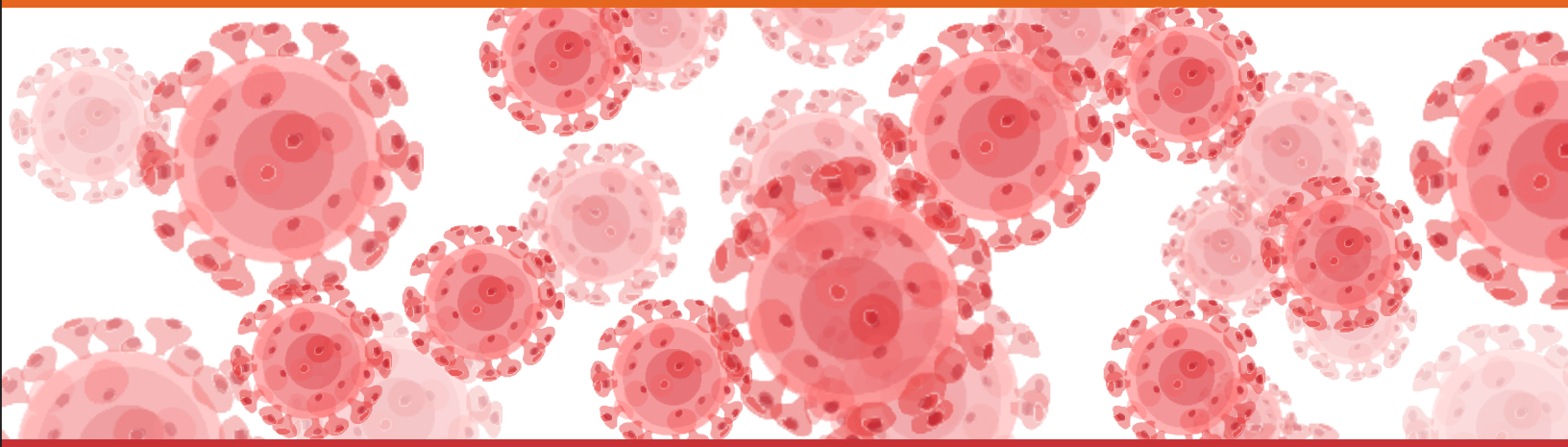

A Brief Guide to Identify Information Needs and Use Data for **PEPFAR Country and Regional Planning**

June 2016

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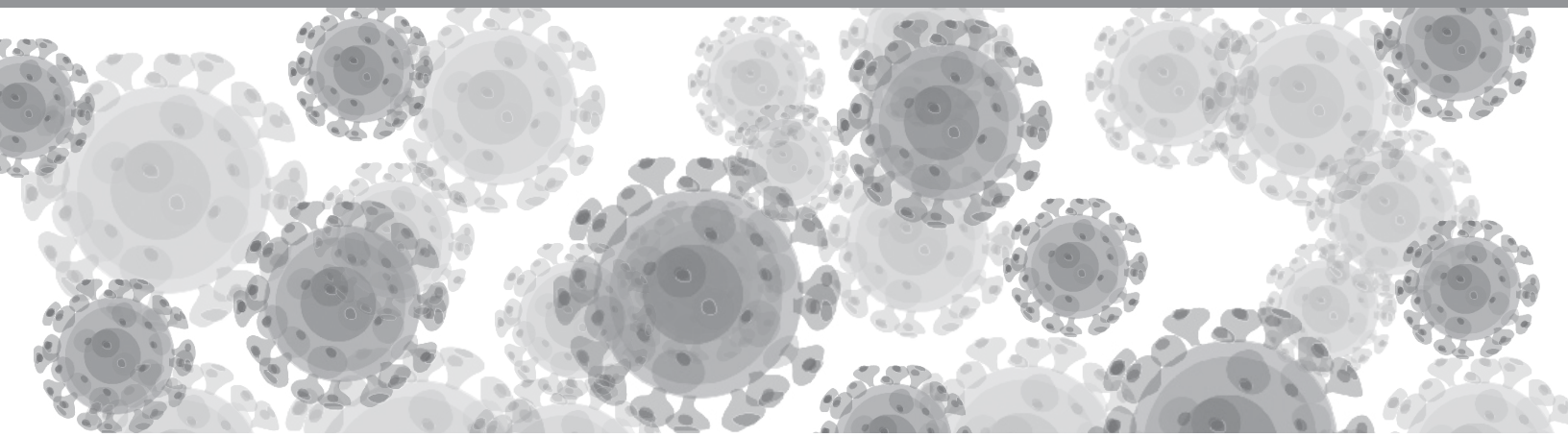
MEASURE Evaluation



A Brief Guide to Identify Information Needs and Use Data for **PEPFAR Country and Regional Planning**

June 2016

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Abbreviations

ACT	accelerating children's HIV/AIDS treatment
AFR	Global Fund annual financial reporting
AIS	AIDS Indicator Survey
ART	antiretroviral therapy
AGYW	adolescent girls and young women
CHP	country health partnerships
COP	country operational plan
DHS	Demographic Health Survey
DOS	Department of State
DREAMS	determined, resilient, empowered, AIDS-free, mentored, and safe women
EA	expenditure analysis
FSW	female sex workers
FY	fiscal year
HIA	HIV impact assessment
HMIS	health management information system
HSS	health systems strengthening
HTC	HIV testing and counseling
MER	monitoring, evaluation, and reporting
MERG	UNAIDS Monitoring and Evaluation Reference Group
MICS	multiple indicator cluster survey
MSM	men who have sex with men
NASA	national AIDS spending assessment
NHA	national health accounts
OGAC	Office of the U.S. Global AIDS Coordinator
OVC	orphans and vulnerable children

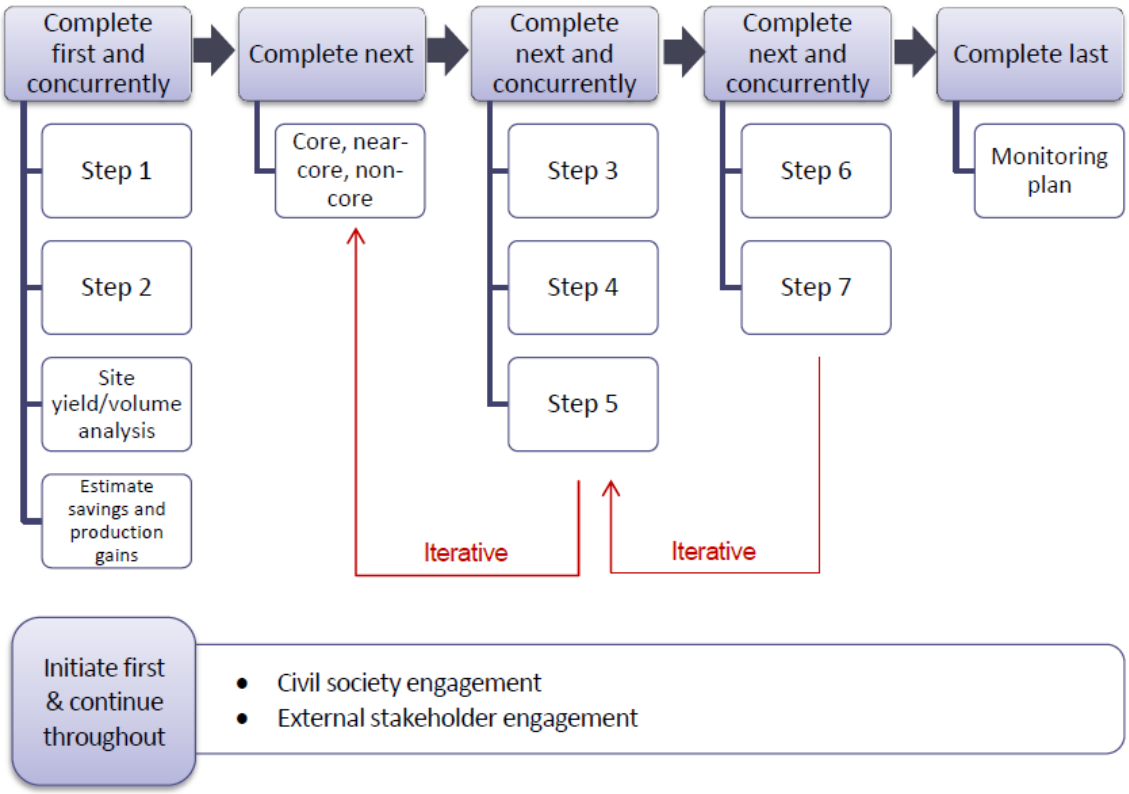
PEPFAR	United States President's Emergency Plan for AIDS Relief
PLACE	Priorities for Local AIDS Control Efforts
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
PrEP	pre-exposure prophylaxis
PWID	people who inject drugs
RHIS	routine health information system
SEAT	Site Expenditure Allocation Tool
SDS	strategic direction summary
SID	Sustainability Index and Dashboard
SIMS	site improvement through monitoring system
SMGL	Saving Mothers Giving Life
SNU	subnational unit
SOBR	PEPFAR Systems and Budget Operational Review
STI	sexually transmitted infection
TB	tuberculosis
UE	unit expenditures
UNAIDS	Joint United Nations Programme on HIV/AIDS
USG	United States Government
VMMC	volunteer medical male circumcision
WHO	World Health Organization

Introduction

The 2015 strategy for the United States President's Emergency Plan For AIDS Relief (PEPFAR) involves the use of all available data, "down to the most granular site level," to inform decisions about priority locations, populations, interventions, and partnerships within a target country in order to achieve epidemic control (Birx, 2014a; Birx, 2014b; DOS–OGAC, 2014, p. 7). A combination of program performance, service quality, and expenditure data is used to ensure that PEPFAR investments align with a country's epidemic profile as well as health facilities with a high patient volume for HIV testing and counseling (HTC), prevention of mother-to-child transmission (PMTCT), and antiretroviral therapy (ART) (PEPFAR, 2015a). Epidemic control is defined as "the point at which new HIV infections fall below the numbers of AIDS-related deaths" (DOS–OGAC, 2014, p.8). In order to achieve epidemic control, PEPFAR adopted the UNAIDS 90-90-90 target: 90 percent of people living with HIV know their status, 90 percent of those with known status are receiving ART, and 90 percent of those on ART achieve viral suppression (PEPFAR, 2015a).

In January 2015, PEPFAR published extensive guidance for teams working in targeted areas to develop country and regional operational plans that follow this global strategic approach. Additional draft guidance for 2016 was circulated in November 2015 for stakeholder comments (PEPFAR, 2015b). The 2016 PEPFAR guidance documents outline eight modular planning steps, including: (1) understand current context, (2) assess alignment of current investments and program focus, (3) determine priority locations/populations and set targets for country-wide epidemic control, (4) determine support to system-level interventions, (5) determine a package to sustain services and expected volume, (6) project resources required and reconcile that figure with the funding level, (7) set PEPFAR targets, and (8) develop a monitoring strategy (PEPFAR, 2015b). Country PEPFAR planning is expected to be an iterative process, with teams most likely having to look back at previous steps to reassess their decisions about where and why to focus their programs as well as seek collaboration from stakeholders to reach shared targets. Figure 3.2.1 from the COP 15 guidelines outlines the recommended order of planning steps and key analysis (PEPFAR, 2015a).

3.2.1 Recommended Order of Planning Steps and Key Activities/Analyses



Purpose

The impact of collective efforts to strengthen health information systems around the world have created multiple data sources within countries. This data has the potential to inform the design of tailored interventions that more precisely target the HIV/AIDS epidemic where people need services the most. The purpose of the PEPFAR 3.0 guidance is to instruct US PEPFAR teams on what data sources to consult in order to identify targeted interventions that will achieve the UNAIDS vision for HIV/AIDS epidemic control. The planning steps describe a process through which teams use the many data sources available to develop an evidence base for the types of HIV/AIDS interventions that will effectively control the epidemic.

The interventions, and the evidence base to support them, are then summarized in a Regional or Country Operational Plan that details what interventions will receive support from the US government. Country Operational Plans describe the role of the US government in tackling the HIV/AIDS epidemic in collaboration with host country governments and other implementing partners. It is a culmination of extensive data analysis and engagement with stakeholders to develop a collective commitment to effectively address the HIV/AIDS epidemic. As there are more data

sources and approaches to the analyses of those data, it becomes a challenge for PEPFAR teams to adequately and efficiently develop their Country Operational Plans.

MEASURE Evaluation developed a simplified framework to facilitate the process of developing Country Operational Plans for PEPFAR teams. This framework links potential data sources to key programmatic questions. It starts with a systematic assessment of context, then guides PEPFAR teams on how to link this context with assessments of evidence-based interventions, partnerships, geographic targeting, and when to involve stakeholders to achieve epidemic control targets while also investing in health systems strengthening. Investments in health systems will ensure gains are sustained by partner countries.

The analysis and interpretation of suggested data sources also help to inform the next priority question. In addition, each part of the framework is matched to one or more modular planning steps in the PEPFAR guidance, as well as required analyses and data tables for the strategic direction summary (SDS) that outlines the country/regional strategy. PEPFAR teams will be able to develop their Country Operational Plan while they complete their analyses and engage partners in country.

The framework focuses the research approach and helps to build an evidence-based epidemic control strategy by linking information needs and potential data sources. Table 1 summarizes the "Framework of PEPFAR 3.0 Information Needs" by listing: 1) the priority questions, 2) expected answers, and 3) corresponding PEPFAR guidance planning steps, analyses, and tables needed to formulate the Country Operational Plan. Each question in the table is then described in further detail, with additional tables that list potential data sources for specific information needs. This systematic approach will assist PEPFAR teams to analyze and interpret their data with other key stakeholders to develop collective support and ownership for a Country Operation Plan that will have a significant impact on the HIV/AIDS epidemic.

Table 1. Information Needs

Priority Questions	Expected Answers	PEPFAR Planning Steps, SDS Analyses, and Tables
On whom should we focus?	List of populations to reach with treatment, care, support, and prevention interventions	Planning step 1: Understand the current program context SDS tables: • 1.1.1: Key national demographic and epidemiological data • 1.1.2: Cascade of HIV diagnosis, care, and treatment (12 months)
What should we do?	Right combination of evidence-based interventions to mitigate the HIV/AIDS epidemic in-country	Planning Step 5: Determine the package to sustain services and support in other locations and populations and expected volume Analysis: Core, near-core, and noncore activity SDS Table 1.1.2: Cascade of HIV diagnosis, care, and treatment (12 months)
Where should we target activities?	List of priority geographic areas of focus in order to mitigate the epidemic	Planning steps: • 2: Assess alignment of current PEPFAR investments and program focus • 3: Determine priority locations and populations for epidemic control and set targets Analyses: • Site yield/volume analysis • Savings and production gains analysis SDS tables: • 1.2.1: Investment profile by program area • 1.2.2: Procurement profile for key commodities • 1.2.3: Non-PEPFAR funded investments, integration, and PEPFAR central initiatives

Priority Questions	Expected Answers	PEPFAR Planning Steps, SDS Analyses, and Tables
		• Standard figure 1.4.1: Percentage of people living with HIV (PLHIV) by subnational unit (SNU) and PEPFAR yearly expenditure per person living with HIV • 4.1.1: ART targets in priority SNUs for epidemic control • 4.1.3: Voluntary medical male circumcision (VMMC) coverage and targets by age bracket • 4.1.4: Focus populations for prevention interventions to facilitate epidemic control
How are we doing across intervention areas?	Assessment of adherence to plans, targets, and expenditures across treatment, care, support, and prevention intervention domains	Planning steps: • 5: Determine the package to sustain services and support in other locations and populations and expected volume • 6: Project total PEPFAR resources required to implement strategic plan and reconcile with planned funding level Analyses: • Core, near-core, and noncore activity • Expenditure analysis (EA) • Outlier analysis using EA results
With whom do we partner?	List of stakeholders to engage in development of a collective response to the HIV epidemic	Planning step 7: Set site, geographic, and mechanism targets and budgets Civil society and external stakeholder engagement process guidelines (PEPFAR, 2015a; PEPFAR 2015b) SDS tables: • 1.2.1: Investment profile by program area • 1.2.2: Procurement profile for key commodities • 1.2.3: Non-PEPFAR funded investments, integration, and PEPFAR central initiatives

Priority Questions	Expected Answers	PEPFAR Planning Steps, SDS Analyses, and Tables
		• 4.1.1: ART targets in priority SNUs for epidemic control • 4.1.2: Entry streams for newly initiating ART patients in priority districts • 4.1.3: VMMC coverage and targets by age bracket • 4.1.4: Target populations for prevention interventions to facilitate epidemic control • 4.1.5: Targets for OVC and pediatric HIV testing, care, and treatment • 5.1.1: Expected beneficiary volume receiving minimum package of services in nonpriority districts
Health systems strengthening (HSS) assessment	List of costed HSS activities that contribute to scale-up of activities in priority locations	<u>Planning steps:</u> • 1: Understand the current program context • 4: Determine program support and system-level interventions in which PEPFAR will invest to achieve epidemic control • 6: Project total PEPFAR resources to implement strategic plan and reconcile funding level • 8: Determine monitoring strategy for planned activities in accordance with requirements and assess staff capacity <u>SDS tables:</u> • 6.1: Laboratory strengthening • 6.2: Strategic information • 6.3: Health system strengthening

The initial stage of the framework aims to answer who should be the focus of PEPFAR-supported programs. In Table 2—On WHOM Should We Focus—there are two categories of services: (1) treatment, care, and support, and (2) prevention. For each service area, Table 2 lists the information needed to answer the priority question and potential data sources. The information needed at this stage is mostly at the national level. However, as priority geographic areas are identified, further assessment of localized epidemics may be needed to verify selection of key and priority populations.[1] Teams should aim to answer the priority question in three parts:

1) Population size estimate of HIV-positive individuals who are eligible for treatment based on national policy and international standards
2) List of vulnerable populations affected by HIV who are eligible for care and support interventions
3) List of key and priority populations[2] at greatest risk of infection who need to be reached by prevention interventions

[1] UNAIDS classifies key populations as: (1) men who have sex with men (MSM), (2) transgender women, (3) sex workers, and (4) people who inject drugs (PWID). Priority populations are based on local epidemiology and can include groups such as young women, girls, or sexual partners of PWID (PEPFAR, 2015a). PEPFAR required key populations are MSM, female sex workers (FSW), and PWID (PEPFAR, 2015b).

[2] Examples of priority populations are children (pediatrics), adolescent girls and young women (AGYW), or fishing communities (Birx, 2014b; DOS–OGAC, 2014; PEPFAR, 2015b).

Table 2. On WHOM Should We Focus?

Treatment, Care, and Support Services	
Information Needs	**Potential Data Sources**
• Size estimate of the populations who are HIV-positive • Percent of HIV positives at sites (# HIV+ and # tested for HIV)	Preferred Data Sources • Demographic data ▪ Central Statistics Agency or other local government reports ▪ U.S. Bureau of Census • National program statistics ▪ Ministry of Health ▪ UNAIDS ▪ WHO • PEPFAR statistics ▪ PEPFAR monitoring, evaluation, and reporting (MER) level 1 indicators: HTC_TST, PMTCT_STAT, PMTCT_ARV, PMTCT_FO, and TB_STAT ▪ MER level 1 national indicator: PMTCT_STAT_NAT ▪ Key/priority populations, HIV prevalence, and size estimates: ▪ HIV- and AIDS-related surveillance data ▪ Population-based survey such as the AIDS Indicator Survey (AIS) or Demographic Health Survey (DHS) Alternative Data Sources • Key/priority populations, HIV prevalence, and size estimates: ▪ HIV- and AIDS-related surveillance data ▪ HIV impact assessments (HIAs) ▪ Mathematical models: UNAIDS Spectrum and Subnational Estimates of HIV Prevalence Report ▪ FY16 technical considerations for key/priority population sizes (PEPFAR, 2015b) ▪ 2011 Guidance for Prevention of Sexually Transmitted HIV Infections (PEPFAR, 2015b) • SDS Table 1.1.1: Key national demographic and epidemiological data (disaggregated by age and sex) (PEPFAR, 2015b)

Treatment, Care, and Support Services	
Information Needs	**Potential Data Sources**
	• Donor reports (i.e., WHO and UNAIDS) • Research or special studies
Size estimate of the populations affected by HIV: • Understand how people are affected by the HIV epidemic • Identify and describe populations most affected by HIV (i.e., demographic characteristics)	Preferred Data Sources • Population-based surveys: AIS or DHS • MER level 1 indicators: KP_PREV, GEND_GBV, OVC_SERV and OVC_ACC Alternative Data Sources • Behavioral surveillance data
Risk of further transmission of HIV among people living with HIV	Preferred Data Sources • SDS Table 1.1.2: Cascade of HIV diagnosis, care, and treatment (12 months) Alternative Data Sources • Mathematical models such as modes of transmission or dynamic transmission models • Research or special studies
Prevention Services	
Information Needs	**Potential Data Sources**
• Contributing behavioral factors[3] and environmental conditions[4] that influence HIV risk • Description of populations at risk of acquiring HIV owing to behavioral factors and environmental conditions • Estimated HIV prevalence for each key and priority population compared to HIV prevalence among the general population • Estimated sexually transmitted infection (STI) prevalence for each at-risk population in comparison	Preferred Data Sources • HIV- and AIDS-related surveillance data • Behavioral surveillance data • Population survey data • Routine health information system (RHIS) or health management information system (HMIS) • Government reports (i.e., Ministry of Health) • PEPFAR and other US government (USG)-supported prevention program reports • SDS Table 1.1.1: Key national demographic and epidemiological data Alternative Data Sources • Stigma Index for national network of PLHIV (every 4–5 years)

[3] Behavioral factors are individuals, group, or community actions that have been shown to increase exposure to HIV (Green & Kreuter, 2005).

[4] Environmental conditions are characteristics of the social (i.e., the collective actions or norms, stigma, or discrimination) and environmental (i.e., economic, service access, organizational, or policy) contexts that have been shown to increase exposure to HIV (Green & Kreuter, 2005).

Treatment, Care, and Support Services	
Information Needs	**Potential Data Sources**
with STI prevalence in the general population	• Legal environment assessment (every 3 years) • Donor reports (i.e., WHO and UNAIDS) • Research studies • Mathematical models
Estimated size of key and priority populations	Preferred Data Sources • Central Statistics Agency and other government reports • UNAIDS • PEPFAR FY 2015 Technical Considerations • MER level 1 indicator: PP_PREV • PEPFAR 2011 Guidance for Prevention of Sexually Transmitted HIV Infections • SDS Table 1.1.1: Key national demographic and epidemiological data Alternative Data Sources • U.S. Bureau of Census • Priorities for Local AIDS Control Efforts (PLACE) survey
• Estimated prevention targets needed to achieve population-wide reductions in HIV incidence for each selected key and priority population • Current prevention service coverage for each selected key and priority population across government, PEPFAR, and other donor programs. • Estimated prevention targets in comparison with coverage, to determine level of unmet need for prevention services	Preferred Data Sources • RHIS or HMIS • Government reports (i.e., Ministry of Health) • PEPFAR and other USG-supported prevention program reports • MER level 1 indicators: PP_PREV and KP_PREV • PEPFAR DREAMS [determined, resilient, empowered, AIDS-free, and mentored] Guidance for Preventing HIV in Adolescent Girls and Young Women • Donor reports (i.e., WHO and UNAIDS) Alternative Data Sources • DHS • Special studies in country

The next stage of the framework aims to answer what we should do, as in what interventions are considered effective, evidence-based practices. In Table 3—WHAT Should We Do?—there are two categories of services: (1) treatment, care, and support, and (2) prevention. For each service, Table 3 lists the information needed to answer the priority question and potential data sources. Teams should consider this a review of HIV programs in the country in order to be certain that they reflect the current evidence supporting intervention approaches. Therefore, teams should aim to list the correct combination of evidence-based interventions that will effectively mitigate the HIV epidemic for their specific region or country.

Table 3. WHAT Should We Do?

Treatment, Care, and Support Services	
Information Needs	**Potential Data Sources**
• List of evidence-based practices for the treatment, care, and support of people living with HIV • List of evidence-based practices for the support of populations affected by the HIV epidemic	Preferred Data Sources • Technical Considerations, from PEPFAR.net Country Operational Plan 15 website (includes guidelines, recent scientific evidence, and technical area priorities) (PEPFAR, 2015b) Alternative Data Sources • Research and evaluations on interventions • Costing and cost-effectiveness studies
Catalogue of current government, donor, and PEPFAR-supported programs to PEFPAR primary intervention areas: • Adult ART • Pediatric ART • Combination tuberculosis (TB)/HIV • Orphans and vulnerable children	Preferred Data Sources • RHIS or HMIS • Government reports (i.e., Ministry of Health) • PEPFAR and other USG-supported program reports • SDS Table 1.1.2: Cascade of HIV diagnosis, care, and treatment (12 months) • Donor reports (i.e., WHO, World Bank, and UNAIDS, plus other donor countries)
Comparison of program content of government, donor, and PEPFAR-supported programs, with a list of evidence-based practices and primary intervention areas	Preferred Data Sources • RHIS or HMIS • Government reports (i.e., Ministry of Health) • PEPFAR and other USG-supported program reports • Donor reports (i.e., WHO and UNAIDS) • HIA

Treatment, Care, and Support Services	
Information Needs	**Potential Data Sources**
HIV programs categorized as core, near-core, or noncore for PEPFAR support Criteria are (PEPFAR, 2015a): • Strengths/weaknesses in the HIV clinical cascade • Whether intervention is addressed by other resource streams (i.e., government, donor, or other USG agency) • Strength of evidence base for intervention • Estimated contribution to epidemic control	Preferred Data Sources • Government-recognized interventions for the national HIV response • SDS Table 1.1.2: Cascade of HIV diagnosis, care, and treatment (12 months) • Core, near-core, and noncore activity analysis
Prevention Services	
Information Needs	**Potential Data Sources**
List of evidence-based prevention practices for each key and priority population identified	Preferred Data Sources • Technical Considerations, from PEPFAR.net Country Operational Plan 15 website • PEPFAR 2011 Guidance for Prevention of Sexually Transmitted HIV Infections • PEPFAR DREAMS Guidance for Preventing HIV in Adolescent Girls and Young Women Alternative Data Sources • Research and evaluations on interventions • Costing and cost-effectiveness studies
Catalogue of current government, donor, and PEPFAR-supported programs to PEFPAR and UNAIDS primary intervention areas: • PMTCT • VMMC • Condoms • HTC • Pre-exposure prophylaxis (PrEP) for men who have sex with men (MSM) and young females • Cash transfers for vulnerable females	Preferred Data Sources • RHIS or HMIS • Government reports (i.e., Ministry of Health) • PEPFAR and other USG-supported program reports • MER level 1 indicator: PP_PREV • Donor reports (i.e., WHO and UNAIDS)

Treatment, Care, and Support Services	
Information Needs	**Potential Data Sources**
Comparison of program content of government, donor, and PEPFAR-supported programs with a list of evidence-based practices and primary intervention areas	Preferred Data Sources • RHIS or HMIS • Government reports (i.e., Ministry of Health) • PEPFAR and other USG-supported program reports • Donor reports (i.e., WHO and UNAIDS) • HIA
HIV programs categorized as core, near-core, or noncore for PEPFAR support Criteria are (PEPFAR, 2015a): • Strengths/weaknesses in the HIV clinical cascade • Whether intervention is addressed by other resource streams (i.e., government, donor, or other USG agency) • Whether intervention has achieved intended outcomes • Strength of evidence base for intervention • Estimated contribution to epidemic control	Preferred Data Sources • Government recognized interventions for the national HIV response • Core, near-core, and noncore activity analysis

The next stage of the framework aims to answer where we should target, as in the geographic or subnational units (SNUs) of focus for PEPFAR-supported interventions. In Table 4—WHERE Should We Target?—all service categories are combined. The PEPFAR 3.0 goal is to achieve 80 percent ART coverage based on the UNAIDS 90-90-90 targets (PEPFAR, 2015a). In order to reach this coverage, geographic locations with a high density of people living with HIV are prioritized for a saturation of interventions, or 80 percent coverage of total PLHIV on ART, as well as 80 percent coverage of those in need of combination prevention services (PEPFAR, 2015a). High density areas are determined first by a service site yield/volume analysis, and then adjusted based on an epidemic profile of the country based on HIV prevalence (PEPFAR, 201a5). Table 4 lists the information needed to answer the priority question and potential data sources.

Table 4. WHERE Should We Target?

Prevention, Treatment, Care, and Support Services	
Information Needs	**Potential Data Sources**
Positivity rate[5] for each site that offers HTC and/or PMTCT services	Preferred Data Sources • RHIS or HMIS • HIV and AIDS surveillance data • Government reports (i.e., Ministry of Health) • PEPFAR and other USG-supported program reports Alternative Data Sources • Donor reports (i.e., WHO and UNAIDS)
Definition of "high" and "low" yield thresholds for sites that offer HTC and/or PMTCT services by (PEPFAR, 2015a): • Number of HIV-positive patients served at each site, or the "80/20 rule" • Comparison of unit expenditures (UE) per patient served for all sites within an SNU to identify high UE threshold per SNU, or the "(X) times greater UE"	Preferred Data Sources • RHIS or HMIS • HIV and AIDS surveillance data • MER level 1 indicators: CARE_NEW, CARE_CURR, CARE_COMM, and TB_ART • Expenditure analysis (EA) Alternative Data Sources • Government reports (i.e., Ministry of Health) • PEPFAR and other USG-supported program reports • Donor reports (i.e., WHO and UNAIDS)
Definition of "high" and "low" volume ART service sites by (PEPFAR, 2015a): • Number of current ART clients by site • Cumulative number or percentage of current ART clients at any point in the distribution	Preferred Data Sources • RHIS or HMIS • HIV and AIDS surveillance data • MER level 1 indicators: PMTCT_ARV, CARE_NEW, CARE_CURR, CARE_COMM, TB_ART,TX_NEW, and TX_CURR • SDS Table 4.1.1: ART targets in priority SNUs for epidemic control Alternative Data Sources • Government reports (i.e., Ministry of Health) • PEPFAR and other USG-supported program reports • Donor reports (i.e., WHO and UNAIDS)

[5] For the positivity rate by site the numerator is the number of patients who test positive for HIV and the denominator is the total number of people tested at the service site.

Prevention, Treatment, Care, and Support Services	
Information Needs	**Potential Data Sources**
Categorization of sites based on positivity rate and yield/volume analysis: • Scale-up/intervention saturation (i.e., "high" positivity rate, patient yield, and ART volume) • Scale-up/aggressive (PEPFAR, 2015b) • Sustained districts (formerly labeled "maintenance")[6] • Central support districts (formerly labeled "transition")[7] (i.e., "low" positivity rate, patient yield, and ART volume)	Level of activities for each category (PEPFAR, 2015b): • Scale-up/intervention saturation: intense PEPFAR support with target of 80% PLHIV on ART over next 2 years (MER level 1 indicators: CARE_NEW and TX_NEW) • Scale-up/aggressive: intense PEPFAR support to increase rate of "new on ART" but without target of 80% PLHIV on ART over next 2 years • Sustained districts: minimum package of services to sustain current treatment levels and passive enrollment • Central support districts: Transition PEPFAR support to another agency/organization in 12 months
Calculation of savings that result from sites classified as "low" yield/volume or "central support districts": • Estimate resources to support transition sites • Estimated investment of these resources in HTC, PMTCT, and ART services for scale-up sites • Estimated increases in testing yield for HTC and PMTCT sites using the site-level positivity rates • Estimated increases in ART provided to PLHIV	<u>Preferred Data Sources</u> • EA • Site Expenditure Allocation Tool (SEAT) • MER level 1 indicators: HTC_TST, PMTCT_STAT, PMTCT_ARV, CARE_NEW, CARE_CURR, CARE_COMM, TB_ART, TX_NEW, and TX_CURR
Epidemic profile by SNU: • Sort SNUs from large to small by total PLHIV • Calculate PLHIV percentage by SNU from national PLHIV total • Calculate cumulative percentage of PLHIV by SNU to determine disease burden	<u>Preferred Data Sources</u> • RHIS or HMIS • Government reports (i.e., Ministry of Health) • HIV and AIDS surveillance data <u>Alternative Data Sources</u> • HIA • PEPFAR and other USG-supported program reports

[6] PEPFAR 2015 COP guidance (PEPFAR, 2015a).
[7] PEPFAR 2015 COP guidance (PEPFAR, 2015a).

Prevention, Treatment, Care, and Support Services	
Information Needs	**Potential Data Sources**
• Rank SNUs by HIV prevalence • Rank SNUs by total PLHIV on ART	<u>Preferred Data Sources</u> • Donor reports (i.e., WHO and UNAIDS) • Mathematical models: UNAIDS Spectrum and Subnational Estimates of HIV Prevalence Report • Central Statistics Agency or other local government reports • U.S. Bureau of Census
Description of unmet need for services: • ART coverage = PLHIV on ART/total PLHIV by SNU (PEPFAR, 2015b) • Net new patients needed to achieve 80% ART coverage by SNU over 2 years (PEPFAR, 2015b) • PMTCT coverage by SNU • VMMC coverage by SNU • HTC coverage by SNU • Condom coverage by SNU and key/priority populations • Coverage of other prevention activities focused on key/priority populations, by SNU	<u>Preferred Data Sources</u> • RHIS or HMIS • Government reports (i.e., Ministry of Health) • HIV and AIDS surveillance data • MER level 1 indicators: HTC_TST, PMTCT_STAT, PMTCT_ARV, VMMC_CIRC, PP_PREV, KP_PREV, KP_MAT, CARE_NEW, CARE_CURR, CARE_COMM, TB_ART, OVC_SERV, OVC_ACC, TX_NEW, and TX_CURR • SDS Table 4.1.3: VMMC coverage and targets, by age bracket • SDS Table 4.1.4: Populations identified for prevention interventions to facilitate epidemic control <u>Alternative Data Sources</u> • HIA • PEPFAR and other USG-supported program reports • OVC MER essential survey indicator: OVC_HIVST • Donor reports (i.e., WHO and UNAIDS)
Categorization of SNUs based on epidemic profile and unmet need for services analysis: • Scale-up/intervention saturation (high number of PLHIV, unmet need for services, HIV prevalence, and number of PLHIV on ART) • Scale-up/aggressive (PEPFAR, 2015b)	Level of activities for each category (PEPFAR, 2015b): • Scale-up/intervention saturation: intense PEPFAR support with target of 80% PLHIV on ART over next 2 years (MER level 1 indicators: CARE_NEW and TX_NEW) • Scale-up/aggressive: intense PEPFAR support to increase rate of "new on ART" but without target of 80% PLHIV on ART over next 2 years

Prevention, Treatment, Care, and Support Services	
Information Needs	**Potential Data Sources**
• Sustained districts • Central support districts (low number of PLHIV, unmet need for services, HIV prevalence, and number of PLHIV on ART)	• Sustained districts: minimum package of services to sustain current treatment levels and passive enrollment • Central support districts: transition PEPFAR support to another agency/organization in 12 months
Reconciliation of categorization by site positivity rate/yield/volume and epidemic profile analyses, by assessing: • Service quality for low yield/volume sites in high disease burden SNUs • Micro-epidemics for high yield/volume sites in low disease burden SNUs • Location and size of key/priority populations • Service site selection bias by patients owing to stigma and/or discrimination in sites close to their communities	<u>Preferred Data Sources</u> • Site Improvement through Monitoring System (SIMS) • Quality assessments • MER level 1 indicator: CARE_SITE • SDS Table 1.1.1: Key national demographic and epidemiological data • MER level 1 indicators: PP_PREV, KP_PREV, and OVC_SERV • SDS Table 4.1.4: Populations identified for prevention interventions to facilitate epidemic control • PEPFAR 2015 Technical Consideration Human Right's section (summary of country's referral system and reports of incidents of stigma/discrimination) <u>Alternative Data Sources</u> • HIA • Government reports (i.e., Ministry of Health) • PEPFAR and other USG-supported program report • Donor reports (i.e., WHO and UNAIDS) • Population-based surveys such as the DHS or a Priorities for Local AIDS Control Efforts (PLACE) survey • OVC MER essential survey indicators • Violence Against Children survey • Multiple Indicator Cluster Survey (MICS) (e.g., UNICEF) • Stigma Index for national network of PLHIV
• Comparison of percent of PLHIV by SNU and PEPFAR yearly expenditures per PLHIV for (PEPFAR, 2015a):	<u>Preferred Data Sources</u> SDS Table 1.1.1: Key national demographic and epidemiological data • EA

Prevention, Treatment, Care, and Support Services	
Information Needs	**Potential Data Sources**
▪ General population ▪ Pregnant women ▪ MSM ▪ FSW ▪ PWID • Assessment of whether scale-up in selected SNUs and service sites will better align PEPFAR investments with disease burden. Consider: ▪ Investments by government and other donors ▪ Scope and intensity of programs ▪ Economies of scale (i.e., existing service delivery accommodates more patients with minimal cost) ▪ Expenditure variances among different SNUs	• PEPFAR EA-Epi Comparison Tool • SDS Standard Figure: 1.4.1: Percentage of PLHIV by SNU and PEPFAR yearly expenditure per PLHIV

In Table 5—HOW Are We Doing Across Intervention Areas?—teams review the adherence to plans, targets, and expenditures across intervention domains. In addition, teams assess whether PEPFAR-supported programs adhere to human rights principles and address stigma and discrimination issues that may influence access to prevention, treatment, care, and support services. Table 5 lists the information needed to answer the priority question and potential data sources.

Table 5. HOW Are We Doing Across Intervention Areas?

Prevention, Treatment, Care, and Support Services	
Information Needs	**Potential Data Sources**
Are current program targets being achieved?	Preferred Data Sources • RHIS or HMIS • HIV and AIDS surveillance data • Vital registration data • Government reports (i.e., Ministry of Health) • Population-based surveys • PEPFAR and other USG-supported program monitoring reports • PEPFAR statistics: ▪ MER level 1 indicators: PMTCT_EID, PMTCT_FO, VMMC_CIRC, VMMC_AE, PP_PREV, KP_PREV, KP_MAT, GEND_GBV, GEND_NORM, FPINT_SITE, CARE_CURR, CARE_COMM, CARE_SITE, TB_STAT, TB_ART, TB_IPT, OVC_ACC, FN_THER, TX_RET, TX_VIRAL, TX_UNDETECT ▪ MER level 2 indicators: PMTCT_CTX, FN_ASSESS, TB_OUTCOME, and TB_SCREEN ▪ MER national level indicators: PMTCT_STAT_NAT, PMTCT_ARV_NAT, VMMC_CIRC_NAT, KP_MAT_NAT, and TX_CURR_NAT ▪ OVC MER essential survey indicators: OVC_NUT, OVC_SICK, OVC_BCERT, OVC_SCHATT, OVC_PRGS, OVC_STIM, OVC_CP Alternative Data Sources • Performance evaluations • HIA • Donor reports (i.e., WHO and UNAIDS) • Research or special studies
Do current programs adhere to their intervention models, program plans, or service standards?	Preferred Data Sources • PEPFAR and other USG-supported program reports • Program conceptual model • Program results or strategic framework • Program logical framework • Program performance monitoring plan

Prevention, Treatment, Care, and Support Services	
Information Needs	**Potential Data Sources**
	• SIMS • Quality assessments
Comparison of UEs across PEPFAR programs to identify trends in spending: • Identify outliers within the same SNUs and implementing mechanisms • Assess "high" outliers for contextual factors,[8] inefficiencies, or data quality issues (PEPFAR, 2015b) • Determine whether implementing mechanism is appropriate • Estimate future resource needs	Preferred Data Sources EA (Wolfe, 2015)
Do current programs fulfill PEFPAR human rights core principles and framework? • Core principles (PEPFAR, 2015a): ▪ Availability ▪ Accessibility ▪ Acceptability ▪ Quality • PEPFAR focus areas (PEPFAR, 2015b: ▪ Reduction of stigma/discrimination in service delivery/healthcare setting ▪ Environmental assessment data collection used to improve patient care, access, and quality of services ▪ Support advocacy initiatives to promote human rights, patient rights, and community mobilization	Preferred Data Sources • PEPFAR and other USG-supported program reports • Stigma Index for national network of PLHIV • Legal environment assessment • PEPFAR 2015 Technical Consideration Human Rights section Alternative Data Sources • Operational research and/or implementation science that assesses barriers to HIV service by key populations or tests service delivery models that reduce barriers to service access • Outcome evaluations of programs that promote, protect, or respect human rights • Survey data that include MERG-approved indicators on stigma and discrimination • Stakeholder engagement on HIV- and AIDS-related policy and human rights (see "With WHOM do we partner?," below)

[8] Contextual factors may be the high cost of delivering services in a particular area or for a specific population. In these cases, teams are advised to try to assess additional costs to deliver services in these contexts as compared to average costs for all partners in the country (PEPFAR, 2015b). Also, EU data do not consider the quality of the services provided and performance in terms of retention of patients and successful referrals to other services.

Prevention, Treatment, Care, and Support Services	
Information Needs	**Potential Data Sources**
Do PEPFAR programs remove gender barriers, close gaps, and address harmful norms (PEPFAR, 2015b)?	Preferred Data Sources • Draft version of gender analysis outlined in the 2014 PEPFAR Gender Strategy (PEPFAR, 2015b) • PEPFAR Gender Analysis Technical Considerations • PEPFAR Gender Analysis Frequently Asked Questions (pepfar.net)

In Table 6—With WHOM Do We Partner?—the goal is to achieve broad consensus among stakeholders with influence on the HIV response in-country. The UNAIDS 90-90-90 goal will only be achieved through the coordination and collective commitment of multiple government agencies, donors, the private sector, and implementing partners. PEPFAR's goal is "to work lock step with partner countries as they assume greater responsibility for controlling their own country's epidemic" (DOS–OGAC, 2014, p. 21). At this stage, much of the preliminary research and analysis will need to be synthesized, disseminated, and reviewed for further interpretation by these stakeholders to agree on commitments to achieve countrywide epidemic control targets. This process also will provide information on potential dependencies on other partners, particularly for commodities (PEPFAR, 2015b).

PEPFAR 2016 guidance outlines ongoing communication and engagement with partners from multilateral agencies, the private sector, civil society, and other USG agencies throughout the COP process (PEPFAR, 2015b). These partner interactions will involve interpretation of this preliminary research and analysis. During this period of partner engagement, it is important for teams to understand the extent to which PEPFAR will be able to support countrywide epidemic control targets while also investing in HSS activities to ensure that governments can sustain services in the future (see HSS assessment framework below).

For geographic areas categorized as "sustained districts," there needs to be agreement on the minimum package of services provided. For geographic areas categorized as "central support districts," plans and timelines to transfer management of services to another organization or design patient referral systems to higher volume and quality service sites will need to be developed in partnership with other stakeholders (PEPFAR, 2015a). In addition to the fiscal commitments to achieve countrywide epidemic control targets, teams should assess partnerships in terms of support for "key policies needed to break the back of the pandemic" (PEPFAR, 2015b).

Table 6. With WHOM Do We Partner?

Prevention, Treatment, Care, and Support Services	
Information Needs	**Potential Data Sources**
Partnership mapping analysis of stakeholders and their influence, contribution, and capacity to mitigate the epidemic. Potential collaborations and partnerships are: • Partner country • Country health partnerships (CHP) • Other USG agencies • Multilateral partnerships (e.g., Global Fund and UNAIDS) • Public-private partnerships • Civil society organizations • Faith-based organizations	Preferred Data Sources • National AIDS Spending Assessment (NASA) • National Health Accounts (NHA) • Other formal national resource tracking activities • Meeting proceedings and joint planning/analysis across funders (e.g., UNAIDS investment approach, Global Fund concept note development, etc.) • Global Fund annual financial reporting (AFR) • Global Fund grant agreements • Global Fund performance frameworks • UNAIDS • WHO • EA • Government reports or national planning process • Central USG Initiatives (i.e., ACT, DREAMS, DREAMS Test and Start, DREAM Innovation, VMMC, viral load, SMGL) (PEPFAR, 2015b) • Quantification and forecasting data from commodity procurement agents (e.g., supply chain management system managed by the Partnership for Supply Chain Management, national medical stores, etc.) • Public-Private Partnership Toolkit • Civil society and external stakeholder engagement process guidelines • SDS Table 1.2.1: Investment profile, by program area • SDS Table 1.2.2: Procurement profile for key commodities • SDS Table 1.2.3: Non-PEPFAR-funded investments, integration, and PEPFAR central initiatives
• Map of current government and other donor-supported programs to SNUs categorized as “scale-up,”	Preferred Data Sources • RHIS or HMIS • Government reports (i.e., Ministry of Health) • HIV and AIDS surveillance data

Prevention, Treatment, Care, and Support Services	
Information Needs	**Potential Data Sources**
"sustained districts," and "central support districts" • Assessment of availability of services by SNU • Identification of potential stakeholders to involve in "scale-up," "sustained districts," and "central support district" plans	• HIA • PEPFAR and other USG-supported program reports • Donor reports (i.e., WHO and UNAIDS) • SDS Table 1.2.1: Investment profile by program area • SDS Table 1.2.2: Procurement profile for key commodities • SDS Table 1.2.3: Non-PEPFAR-funded investments, integration, and PEPFAR central initiatives
• Countrywide epidemic control targets • Epidemic control targets for SNUs selected for PEPFAR support over next 2 years (includes "scale-up," "sustained district," and "central support district" sites)	<u>Preferred Data Sources</u> • Stakeholder engagement and consensus • Contributions by government and other donors in selected areas to achieve 80% PLHIV on ART • Site-level PMTCT prevalence data to focus on areas within SNUs where most new HIV infection are likely to occur • SDS Table 1.2.2: Procurement profile for key commodities • MER level 1 indicators • Consultations with implementing partners in PEPFAR-supported SNUs for site-level targets (PEPFAR, 2015a; PEPFAR, 2015b) • SDS Table 4.1.1: ART targets in priority SNUs for epidemic control • SDS Table 4.1.2: Entry streams for newly initiating ART patients in priority districts • SDS Table 4.1.3: VMMC coverage and targets, by age bracket • SDS Table 4.1.4: Populations identified for prevention interventions to facilitate epidemic control ▪ FY16 technical considerations for key/priority population sizes ▪ PEPFAR DREAMS Guidance for Preventing HIV in Adolescent Girls and Young Women, for females 15–24 years of age

Prevention, Treatment, Care, and Support Services	
Information Needs	**Potential Data Sources**
	▪ 2011 Guidance for Prevention of Sexually Transmitted HIV Infections ▪ Mathematical models of the optimal mix of combination prevention interventions • SDS Table 4.1.5: Targets for OVC and pediatric HIV testing, care, and treatment ▪ DHS, MICS, and national census that align with PEPFAR legislative definitions[9] (PEPFAR, 2015b) ▪ Population-based surveys ▪ UNAIDS models • SDS Table 5.1.1: Expected beneficiary volume receiving minimum package of services in nonpriority districts
Resource projections for targeted sites based on actual cost of services: • Carrying costs of current activities until transition to other organizations • Carrying costs of "central support district" sites • ART costs based on number of patient-years and expected volume of patients • Adjustments for one-time investments made the previous year • Remaining resources for HSS and PEPFAR program monitoring activities	<u>Preferred Data Sources</u> • EA unit expenditure analysis, by SNU • PEPFAR Technical Considerations 2015 • Implementing partner engagement

[9] PEPFAR legislation defines orphans and other vulnerable children as "children who have lost a parent to HIV/AIDS, who are otherwise directly affected by the disease, or who live in areas of high HIV prevalence and may be vulnerable to the disease or its socioeconomic effects" (PEPFAR, 2015b, p. 75).

An important aspect of PEPFAR 3.0 is to build sustainability into the planning process (DOS–OGAC, 2014). In order to measure sustainability, targeted countries are assessed annually, using a tailored sustainability index and dashboard (SID) at the national level (PEPFAR, 2015a; PEPFAR, 2015b). This index is then used in discussions to develop country health partnerships (CHPs). In addition to the SID, teams consider: (1) the effectiveness and efficiency of service delivery models, (2) appropriate use of funding mechanisms that promote results and local capacity building, and (3) support for increases in domestic resources.

HSS interventions are mechanisms to operationalize the sustainability of epidemic control. HSS interventions aim to reinforce existing government agencies to provide quality essential services within the health system. These services are human resources, health finance, governance, institutional and organizational development, procurement and supply chains, laboratory services, management and use of strategic information, strategic planning, and scale-up/improvements of service delivery (Birx, 2015; PEPFAR, 2015b; USAID, 2015).

HSS interventions often emphasize support at the national level and subnational administrative units, rather than the service sites. However, PEPFAR-supported HSS interventions will need to demonstrate how activities will contribute to increases in: (1) HIV testing, (2) linkage to care, (3) ART uptake, (4) uptake of other combination prevention services, or (5) viral load suppression in areas categorized for scale-up, either through improved quality of services or retention of patients. At this stage, teams need to assess current HSS programs to determine to what extent they support targets set for scale-up areas. They then have to estimate future resource needs for HSS activities and available resources for investment in HSS, given PEPFAR commitments to service site targets and considering other partners' contributions to HSS efforts. The information needs and potential data sources are listed in Table 7—Health Systems Strengthening Assessment.

Table 7. Health Systems Strengthening Assessment

Prevention, Treatment, Care, and Support Services	
Information Needs	**Potential Data Sources**

• List of current PEPFAR-supported HSS activities, by SNU
• List of SNU and sites for scale-up
• Review of HSS activities to determine contribution to scale-up sites for:
  ▪ HIV testing
  ▪ Linkage to care
  ▪ ART uptake
  ▪ Uptake of combination prevention services
  ▪ Viral load suppression
• Identify subnational administrative units as transition sites for PEPFAR-supported HSS activities
	Preferred Data Sources
	• Government-led initiatives
	• Donor-supported HSS programs
	• PEPFAR- and other USG-supported HSS program reports
	• MER level 1 indicators:
	  ▪ Human resources: HRH_HRIS
	  ▪ Procurement and supply chain: SC_COMM_NAT
	  ▪ Laboratory: LAB_CAP and BS_COLL
	  ▪ Strategic information: SI_HIS and SI_ME
	  ▪ Strategic planning: LGF_PTT

Are current HSS program targets being achieved?	Preferred Data Sources • MER level 1 indicators: LAB_ACC, LAB_PT, SC_STOCK, and HRH_PRE Alternative Data Sources • OVC MER essential survey indicators • Other routine data sources such as RHIS, HMIS, human resource management, or commodities management systems
Do current HSS programs adhere to their intervention models or program plans?	Preferred Data Sources • Program conceptual model • Program results or strategic framework • Program logical framework • Program performance monitoring plan • Process monitoring reports • Process evaluations • Output monitoring reports

Quality of current HSS programs	Preferred Data Sources
	• Performance quality assessments
	• SIMS (Scholl, 2015)
	• Above Site Module:
	  ▪ Domain 13: Lab, p.7
	  ▪ All Site Management Domains

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Information Needs	**Potential Data Sources**
	▪ Domain 20: Finance and Planning ▪ Domain 21: Performance Management ▪ Domain 22: Policy and Practice ▪ Domain 23: QM/QI ▪ Domain 24: Monitoring and Reporting ▪ Domain 25: Cross-cutting ▪ Domain 26: Guidelines ▪ Domain 27: Supply Chain • Facility Module: ▪ Supply Chain Reliability for Domain 1: Adult Treatment, 1.4 ▪ Domain 2: Care and Support, 2.5 ▪ Domain 3: Pediatric Care and Treatment, 3.3-4 ▪ Domain 4: PMTCT, 4.8-11 ▪ Domain 7: HTC, 7.6 ▪ Domain 8: TB/HIV, 8.10 ▪ Domain 15: Medication Management, 15.1 ▪ All of Domain 13: Lab ▪ All site management domains ▪ Domain 20: Finance and Planning ▪ Domain 21: Performance Management ▪ Domain 22: Policy and Practice ▪ Domain 23: QM/QI ▪ Domain 24: Monitoring and Reporting • Community Module: ▪ Domain 7: HTC 7.6, Supply Chain Reliability ▪ Domain 14: Point of Care Testing, 14.2 Supplies, Reagents, and Equipment ▪ Domain 19: Prevention 19.1 Condom Access and Availability at Point of Service, and 19.2 Condom and Lubricant Access and Availability at Point of Service ▪ All site management domains ▪ Domain 20: Finance and Planning ▪ Domain 21: Performance Management ▪ Domain 22: Policy and Practice ▪ Domain 23: QM/QI

Prevention, Treatment, Care, and Support Services	
Information Needs	**Potential Data Sources**
	▪ Domain 24: Monitoring and Reporting
Outcome or impact of current HSS programs	<u>Preferred Data Sources</u> • MER level 2 indicators: HRH_DENS and HRC_VAC • Outcome monitoring and/or performance evaluations • Outcome or impact evaluations • Surveys, research, or special studies
Health system gaps and bottlenecks (PEPFAR, 2015a): • Domestic HIV spending and use of this data by governments • Distribution of stakeholder investments in HIV sector salaries • Staffing, training needs, and curricula • Financing commodities • Government monitoring of services and data use • Availability of health, finance, and performance data • Government use of expenditure/cost analysis data	<u>Preferred Data Sources</u> • NASA • NHA • Other formal national resource tracking activities • National planning process and associated materials • Global Fund concept note development • Global Fund annual financial reporting (AFR) • Global Fund grant agreements • Global Fund performance frameworks • UNAIDS investment approach • WHO • Government reports or national planning process • MER national level 1 indicators: CO_SC_NAT, SC_COMM_NAT, and CO_FIN_NAT • Research or special studies in gap analysis or financial/economic modeling • SDS Table 1.2.1: Investment profile by program area • SDS Table 1.2.2: Procurement profile for key commodities
Health system structural and cultural barriers (PEPFAR, 2015a): • Are laws/policies obstacles to progress or do they protect rights and ensure nondiscriminatory access to services	<u>Preferred Data Sources</u> • Civil society engagement process guidelines (PEPFAR, 2015a; PEPFAR 2015b) • Stigma Index for national network of PLHIV • Legal environment assessment <u>Alternative Data Sources</u> • Outcome evaluations of programs that promote, protect, or respect human rights

Prevention, Treatment, Care, and Support Services	
Information Needs	**Potential Data Sources**
• Transparency of government coordination of services • Government funding of civil society • Civil society's ability to advocate and engage government • Public availability of government audit information	• Survey data that include MERG-approved indicators on stigma and discrimination
Review of HSS activities to determine whether they address priority needs to promote sustainability of HIV response: • SID domains • Gaps and bottlenecks • Structural and cultural barriers • For priority issues NOT adequately addressed, identify evidence-based practices in HSS • Define clear link between new HSS activities and contribution to scale-up sites	Preferred Data Sources • SID domains: ▪ Governance, Leadership, and Accountability ▪ National Health Systems and Service Delivery ▪ Strategic Investments, Efficiency, and Sustainable Financing ▪ Strategic Information • Interagency consensus on effective HSS interventions • Meeting proceedings and joint planning/analysis activities across funders • Technical Considerations from PEPFAR.net COP 15 website Alternative Data Sources • Prior research and evaluations on HSS interventions • Costing and cost-effectiveness studies • Program and/or performance evaluations or other special studies
• Comparative advantage of PEPFAR supporting HSS interventions relative to support by other partners and USG agencies • Measurable deliverables • Relevant SID elements	Preferred Data Sources • SID • Program conceptual model • Program results or strategic framework • Program logical framework • Program performance monitoring plan
• Relevance and priority of each HSS activity for supporting COP 2016 strategy	PEPFAR Systems and Budget Operational Review (SOBR) decision algorithm (PEPFAR, 2015b)

Prevention, Treatment, Care, and Support Services	
Information Needs	**Potential Data Sources**

• Expenditure analysis of trends and outliers among current HSS programs to determine appropriate future spending levels
  ▪ Identify outliers within the same SNUs and implementing mechanism
  ▪ Assess "high" outliers for contextual factors, inefficiencies, or data quality issues (PEPFAR, 2015b)
  ▪ Determine whether implementing mechanism is appropriate
  ▪ Estimate future resource needs
• Estimated expenditures of PEPFAR-supported HSS activities:
  ▪ Identify unit expenditures if possible (e.g., supportive supervision visits)
  ▪ Identify lump sum costs (e.g., infrastructure investment)
	EA (Wolfe, 2015)

• Cost of monitoring activities (e.g., SIMS) • Total costs to achieve PEPFAR targets, invest in HSS, and monitor to ensure that program activities do not exceed planned funding levels • Adjusted PEPFAR targets, as needed • HSS activities supported by PEPFAR	Preferred Data Sources • SIMS Action Planner (PEPFAR, 2015b) • PEPFAR guidelines for calculating that expected expenditures match expected funding level (PEPFAR, 2015b) • SDS Table 6.1: Laboratory strengthening • SDS Table 6.2: Strategic information • SDS Table 6.3: Health system strengthening

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