

**PEPFAR 2023 Country and Regional
Operational Plan (COP/ROP) Guidance
for all PEPFAR-Supported Countries**



PEPFAR

20 YEARS OF IMPACT

women, girls, people living with HIV, and key populations experiencing gender inequality and violence by 2025.

How Will PEPFAR Meet This Commitment?

PEPFAR's strategic direction reflects a deep commitment to addressing structural drivers of risk as part of comprehensive HIV prevention. Our prevention approach recognizes that funding for structural, behavioral, and biomedical interventions is needed to mitigate AGYW risk. To meet our commitment to decreasing inequities among adolescent girls and young women, PEPFAR will continue what is working with an emphasis on scaling up PrEP and identifying and addressing new gaps through both community and facility-based approaches. To secure DREAMS's gains and expand its impact for adolescent girls and young women, 2 of PEPFAR's key priorities for COP/ROP23 are sustainability and partnerships.

PEPFAR will begin to assess and explore opportunities to sustain DREAMS's aims and interventions for the long term while working closely with local partners in government, civil society, communities (including faith communities and traditional communities), the private sector, and adolescent girls and young women themselves. PEPFAR should work particularly with multilateral, foundation, and private sector donors to partner in the provision of economic and educational opportunities, and with government partners, to incorporate evidence-based interventions into local structures such as schools and with organizations advocating for structural, systemic, and institutional reforms in law and policy regarding sexual, reproductive, and economic rights of women. DREAMS will also seek to help ensure that participants newly diagnosed with HIV promptly receive life-saving antiretroviral treatment.

PEPFAR OUs will need to strategically implement HIV-testing strategies to maximize linkage to prevention and treatment services. Innovative solutions are needed to reach undiagnosed adolescent girls and young women and link, initiate, and maintain them on treatment. For example, innovative community-based and differentiated approaches to case finding among adolescent girls and young women, including expanded self-testing, could be impactful. We also must address gender-specific barriers (e.g., Gender-Based Violence (GBV) and gender norms) to AGYW clinical, psychosocial, and mental health outcomes. In some PEPFAR-partner countries, advocacy may be needed to revise guidelines and influence policy change for inclusive service delivery for adolescent girls and young women.