PEPFAR Priorities for OVC Programming: The Evolving OVC Portfolio
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PEPFAR priorities for programs targeting Orphans and other Vulnerable Children (OVC) continue to evolve as countries advance their 95-95-95 targets[1] and HIV epidemic control goals. The purpose of this document is to ensure that OVC program implementers keep abreast of current PEPFAR OVC priorities as programming evolves. This summary of priorities is a quick reference guide for program implementation for the next year (COP 21). This summary is relevant to both clinical and OVC partners, though the emphasis is on community-based programming.

The OVC Task Force Co-Chairs identified priorities detailed below through a review of guidance documents, including the PEPFAR 2021 Country and Regional Operational Plan (COP/ROP), and references DREAMS guidance, and the CDC's OVC Advocacy Tool. Overarching features of the COP/ROP 21 OVC guidance are detailed below:

- An intergenerational response to risk and resilience
- Recognition that while OVC programs on children and adolescents, safeguarding children's futures requires supporting adult continuity of ART treatment.
- In addition to parents/caregivers, adolescents living with HIV also benefit from comprehensive support available through the OVC platform.
- For the OVC platform, the focus for adolescents is two-fold: continuity of treatment and living a productive, healthy, AIDS-free life.

Priorities for Targeting: The **OVC Comprehensive** and **Preventive** strategies are described in greater detail in appropriate sections of the COP21 Guidance (page 437-439). It is important to note that while these two program areas are intended to be distinct approaches, they are not mutually exclusive and should be closely coordinated within OVC projects.

The **Comprehensive OVC** Program is characterized by greater intensity and range of services, addressing household vulnerability, over longer periods of time, and includes recruitment through clinical services to identify children already in HIV treatment (especially those newly enrolled), infants of mothers at risk of interruption in treatment in the PMTCT cascade or missing EID (especially adolescent mothers during and after pregnancy), and biological children of female adult index cases.

The **Preventive OVC program** aims to equip those most vulnerable to HIV and related GBV/VAC risks. Evidence underscores the link between sexual abuse and HIV risk and

[1] By 2030: 95% of people living with HIV know their HIV status; 95% of people who know their status are on treatment; and 95% of people on treatment have suppressed viral loads.

heightened risk of abuse for 9-14 year old girls and boys, which remains a focus age group for Prevention programming. There is increased emphasis on differentiated service delivery and decentralized services through the COP21 guidance.

There is a focus on adolescent girls in high HIV burden areas, 9-14 year-old girls and boys for primary prevention of sexual violence and HIV, and children and adolescents living with HIV. PEPFAR's development approach to HIV prevention organizes interventions for the following age bands: 9-14, 15-19, and 20-24 years. There is emphasis on cross referrals between OVC and DREAMS programming to leverage the benefits of both for AGYW (See p.215 of COP21 guidance).

The trends below reflect programming shifts based on global evidence around HIV epidemic control and priorities for filling gaps across the HIV and GBV cascade based on evidence using evidence-based programming to strengthen HIV prevention and response. data and evidence

Trends over time in OVC priorities

The trends below reflect programming shifts based on global progress towards HIV epidemic control, advancing localization goals, and programming adaptations required by the COVID-19 epidemic, including increased use of technology for service delivery. The collective aim of refinements in targeting, preventative and comprehensive programming shifts, emphasis on deepening clinical and OVC partnerships, and a targeted and tiered approach to violence prevention is to advance HIV epidemic control goals (including sustainability and efficiency of funding). All of these emphasize local partner and government leadership, differentiated service delivery (DSD) models to close gaps across the pediatric HIV cascade, prioritization of 9-14 year olds for violence prevention activities and the essential role of clinic community partnerships.

Priority subsets of OVC for Comprehensive and Preventive programming are as follows her contextualized by individual Missions

Comprehensive:

- Children & adolescents living with HIV (C/ALHIV)
- Children of adults living with HIV at risk of interruption of treatment; children who have lost parents to AIDS
- HEI at high risk of interruption of treatment (i.e. pregnant and adolescent mothers and their infants)
- Children of female sex workers (especially FSWLHIV)
- Survivors of sexual violence

Preventative:

- Boys and girls aged 9-14 years in high HIV burden catchment areas (SNUs)

Terminology and definition updates (COP/ROP 21)

- *Past*: retention — *Current:* continuity of treatment
- *Past:* loss to follow up (LTFU) — *Current:* interruption in treatment

Clinical and OVC Collaboration

Increased and continued collaboration between HIV and OVC (community partners) builds on evidence suggesting that clinic-community collaboration is a key strategy for improving HIV and

social protection outcomes for children. Emphasis on using facilities as entry points to identify, assess and enroll eligible HIV-exposed infants (HEI) and children/ adolescents living with HIV (C/ALHIV), placement of OVC case management in facilities to support coordination, linkages to social protection services and follow up of enrolled children at community level through case management, emphasis on close monitoring, tracking and reporting on pediatric HIV results across the HIV cascade, and, emphasis on timely access to post rape care and follow up further reinforce the importance of this essential partnership in OVC programming.

Localization (Sustaining Delivery of HIV Services by Local Partners)
Localization is an ongoing priority for PEPFAR in its efforts to sustain epidemic control. COP 21 Guidance continues to emphasize increased engagement of a broad range of local partners. The intention of localization is that the full range of HIV prevention and treatment services are owned and operated by local institutions, governments, and community-based and community-led organizations. Localization efforts, in addition to transitioning direct OVC service delivery to local partners, also intends to build capacity and durability of these local partners for long-term, sustainable impact.

Digital Platforms
There is increased emphasis on digital/remote support and activity implementation, especially in the context of COVID-19. Digital solutions were accelerated by COVID-19, but trends in technology use are expected to continue as a result of evidence generated on their efficacy during COVID-19. Digital platforms should be used across a broad range of OVC services including: testing, stigma reduction, treatment adherence, viral load notification/counseling initiation, and DREAMS demand creation and adherence/PreP continuation.

COVID-19 Priorities and Strategies
The pandemic has accelerated the use of differentiated service delivery (DSD) and client-centered approaches such as multi-month dispensing (MMD) of ARVs and decentralized drug distribution (DDD) (including acceleration of self-testing and client/community-led design and monitoring of OVC interventions). OVC implementers should plan for broader shifts in functional responsibility (see: localization). These trends are expected to continue to be priorities throughout this COP and beyond. In addition to adjusted service delivery models, PEPFAR systems are expected to be used for COVID-19 testing and vaccine delivery. There is a need for ongoing contingency planning for disruptions to service provision which includes intensifying tracking of supply chain. Refer to PEPFAR COVID-19 Guidance for more detail: https://www.state.gov/pepfar/coronavirus/

Note: Statements expressed in this document do not necessarily represent the views of all OVC Task Force co-chairs or constituent organizations or U.S. government inter-agency representatives.