's Status" campaign and community-based interventions for viral load sample collection and mobile outreach initiatives. Improved literacy programs that work in partnership with treatment and prevention activities will aim to avoid treatment fatigue and ambiguity for clients by fully informing them of the benefits of treatment and streamlining the care and prevention experience. By contributing increased resources to these activities and adopting the national framework for treatment literacy, in COP23, PEPFAR SA will further support a strengthened market that is more ready and inclined to take up treatment products and programs—particularly newer and more innovative ones. PEPFAR SA understands that CAB-LA, and any other pharmaceutical intervention, needs to be a choice for all users, and community-based outreach will help ensure people are better prepared to make the best treatment decision that aligns with their needs.

Strategic marketing

Increased and continued in COP23, client-centered marketing campaigns will help expand and balance demand for new interventions. PEPFAR SA has already gathered evidence of how powerful innovation in this area can be through the success of MINA. To build on this, PEPFAR SA will continue to scale-up MINA to ensure that men are more willing to enter and stay on treatment products and services. PEPFAR SA will also adapt MINA to include PrEP and new technologies such as combination self-testing. Additionally, PEPFAR SA will develop targeted marketing and outreach campaigns for new pharmaceutical innovations: that effectively communicate the benefits of the new product and motivate DoH, clinicians, influencers, and patients to adopt it.

Supply Chain Support

Across all pharmaceutical interventions, PEPFAR SA understands how improved supply chain planning at health facilities can improve long-term patient retention and viral load suppression. In COP23, PEPFAR SA will innovate new approaches to stock management and replenishment in line with NHI guidelines. PEPFAR SA will also integrate management information systems (e.g., ePrescribing, logistics data) and improve forecasting and planning to ensure that there is an adequate supply of pharmaceutical products to meet demand across facilities.

6.2.3 Leveraging Innovative Finance Models to Drive Programing Scale

To ensure the local sustainability and continued innovation of PEPFAR SA programming, in COP23, PEPFAR SA will work with partners to explore opportunities to develop and scale up new innovative finance mechanisms that help to deliver on programmatic objectives.

G2G funding models

The innovative G2G agreement approach represents an innovative funding approach with a high potential for scale based on demonstrated success. G2Gs have already been used successfully by PEPFAR SA and have demonstrated significantly improved local ownership and decision-making over HIV resources. G2Gs have been deployed both nationally and provincially to incentivize local partners to own and decide the specifics of how HIV resources are allocated and used, depending on local and programmatic relevance. This puts programming innovation in the hands of local partners, increasing sustainability and the likelihood of breakthrough innovations "sticking". These agreements, often results-based, help increase local autonomy over resources and transfer programming over time to local ownership. In COP23, PEPFAR SA will incrementally increase the use of G2G agreements across several government departments and provinces to continue expanding this innovative funding platform for greater long-term sustainability in HIV funding and programming.

Health financing and modelling to support the establishment of National Health Insurance (NHI)

PEPFAR SA acknowledges the importance of ensuring alignment with South Africa's evolving health landscape, including the country's progression towards NHI. When South Africa's planned NHI bill is passed in Parliament (possibly in October 2023), an NHI entity will be established, separate from the NDoH at the national level. Additionally, CUPs will be established within the provinces. Together, the national entity and the CUPs will be responsible for the day-to-day implementation of NHI and administration of the NHI Fund. The CUPs will assume responsibility for contracting health care providers and capitation payments.

The establishment of NHI and CUPs opens an exciting opportunity for PEPFAR SA to support the larger health ecosystem with innovative financing and programmatic support. PEPFAR SA has been supporting innovation in the health financing space in the country for over a decade, and will continue providing health financing support in COP23, under the leadership of the NDoH. To support NHI and the CUPs, PEPFAR SA will make financial planning and modelling resources available to the NDoH to ensure that the funding allocated to CUPs for HIV care, treatment, and prevention is in line with local programming needs and targets.

Additionally, ahead of the bill passing in Parliament, there is an urgent need to establish and test the multifaceted technology, systems, and process required for the CUPs. There is also a need for evidence-informed planning of the capitation payment approach and systems established to monitor the impact of capitation on specific outcomes, including HIV and TB. PEPFAR SA's health economics data and modelling program will support innovation in this space to ensure the NDoH teams leading these activities have the resources and collaboration they need to ensure the sustainability and structure of these pivotal new health systems in the country. South Africa's move towards strategic purchasing and capitated payment systems are critical to the country's planned progression towards improved service quality, health equity, and ultimately, universal health coverage. This work goes beyond innovation, as it will completely transform the health system and health access in the country.

Beyond the CUPs, in COP23, PEPFAR SA will also pursue the creation of HIV investment cases to demonstrate the value proposition of investing in current approaches to mobilize funding from the National Treasury.

6.3 Leading with Data

PEPFAR's 5x3 strategy notes that, "PEPFAR's investments in data are the bedrock of the program's success in the past 19 years. … This data has also enabled accountability to make rapid, demonstrated progress." The strategy also speaks to evolving data needs and the need to shift to "more holistic

measurements of public health outcomes while protecting our HIV gains" as HIV/AIDS services are integrated into overall health systems. In COP23, PEPAR SA is supporting the GoSA with the necessary integration and building or bolstering of domestic data systems to ensure data-driven, country-led solutions for the public health challenges of the future. Further detail is provided below in the following sections:

1. Data systems;
2. Data use; and
3. Aligned target setting to facilitate change management.

6.3.1 Data systems

In COP23, PEPFAR SA will support the NDoH's Digital Health Unit in developing and rolling out the planned EHR as part of the new national digital health architecture, which will serve as the foundation of NHI. (See Pillar 2 narrative for further detail.) The EHR will provide patient-level data necessary for person-centered care as well as integrated data allowing for HIV program monitoring as well as tracking of other public health issues.

The NDoH, which is supplying major portion of resources for the EHR, will lead collaborators through all necessary stages of development and roll out. In supporting the EHR work in COP23, PEPFAR SA will work collaboratively with other donors under the direction of the NDoH. PEPFAR SA's support will contribute to establishment and strengthening of the necessary data governance structures and policies, as well as the technical development of the systems required.

6.3.2 Data use

The Protection of Personal Information (POPI) Act, which came into effect in July 2020, is aligned to best practice guidance on protection of personal information globally. However, due to delays in local discussions about allowable data sharing, the Act continues to cause significant challenges for PEPFAR SA, local institutions, and IPs due to its limitations on how patient-level information can be shared and used for HIV programming. Recent changes in the oversight and vision for national-level HMIS present a new opportunity to engage collaboratively on these issues. PEPFAR SA has begun dialogue with the newly established Digital Health Unit, which will oversee all HMIS going forward, on ways to improve donor coordination and data governance generally. PEPFAR SA will continue these efforts throughout COP23, in part through PEPFAR SA's participation in the NDoH's emerging HIV and TB Surveillance and Strategic Information TWG.

PEPFAR SA will continue to prioritize data use from all available sources (routinely collected, surveys, surveillance) to promote effective program monitoring and improvement. Greater access to routine analytics coupled with effective triangulation with data from surveys and surveillance would enhance PEPFAR SA's ability to support DoH on data use as well as the change management necessary for transition to the EHR.

6.3.3 Aligned target setting to facilitate change management

COP23 will be the first COP where NDoH and PEPFAR SA targets will be aligned. This significant game-changer will enable PEPFAR to move together with the GoSA at all levels, and to have a seat at the table at target setting and programming discussions as provincial and district governments develop their new NSP targets. PEPFAR SA will be able to provide technical support that is data-driven to help the GoSA advance more refined target setting approaches. The PEPFAR Strategic Information and NDoH M&E

Teams will meet on a six-monthly basis to review the latest population estimates and programmatic data to develop evidence informed aligned targets for PEPFAR and NDoH.

6.4 Target Tables

Target Table 1 ART Targets by Prioritization for Epidemic Control

Target Table 1 ART Targets by Prioritization for Epidemic Control							
Prioritization Area	**Total PLHIV (FY24) [1]**	**New Infections (FY24)**	**Expected Current on ART (FY23)**	**Current on ART Target (FY24) TX_CURR**	**Newly Initiated Target (FY24) TX_NEW**	**ART Coverage (FY24)**	**ART Coverage (FY25)**
Attained	N/A	N/A	N/A	N/A	N/A	N/A	
Scale-Up Saturation	2,300,361	36,151	1,655,356	1,816,572	198,303	79%	
Scale-Up Aggressive	3,897,610	74,554	2,900,618	3,128,419	291,674	75%	
Sustained	N/A	N/A	N/A	N/A	N/A	N/A	
Central Support	1,718,835	37,137	5,392	5,749	896	N/A	
Commodities (if not included in previous categories)	N/A	N/A	N/A	N/A	N/A	N/A	
No Prioritization	N/A	N/A	N/A	N/A	N/A	N/A	
Total	7,916,806	147,842	4,561,366 *	4,950,740	490,873	80% **	
[1] Eaton, J & Johnson, L. Unpublished Document – NAOMI 2022 District-level modeling of South Africa Prevalence by Age and Sex (COP23 Datapack)							
* Expected current on ART FY23							
** ART coverage for FY24 excludes centrally supported districts							

Target Table 2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts

Target Table 2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts							
SNU	Target Populations	Population Size Estimate (SNUs)	Current Coverage (FY23 Expected) [1]	VMMC_CIRC (in FY24)	Expected Coverage (in FY24) [2]	VMMC_CIRC (in FY25)	Expected Coverage (in FY25) [3]
ec Alfred Nzo District Municipality	15-34 year olds	121,481	55.01%	10,651	63.78%	10,651	72.55%
ec Amathole District Municipality	15-34 year olds	123,409	34.92%	12,154	44.77%	12,154	54.62%
ec Buffalo City Metropolitan Municipality	15-34 year olds	116,236	50.79%	10,074	59.46%	10,074	68.13%
ec Chris Hani District Municipality	15-34 year olds	107,543	23.44%	10,363	33.08%	10,363	42.72%
ec Oliver Tambo District Municipality	15-34 year olds	274,995	22.11%	8,817	25.31%	8,817	28.52%
fs Lejweleputswa District Municipality	15-34 year olds	109,399	33.41%	3,626	36.72%	3,626	40.03%
fs Thabo Mofutsanyane District Municipality	15-34 year olds	129,150	27.90%	5,496	32.15%	5,496	36.41%
gp City of Johannesburg Metropolitan Municipality	15-34 year olds	986,413	54.92%	11,157	56.06%	11,157	57.19%
gp City of Tshwane Metropolitan Municipality	15-34 year olds	637,405	53.11%	11,239	54.87%	11,239	56.63%
gp Ekurhuleni Metropolitan Municipality	15-34 year olds	680,725	37.92%	8,631	39.19%	8,631	40.45%
gp Sedibeng District Municipality	15-34 year olds	169,486	56.59%	3,753	58.80%	3,753	61.02%
kz eThekwini Metropolitan Municipality	15-34 year olds	720,014	35.90%	26,764	39.61%	26,764	43.33%
kz Harry Gwala District Municipality	15-34 year olds	82,429	46.43%	10,684	59.40%	10,684	72.36%
kz King Cetshwayo District Municipality	15-34 year olds	159,028	37.94%	9,637	44.00%	9,637	50.06%
kz Ugu District Municipality	15-34 year olds	151,008	36.02%	24,693	52.37%	24,693	68.72%
kz uMgungundlovu District Municipality	15-34 year olds	197,456	30.24%	13,883	37.27%	13,883	44.30%
kz Uthukela District Municipality	15-34 year olds	118,783	31.92%	6,271	37.20%	6,271	42.48%
kz Zululand District Municipality	15-34 year olds	142,830	29.51%	12,573	38.31%	12,573	47.12%
lp Capricorn District Municipality	15-34 year olds	194,429	20.18%	8,751	24.68%	8,751	29.18%
lp Mopani District Municipality	15-34 year olds	185,443	9.82%	8,225	14.25%	8,225	18.69%
mp Ehlanzeni District Municipality	15-34 year olds	298,764	26.86%	12,522	31.05%	12,522	35.24%
mp Gert Sibande District Municipality	15-34 year olds	234,853	40.29%	8,837	44.06%	8,837	47.82%
mp Nkangala District Municipality	15-34 year olds	310,809	25.12%	23,217	32.59%	23,217	40.06%

nw Bojanala Platinum District Municipality	15-34 year olds	350,825	35.56%	10,526	38.56%	10,526	41.56%
nw Dr Kenneth Kaunda District Municipality	15-34 year olds	138,404	32.39%	5,834	36.61%	5,834	40.82%
nw Ngaka Modiri Molema District Municipality	15-34 year olds	153,467	32.69%	13,403	41.43%	13,403	50.16%
wc City of Cape Town Metropolitan Municipality	15-34 year olds	739,497	25.35%	21,366	28.24%	21,366	31.13%
Centrally Supported Districts [4]	15-34 year olds	966,031	21.74%	1,853	21.93%	1,853	22.13%
TOTAL	**15-34 year olds**	**8,600,312**	35.36%	315,000	39.02%	315,000	42.68%

[1] [FY22 VMMC_TOTAL_CIRC_SUBNAT + FY23 Target]/Population Size

[2] [FY22 VMMC_TOTAL_CIRC_SUBNAT + FY23 Target + FY24 Target]/Population Size

[3] [FY22 VMMC_TOTAL_CIRC_SUBNAT + FY23 Target + FY24 Target + FY25 Target]/Population Size

[4] VMMC targets in centrally supported districts represent Department of Correctional Services programming in 10 centrally supported districts (fs Felize Dabi District Municipality, fs Mangaung Metropolitan Municipality, fs Xhariep District Municipality, ks Amajuba District Municipality, kz Umzinyathi District Municipality, lp Vhembe District Municipality, lp Waterberg District Municipality, nc Frances Baard District Municipality, wc Overberg District Municipality, and wc West Coast District Municipality).

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control					
Target Populations	**District**	**Eligible AGYW**	**Negative AGYW not yet reached**	**Planned Reach (FY24)**	**FY24 Target**
AGYW [10-24 yrs] (AGYW_PREV)	ec Alfred Nzo District Municipality	102,833	71,839	26%	18,596
	ec Buffalo City Metropolitan Municipality	80,111	64,815	14%	9,178
	ec Oliver Tambo District Municipality	175,977	160,981	9%	14,494
	fs Lejweleputswa District Municipality	59,918	42,593	24%	10,396
	fs Thabo Mofutsanyane District Municipality	72,552	48,778	29%	14,264
	gp City of Johannesburg Metropolitan Municipality	611,995	495,803	14%	69,715
	gp City of Tshwane Metropolitan Municipality	421,354	388,445	5%	19,746
	gp Ekurhuleni Metropolitan Municipality	411,501	380,910	5%	18,355
	gp Sedibeng District Municipality	107,585	89,952	12%	10,579
	kz eThekwini Metropolitan Municipality	386,317	356,518	8%	28,978
	kz King Cetshwayo District Municipality	114,357	88,255	18%	15,661
	kz Ugu District Municipality	84,074	64,224	19%	11,910
	kz uMgungundlovu District Municipality	106,783	97,462	9%	8,534
	kz Uthukela District Municipality	75,855	68,131	11%	7,405
	kz Zululand District Municipality	102,526	93,043	9%	8,671
	lp Capricorn District Municipality	158,764	123,928	17%	20,901
	lp Mopani District Municipality	127,667	83,621	32%	26,427
	mp Ehlanzeni District Municipality	241,695	190,990	16%	30,423
	mp Gert Sibande District Municipality	135,304	101,780	20%	20,114
	mp Nkangala District Municipality	182,128	139,226	18%	25,742
	nw Bojanala Platinum District Municipality	189,716	173,221	6%	9,897
	nw Dr Kenneth Kaunda District Municipality	81,823	73,962	6%	4,716

	nw Ngaka Modiri Molema District Municipality	99,619	89,584	7%	6,021
	wc City of Cape Town Metropolitan Municipality	500,075	431,226	10%	41,309
AGYW [10-24 yrs] (AGYW_PREV) - subtotal*		4,630,529	3,919,287	12%	452,032
FSW (KP_PREV)	ec Oliver Tambo District Municipality	3,074	3,074	80%	2,459
	gp City of Johannesburg Metropolitan Municipality	9,369	7,986	94%	7,495
	gp City of Tshwane Metropolitan Municipality	7,235	6,768	86%	5,788
	gp Ekurhuleni Metropolitan Municipality	7,053	6,314	89%	5,642
	kz eThekwini Metropolitan Municipality	6,410	5,839	88%	5,128
	kz uMgungundlovu District Municipality	2,276	1,788	102%	1,821
	lp Vhembe District Municipality	2,966	2,442	97%	2,373
	mp Ehlanzeni District Municipality	2,408	2,252	86%	1,926
	mp Gert Sibande District Municipality	1,454	1,325	88%	1,163
	mp Nkangala District Municipality	2,501	2,318	86%	2,001
	nw Dr Kenneth Kaunda District Municipality	1,830	1,723	85%	1,464
	nw Ngaka Modiri Molema District Municipality	1,975	1,939	81%	1,580
	wc City of Cape Town Metropolitan Municipality	8,941	8,576	83%	7,153
FSW (KP_PREV) - subtotal		57,492	52,344	88%	45,993
MSM (KP_PREV)	ec Buffalo City Metropolitan Municipality	4,913	4,767	46%	2,211
	ec Nelson Mandela Bay Municipality	7,602	7,353	47%	3,421
	gp City of Johannesburg Metropolitan Municipality	41,995	40,746	46%	18,898
	gp City of Tshwane Metropolitan Municipality	26,327	25,535	46%	11,847
	gp Ekurhuleni Metropolitan Municipality	28,328	27,755	46%	12,748
	kz eThekwini Metropolitan Municipality	26,787	26,431	46%	12,054
	kz uMgungundlovu District Municipality	6,682	6,372	47%	3,007
	mp Ehlanzeni District Municipality	10,100	9,973	46%	4,545
	wc City of Cape Town Metropolitan Municipality	32,059	30,529	47%	14,427

MSM (KP_PREV) - subtotal		184,793	179,461	46%	83,158
TG (KP_PREV)	ec Buffalo City Metropolitan Municipality	1,316	1,232	14%	175
	ec Nelson Mandela Bay Municipality	2,034	1,816	15%	270
	gp City of Johannesburg Metropolitan Municipality	6,990	6,620	22%	1,425
	gp City of Tshwane Metropolitan Municipality	859	858	104%	889
	gp Ekurhuleni Metropolitan Municipality	965	960	99%	955
	kz eThekwini Metropolitan Municipality	1,860	1,850	50%	916
	kz uMgungundlovu District Municipality	855	855	27%	229
	mp Ehlanzeni District Municipality	660	660	52%	340
	wc City of Cape Town Metropolitan Municipality	7,588	7,492	14%	1,027
TG (KP_PREV) - subtotal*		23,127	22,343	28%	6,226
PWID (KP_PREV)	gp City of Tshwane Metropolitan Municipality	4,514	4,380	77%	3,386
	mp Ehlanzeni District Municipality	1,395	1,314	80%	1,046
PWID (KP_PREV) - subtotal		5,909	5,694	78%	4,432
Inmates (KP_PREV)	ec Buffalo City Metropolitan Municipality	5,490	5,094	43%	2,196
	ec Nelson Mandela Bay Municipality	4,081	3,805	43%	1,632
	ec Oliver Tambo District Municipality	2,231	1,925	46%	892
	ec Sarah Baartman District Municipality	980	797	49%	392
	fs Fezile Dabi District Municipality	2,763	2,383	46%	1,105
	fs Lejweleputswa District Municipality	4,127	4,038	41%	1,651
	fs Mangaung Metropolitan Municipality	2,300	1,970	47%	920
	gp City of Johannesburg Metropolitan Municipality	7,643	6,086	50%	3,057
	gp City of Tshwane Metropolitan Municipality	6,573	4,571	58%	2,629
	gp Ekurhuleni Metropolitan Municipality	6,832	5,774	47%	2,733
	gp Sedibeng District Municipality	3,804	3,634	42%	1,522
	kz Amajuba District Municipality	2,500	2,026	49%	1,000
	kz eThekwini Metropolitan Municipality	2,500	1,020	98%	1,000

	kz Harry Gwala District Municipality	1,562	1,164	54%	625
	kz King Cetshwayo District Municipality	2,612	1,733	60%	1,045
	kz uMgungundlovu District Municipality	1,151	(80)	-575%	460
	kz Zululand District Municipality	3,763	3,180	47%	1,505
	lp Capricorn District Municipality	1,308	1,200	44%	523
	lp Vhembe District Municipality	1,308	233	224%	523
	lp Waterberg District Municipality	1,233	1,097	45%	493
	mp Ehlanzeni District Municipality	1,314	1,175	45%	526
	mp Gert Sibande District Municipality	1,535	1,171	52%	614
	mp Nkangala District Municipality	1,783	1,458	49%	713
	nc Frances Baard District Municipality	3,687	3,428	43%	1,475
	nw Bojanala Platinum District Municipality	1,710	1,434	48%	684
	nw Dr Kenneth Kaunda District Municipality	3,214	2,866	45%	1,286
	nw Ngaka Modiri Molema District Municipality	1,038	1,038	40%	415
	wc Cape Winelands District Municipality	3,478	3,209	43%	1,391
	wc City of Cape Town Metropolitan Municipality	6,526	6,117	43%	2,610
	wc Garden Route District Municipality	1,698	1,560	44%	679
	wc Overberg District Municipality	1,206	1,091	44%	482
	wc West Coast District Municipality	1,221	914	53%	488
Inmates (KP_PREV) - subtotal*		93,171	77,111	48%	37,266

Target Table 4 Targets for OVC and Linkages to HIV Services

Target Table 4 Targets for OVC and Linkages to HIV Services					
SNU	Estimated # of Orphans and Vulnerable Children	Target # of active OVC OVC_SERV Comprehensive	Target # of OVC OVC_SERV Preventative	Target # of active OVC OVC_SERV DREAMS	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files OVC_HIVSTAT
ec Alfred Nzo District Municipality	77,413	6,622	1,130	6,504	6,309
ec Amathole District Municipality	64,367	6,894	176	-	6,355
ec Buffalo City Metropolitan Municipality	50,820	7,281	977	4,466	7,322
ec Chris Hani District Municipality	56,521	5,950	160	-	5,574
ec Oliver Tambo District Municipality	136,408	15,482	1,971	-	14,609
fs Lejweleputswa District Municipality	59,898	4,003	814	3,831	3,857
fs Thabo Mofutsanyane District Municipality	80,362	6,093	192	5,045	5,963
gp City of Johannesburg Metropolitan Municipality	236,509	45,619	5,069	52,898	47,364
gp City of Tshwane Metropolitan Municipality	164,122	18,647	2,353	-	17,751
gp Ekurhuleni Metropolitan Municipality	182,414	20,783	2,726	-	19,881
gp Sedibeng District Municipality	42,614	8,458	982	4,929	8,712
kz eThekwini Metropolitan Municipality	246,735	38,339	4,655	-	37,311
kz Harry Gwala District Municipality	44,546	6,258	319	-	5,933
kz King Cetshwayo District Municipality	79,429	8,017	609	6,395	7,534
kz Ugu District Municipality	64,973	6,377	515	4,741	5,890
kz uMgungundlovu District Municipality	77,775	10,762	1,387	-	10,082
kz Uthukela District Municipality	58,821	9,042	941	-	7,947
kz Zululand District Municipality	81,606	10,450	1,244	-	9,407

lp Capricorn District Municipality	79,949	7,781	2,077	9,425	7,570
lp Mopani District Municipality	72,722	7,945	1,978	8,026	7,765
mp Ehlanzeni District Municipality	122,795	17,826	1,374	11,127	17,441
mp Gert Sibande District Municipality	75,975	10,177	342	7,018	9,668
mp Nkangala District Municipality	87,059	10,714	1,945	8,704	9,961
nw Bojanala Platinum District Municipality	97,923	12,853	1,668	-	12,237
nw Dr Kenneth Kaunda District Municipality	47,479	5,431	709	-	5,139
nw Ngaka Modiri Molema District Municipality	56,068	6,532	853	-	6,207
wc City of Cape Town Metropolitan Municipality	121,647	19,736	3,408	7,272	19,939
wc West Coast District Municipality	N/A	1,554	75	-	1,677
TOTAL	**2,566,950**	**335,626**	**40,649**	**140,381**	**325,405**

7.0 Core Standards

This section succinctly notes the status of COP23 priorities for supporting the GoSA to address the core program standards described in the COP23 Guidance. For each item, the following are provided: 1) the status of policy and implementation; 2) PEPFAR's contribution to national response for this standard; 3) reference or link to existing plan or policy if applicable; and 4) plans for FY24 (and FY25 for bilateral OUs) to advance this standard.

1. **Core Standard: Offer safe and ethical index testing to all eligible people and expand access to self-testing**. Ensure that all HIV testing services are aligned with WHO's 5 Cs. Index testing services should include assessment of and appropriate follow-up for intimate partner violence. Offer HIV testing to every child under age 19 years with a biological parent or biological sibling living with HIV.

   Status: In-process

   In COP23, PEPFAR SA will continue to scale-up index testing in accordance with the PEPFAR Guidance on implementing safe and ethical index testing and the GoSA SOP for HIV index testing. Full implementation of facility-based index testing is in-process, targeting all newly identified PLHIV, clients with unsuppressed viral loads, STI patients, patients with presumptive and diagnosed TB, PLHIV with biological children, and adolescent girls. HIV self-testing is also being scaled up to reach clients that would normally be missed with conventional testing methods. PEPFAR will procure 900 000 test kits that will target mainly the youth and men.

   Issues or Barriers:
   - Amplification of case-finding approaches tailored to certain age and sex groups is needed to reach children, adolescents, and men that do not know their status or are of known status but not on treatment.
2. **Core Standard: Fully implement "test-and-start" policies.** Across all age, sex, and risk groups, over 95% of people newly identified with HIV infection should experience direct and immediate linkage from testing to uninterrupted treatment.

   Status: In-process

   Overall proxy linkage in FY22 (Oct 2021–Sep 2022) was 95%, a 3% improvement from FY21. In COP23, PEPFAR SA will continue to ensure an 'immediate handshake' active linkage approach between testers and clinicians who initiate ART at facility level. As we move towards a community-based approach for finding children, men and AYP—all CBOs testing at community level will be expected to strengthen their linkages by transporting clients to facilities for linkages, continued counselling, and engaging with clients who do not link on the same day.

   Issues or Barriers:
   - Direct community linkage still poses a challenge as some community testing partners (not PEPFAR SA funded) do not initiate treatment within the community.
   - Bringing back those who were clinically ineligible to initiate treatment on the same day still remains a challenge as some of those patients are sometimes lost in the system.
   - Although improving, linkage of the younger population continues to be sub-optimal due to multiple reasons such as fear of stigma and discrimination due to disclosure, and high mobility of the young population due to school closures/change in caregivers/caregiver job losses, etc.

3. **Core Standard: Directly and immediately offer HIV-prevention services to people at higher risk.** People at a higher risk of acquiring HIV must be directly and immediately linked with prevention services aimed at keeping them HIV-free, including PrEP and PEP.

   Status: In-process

   In COP23, PEPFAR SA will continue to prioritize reaching individuals at higher risk of HIV acquisition through implementation of combination prevention, including PrEP, PEP, VMMC, condoms and lube distribution, HTS, etc. PEPFAR SA will continue to implement PrEP as part of the core package of DREAMS across the 25 DREAMS districts and KP interventions within comprehensive sexual reproductive health services packages, integrating new PrEP technologies as cost and supply allow. PEPFAR SA will continue to support the DoH to institutionalize the provision of PrEP services in health facilities across the 27 PEPFAR priority districts, leveraging CoE (for youth and KP). PEPFAR SA will continue to accelerate the services in community-based settings through platforms such as mobile vans, home delivery, and youth zones, and ensure PrEP is prioritized for the most at-risk/vulnerable KP, AGYW, PBFW, male sexual partners, GBV survivors, and sero-discordant couples. For KP, PrEP initiations will continue to be scaled-up among gay men and other MSM, SW, PWID, and persons in prison and recently released inmates.

   Issues or Barriers:
   - Continued stigma and misunderstanding among communities and high-risk populations surrounding risk behaviors, and PrEP as a prevention technology and its effectiveness.
   - Access to, and resources for, post-violence care services at public health facilities using the decentralized approach remains limited, and thus access to PEP within the window period remains a challenge.
   - Understanding demand creation and active linkage to comprehensive sexual and reproductive health services for AGYW and men remains limited and unintegrated.
   - High unemployment and poor economic outlook in South Africa for the foreseeable future will severely limit employment opportunities for key and vulnerable populations, creating general structural barriers to accessing prevention services.
   - National and local policy barriers to expansion (e.g., provincial resistance, national resistance to policy change), especially event-driven PrEP and communications around 'safe cycling' for AGYW.
   - Cost and global supply chain availability of new PrEP technologies.

4. **Core Standard: Provide orphans and vulnerable children (OVC) and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes**. Provide evidence-based sexual violence and HIV prevention interventions to young adolescents (aged 10–14).

   Status: In-process

   In COP 23, the PEPFAR SA OVC Program will continue to provide service delivery for children and families across the three OVC models: OVC Comprehensive, OVC Preventive, and OVC/DREAMS Family Strengthening. In COP23, the PEPFAR SA OVC Comprehensive Program will build on COP22 successes and continue the provision of family-centered comprehensive case management for priority sub-populations at highest risk, including, but not limiting to, HIV-exposed infants; newly diagnosed C/ALHIV and new on treatment or failing treatment; CoFSW; children with an HIV infected caregiver; adolescent mothers living with HIV; children who have experienced sexual- and

gender- based violence; AGYW; and double orphans. The OVC Preventive Program will continue to implement structured evidence-based interventions to prevent sexual violence and HIV amongst at-risk very young adolescent girls and boys aged 10-14 years through youth facilitator-led curricula. The OVC Family Strengthening Program will ensure that the right adolescent girls and their parents/caregivers are reached as part of the secondary package of interventions through strengthened active linkages between the primary package IPs and OVC IPs.

Issues or Barriers:

- COVID-19-related high unemployment rates and inflation affecting the economic stability of households, preventing graduation from the program.
- Caregiver mobility, and relocation of beneficiaries, impacted C/ALHIV exiting without graduation.
- Limitations with C/ALHIV cohort monitoring, particularly in the metropolitan areas due to caregiver mobility.

5. **Core Standard: Ensure HIV services at PEPFAR-supported sites are free to the public.** Access to HIV services, medications, and related services (e.g., ART, cotrimoxazole, ANC, TB, cervical cancer, PrEP, and routine clinical services for HIV testing and treatment and prevention) must not have any formal or informal user fees in the public sector.

   Status: Completed

   South Africa prohibits, through legislation, informal and formal user fees for HIV, TB, antenatal care, and all primary level care in the public sector. PEPFAR SA continues to work at the national, provincial, and district levels to ensure that this policy is implemented in facilities and that all people have access to HIV services.

6. **Core Standard: Eliminate harmful laws, policies, and practices that fuel stigma and discrimination, and make consistent progress toward equity.** Programs must consistently advance equity, repudiate stigma and discrimination, and promote human rights to improve HIV prevention and treatment outcomes for key populations, adolescent girls and young women, children, and other vulnerable groups. This progress must be evidence-based, documented, and included in program evaluation reports.

   Status: In-process

   Roll out of the KP CoE continues, albeit slowly, due to constrained resources. This activity has been prioritized in COP22 and subsequent years. To date, we have conducted work in four provinces, and have trained 93 district managers, 95 clinicians, and 87 support staff. Rapid scale-up is limited due to resources and provincial and district support, but additional investments in COP23 will support a more rapid scale up with at least four KP CoE established per district, equating to approximately 3,000 KP-friendly clinics by the end of COP23/FY25.

   Issues or Barriers:

   - The NDoH strongly supports the development of the KP CoE, but provincial and district DoH buy-in has varied from province to province. Additional human resources will assist in face-to-face advocacy and the development of supporting information, education, and communication materials.

7. **Core Standard: Optimize and standardize ART regimens.** Offer DTG-based regimens to all PLHIV (including adolescents, women of childbearing potential, and children) 4 weeks of age and older.

   Status: In-process

   For adults and children ≥30kg, TLD transition has made substantial progress with notable improvements in viral suppression rates. In 2022, the GoSA approved pDTG for children ≥4 weeks of age and >3kg. Transition of eligible children to pDTG will start in FY23 Q3; this is in alignment with the launch of the 2023 National ART Guidelines.

   Issues or Barriers:
   - Procurement processes to include pDTG in the national supplementary tender are still in process and expected to be completed by mid-2023. Currently, procurement is led by the GoSA and being done through a buy-out process with the pace of transition being determined by quantities that provinces are able to order. PEPFAR SA will continue to provide technical support to the national program, specifically for developing a pDTG transition plan that highlights the pDTG forecasting needs and LPV/r phase out processes**.**

8. **Core Standard: Offer differentiated service delivery models.** All people with HIV must have access to differentiated service delivery models to simplify HIV care, including 6-month MMD, decentralized drug distribution, and services designed to improve ART coverage and continuity for different demographic and risk groups and to integrate with national health systems and services.

   Status: In-process

   The latest ARV tender, awarded in May 2022, has seen a massive reduction across the board in the prices of ARVs, with a 33% price reduction on TLD. Notably, the new tender prices have been achieved through the suppliers currently holding contracts. This has seen the introduction of 90-count packs and optimization of 3MMD. Further, the new CCMDD tender for decanting came into effect at the beginning of FY23 Q1 with the introduction of 1-6 months dispensing. Growth in 3MMD uptake across comorbidities over the last three quarters has led to more than 600,000 registered clients having received 90-day supplies of medicines, supporting CCMDD's continued roll-out of MMD.

   Issues or Barriers:
   - Although two-, three- and six -month dispensing remains the standard NDoH policy as per the National Adherence Strategy, two-months dispensing is the preferred option.
   - Currently, dispensing of medicines is not standardized across provinces, districts, and health establishments, with patients receiving either 1-, 2- or 3-months' supply of medicines.
   - Limited access to real time data from the HIV Program compounds Affordable Medicines Directorate's inability to accurately determine quantities dispensed at service delivery points (i.e., only aggregated total volumes dispensed over a known time frame is calculated, which is an implied retrospective volume).
   - Delayed rollout and implementation of pDTG.

9. **Core Standard: Integrate TB care.** Routinely screen all PLHIV for TB disease. Standardized symptom screen alone is not sufficient for TB screening among PLHIV and should be complemented with more-sensitive and setting-specific, WHO-recommended screening tools. Ensure all PLHIV who screen positive for TB receive molecular WHO-recommended diagnostic and drug susceptibility

testing, all those diagnosed with TB disease complete appropriate TB treatment, and all those who screen negative for TB complete TB Preventive Treatment.

Status: In-process

Overall TPT completion rate in FY22 was 73% which was a 5% improvement from that of FY21. Among several new shorter course regimens, South Africa now has a weekly 3HP therapy taken over three months, which has the potential to improve completion rates in COP23.

Issues or Barriers:

- The number of IPT initiations have increased substantially over time; however, completion rates remain very low due to the 12-month duration of IPT.
- Reaching all eligible ART patients who are new and already on ART requires intensified efforts to identify and overcome barriers to TB screening, TPT initiation, and completion of treatment.

10. **Core Standard: Diagnose and treat people with AHD.** People starting treatment, re-engaging in treatment after an interruption of ≥ 1 year, or virally unsuppressed for ≥1 year, should be evaluated for AHD and have CD4 T cells measured. All children <5 years old who are not stable on effective ART are considered to have AHD. The WHO-recommended and PEPFAR-adopted package of diagnostics and treatment should be offered to all individuals with advanced disease.

    Status: In-process

    The South Africa 2019 National ART Guidelines recommend CD4 testing as baseline laboratory evaluation at ART initiation. For clients on ART, CD4 cell counts should be measured to monitor susceptibility to opportunistic infections and eligibility for Cotrimoxazole Preventive Therapy (CPT). The national guidelines require CD4 testing to be done after 12-months on ART and thereafter, repeated every 6 months until the client meet criteria to discontinue CPT and stop CD4 monitoring if clients' VL remains <1,000 copies/ml. If VL remains ≥1,000 copies/ml, monitor CD4 count every 6 months. Children <5 years are recognized as being eligible for rapid ART initiation in alignment with the WHO AHD package of care. The WHO and PEPFAR-adopted package of diagnostics are largely included in the soon to be released 2023 National ART Guidelines. There are differences in timing of ART initiation in setting of TB co-infection and LF-LAM eligibility for PLHIV who need enhanced screening for TB.

    Issues or Barriers:

    - The 2019 National ART Guidelines do not explicitly address CD4 monitoring for PLHIV who re-engage in treatment after an interruption of ≥1 year, however, updates on this topic and other core AHD components are expected to be included in the revised and soon-to-be released 2023 National ART Guidelines. PEPFAR will support the implementation of these revised 2023 National ART Guidelines accordingly and will also continue to support the alignment of the National TB and ART Guidelines.

11. **Core Standard: Optimize diagnostic networks for VL/EID, TB, and other coinfections**. In Coordination with other Donors and National TB Programs, complete diagnostic network optimization (DNO) and transition to integrated diagnostics and multiplex testing to address multiple diseases. Ensure 100% EID and VL testing coverage and return of results within stipulated turn-around time.

    Status: In-process

The DNO for viral load, early infant diagnosis, TB, and other co-infections has been completed. Specimen transportation routes and results delivery mechanisms have been optimized. The laboratory testing capacity is continuously being reviewed to accommodate for increasing demand for testing as more patients are initiated onto treatment. In COP23, PEPFAR SA will support expansion of the viral load testing laboratories from 17 to 28 in order to improve operational efficiencies. A Data Command Center facilitates monitoring of programmatic and operational needs for viral load support in the laboratory resulting in >90% of results being returned within 96 hours and specimen rejection rates consistently <5%. eLABS has continued to be used in >2000 facilities, thereby allowing faster action to be taken on unsuppressed viral load results (including rejected VL specimens). Between FY21 and FY22, test volumes increased by 8% for viral load and decreased by 4% for early infant diagnosis, respectively.

Issues or Barriers:

- Laboratory factors affecting low-level viremia (e.g., centrifugation of specimens) are continuously being monitored, and training of staff is ongoing to reduce this impact.
- Capturing viral load results onto TIER.Net and DHIS remains a challenge with lack of inter-operability within the NHLS Laboratory Information System.
- Intermittent shortage of viral load test tubes is being monitored to reduce testing disruptions.
- Need to strengthen interactions and coordination between the NDoH and the NHLS, as identified through the recent TB Diagnostic Network Assessment recently conducted.

12. **Core Standard: Integrate effective quality assurance (QA) and continuous quality improvement (CQI) practices into site and program management.** Program management must apply ongoing program and site standards assessment—including the consistent evaluation of site safety standards and monitoring infection prevention and control practices. PEPFAR-supported activities, including IP agreements and work plans should align with national policy in support of QA/CQI.

    Status: In-process

    To ensure CQI, PEPFAR SA provides support at all levels, through NDoH Operation Phuthuma Nerve Centers, supportive supervision, quality improvement approaches, and the use of data for improvement. These efforts include continuation of intense, site level support with key programmatic focus areas targeting retention, viral load coverage, viral load suppression and, more specifically, priority populations to include pediatrics. Additionally, documenting and addressing facility-based challenges through in-person and remote support through results driven IPs that work with the NDoH to resolve site-level bottlenecks.

13. **Core Standard: Offer treatment and viral-load literacy.** HIV programs should offer activities that help people understand the facts about HIV infection, treatment, and viral load. U=U messaging and other messaging that reduces stigma and encourages HIV testing, prevention, and treatment should reach the general population and health care providers.

    Status: In-process

    The GoSA, with support from PEPFAR SA, has implemented several campaigns and platforms to improve treatment and viral load literacy, including 1) the MINA brand to promote treatment adherence and U=U among men; 2) the Dablapmeds brand to promote differentiated models of care; 3) the eLABS platform to provide viral load counseling and results; and 4) a pediatric surge targeting children and their caregivers. In COP22, SANAC worked with other stakeholders and the NDoH to create a National Framework for HIV Literacy. This framework aims to streamline HIV

literacy initiatives, such as treatment and viral load literacy as well as U=U messaging. This will facilitate the implementation and expansion of these initiatives in COP23 and beyond to improve treatment adherence, viral suppression, and retention. Additionally, several stakeholder engagements were conducted by SANAC and a PEPFAR SA-supported partner for the development of treatment literacy materials which have been disseminated collaboratively in FY23 Q2.

14. **Core Standard: Enhance local capacity for a sustainable HIV response.** There should be progress toward program leadership by local organizations, including governments, public health institutions, and NGOs. Programs should advance direct funding of local partners and increase funding of organizations led by members of affected communities, including KP-led and women-led organizations.

    Status: In-process

    PEPFAR SA continues to expand support directly to key population-led organizations, actively funding the CSOs/CBOs such as Sex Workers Education and Advocacy Taskforce (SWEAT), Sisonke, and OUT Wellbeing (one of the oldest MSM-led organizations in South Africa) as sub-recipients with a plan to provide additional direct resources to KP-led organizations in COP23. In COP23, PEPFAR SA will fund the South African Network of People who Use Drugs to provide skills development to grassroots civil society organizations and to conduct health literacy programs targeted to PWID. The program continues to exceed the target 70% of PEPFAR SA funding being awarded to local, indigenous partners. At the start of COP21, PEPFAR SA was at 82%, which is an increase from 79% in COP20. PEPFAR SA adheres to COP guidance recommending that most prime partners (86 of 106) are local/indigenous partners. In COP23, PEPFAR SA will work with SANAC through the DREAMS program in order to map youth-led organizations which will be targeted for capacity building. PEPFAR SA will additionally work closely with the VMMC program and SANAC to expand collaboration, partnerships, and capacity building with traditional health practitioners, traditional leaders and community leaders, including faith leaders. This prioritization will not only support sustainability, but will also have an immediate impact on priorities such as increasing HIV Literacy, reducing stigma and discrimination, and normalizing Prevention options such as PrEP.

15. **Core Standard: Increase partner government leadership.** A sustainable HIV response requires coordinated efforts that enable governments to take on increasing leadership and management of all aspects of the HIV response—including political commitment, building program capacities and capabilities, and financial planning and expenditure.

    Status: In-process

    In COP23, PEPFAR SA will continue to collaborate with the GoSA to identify additional domestic resources and efficiencies in HIV spending to maximize HIV-related health outcomes at national-, provincial-, and district-levels and support sustainable, host government-led initiatives to maintain progress in the HIV, TB, and SARS-CoV-2 epidemics. PEPFAR SA has also explored innovative G2G agreements which allow the host government to receive direct funding from PEPFAR SA. In COP23, PEPFAR SA will increase the use of G2G agreements across several government departments and provinces to continue expanding this innovative funding platform to strengthen government leadership and capabilities for a greater long-term sustainability in HIV funding and programming.

Issues or Barriers:

- Despite the strong political will and clear commitment by the GoSA to increase budgetary support for the HIV and TB response, the SARS-CoV-2 pandemic has resulted in significant budget cuts, including reductions in DoH staffing.
- There is need for continuing multisectoral coordination. The GoSA has various stakeholders which are coordinated through SANAC and provincial and district AIDS councils. Continued strong governance and leadership, and the involvement of all sectors of society including government at different levels, communities, civil society, business and private sector, organized labor, development partners, research, and academia are needed for successful HIV and TB response.
- There is need to strengthen accountability of government at different levels to break down barriers and bottlenecks for fidelity implementation of HIV and TB programs so as to maximize equitable and equal access to services, through well-resourced, resilient, and integrated health systems.

16. **Core Standard: Monitor morbidity and mortality outcome.** Aligned with national policies and systems, collect, and use data on infectious and non-infectious causes of morbidity and mortality among PLHIV, to improve national HIV programs and public health response.

    Status: In-process

    South Africa's national morbidity and mortality reporting system is supported by a range of data sources and institutions, including the District Health Management Information System (DHMIS), civil registration and vital statistics registries, census, and cause-specific data reporting systems. PEPFAR SA will continue to invest in national efforts to improve cause of death information for HIV/TB. PEPFAR SA will also continue supporting expansion of effective national HIV/TB patient-level data reporting systems that allow for real-time analysis and monitoring for program improvement.

17. **Core Standard: Adopt and institutionalize best practices for public health case surveillance.** Transfer/deduplication processes and a secure person-based record should be in place for all people served across all sites. Unique identifiers should also be in place, or a plan and firm, agreed-upon timeline for scale-up to completion should be established.

    Status: In-process

    COP23 will focus on expanding the number of sentinel events captured by the case surveillance system (i.e., from electronic patient records, vital registration, recent infection); this will be undertaken in close collaboration with the GoSA and within prevailing data governance structures and policies to maximize use of these data to inform program improvement. COP23 will also focus heavily on building capacity among key end-users of the system to review and interpret case surveillance data and using reports for public health action to improve service patient outcomes.

    The CHISA analytics platform uses the best currently available data source, TIER.Net data, to create a longitudinal, patient-level HIV/TB record and presents a suite of cross-sectional and predictive analytics for the DoH. In COP22, the platform will be fully migrated into the larger digital health architecture under the Digital Health Unit at the NDoH.

    In COP22, PEPFAR SA will begin support for construction of the Digital Health Unit's EHR. The HIV/TB module will be the first developed. In COP23, PEPFAR SA will support any final development work as well as the roll out and change management necessary to transition the health system to use of the

new EHR. As of March 2023, South Africa's unique identifier register the Health Patient Registration System (HPRS) has been deployed in 3,839 primary health centers and 30 hospitals nationwide. Three hundred of these PHC facilities are also linked to the NHLS Track Care system. In COP23, PEPFAR SA will continue to support the roll out of HPRS and the NHLS linkages, in alignment with the national digital health architecture plan at the NDoH.Net data, to create a longitudinal, patient-level HIV/TB record and presents a suite of cross-sectional and predictive analytics for the DoH. In COP22, the platform will be fully migrated into the larger digital health architecture under the Digital Health Unit at the NDoH.

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Issues or Barriers:

- Limited access to systems (i.e., EHRs, vital registration) required for a fully functional case surveillance system have hampered the scope and utility of case surveillance in South Africa. PEPFAR SA support in COP23 to the new EHR will address this barrier.

8.0 USG Operations and Staffing Plan to Achieve Stated Goals

This section provides an overview of U.S. government operations and staffing, management, and operations for COP23. It includes an overview of the staffing footprint and interagency organization structure; a discussion of long-term vacation positions; justification for proposed new positions; and notes on major changes to the expected cost of doing business (CODB) in COP23. The content is separated for:

1. PEPFAR SA Coordination Office;
2. Centers for Disease Control and Prevention;
3. Unites States Agency for International Development; and
4. Peace Corps.

8.1 Overview of staff structure and CODB for PEPFAR SA

The PEPFAR SA COP23 staffing plan for South Africa aligns with PEPFAR's 5x3 strategy to support health equity for priority populations, strengthen public health systems, better engage and utilize partnerships with the government and civil society, and let the science guide us to sustain and expand the response to HIV to help South Africa reach the UNAIDS 95-95-95 targets.

South Africa has recently experienced increasing challenges in maintaining and protecting the power and water supply throughout the country, which has had a significant impact on the Mission community in Pretoria. Embassy Pretoria has initiated a project to install water cisterns and battery/solar systems in all Mission residences, which not only increased overall ICASS shared charges for FY23 but also resulted in an additional cost to ICASS-participating agencies to install the cisterns and battery/solar systems in Mission residences.

8.2 PEPFAR SA Coordination Office (PCO)

For COP23, the PEPFAR SA Coordination Office (PCO) CODB was flatlined at the same level as COP22. There are no positions abolished or added for PCO. A new incumbent in the PCO Deputy PEPFAR Country Coordinator position (vacant during COP22) is expected in COP23.

8.3 Centers for Disease Control and Prevention (CDC) South Africa

CDC SA's Operations and Staffing Plan for COP23 reflects our efforts to identify efficiencies and implement cost-control strategies to ensure we maximize funds that are provided to support program implementation. South Africa has experienced increased levels of inflation over the last three years, which has been somewhat mitigated by the strong dollar-to-rand exchange rate. Staff salaries for certain grades of locally employed staff increased in late 2022, and we are anticipating additional increases in 2023. These increases have been mitigated by identifying efficiencies in other cost categories.

For COP 23, we have instituted measures to incorporate more virtual meetings and promote better coordination of site visits to reduce travel costs. In January 2023, the Embassy instituted a review of all approved U.S. Direct Hire positions across the Mission, which provided CDC the opportunity to update position descriptions and reporting lines to ensure our office is optimally structured to provide the GoSA with the technical and programmatic support necessary to achieve epidemic control. We have integrated our Quality Improvement Branch into the HIV Care and Treatment Branch, and we have better aligned our Health Systems Strengthening staff to allow us to provide more support to our G2G

and parastatal counterparts that are critical to supporting Strategic Pillar 3: Public Health Systems and Security.

To minimize the CODB increase in COP23, we have not proposed any additional positions but rather will repurpose existing positions to further align our teams with the PEPFAR 5x3 strategy. In COP23, we are planning to request approval from the Embassy and Consulate Cape Town to reassign an existing Pretoria-based locally employed staff position (FSN-12) to Consulate Cape Town to strengthen our oversight and support to our activities in Eastern Cape and Western Cape, including overseeing activities funded through our G2G agreement with the Eastern Cape Provincial Health Department. G2G and parastatal counterparts that are critical to supporting Strategic Pillar 3: Public Health Systems and Security.

We currently do not have any long-term vacant positions and are working to fill positions when they are vacated. We have initiated a review of all locally employed staff (LES) position descriptions to better align with the new PEPFAR 5-year strategy and prepare for the transition to the Department of State Merit Based Compensation model; and we also are upskilling our LES staff to provide them opportunities to assume additional partner management and CDC Project Officer responsibilities.

8.4 United States Agency for International Development (USAID) South Africa

USAID SA had embarked on a process to re-organize its office in COP20, the revised office structure allows USAID to quickly and rapidly respond to the ever-changing local environment. The office structure is flexible enough that it allows for changes without any disruption to services. The current office structure is such that adapting to the PEPFAR 5x3 strategy was a quick and efficient process, and USAID stands ready to deliver on the 5x3 strategy and deliver on the UNAIDS 95-95-95 targets.

USAID has proposed a 5% increase in the CODB for COP23; the 5% increase reflects a balanced approach to ensure the USAID SA can deliver on the PEPFAR 5x3 strategy and have the essential technical, logistical, and administrative oversight staff required to provide robust, hands-on partner management and strong stewardship of U.S. government resources, while keeping the increase to a minimum. The 5% increase is driven mainly by annual staff increases and an increase in ICASS costs (see above). USAID SA has conducted a detailed review of accounting data and individual cost estimates to ensure that the CODB estimates are as accurate as possible.

In COP23, USAID SA has maintained its conservative approach to travel and meeting costs. The operating environment and the cultural practices of the country play an essential role in the decision-making process. The value of both “face-time” and “boots-on-the-ground” are very important considerations in the USAID SA travel requirements and budgets. Where possible, meetings have been moved online, and there is detailed coordination of site visits.

USAID SA continually works to fill all vacant positions as soon as the vacancy is announced. Continued upskilling of staff is an important part of the USAID SA way of doing business. This ensures that USAID SA has the best technical and administrative staff able to deliver on any and every mandate requested of USAID SA, be it HIV/AIDS, TB, COVID-19, global health security, or even humanitarian assistance. USAID SA has not requested any additional staffing for COP23. The additional staffing positions proposed in COP22 have been approved and are currently in the recruitment process.

8.5 Peace Corps South Africa

Peace Corps’ COP23 staffing plan remains static, and there are no changes from its COP22 staffing plan. Given the current and anticipated number of PCV in the coming years, Peace Corps SA feels its current

staffing plan remains adequate and optimal to provide the required volunteer support and execution of PEPFAR SA activities. There are no plans at present to change Peace Corps SA's PEPFAR staffing pattern and there have been no long-term vacancies. As agreed between OGAC and Peace Corps Headquarters, all Peace Corps SA costs/budget remains only CODB. Peace Corps SA's COP23 budget is flatlined and remains the same as its COP22 budget.

APPENDIX A — Prioritization

Figure A.1 Epidemic Age/Sex Pyramid, 27 districts

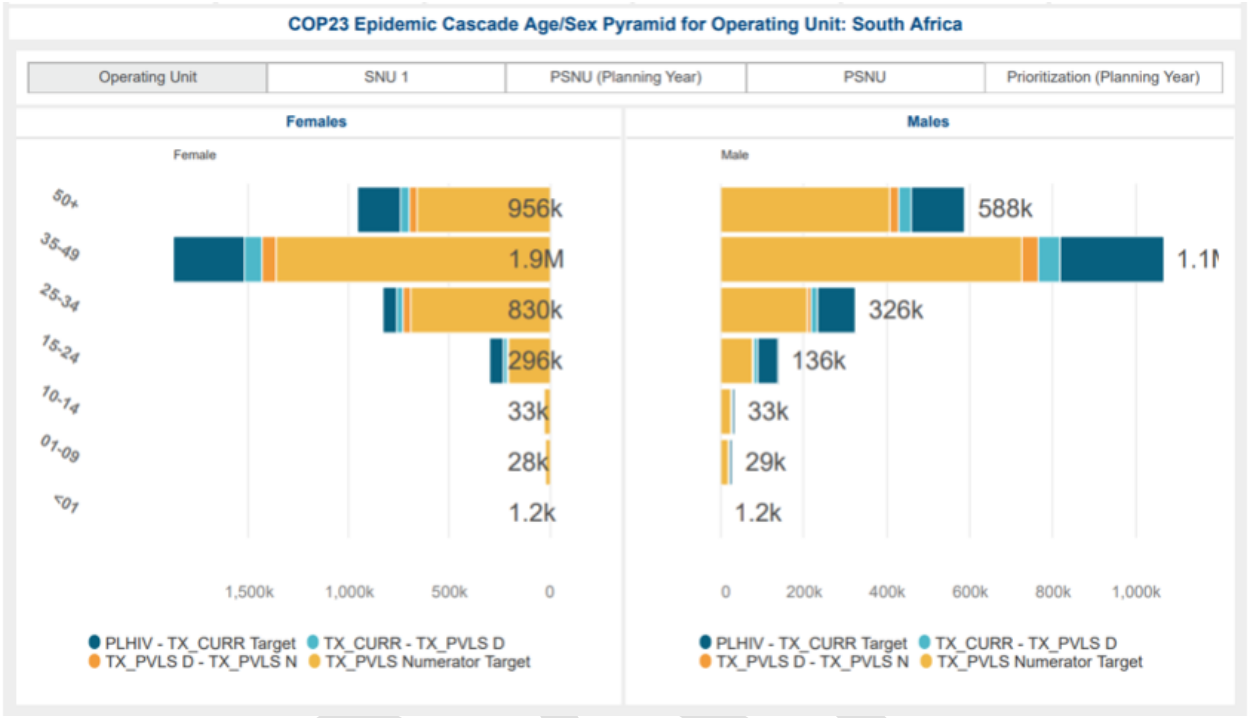
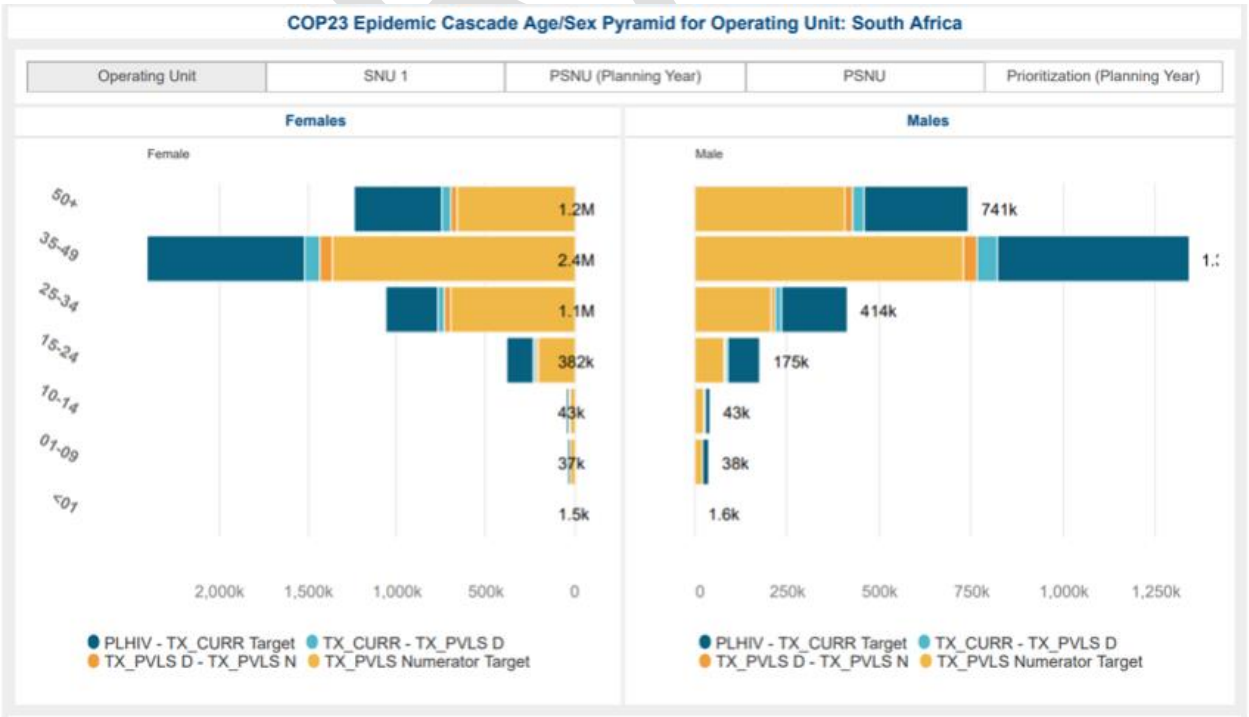


Figure A.1 Epidemic Age/Sex Pyramid, 52 districts



APPENDIX B — Budget Profile and Resource Projections

Table B.1.1 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Intervention

		Budget (FY)		
	Funding by Intervention	**2023**	**2024**	**2025**
Country	**Total**	**$457,614,517**	**$456,638,372**	**$448,507,996**
South Africa	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>AGYW		$1,410,000	$1,384,895
	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$8,321,000	$8,172,846
	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>OVC		$324,000	$318,231
	ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	$500,000	$1,366,700	$785,462
	ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$2,928,001	$1,899,040	$1,879,329
	ASP>Management of Disease Control Programs>Non Service Delivery>AGYW		$60,300	$60,300
	ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		$1,918,000	$1,394,035
	ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$7,417,800	$7,311,767
	ASP>Management of Disease Control Programs>Non Service Delivery>OVC		$302,829	$297,437
	ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$3,772,275	$3,954,275	$3,883,870
	ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations	$1,510,500	$1,860,000	$1,826,883
	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>AGYW		$1,056,000	$675,750
	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations		$1,047,450	$1,028,800
	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		$3,993,500	$4,156,453
	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>OVC		$300,000	$294,659
	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Pregnant & Breastfeeding Women		$1,026,200	$750,397
	C&T>HIV Clinical Services>Non Service Delivery>Children	$315,000	$311,500	$305,954
	C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$3,143,000	$24,843,809	$24,436,239
	C&T>HIV Clinical Services>Service Delivery>AGYW	$135,000	$1,332,959	$1,309,225
	C&T>HIV Clinical Services>Service Delivery>Children	$1,314,707	$14,792,318	$14,528,942

C&T>HIV Clinical Services>Service Delivery>Key Populations	$6,247,007	$10,726,735	$10,535,750
C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$122,766,335	$127,384,624	$125,116,559
C&T>HIV Clinical Services>Service Delivery>Pregnant & Breastfeeding Women		$3,054,419	$3,000,035
C&T>HIV Laboratory Services>Non Service Delivery>Children		$88,000	$86,433
C&T>HIV Laboratory Services>Non Service Delivery>Key Populations		$1,274,000	$1,274,000
C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations		$1,092,960	$1,073,500
C&T>HIV Laboratory Services>Service Delivery>Children	$597,535		
C&T>HIV/TB>Non Service Delivery>Non-Targeted Populations		$824,000	$821,863
C&T>HIV/TB>Service Delivery>Non-Targeted Populations		$16,572,601	$16,277,528
HTS>Community-based testing>Service Delivery>Key Populations	$1,931,108	$865,575	$850,163
HTS>Community-based testing>Service Delivery>Non-Targeted Populations	$906,603	$6,924,421	$6,801,133
HTS>Facility-based testing>Service Delivery>Non-Targeted Populations		$2,328,280	$2,286,825
PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations	$530,000	$640,000	$0
PM>IM Closeout costs>Non Service Delivery>OVC		$435,561	$0
PM>IM Program Management>Non Service Delivery>AGYW	$9,828,462	$10,067,998	$12,130,855
PM>IM Program Management>Non Service Delivery>Key Populations	$1,382,292	$2,412,532	$2,372,820
PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$37,007,401	$35,213,410	$32,197,332
PM>IM Program Management>Non Service Delivery>OVC	$3,117,580	$2,636,060	$2,589,125
PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$22,851,489	$25,375,990	$25,009,303
PREV>Medication assisted treatment>Service Delivery>Key Populations	$480,600		
PREV>Non-Biomedical HIV Prevention>Non Service Delivery>AGYW		$422,305	$422,305
PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations		$220,000	$220,000
PREV>Non-Biomedical HIV Prevention>Service Delivery>AGYW		$8,172,000	$8,026,498
PREV>Not Disaggregated>Non Service Delivery>AGYW	$3,404,476	$3,302,767	$3,258,953
PREV>Not Disaggregated>Non Service Delivery>Key Populations	$697,020	$2,470,504	$2,426,518
PREV>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$3,286,910	$3,257,019	$3,199,028
PREV>Not Disaggregated>Service Delivery>AGYW	$9,822,235	$19,003,701	$23,925,372
PREV>Not Disaggregated>Service Delivery>Children		$300,000	$0
PREV>Not Disaggregated>Service Delivery>Key Populations	$4,938,368	$6,970,420	$7,218,269
PREV>Not Disaggregated>Service Delivery>Non-Targeted Populations	$195,226	$270,226	$270,226

	PREV>Not Disaggregated>Service Delivery>OVC	$5,259,621		
	PREV>PrEP>Service Delivery>AGYW	$16,153,720	$12,405,116	$9,606,766
	PREV>PrEP>Service Delivery>Key Populations	$2,025,316	$1,795,981	$1,440,878
	PREV>VMMC>Non Service Delivery>Non-Targeted Populations	$7,890,875	$947,000	$912,973
	PREV>VMMC>Service Delivery>Non-Targeted Populations	$21,839,689	$30,527,360	$29,963,912
	PREV>Violence Prevention and Response>Non Service Delivery>OVC		$680,070	$667,962
	PREV>Violence Prevention and Response>Service Delivery>AGYW		$16,594,058	$16,298,604
	PREV>Violence Prevention and Response>Service Delivery>OVC		$938,145	$921,441
	SE>Case Management>Non Service Delivery>OVC		$3,355,942	$3,296,190
	SE>Case Management>Service Delivery>OVC		$10,003,728	$9,825,613
	SE>Economic strengthening>Service Delivery>AGYW		$5,359,000	$5,263,584
	SE>Economic strengthening>Service Delivery>OVC		$257,848	$257,848
	SE>Psychosocial support>Service Delivery>Non-Targeted Populations		$700,000	$687,537
	SE>Psychosocial support>Service Delivery>OVC		$3,230,336	$3,172,821
	(Funding in Interventions retired with COP22)	$160,836,166		

Table B.1.2 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Program Area

		Budget (FY)		
	Program Area	**2023**	**2024**	**2025**
Country	**Total**	**$457,614,517**	**$456,638,372**	**$448,507,996**
South Africa	C&T	$217,007,244	$202,297,925	$198,766,028
	HTS	$4,843,286	$10,118,276	$9,938,121
	PREV	$109,787,339	$108,276,672	$108,779,705
	SE	$18,701,180	$22,906,854	$22,503,593
	ASP	$32,558,244	$36,257,094	$34,221,114
	PM	$74,717,224	$76,781,551	$74,299,435

Table B.1.3 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Beneficiary

		Budget (FY)		
	Targeted Beneficiary	**2023**	**2024**	**2025**
Country	**Total**	**$457,614,517**	**$456,638,372**	**$448,507,996**
South Africa	AGYW	$55,474,027	$79,186,204	$82,363,107
	Children	$4,613,989	$15,491,818	$14,921,329
	Key Populations	$19,964,796	$29,701,197	$28,761,233
	Non-Targeted Populations	$348,942,922	$305,714,015	$297,070,568
	OVC	$28,262,783	$22,464,519	$21,641,327
	Pregnant & Breastfeeding Women	$356,000	$4,080,619	$3,750,432

Table B.1.4 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Initiative

		Budget (FY)		
	Funding Initiative	**2023**	**2024**	**2025**
Country	**Total**	**$457,614,517**	**$456,638,372**	**$448,507,996**
South Africa	Community-Led Monitoring	$2,850,000	$3,500,000	$3,437,683
	Core Program	$318,922,639	$315,564,894	$308,544,575
	DREAMS	$80,320,698	$79,865,010	$80,801,047
	KP Survey		$732,500	$719,458
	LIFT UP Equity Initiative		$3,000,000	$2,160,828
	Pediatric Surge	$1,000,000		
	OVC (Non-DREAMS)	$18,601,180	$18,415,168	$18,087,289
	VMMC	$35,920,000	$35,560,800	$34,757,116

B.2 Resource Projections

All COP23 budget planning was completed using the Funding Allocation to Strategy Tool (FAST). The overall funding envelope has decreased by 1% from COP22. Within the portfolio, resources are planned to accelerate the national HIV/AIDS response toward the 95-95-95 targets while sustainably strengthening public health systems. PEPFAR's 5x3 strategy prioritizes above site programming, which accounts for 7.9% of total PEPFAR SA programming, an increase of 0.08% from COP22.

COP23 resource projections are built on previous years, where estimated service package unit costs for service delivery activities and activity-based budgeting for above-site activities were calculated. Prevention, care and treatment, DREAMS, KP, and OVC budgets' unit cost estimates were formulated for broad packages of programming and reviewed against Expenditure Analysis data and unit expenditures to help develop the COP23 budgets.

During the COP23 retreat and co-planning meeting, the National Treasury shared domestic funding projections under the Medium-Term expenditure framework, and SANAC shared costing from the NSP. PEPFAR SA staff reviewed the data and engaged in discussion with necessary stakeholders to inform resource planning to complement GoSA's and other funder resources in COP23.

APPENDIX C — Above-Site and Systems Investments from the Planning Activities for Systems Investment Tool (PASIT) and Surveys-Surveillance, Research and Evaluation (SRE) Tool

Goal, Rationale and Process for Prioritizing PASIT/SRE Investments

PEPFAR SA's above site programming demonstrates proven approaches in COP23 and innovative efforts that will be game changers in South Africa's HIV response. The broad goal of planned systems-focused investments is to support achievement of the 95-95-95 targets in the near term, while bolstering South Africa's efforts to achieve universal health coverage, and, in the longer term, fostering sustainable local capacity for ensuring a resilient and responsive health system.

In COP23, PEPFAR SA will support equity-focused approaches that bolster local capacity and strive for improved service quality and resource optimization. PEPFAR SA's COP23 investment strategy is based on GoSA priorities and on consideration of stakeholder feedback indicating where PEPFAR SA support could have the greatest impact on shared goals of epidemic control, equity, and sustainability. Co-planning with the GoSA at national, provincial, and district level Civil Society; KP; and multilateral and philanthropic institutions has resulted in a COP23 portfolio that is people-centered, responsive to local priorities, emphasizes using data for decision-making, and makes bold investments in health systems. PEPFAR SA's above site investments in COP23, included in the PASIT and SRE tools, covers HMIS, HRH, supply chain, health financing, laboratory systems, and a range of SRE activities.

Systems gaps identified in COP22 planning and responses carrying forward into COP23 are noted under Pillar 2 above.

Alignment with the GoSA and Other Stakeholders to Ensure Synergistic Impact

Alignment with the GoSA and other stakeholders in above-site planning is a key strategy in COP23 for leveraging health system investments and ensuring synergy in their impact. This is exemplified in HRH-focused activities in the PASIT. The planned HRH landscape analysis, support for the NDoH's HRIS, and participation in the NDoH-led HRH Task Force for coordinated workforce planning all involve capacitating the GoSA in line with their vision for HRH planning and support in the country. The HRH Task Force will be critical in ensuring PEPFAR SA, GFATM, other donors, and the GoSA are working synergistically on optimizing the workforce now and in South Africa's transition to NHI. PEPFAR SA engagement on HRH in COP23 will also include the Department of Social Development and the National Treasury to ensure investments are wholistic and take into consideration socioeconomic issues and fiscal planning.

Further, PASIT and SRE activities are also aligned with Civil Society priorities (e.g., supply chain support to ensure availability of medicines), and the needs of KP are demonstrated in extensive investments in SRE related to KP to ensure priority populations receive inclusive, person-centered care.

Digital Health Investments to Address Program Needs

South Africa has long been challenged by a lack of a unique identifier in its many national and sub-national information systems. In COP23, as noted above, PEPFAR SA will support the ambitious National Digital Health Strategy for South Africa by investing in the new EHR and the digital architecture that serves as its foundation to address the unique ID and other challenges. The EHR will address the many

data gaps in South Africa that impede quality, equitable care, and strategic program monitoring, and will thus be a game changer in reaching the 95-95-95 targets. The NDoH has a detailed work plan with benchmarks and timelines for the system development, and this framework will be part of monitoring the funds provided through PEPFAR SA for this work. Funding for the digital architecture exemplifies strategic leveraging of domestic GoSA resources and the GFATM towards a major system goal.

Timelines, Benchmarks, and SMART Outcomes

Above-site investments often require more than one year to truly address the gaps they target. However, the PASIT provides reasonable, yet ambitious benchmarks for year-on-year progress. The benchmarks have been selected to ensure they S.M.A.R.T, i.e., Specific, Measurable, Achievable, Relevant, and Time-Bound.

Joint workplans with specific outputs and outcomes for each investment made will be closely monitored by all partners through joint program review and donor coordination meetings. Additional monitoring tools will include the JEE, the Operation Phuthuma meetings, the Ideal Clinic Checklist, IPC assessment, skills audits, WHO program external reviews, and Nerve Center meetings. Moreover, the NSP Sustainability Framework Steering Committee will monitor progress and conduct an NSP mid-term review.