

**PEPFAR COP21 Data Pack User Manual**

**& Data Dictionary**

**v 3.1 (1/6/2021)**

Summary

**U.S. Department of State**

**U.S. Office of the Global AIDS Coordinator and Health Diplomacy (S/GAC)**

# COP21 Data Pack Overview

Welcome to the COP21 Data Pack User Manual. The following pages aim to provide users of the Data Pack with the information necessary to successfully complete each tab of the Data Pack tool and determine accurate, data-driven targets. For the past several years, the Data Pack has a been a key element of PEPFAR COP planning, and for COP21 serves a critical function in assisting PEPFAR Country Teams in setting targets in line with the UNAIDS 95-95-95 goals for Testing, Care & Treatment, PMTCT, VMMC, OVC, and other program areas. Please note that the COP21 Data Pack is mandatory and must be used to set targets for COP21. For COP21, all indicators included in the Data Pack are **MER 2.5** indicators. For further information on the MER 2.5 indicators, please go to <https://datim.zendesk.com/hc/en-us/sections/200929315-MER>.

## About the Data Pack:

The COP21 Data Pack supports analysis for all targets by Priority Subnational Unit (PSNU), population, and Implementing Mechanism (IM). This tool supports calculation of targets based on expected treatment coverage rates by type of PSNU and population prioritization:

* Attained
* Scale-up: Aggressive
* Scale-up: Saturation
* Sustained

Prioritizations for PSNUs are established by the OU based on HIV prevalence and treatment coverage, in addition to other considerations. These determine for a given PSNU programmatically what HIV treatment and prevention services should be planned and informs both the overall strategy and the targets. Teams must review and revise their PSNU prioritization levels for COP21. The COP21 Data Pack assumes a ‘test and start’ treatment platform and will develop targets for achieving 95% coverage in Scale up: Aggressive and Scale-up: Saturation PSNUs; all other targets in the Data Pack are based on the treatment targets, insofar as the treatment targets are the main focus of reaching epidemic control, and therefore relate to both testing and prevention targets.

The Data Pack will allow PEPFAR teams to use country specific programmatic assumptions to develop the optimum targets by PSNU along the program cascades to ensure the necessary number of PLHIV are diagnosed, linked, and start treatment. The Data Pack does not necessarily calculate targets for every indicator, but it has space for teams to enter targets for all indicators and thus can be used to record agreed-upon COP targets, even for non-calculated indicators.

**Teams must not modify the structure of the COP21 Data Pack in any way**. OGAC has developed a process by which targets can be directly imported into DATIM via the Data Pack Site Tool in order to generate targets. However, this is *only* possible for teams that do not in any way alter the structure or format of the Data Pack. Additional details are provided in COP Guidance and will be available through COP webinars.

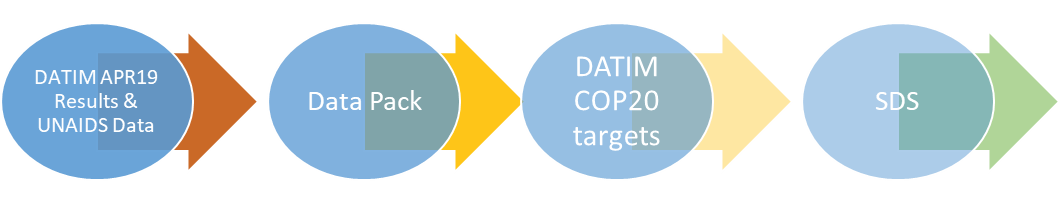
## What’s New?

The COP21 Data Pack is largely the same as the COP20 Data Pack. However, please note the following updates that have been implemented as a result of multiple feedback sessions with various country teams that had been identified by the PRIME team. These changes revolve around workflow, ease of target setting, and linkage to the COP guidance based on different aspects of the Data Pack that worked well and others that did not during COP20 target stetting:

* The EPI Cascade and EPI PMTCT tabs have been merged into the Cascade and PMTCT tabs respectively.
* Targets will be set at the PSNU level prior to looking into age/sex disaggregates.
* As in previous years, PSNU-level targets will be distributed across IMs in the PSNUxIM tab. When users first download the Data Pack, this tab will be blank. When the country team is ready to begin this process, they must upload their preliminary Data Pack to the self-service validation app, which will then return a copy of the Data Pack with the PSNUxIM tab populated.

## Data Flow to COP21 Submission

The results from APR19 have been taken from DATIM and used to populate the Data Pack. In turn, the Data Pack targets will produce FY21 targets that will be subsequently submitted through DATIM after COP21 has been finalized and the PSNU level data entered into the Strategic Direction Summary (SDS) tables, where appropriate (Target related data).



## Data Pack SharePoint Location

The Data Pack will be posted on PEPFAR SharePoint: [www.pepfar.net](http://www.pepfar.net).

* The file path will be OU > Country Name > HQ Collaboration > COP 2021 – FY2022 > Guidance, Tools, and Resources.
* The file name will be “Datapack\_CountryName\_20210108”.

## Tab Categories

Each Data Pack will start with 22 tabs organized in the order presented below. Upon downloading the Data Pack, the PSNUxIM tab will appear as a blank sheet, but will be generated by the self-service validation app after you submit your preliminary Data Pack.

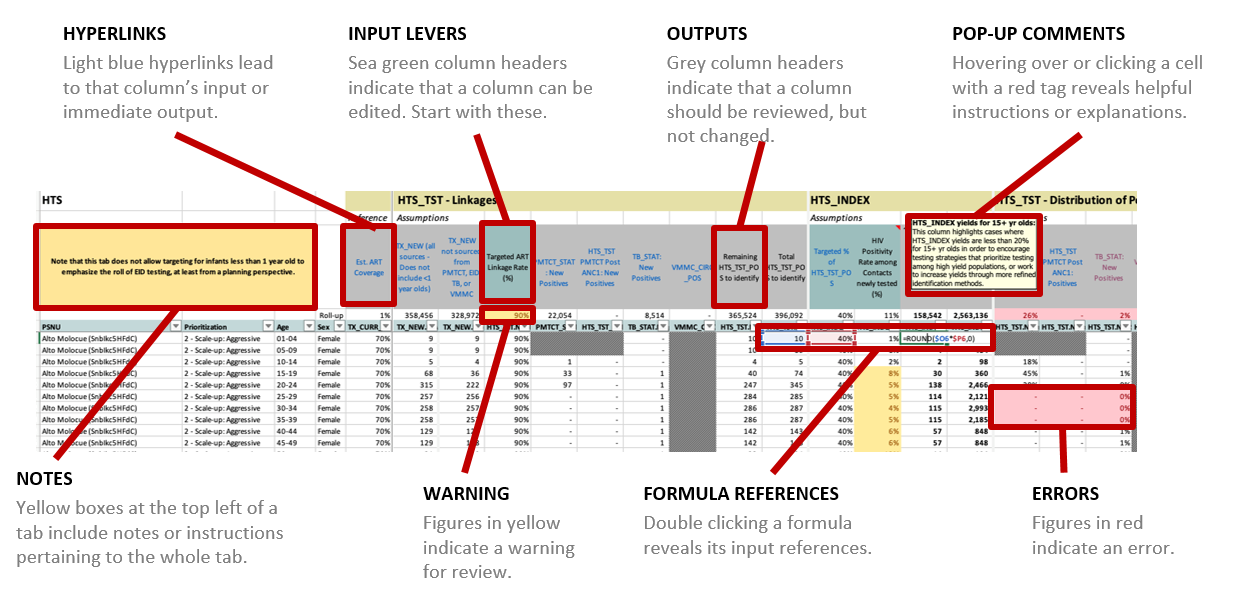
* Introduction
  + Home
  + Summary
* Host Country Planning Data
  + Spectrum
  + Prioritization
* DATIM MER 2.5 Indicator Data Elements
  + Cascade
  + PMTCT
  + EID
  + TB
  + VMMC
  + HTS
  + CXCA
  + HTS\_RECENT
  + TX\_TB\_PREV
  + PP
  + OVC
  + GEND
  + AGYW
  + PrEP
  + KP
  + KP Validation
  + KP\_MAT
* Mechanism Mapping
  + PSNU x IM

## How Does Everything Connect?

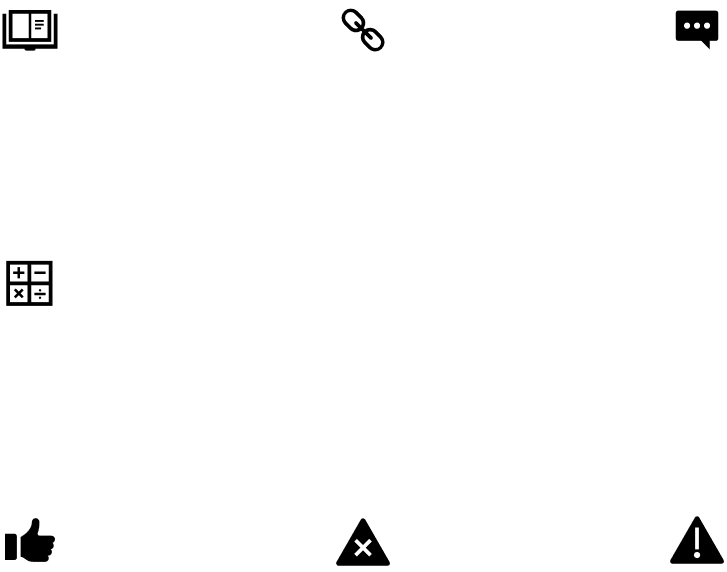
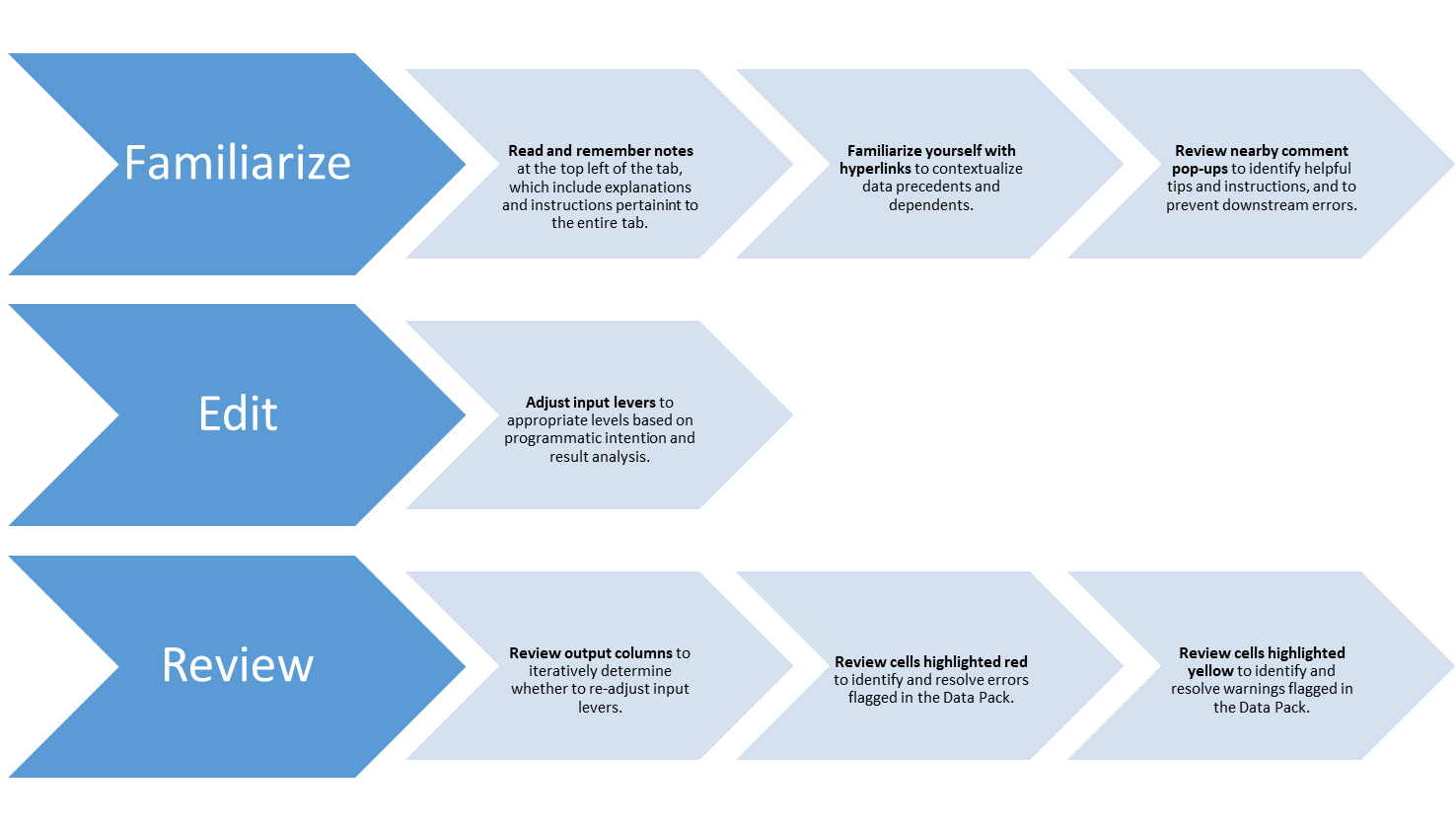
Diagram

Description automatically generated

## Elements of a Tab



## How to Navigate a Data Pack Tab



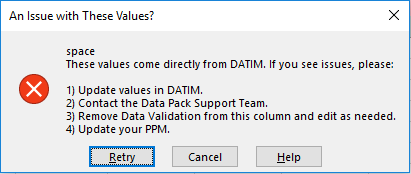
**ENTERING DATA IN THE CORRECT SECTION**

In the tabs for the DATIM Data Elements, sections may either have data prepopulated from DATIM or the user will enter data into that column. Each section of the guide will list what columns users can expect to have data prepopulated and / or where they can enter data themselves.

**ENTERING DATA IN THE WRONG SECTION**

If you enter data into a cell that you are not supposed to enter data into, you will receive the following message box with corrective action suggestions as well.

**Example:**



## Adjustments to Historic Targets and Results

Throughout the Data Pack, historic targets and results have been provided for reference and often to drive target modeling algorithms. If, in the process of reviewing these historic data, issues with the data are discovered that may need to be addressed in DATIM, follow the below procedure:

1. Raise specific issues with historic data to your PPM and DUIT Liaison. Determine together whether any issue identified requires updating values in DATIM.
2. If it is the case that DATIM values should be updated, follow the usual process for OPU Target changes, requesting all necessary approvals to initiate and expedite this process during COP.
3. Once changes are processed in DATIM, you can either request a new Data Pack with updated data from DATIM, or copy new values into the related column of the Data Pack yourself. For either of these routes, reach out to the Data Pack Systems Team via Zendesk for support.
4. It may also be the case that together with your PPM and DUIT Liaison you decide that changes to historic values are not necessary in DATIM, but still necessary in the Data Pack. This is an extraordinary circumstance and must have approval from DUIT Liaisons to allow. If approved, you may make changes directly in the related column of the Data Pack.

# How to Use the User Manual

The Data Pack consists of tabs that address indicators related to each PEPFAR program area.

The COP21 Data Pack User Manual reviews all indicators within each tab and provides you with the relevant information to complete all required sections of the Data Pack correctly. It also instructs you where to find more information on each program area in the COP21 Guidance.

## Key Column Highlights

Below each column are high level

***Column type?*** Indicates whether the data in this column is a result from a previous fiscal year (“Result”), an assumption that the country team is making (“Assumption”), a target for FY2022 (“Targets”), or a reference for the country team as they fill out the Data Pack (“Reference”).

***What type of data?*** Indicates whether the data in the column is an integer, e.g. a whole number, or a percentage.

***Prepopulated data?*** Indicates whether the data in this column is prepopulated from data in DATIM or from data elsewhere in the Data Pack.

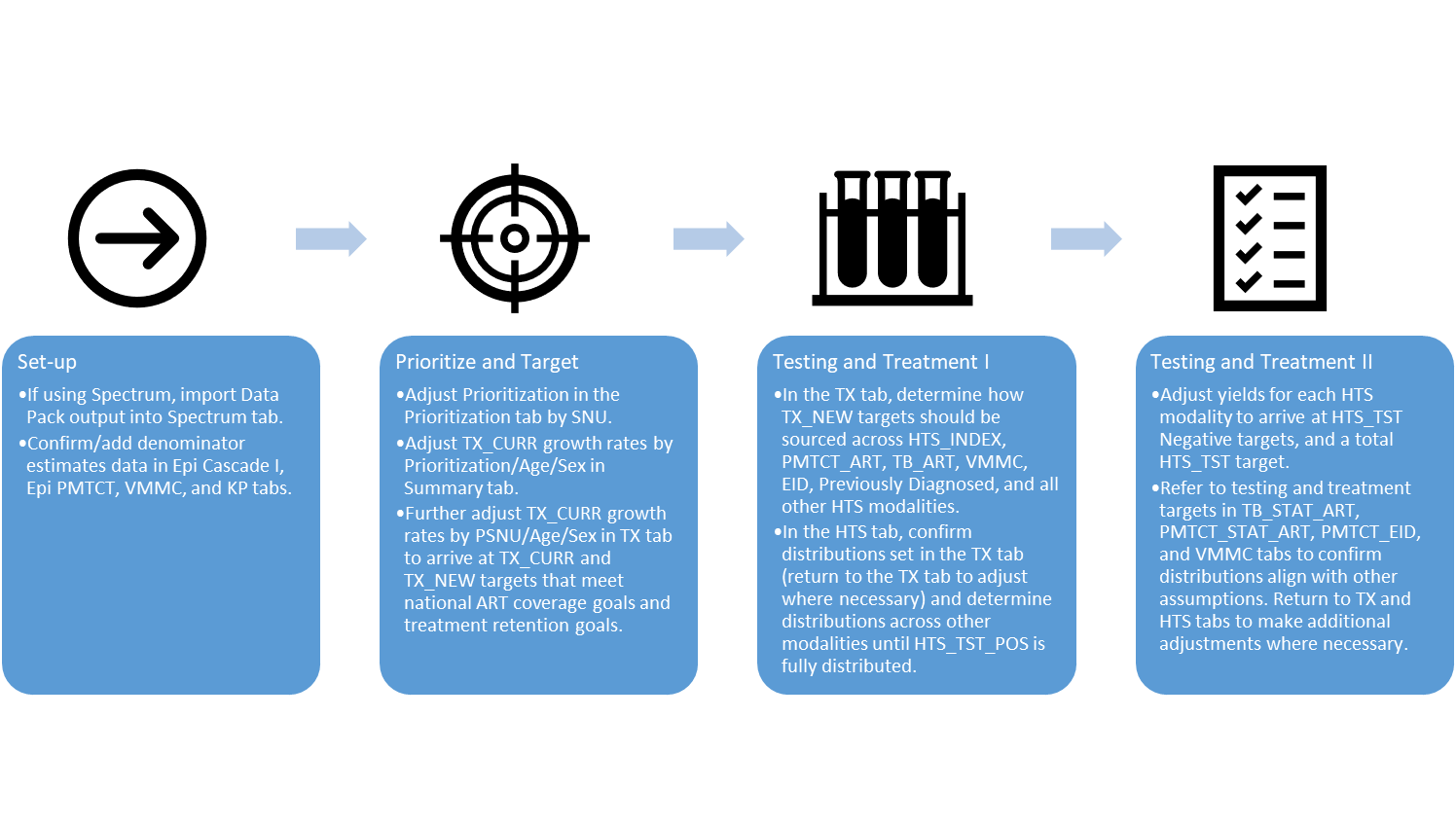
***Enter or modify data?*** Indicates whether the user should enter new information into this column or is allowed to modify the prepopulated information in the column. If there is a question mark here, country teams must consult with their PPMs and Chairs before modifying the data in this column. If there is an exclamation mark here, country teams may overwrite the formula in this column, however it will prevent the Data Pack from refreshing this data if changes are made elsewhere.

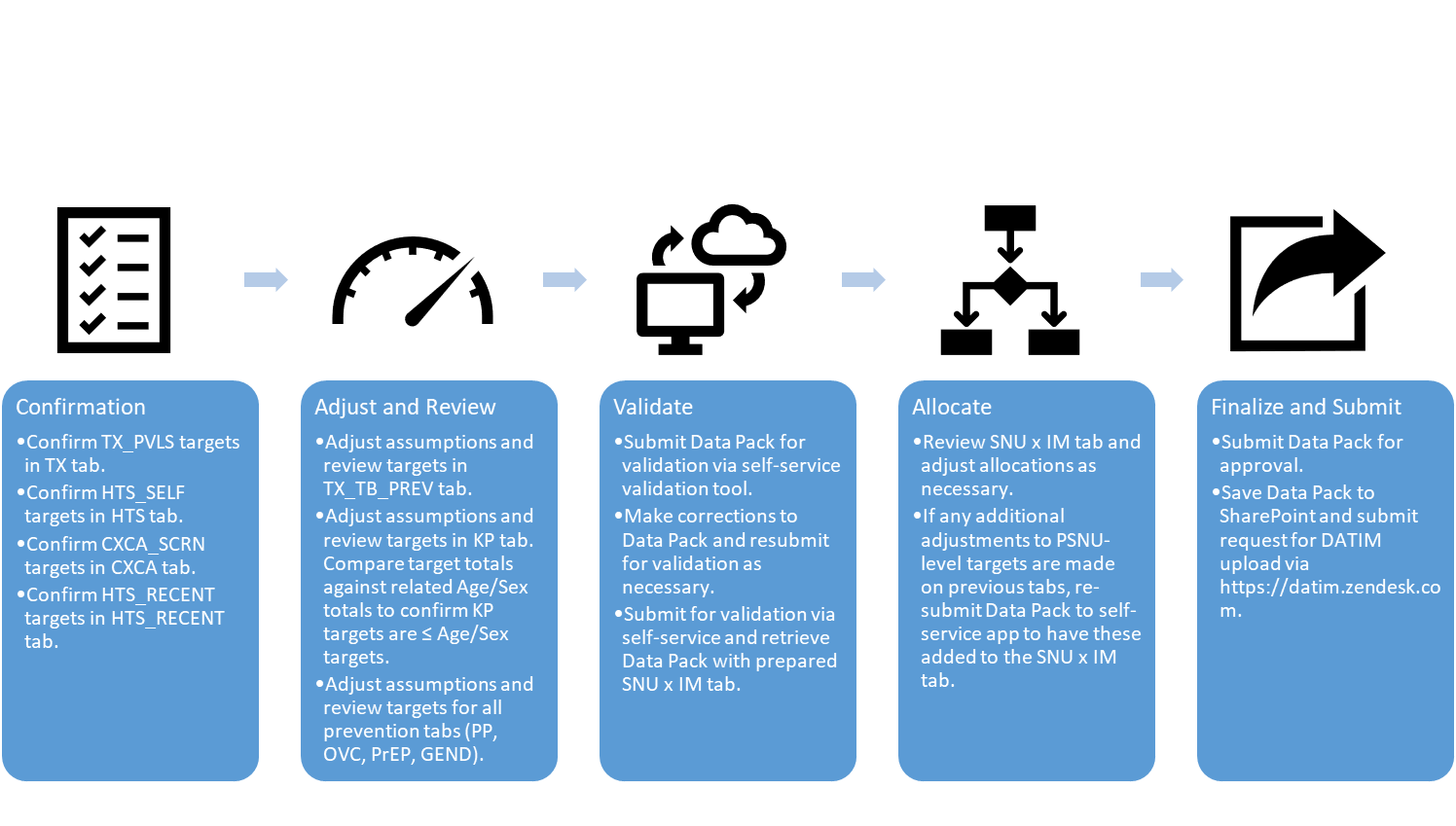
***Calculated column?*** This indicates that a formula is used to indicate where a formula is used to calculate the values in this column from data elsewhere in the Data Pack.

***Linked column?*** This indicates that this data is either prepopulated by or is used to prepopulate data in a column on another tab within the Data Pack. For columns that are prepopulated from another tab, clicking on the column name in the Data Pack will take you to the referenced column.

***UID in Appendix****.* The UID provided here is a Data Pack reference ID and can be used to find more information about the data entered into this column in the appendices.

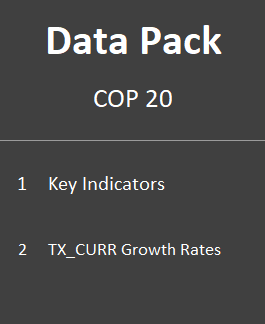
# How to Fill Out the Data Pack





# SUMMARY

This tab consists of 2 main sections that are listed on the left side navigation:



Click on either choice to reach the following sections:

1. Key Indicators

* Current ART Coverage
* National Total on ART
* Expected PEPFAR\_TX\_CURR
* Est. Current HIV Prevalence Rate

1. Targeted PEPFAR TX\_CURR Rates of Change (FY20 to FY21)

* Teams can use this panel to set initial broad FY20-21 growth rates for PEPFAR TX\_CURR. Adjust default values to reflect program intention. This growth rate table is optional for SNUs who want to make broad increases across prioritization level.
* Whether users make changes, all uses should navigate to the TX tab to refine growth rates by age/sex and PSNU.
* Changes are made in TX tab will overwrite any changes in this panel. After changes are made in the TX tab, the panel will NO LONGER affect the final targeted growth rates on the TX tab.

# SPECTRUM

The Spectrum tab will allow users to load UNAIDS data with 12 columns of data elements for your OU. A Spectrum file for your OU will be provided at the conclusion of the UNAIDS Spectrum Training for Country Teams. The contents of this file will be manually loaded into the Spectrum tab which is setup as below:

```

schema\_table(“Spectrum-NA-D-I-1-2”)

```

```

schema\_table(“Spectrum-NA-J-O-2-2”)

```

With S/GAC approval, countries can also populate input their own data into this tab with a different MOH/ country approved set of estimates. Estimate changes can also be made in the two associated tabs, Cascade and PMTCT.

# PRIORITIZATION

```

schema\_table(“Prioritization-Prioritization-B-D-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **SNU Prioritization (FY22)** [IMPATT.PRIORITY\_SNU.T]

### Instructions

1. Review the column “SNU Prioritization (FY21)” which will indicate prioritization levels set in COP20 for each PSNU.
2. Review “SNU Prioritization (FY22)” and adjust as appropriate for COP21 programming. This is currently set to populate with the same level of prioritization that was referenced in step 1. Overwrite this column to set new levels of prioritization based on the list below. This column should only be populated using integers 1-8 and “M”, “NA”, or “Not a PSNU”, as follows:
   1. 1 = "Scale-up: Saturation"
   2. 2 = "Scale-up: Aggressive"
   3. 4 = "Sustained"
   4. 5 = "Centrally Supported"
   5. 6 = “Sustained: Commodities”
   6. 7 = "Attained"
   7. 8 = "Not PEPFAR Supported"
   8. “M” = "Military"
   9. "NA","Not a PSNU" = "INVALID"
3. Review the column “FY22 SNU Prioritization Translation” to ensure the prioritization level for each PSNU is correct. To make any changes, only edit the column “SNU Prioritization (FY22)” from Step 2.

# CASCADE

The Cascade Tab allows Data Pack users to view and set the overall contour of their treatment and testing program across both geography and population. This tab, new to the COP21 Data Pack, is a consolidation of some elements of the TX and HTS tabs present in previous Data Pack versions, and begins with an analysis of gap to ART coverage disaggregated by geography and population, then uses this analysis to progress through modeling of first treatment, then viral load suppression, and finally testing targets.

This tab also links heavily with many other tabs of the Data Pack, including the PMTCT, TB, EID, VMMC, HTS, CXCA, HTS\_RECENT, TX\_TB\_PREV, and KP tabs. By beginning with the Cascade tab, moving through each of these other tabs, and continually returning to the Cascade tab to monitor and iteratively adjust the overall program plan, Country Teams can both retain a cohesive and intentional strategy across program area, geography, and population, as well as anchor this strategy in data and the realities of past performance.

## Host Country Context

```

schema\_table(“Cascade-Host Country Context-F-M-1-2”)

```

```

schema\_table(“Cascade-Host Country Context-N-S-2-2”)

```

For those leveraging UNAIDS Spectrum estimate exports for the Data Pack, once these have been loaded into the Spectrum tab of the Data Pack, this first portion of the Cascade tab will automatically update to reflect these estimates.

In specific, the Host Country Context section of the Cascade tab provides space for reflecting estimates from either Spectrum or an alternative approved source for the following data:

* Host Country Estimated Population (FY21) [POP\_EST.T\_1]: Estimated population, projected as of September 2021.
* **Host Country Estimated PLHIV (FY21) [PLHIV.T\_1]:** Estimated number of people living with HIV, projected as of September 2021.
* Host Country Estimated HIV Prevalence (FY21) [HIV\_PREV.T\_1]: Estimated HIV Prevalence, projected as of September 2021.
* Host Country Estimated PLHIV who Know HIV Status (FY21) [DIAGNOSED\_SUBNAT.T\_1]: Estimated PLHIV who know their HIV status, projected as of September 2021.
* **Host Country Observed TX\_CURR\_SUBNAT (FY20) [TX\_CURR\_SUBNAT.R]:** Observed/actual total number of PLHIV receiving ART as of September 2020.
* **Host Country Estimated TX\_CURR\_SUBNAT (FY21) [TX\_CURR\_SUBNAT.T\_1]:** Estimated number of PLHIV receiving ART, projected as of September 2021.
* Host Country Estimated Virally Suppressed ART Patients [VL\_SUPPRESSION\_SUBNAT.T\_1]: Estimated PLHIV on ART and virally suppressed, projected as of September 2021.

### DATIM Import

As part of the Data Pack approval process, all of the above FY21 projected estimates will be uploaded into DATIM and replace any preexisting estimates for these indicators that may have already been entered in DATIM, perhaps via Data Pack upload during COP20.

### Instructions

1. If using UNAIDS Spectrum as the source for these data:
   1. Review the above columns to confirm that data has been correctly linked with the Spectrum tab. You may consider using filter drop-down menus to quickly inspect for any non-numeric, negative, or invalid data.
   2. Review Relative Standard Error values to identify any estimates with a Relative Standard Error of more than or equal to 20. See the section below for additional instructions.
2. If not using UNAIDS Spectrum as the source for these data, see the below section.
3. Confirm that no data has been entered against Military Organization Units. See below for more explanation.

### Leveraging Alternatives to Spectrum

In general, all data for the above should use UNAIDS Spectrum as their source. However, there may be cases where either a more up to date or reliable source exists, or where data may not be fully available from UNAIDS Spectrum. In these cases, Country Teams may request approval from their PPM and a DUIT Liaison to use an alternative data source. Be sure to request and document this approval before deciding not to use Spectrum as the source for your Data Pack host country estimates, as well as what source is approved for use in its place. This is true for all cases where you may need to leverage an alternative to Spectrum, whether for an entire indicator, or for a specific geography or population.

For those not leveraging Spectrum to provide host country context estimates, you may paste estimates from other approved sources into this section of the Cascade tab by overwriting the formulas currently in these columns. Due to hidden Relative Standard Error columns between the various estimate columns, it is recommended you paste this data in one column at a time, rather than in bulk. It may also reduce technical issues to first copy geographic data in the SNU1, PSNU, Age, and Sex columns into a separate spreadsheet, then use Excel lookup functions to add estimates data against the correct geographies and populations, and then return to pasting data into the original Cascade tab column by column.

### Relative Standard Errors

Data exported from UNAIDS Spectrum will also come with a series Relative Standard Errors for each data point, both at the District level as well as the Age/Sex-specific level. Along with the data points listed above, Relative Standard Errors for each will also automatically be populated in the Cascade tab from data loaded into the Spectrum tab. While initially, these Error columns will be hidden, you may inspect these values by unhiding these columns. Based on these Relative Standard Errors, data points in related columns will be color-coded to indicate the relative uncertainty of each specific data point along the following ranges:

* Red: Relative Standard Error of 40 or greater.
* Yellow: Relative Standard Error of less than 40, but more than or equal to 20.
* Green: Relative Standard Error of less than 20.

While these error estimates are available as a reference as teams formulate targets, red or yellow highlighting may not always mean a data point should be thrown out, nor is it the case that all green values should be taken at face value. Either way, consider these error estimates as helpful guideposts in interpreting the contextual meaning and data quality of data provided via UNAIDS Spectrum output.

If, in reviewing Relative Standard Error values, the uncertainty interval of an estimate appears to be concerning, consider the following next steps:

1. Raise and discuss the issue with your PPM and DUIT Liaison.
2. Communicate concerns to assigned UNAIDS liaisons and discuss appropriate methods for improving or better understanding data quality for the data points in question.

### Host Country Estimates for Military Organization Units

Due to issues of political sensitivity and national security, estimates for the above indicators should not be entered against Military Organization Units. Any case where this does occur will be flagged in the Data Pack Self-Service App, and removed during DATIM import.

## Cascade: TX\_NET\_NEW\_SUBAT

```

schema\_table(“Cascade-TX\_NET\_NEW\_SUBNAT-T-AB-1-1”)

```

This section of the Cascade tab builds upon the preceding Host Country Context section to arrive at an analysis of gap to ART coverage by geography and population. This analysis, in concert with projected goals for ART coverage to be attained by the end of FY22, then helps Data Pack users simulate the required net new amount of individuals (those added less those lost to follow-up) to be added to host country ART totals.

### DATIM Import

The following data points will be imported into DATIM from this section:

* **Targeted Host Country TX\_CURR\_SUBNAT (FY22)** [TX\_CURR\_SUBNAT.T]

### Instructions

1. Review historic PEPFAR TX\_CURR and TX\_NET\_NEW data to understand existing trends and status of TX\_CURR by geography and population.
2. Review estimates of PEPFAR Coverage of Host Country TX\_NET\_NEW\_SUBNAT and adjust as necessary. See below for additional information.
3. Review baseline Host Country Estimated ART Coverage.
4. Review and adjust Targeted Host Country ART Coverage. See below for additional information
5. Review resulting **Targeted Host Country TX\_CURR\_SUBNAT** and **Targeted Host Country TX\_NET\_NEW\_SUBNAT**. See below for additional information.

### PEPFAR Coverage of Host Country TX\_NET\_NEW\_SUBNAT

In the next section of the Data Pack, the TX\_NET\_NEW\_SUBNAT determined in this section will be used to estimate necessary PEPFAR TX\_NET\_NEW.

To estimate PEPFAR’s contribution to total TX\_NET\_NEW\_SUBNAT in the country, the Data Pack compares PEPFAR’s most recent APR results for TX\_CURR against the observed host country TX\_CURR\_SUBNAT results — sourced from UNAIDS Spectrum, or an alternative approved source, as described in the Host Country Context section prior to this — for the same time period.

While the behavior of PEPFAR and Host Country TX\_CURR may differ from that of TX\_NET\_NEW, this gives a baseline from which to begin, and ultimately you may adjust this baseline in the green column titled “**PEPFAR Coverage of Host Country TX\_NET\_NEW\_SUBNAT (FY22) (%)**” to more accurately reflect the likely reality of PEPFAR’s contribution to TX\_NET\_NEW\_SUBNAT.

### Targeted Host Country ART Coverage

One of the most pivotal data points in the Data Pack is the baseline estimate of Host Country ART Coverage. To calculate the estimated Host Country ART Coverage for FY21 (i.e., projected as of September 2021), the Data Pack uses the following formula:

In the case that PEPFAR’s reported TX\_CURR results for FY20 exceed the reported Host Country Observed TX\_CURR\_SUBNAT for FY20, the following function will be used to calculate ART Coverage instead of the above:

Reviewing and understanding the ART Coverage estimate arrived at in this column is critical for much of the rest of the Data Pack. In particular, this column is later instrumental in determining the following key data points:

* Host Country TX\_CURR\_SUBNAT
* Host Country TX\_NET\_NEW\_SUBNAT
* PEPFAR TX\_CURR
* PEPFAR TX\_NEW
* PEPFAR TX\_PVLS
* PEPFAR HTS\_TST totals
* PEPFAR HTS\_INDEX

After reviewing data in this column, examine the next column, **Targeted Host Country ART Coverage (FY22) (%)**. In line with the UNAIDS 95-95-95 goals, this column defaults to 90%, reflecting that since the denominator in the Data Pack calculation is Host Country Estimated PLHIV instead of only those PLHIV who know their HIV Status, this column should be the equivalent of:

However, in cases where baseline ART Coverage may be greater than 90%, baseline ART Coverage will be used instead of 90%.

No matter the starting default for Targeted Host Country ART Coverage, you may adjust this target to fit the realities of your country context, and the strategy of your treatment program. It may also be helpful to return to this column to iteratively adjust it as you proceed through the next few sections of the Data Pack.

NOTE: The Data Pack will not prevent situations resulting in ART coverage exceeding 100% in a given PSNU, but will flag these cases in yellow to highlight when it occurs. Given that these may be a common occurrence in cases of urban PSNUs, they are allowable in the Data Pack, though should be coordinated with PPMs and DUIT Liaisons.

### Targeted TX\_CURR\_SUBNAT and TX\_NET\_NEW\_SUBNAT

Targeted Host Country TX\_CURR\_SUBNAT (FY22) is set as follows (rounded to the nearest integer):

Based on this target, Targeted Host Country TX\_NET\_NEW\_SUBNAT (FY22) is set as follows:

In performing this calculation, the Data Pack also compares projected FY21 Host Country TX\_CURR\_SUBNAT values reported in the Data Pack against FY21 PEPFAR TX\_CURR targets as contained in DATIM. If PEPFAR targets exceed Host Country projected TX\_CURR\_SUBNAT values for FY21, Targeted Host Country TX\_NET\_NEW\_SUBNAT for FY22 is instead calculated as follows:

For those using Spectrum as their source for TX\_CURR\_SUBNAT projections, this scenario is rare because of incorporation of PEPFAR TX\_CURR targets into Spectrum modeling. However, it may be possible to see discrepancies between PEPFAR TX\_CURR targets and modeled TX\_CURR\_SUBNAT values, especially as Country Teams continue to make necessary OPU target changes. In this case, as well as in cases where data from alternative sources may exhibit discrepancies, the Data Pack takes this into account and adjusts to maintain reasonable Host Country TX\_NET\_NEW\_SUBNAT targets as best as possible.

### Gap to Coverage Analysis for Military Organization Units

Due to sensitivities around ART coverage estimates for Military organization units and populations, this data will not be reflected here in the Data Pack. Country Teams should coordinate closely with Department of Defense liaisons who will perform a similar analysis based on available data sources and then directly paste resulting TX\_CURR targets into the Data Pack against the \_Military organization unit, overwriting the formulas present in the TX\_CURR column described in the next section.

## Cascade: TX\_CURR

**TX\_CURR:** Number of adults and children currently receiving antiretroviral therapy (ART).

```

schema\_table(“Cascade-TX\_CURR-AC-AE-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **TX\_CURR (FY22)** [TX\_CURR.T]

### Instructions

1. For ages one and older:
   1. Compare TX\_NET\_NEW (FY22) against TX\_NET\_NEW (FY21) from the TX\_NET\_NEW\_SUBNAT section (described above) to identify any geographies or populations where previous modeling decisions pertaining to FY22 Targeted Host Country TX\_CURR\_SUBNAT, FY22 Targeted Host Country TX\_NET\_NEW\_SUBNAT, PEPFAR Coverage of Host Country TX\_NET\_NEW\_SUBNAT, and/or FY22 Targeted Host Country ART Coverage may be leading to over targeting of FY22 PEPFAR TX\_NET\_NEW. Adjust assumptions in previous sections as necessary. (See below for additional information about TX\_NET\_NEW\_SUBNAT targeting.)
   2. Review FY22 TX\_CURR targets to identify and resolve any issues pertaining to previous modeling assumptions or decisions. (See below for additional information about TX\_CURR targeting.)
2. For infant populations:
   1. Continue moving on through the remainder of the Cascade tab, taking special care to review the PMTCT and EID tabs of the Data Pack, reconciling issues with overall Testing Rationalization along the way.
   2. Once modeling of PMTCT, EID, and HEI\_POS targets is complete, return to this section of the Data Pack to review how HEI\_POS targets on the EID tab link to TX\_CURR on the Cascade tab. See below for additional information.

### TX\_NET\_NEW (FY22)

For those one year old and older, TX\_NET\_NEW targets for FY22 are set in the Data Pack as follows, rounded to the nearest integer:

For a description of how TX\_NET\_NEW is modeled for infants, see section below.

### TX\_CURR (FY22)

For those one year old and older, TX\_CURR targets for FY22 are set in the Data Pack as follows:

For a description of how TX\_CURR is modeled for infants, see section below.

### Setting TX\_CURR Targets among Infant Population Groups

Because infants enter the Treatment cohort through a distinctly separate method than the rest of the population, and also given that all infants in the previous year’s Treatment cohort will entirely shift into the 1-4 year old age group leaving none to carry over into the next year’s cohort, TX\_CURR targets for this population do not follow the chain of logic described thus far. Instead, TX\_CURR targets for infants are driven by the model for EID testing, which is in turn based on the model for PMTCT testing and treatment.

As described above in the Instructions section for this tab, upon confirming targets set in the PMTCT and EID tabs, return to the **PMTCT\_HEI\_POS Linked to ART (FY22)** column in this section to review ART targets for infants. Because HEI\_POS targets are set without disaggregation by sex, these are allocated equally to male and female infants in the Cascade tab.

Because all infants in the previous year’s Treatment cohort will entirely shift into the 1-4 year old age group, both TX\_NET\_NEW and TX\_CURR for infants will reflect 100% of the value in the **PMTCT\_HEI\_POS Linked to ART (FY22)** column.

## Cascade: TX\_NEW

**TX\_NEW:** Number of adults and children newly enrolled on antiretroviral therapy (ART). [Part 1 of 2]

```

schema\_table(“Cascade-TX\_NEW-AF-AL-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **TX\_NEW (FY22)** [TX\_NEW.T]

### Instructions

1. Review the column, Proportion of TX\_NET\_NEW from New ART Initiation (FY22) (%). This is defaulted to 100%, but can be adjusted as necessary. See below for additional instructions.
2. Review targeted Retention Rates for those New on ART and those Already on ART for FY22. These are both defaulted at 98%, but can be adjusted as necessary. Red highlighting will identify cases where these may be set above 100%, and yellow highlighting those cases were set below 98%.
3. Review historic data for TX\_NEW Results and Targets for reference.
4. Review FY22 TX\_NEW targets and return to previous sections to adjust assumptions and modeling decisions as necessary. See below for additional information.

### Proportion of TX\_NET\_NEW from New ART Initiation

New to the COP21 Data Pack, this column allows for several scenarios that may impact how PEPFAR TX\_NET\_NEW translates to TX\_NEW targets. The most common of these scenarios include:

* Cases where TX\_RTT may contribute in part to TX\_NET\_NEW, requiring a reduction in how much TX\_NET\_NEW is converted into targets for TX\_NEW. While TX\_RTT targets are not set in the COP21 Data Pack, this column does allow for the possibility that some amount of TX\_RTT may be an unavoidable part of a cohesive, effective treatment strategy.
* Cases where PEPFAR may be absorbing or beginning support for an existing Treatment cohort from a non-PEPFAR partner, such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

Red highlighting will identify cases where this column is set above 100%, and yellow highlighting where it is set below 100% for review purposes.

As described below, any adjustments to this column will directly impact the target set for TX\_NEW. As such, be sure to receive approval from your PPM and DUIT Liaison for any changes to this column, and be prepared to explain and justify the rationale for these changes as necessary.

It is important to note that even in cases where TX\_NET\_NEW may be zero, it still may be necessary to add individuals into the Treatment cohort, whether from new initiation or otherwise, to compensate for those individuals lost to follow up. In these scenarios, the proportion described in this section will apply to this non-zero total of individuals to be added to the Treatment cohort. In other words, the Proportion of TX\_NET\_NEW from New ART Initiation can be described as:

As explained above, the number of individuals to be added to the Treatment Cohort may not be the same as TX\_NET\_NEW in all cases due to Retention Rates among the prior year Treatment Cohort. In other words,

and given that

therefore,

All this means that the Proportion of TX\_NET\_NEW from New ART can be framed as follows:

See below to see how this affects TX\_NEW targeting.

### TX\_NEW (FY22)

For those one year old and older, PEPFAR TX\_NEW targets for FY22 will be set using the formula laid out above for Proportion of TX\_NET\_NEW from New ART, solving for TX\_NEW, with each component and the total rounded to the nearest integer:

See below for additional information about how TX\_NEW targets are set among Infant populations.

### Setting TX\_NEW Targets among Infant Populations

Based upon rationales explained in previous sections above, TX\_NEW targets for infant populations will simply reflect TX\_NET\_NEW values determined in the TX\_CURR section of the Cascade tab. Refer to that section for more information about how to adjust TX\_NEW targets for infant populations.

## Cascade: TX\_PVLS (D)

**TX\_PVLS (D):** Number of ART patients with a Viral Load (VL) result documented in the medical or laboratory records/laboratory information system (LIS) within the past 12 months.

```

schema\_table(“Cascade-TX\_PVLS (D)-AM-AO-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **TX\_PVLS (D): Routine (FY22)** [TX\_PVLS.D.Routine.T]

### Instructions

1. Review and adjust assumptions for the proportion of TX\_NEW projected to be eligible for viral load testing during the coming Fiscal Year. The default assumption is 70%, reflecting the MER 2.5 guidance that individuals must have been on ART for at least 3 months in order to be eligible for viral load testing. Red highlighting in this column indicates values over 100%, and yellow highlighting values below 70%.
2. Review and adjust assumptions describing access to viral load testing among those eligible. The default assumption is 100%, reflecting the goal that viral load testing should be available to all those receiving ART. Red highlighting in this column indicates values over 100%, and yellow highlighting values below 70%.
3. Review targeted TX\_PVLS (D) for routine viral load testing. See below for additional information.

### TX\_PVLS (D): Routine (FY22)

While MER 2.5 allows for both Routine and Targeted Viral Load testing, only Routine Viral Load testing will be targeted as part of COP 21 planning.

Within the Data Pack, TX\_PVLS Denominator targets for Routine Viral Load Testing are set as follows, rounded to the nearest integer:

Note that no retention rates are applied against either TX\_NEWt nor TX\_CURRt-1 , reflecting the goal that all individuals on ART should be tested for viral load suppression, no matter whether they may in the future — even within the same Fiscal Year — be lost to follow-up.

## Cascade: TX\_PVLS (N)

**TX\_PVLS (N):** Number of ART patients with suppressed VL results (<1,000 copies/mL) documented in the medical or laboratory results/LIS within the past 12 months.

```

schema\_table(“Cascade-TX\_PVLS (N)-AP-AT-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **TX\_PVLS (N): Routine (FY22)** [TX\_PVLS.N.Routine.T]
* **Host Country VL\_SUPPRESSION\_SUBNAT (FY22)** [VL\_SUPPRESSED.T]

### Instructions

1. Review Observed VL Suppression Rates from FY20 Results (pulled from DATIM) for context about historic viral load suppression trends.
2. Review and adjust Targeted VL Suppression Rate for FY22. This is defaulted at 95%, reflective of UNAIDS 95-95-95 goals.
3. Review and adjust targeted PEPFAR Coverage of Host Country VL\_SUPPRESSION\_SUBNAT (FY22). This is defaulted to match the PEPFAR Coverage of Host Country TX\_NET\_NEW\_SUBNAT (FY22) set in the TX\_NET\_NEW\_SUBNAT section of the Cascade tab, but can be altered as appropriate.
4. Review targeted TX\_PVLS (N) for routine viral load testing. See below for additional information.
5. Review targeted VL\_SUPPRESSION\_SUBNAT. See below for additional information.
6. Review the Targeted Host Country VL Suppression Rate (FY22) resulting from modeled Host Country VL\_SUPPRESSION\_SUBNAT and return to previous sections and columns within this section to adjust contributing assumptions. See below for further information.

### TX\_PVLS (N): Routine (FY22)

Similar to TX\_PVLS Denominator, COP21 targets for the Numerator for this indicator are set only for Routine Viral Load testing.

Within the Data Pack, TX\_PVLS Numerator targets for Routine Viral Load Testing are set as follows, rounded to the nearest integer:

### VL\_SUPPRESSION\_SUBNAT (FY22)

In conjunction with allowing import and update of FY21 targets in DATIM for VL\_SUPPRESSION\_SUBNAT, the Data Pack also allows import of FY22 targets for this indicator. These are modeled within the Data Pack as follows, rounded to the nearest integer:

## Cascade: Testing

```

schema\_table(“Cascade-Testing-AU-BA-1-3”)

```

```

schema\_table(“Cascade-TX\_NEW-BB-BI-2-3”)

```

```

schema\_table(“Cascade-TX\_NEW-BJ-BP-3-3”)

```

### DATIM Import

There are no Targets from this section that will be imported into DATIM.

### Instructions

1. Review TX\_NEW from Previously Diagnosed and adjust as appropriate. This is defaulted to 0%, reflecting an emphasis for Test and Start approaches for testing and linkage to treatment. Red highlights indicate percentages over 100%; yellow highlights indicate percentages changed from the default.
2. Review the total TX\_NEW from all other sources (FY22) for those to be linked to treatment from all HTS and EID testing modalities.
3. Review observed ART Linkage Rate, based on FY20 Results reported in DATIM, for historical context.
4. Review and adjust Targeted ART Linkage Rates for FY22. These are defaulted to 95%, but can be adjusted as necessary. Red highlights indicate percentages over 100%; yellow highlights indicate percentages below 95%.
5. Review the Percent of HTS\_TST\_POS from HTS\_INDEX from FY20 results, based on data reported in DATIM, for historical context.
6. Review and adjust Targeted % of HTS\_TST\_POS from HTS\_INDEX for FY22. These are set based on FY21 ART Coverage, per COP 21 Guidance, but can be altered as needed. Red highlights indicate percentages above 100%; yellow highlights indicate percentages below thresholds stipulated in COP 21 Guidance. See below for additional information.
7. Review total testing targets (HTS\_TST\_POS + PMTCT\_HEI\_POS) for FY22. Where necessary, return to previous assumptions and adjust appropriately.
8. Review total Index testing targets (HTS\_INDEX) for FY22 and adjust the Targeted % of HTS\_TST\_POS from HTX\_INDEX for FY22 as necessary.
9. Review FY22 targets for PMTCT\_STAT New Positives and HTS\_TST Post ANC1 New Positives and navigate to the PMTCT tab to adjust underlying assumptions as necessary.
10. Review FY22 targets for TB\_STAT New Positives and navigate to the TB tab to adjust underlying assumptions as necessary.
11. Review FY22 targets for VMMC\_CIRC Tested Positives and navigate to the VMMC tab to adjust underlying assumptions as necessary.
12. Review FY22 targets for PMTCT\_HEI\_POS and navigate to the EID tab to adjust underlying assumptions as necessary. For infants under 1 year old, 100% of testing targets should come through PMTCT\_HEI\_POS. See below for additional information.
13. Review FY22 targets for HTS\_TST\_POS from All Other Modalities and navigate to the HTS tab to adjust underlying assumptions as necessary.
14. Review percentage contributions toward FY22 targeted Total Positives from HTS\_INDEX, PMTCT ANC1, PMTCT Post ANC1, TB\_STAT, VMMC, PMTCT\_HEI\_POS, and All Other Modalities. Red highlights across these columns indicate cases where targets have been over- or under-distributed across modalities. See below for additional information about reconciling discrepancies among these modalities.

### Targeted % of HTS\_TST\_POS from HTS\_INDEX

Per COP 21 Guidance, the total number of positives targeted to be identified through Index Testing is initially modeled based on FY21 ART Coverage as follows:

* **ART Coverage < 70%:** 30% of total positives to be identified through Index Testing
* **ART Coverage >= 70% & <80%:** 50% of total positives to be identified through Index Testing
* **ART Coverage >= 80%:** 75% of total positives to be identified through Index Testing

In cases where historic FY20 results showed Index Testing contributing to more than this share of testing, the larger value will be used.

Again, while modeled per the above, this value can adjusted as needed.

### Testing Rationalization

As testing targets are set in the PMTCT, TB, VMMC, and EID tabs, these will be reflected here on the Cascade tab to reconcile against those high-level testing targets set following the logic flow set forth in preceding sections. This section of the Cascade tab can serve as a sort of Table of Contents to help you navigate across these various tabs as you adjust assumptions and reconcile targets. Similar Testing Rationalization sections exist in each of these separate tabs for easier reference.

Red highlighting will indicate any case where over- or under-distribution of testing targets across testing modalities has occurred, keying primarily from the Total Positives from All Other Modalities (FY22) (%) column. As these issues arise, determine whether these issues require adjustment of either preceding Treatment and total Testing targets, or related targets in the PMTCT, TB, VMMC, or EID tabs.

After testing targets have been allocated to PMTCT ANC1, PMTCT Post ANC1, TB\_STAT, VMMC\_CIRC, and PMTCT\_HEI\_POS, any remainder will be available for further allocation against all remaining testing modalities in the HTS tab of the Data Pack.

### Testing Targets for Infant Populations

Similar to targets for HIV-positive infants linked to ART as explained above, targets for infants identified as HIV-positive are initially set in the EID tab, without sex disaggregation. In reflecting these in the Cascade tab, these values are equally allocated across male and female infants.

Per COP 21 Guidance, 100% of these testing targets for infant populations should be accommodated for via PMTCT\_HEI\_POS, and no other modality. Should any portion of these targets be allocated to any other modality, an alert will be flagged in the Data Pack Self-Service App. Conditional formatting within the Data Pack will also indicate when this has occurred.

## Cascade: DIAGNOSED\_SUBNAT

```

schema\_table(“Cascade-DIAGNOSED\_SUBNAT-BQ-BR-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **Host Country DIAGNOSED\_SUBNAT (FY22)** [DIAGNOSED\_SUBNAT.T]

### Instructions

1. Review and adjust the expected PEPFAR Coverage of Host Country Total Positives Identified for FY22. This is defaulted to match the PEPFAR Coverage of Host Country TX\_NET\_NEW\_SUBNAT (FY22) set in the TX\_NET\_NEW\_SUBNAT section of the Cascade tab, but can be altered as appropriate.
2. Review FY22 targets for Host Country DIAGNOSED\_SUBNAT. See below for additional information.

### DIAGNOSED\_SUBNAT (FY22)

In conjunction with allowing import and update of FY21 targets in DATIM for DIAGNOSED\_SUBNAT, the Data Pack also allows import of FY22 targets for this indicator. These are modeled within the Data Pack as follows, rounded to the nearest integer:

Note that this modeling approach does not take into account mortality rates among this population.

# PMTCT

## Host Country Context

```

schema\_table(“PMTCT-Host Country Context-F-J-1-2”)

```

```

schema\_table(“PMTCT-Host Country Context-K-Q-2-2”)

```

### DATIM Import

The following data will be imported into DATIM from this section of the Data Pack:

* **Host Country PMTCT\_STAT\_SUBNAT (D) - # New ANC clients (FY21)** [PMTCT\_STAT\_SUBNAT.D.T\_1]
* **Host Country PMTCT\_STAT\_SUBNAT (N) - Known Positive (FY21)** [PMTCT\_STAT\_SUBNAT.N.Known.Pos.T\_1]
* **Host Country PMTCT\_STAT\_SUBNAT (N) - New Positive (FY21)** [PMTCT\_STAT\_SUBNAT.N.New.Pos.T\_1]
* **Host Country PMTCT\_STAT\_SUBNAT (N) - New Negative (FY21)** [PMTCT\_STAT\_SUBNAT.N.New.Neg.T\_1]
* **Host Country PMTCT\_ART\_SUBNAT (D) - # HIV-positive pregnant women (FY21)** [PMTCT\_ART\_SUBNAT.D.T\_1]
* **Host Country PMTCT\_ART\_SUBNAT (N) - Already on ART (FY21)** [PMTCT\_ART\_SUBNAT.N.Already.T\_1]
* **Host Country PMTCT\_ART\_SUBNAT (N) - New on ART (FY21)** [PMTCT\_ART\_SUBNAT.N.New.T\_1]

### Instructions

1. Review data for the following columns, all of which come from corollaries on the Cascade tab. Follow hyperlinks to navigate to the source of this data:
   1. Host Country Estimated Female Population (FY21)
   2. Host Country Estimated PLHIV (FY21)
   3. Host Country Estimated HIV Prevalence (FY21)
   4. Host Country Estimated TX\_CURR\_SUBNAT (FY21)
   5. Host Country Estimated ART Coverage (FY21)
2. If using Spectrum as the source for Host Country Context data, the following columns will initially be populated based on data from the Spectrum export dataset added to the Spectrum tab of the Data Pack. Review these and return to Spectrum to adjust assumptions there as needed. With approval by your PPM and assigned DUIT Liaison, you may also identify and use another source for this data.
   1. Host Country PMTCT\_STAT\_SUBNAT (D) - # New ANC clients (FY21)
   2. Host Country PMTCT\_STAT\_SUBNAT (N) - Known Positive (FY21)
   3. Host Country PMTCT\_STAT\_SUBNAT (N) - New Positive (FY21)
   4. Host Country PMTCT\_STAT\_SUBNAT (N) - New Negative (FY21)
   5. Host Country PMTCT\_ART\_SUBNAT (D) - # HIV-positive pregnant women (FY21)
   6. Host Country PMTCT\_ART\_SUBNAT (N) - Already on ART (FY21)
   7. Host Country PMTCT\_ART\_SUBNAT (N) - New on ART (FY21)

## PMTCT: PMTCT\_STAT (D)

**PMTCT\_STAT (D):** Number of new ANC clients in reporting period.

```

schema\_table(“PMTCT-PMTCT\_STAT (D)-R-T-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **PMTCT\_STAT (D)** [PMTCT\_STAT.D.T]

### Instructions

1. For historical context, review FY21 targets for PMTCT\_STAT (D), reflected in the Data Pack per data reported in DATIM.
2. Review and adjust the Expected change in new ANC clients, which should help indicate whether there is an anticipated change in the number of women presenting to ANC compared to FY21. This is defaulted at 0%, though this reflects no suggestion of strategy from S/GAC. Adjust these growth rates to reflect intentional, data-driven, strategic programming. Values can be negative or positive percentages in this column, which will decrease or increase the FY22 target for PMTCT\_STAT (D) respectively. (If the expected number of women presenting in ANC for FY21 is the same as FY20, the value in column F would be “0%”. If it increased by 50%, the value would be “50%”. If the number should decrease by 20%, enter “-20%”.)
3. Review FY22 targets for PMTCT\_STAT (D), which is calculated by multiplying the Expected change in new ANC clients (set in step 2) by the lesser of either the “Host Country PMTCT\_STAT\_SUBNAT (D) - # New ANC clients (FY21)” set in the Host Country Context section, or the PMTCT\_STAT (D) FY21 targets from DATIM. In the case services are planned in FY22 where these were not provided in FY21, you may manually enter FY22 targets in this column.

## PMTCT: PMTCT\_STAT (N)

**PMTCT\_STAT (N):** Number of pregnant women with known HIV status at first antenatal care visit (ANC1) (includes those who already knew their HIV status prior to ANC1).

```

schema\_table(“PMTCT-PMTCT\_STAT (N)-U-AC-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **Total PMTCT\_STAT (N)** [PMTCT\_STAT.N]
* **PMTCT\_STAT (N) Known HIV Status, Positive** [PMTCT\_STAT.N.KnownPos.T]
* **PMTCT\_STAT (N) Newly Tested, Positive** [PMTCT\_STAT.N.New.Pos.T]
* **PMTCT\_STAT (N) Newly Tested, Negative** [PMTCT\_STAT.N.New.Neg.T]

### Instructions

1. Review “Targeted testing coverage of ANC clients (FY22)”, which is pre-populated with a default value of 100%, indicating the goal that 100% of women presenting at ANC1 know their HIV status, whether by previous or new testing. Adjust this column and modify the proportion to match COP21 PMTCT strategy and goals.
2. Review FY20 Results for (a) Estimated % ANC1 clients with already Known HIV Positive status, and (b) Estimated Positivity Rate among Newly Tested ANC1 clients.
3. Review FY22 projections for (a) Estimated % ANC1 clients with already Known HIV Positive status, and (b) Estimated Positivity Rate among Newly Tested ANC1 clients. These data default to remain static from related FY21 rates added to the Host Country Context section of this tab. Where these are unavailable, these instead use FY20 results trends. In either case, these can be adjusted as necessary with approval by your PPM and DUIT Liaison. Red highlights indicate percentages over 100%; yellow highlights indicate percentages different from FY20 results. See below for additional information.
4. Review “Total PMTCT\_STAT (N)”, which will display the numerator value for PMTCT\_STAT based on the multiplication of “PMTCT\_STAT (D)” and the “Targeted testing coverage of ANC1 clients (FY22)”. To make changes to the PMTCT numerator, adjust either the PMTCT denominator or the desired testing coverage.
5. Review PMTCT\_STAT Known HIV Status, Positive, which will be calculated based on multiplying Total PMTCT\_STAT (N) by the Estimated percent of ANC1 clients already Known HIV Positive.
6. Review PMTCT\_STAT Newly Tested, Positive, which will be calculated based on first removing the PMTCT\_STAT Known HIV Status, Positive cohort from Total PMTCT\_STAT (N), then by multiplying this value by the Estimated Positivity Rate among Newly Tested ANC1 clients.
7. Review PMTCT\_STAT Newly Tested, Negative, which will be calculated as the remainder of Total PMTCT\_STAT (N) less both PMTCT\_STAT Known HIV Status, Positive and PMTCT\_STAT Newly Tested, Positive.

### FY22 Projected Known Positivity and New Positivity Rates

In projecting rates of Known and New positivity for PMTCT\_STAT ANC1 clients, the COP21 Data Pack relies first upon Host Country Context estimates, provided by Spectrum or another approved source, and where this data is unavailable, upon PEPFAR FY20 results obtained from DATIM on the date of the Data Pack’s generation, as documented on the Home tab. These rates are calculated from Host Country Context data as follows:

## PMTCT: PMTCT\_ART (N)

**PMTCT\_ART (N):** Number of HIV-positive pregnant women who received ART to reduce the risk of mother-to-child transmission during pregnancy.

```

schema\_table(“PMTCT-PMTCT\_ART (N)-AD-AF-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **Already on ART** [PMTCT\_ART.Already.T]
* **New on ART** [PMTCT\_ART.New]

### Instructions

1. Review Targeted ART Linkage Rate for linkage between PMTCT\_STAT (N) Newly Tested, Positive and PMTCT\_ART New on ART. This rate is locked in step with ART Linkage Rates set on the Cascade Tab, which default to 95%; return to that tab to adjust this rate, though note that this will alter linkage rates across all modalities.
2. Review modeled targets for PMTCT\_ART (N) Already on ART. For the purposes of COP21 target setting in the Data Pack, FY22 targets for PMTCT\_ART Already on ART are set assuming that 100% of those ANC1 clients with already known HIV positive status are already on ART.
3. Review modeled targets for PMTCT\_ART New on ART, which is calculated by multiplying PMTCT\_STAT (N) Newly Tested, Positive by the Targeted ART Linkage Rate.

## PMTCT: HTS\_TST: PMTCT Post ANC1

**HTS\_TST:** PMTCT Post ANC1: Includes pregnant or breastfeeding women who receive a test POST ANC1, this includes women who are tested later in pregnancy (>ANC2), during labor & delivery (L&D), and while breastfeeding.

```

schema\_table(“PMTCT-HTST\_TST : PMTCT Post ANC1-AG-AL-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **HTS\_TST PMTCT Post ANC1, Positive** [HTS\_TST.PostANC1.Pos.T]
* **HTS\_TST PMTCT Post ANC1, Negative** [HTS\_TST.PostANC1.Neg.T]

### Instructions

1. Review and adjust the Total eligible for Post ANC1 retesting, which is initially set equal to the number tested and found negative in initial ANC1 testing.
2. Review and adjust the Yield for PMTCT Post ANC1 HIV testing, which will initially be pre-populated based on FY20 results from DATIM, but can be adjusted as needed. Red highlights indicate percentages over 100% or under 0%.
3. Review Targeted ART Linkage Rates for linkage between HTS\_TST: PMTCT Post ANC1, Positive and TX\_NEW. This rate is locked in step with ART Linkage Rates set on the Cascade Tab, which default to 95%; return to that tab to adjust this rate, though note that this will alter linkage rates across all modalities.
4. Review targets for HTS\_TST: PMTCT Post ANC1, Positive, which are set by multiplying Total eligible for Post ANC1 retesting, set in step 1, by the Yield rate set in step 2.
5. Review targets for HTS\_TST: PMTCT Post ANC1, Negative, which are set by subtracting HTS\_TST: PMTCT Post ANC1, Positive from the Total eligible for Post ANC1 retesting set in step 1.
6. Review modeled data for those tested and found positive for HIV post ANC1 who are linked to ART, set by multiplying those found positive by the Targeted ART Linkage Rate set in step 3, rounded to the nearest integer.

## PMTCT: Testing Rationalization

```

schema\_table(“PMTCT-Testing Rationalization-AM-AS-1-1”)

```

### DATIM Import

No data from this section will be imported into DATIM.

### Instructions

1. Review Total PMTCT: Positives (From ANC1 & Post ANC1), which represents the *sum* of the PMTCT\_STAT Known Positive, PMTCT\_STAT Newly Tested Positive, and HTS\_TST Post ANC1 Positive targets. This column serves as the starting point of the EID modeling process on the EID tab. For more information about the role of this data relative to EID targets, see that section of this User Guide.
2. Use the remainder of this section of the PMTCT tab to analyze how PMTCT\_STAT Newly Tested, Positives fit within the context of an overall testing strategy. In particular, consider how this modality contributes to total HTS\_TST\_POS in relation to HTS\_INDEX, TB\_STAT, and all other HTS modalities.
3. Review any cases where this section is highlighted red, indicating over- or under-allocation of HTS\_TST\_POS targets across contributing modalities. While these allocation issues may be more the result of a different modality(ies), analysis of these to confirm no adjustments to PMTCT\_STAT are warranted may prevent issues and additional work in other sections of the Data Pack.
4. Return to other tabs of the Data Pack where issues flagged in this section require adjustment of either total HTS\_TST\_POS targets, or targets via other modalities. Similar Testing Rationalization sections can be also found in each of these other tabs of the Data Pack. You may also use hyperlinks in column headers in this section to quickly navigate to the most relevant section of the Data Pack.

# EID

## EID: PMTCT\_EID (N)

**PMTCT\_EID:** Number of infants who had a first virologic HIV test (sample collected) by 12 months of age during the reporting period.

```

schema\_table(“EID-PMTCT\_EID (N)-C-G-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **≤ 02 mo** [PMTCT\_EID.N.2.T]
* **02 - 12 mo** [PMTCT\_EID.N.12.T]

### Instructions

The PMTCT\_EID indicator measures the extent to which HIV-exposed infants receive a first virologic HIV test to determine their HIV status by either 2 months or 12 months of age. Ideally, 80% of infants should be tested within the first two months, and 90-95% within the first twelve months.

1. Review and adjust the assumptions for “Targeted % HIV exposed infants tested by 2 mo (%)” and “Targeted % HIV exposed infants tested by 12 mo (inclusive of tested by 2 mo) (%)”. These will be set at a default of 80% and 95%, respectively. Red highlights indicate percentages over 100%; yellow highlights indicate percentages less than these default percentages.
2. Review the Estimated number of infants born to HIV-positive women. In absence of granular, reliable, widespread data to estimate rates of multiple births, still births, or infant mortality, this statistic is approximated using the total number of HIV-positive women presenting to ANC (column “Total PMTCT: Positives (From ANC1 & Post ANC1)” of the PMTCT tab). For more information about the assumptions underlying this data, see the section of this User Guide about the PMTCT tab.
3. Review modeled targets for “≤ 02 mo” and “02 - 12 mo” PMTCT\_EID, which are based on the proportions of HIV exposed infants (reflected in step 2) to be tested by 2 months and by 12 months (set in step 1). Return to steps 1 and 2 to make adjustments to the assumptions driving these two sets of targets.

## EID: PMTCT\_HEI\_POS (N)

**PMTCT\_HEI\_POS (N):**Number of HIV-infected infants identified in the reporting period, whose diagnostic sample was collected by 12 months of age.

```

schema\_table(“EID-PMTCT\_EID (N)-H-N-1-1”)

```

### DATIM Import

No data points will be imported into DATIM from this section.

### Instructions

1. For historical context, review FY20 results for Estimated Positivity Rates both for infants tested before 2 months old, and those tested between 2 and 12 months old. These data reflect data as reported currently in DATIM.
2. Review and adjust assumptions for FY22 projections of Estimated Positivity Rates both for infants tested before 2 months old, and those tested between 2 and 12 months old. These data default to the same as those rates set in step 1, but can be adjusted as needed. Red highlights indicate percentages over 100% or less than 0%; yellow highlights indicate percentages that differ from those set in step 1.
3. Review Targeted proportion of HIV-infected infants linked to ART. This rate is locked in step with ART Linkage Rates set on the Cascade Tab, which default to 95%; return to that tab to adjust this rate, though note that this will alter linkage rates across all modalities.
4. Review “Total HIV infected infants identified” which will be the product of PMTCT\_EID set in the previous section, multiplied by the Estimated Positivity Rates set in this section, summed across both PMTCT\_EID age disaggregates. Please see below for a detailed formula of the calculation.
5. Lastly, “HIV infected infants confirmed initiated ART” will take “Total HIV infected infants identified” that was just set and multiply it by the targeted link to ART of 95%.

### PMTCT\_HEI\_POS (FY22)

To calculate the total number of HIV-infected infants to be tested and identified, the Data Pack uses the following formula, rounding to the nearest integer:

# TB

## TB: TB\_STAT (D)

**TB\_STAT (D):** Total number of new and relapsed TB cases, during the reporting period.

```

schema\_table(“TB-TB\_STAT (D)-F-H-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **TB\_STAT (D)** [TB\_STAT.D.T]

### Instructions

1. For historical context, review FY21 targets for TB\_STAT (D), including in the Data Pack reflective of data reported in DATIM.
2. Review and adjust the Estimated Change in Incidence to reflect most reliable projections of TB trends into FY22. This value defaults to 0%, though this should not be interpreted as a suggested epidemiological estimate. If the incidence of TB is expected to remain unchanged from FY21, this value should remain at 0%; if the incidence is expected to double, the cell should read “100%”.
3. Review FY22 Targets for TB\_STAT (D) and return to step 2 to adjust driving assumptions as necessary. In the case services are planned in FY22 where these were not provided in FY21, you may manually enter FY22 targets in this column.

## TB: TB\_STAT (N)

**TB\_STAT (N):** Number of new and relapsed TB cases with documented HIV status, during the reporting period.

```

schema\_table(“TB-TB\_STAT (N)-I-N-1-2”)

```

```

schema\_table(“TB-TB\_STAT (N)-O-R-2-2”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **Known HIV Status, Positive** [TB\_STAT.N.KnownPos.T]
* **Newly Tested, Positive** [TB\_STAT.N.New.Pos.T]
* **Newly Tested, Negative** [TB\_STAT.N.New.Neg.T]

### Instructions

1. Review historic data for TB\_STAT (N): New Positives from FY21 Targets for context.
2. Review and adjust Targeted TB\_STAT Coverage. This defaults to 100%, reflecting that 100% of new and relapsed TB cases know their HIV status, but this rate can be adjusted as needed. Red highlights indicate percentages over 100%; yellow highlights indicate percentages under 100%.
3. Review FY20 Results for (a) Estimated % TB clients with already Known HIV Positive status, and (b) Estimated Positivity Rate among Newly Tested TB clients.
4. Review FY22 projections for (a) Estimated % TB clients with already Known HIV Positive status, and (b) Estimated Positivity Rate among Newly Tested TB clients. These data default to remain static from FY20 results trends, but can be adjusted as necessary. Red highlights indicate percentages over 100%; yellow highlights indicate percentages different from FY20 results.
5. Review modeled targets for Total TB\_STAT (N), Known HIV Status, Positive, Newly Tested, Positive, and Newly Tested, Negative, and return to steps 1-4 to adjust driving assumptions as needed. See below for additional information.

### Total TB\_STAT (N)

Total TB\_STAT (N) targets are modeled as follows, rounding to the nearest integer:

### Known HIV Status, Positive

Known HIV Status, Positive targets are modeled as follows, rounding to the nearest integer:

### Newly Tested

Targets for TB\_STAT (N): Newly Tested, Positive are modeled as follows, rounding to the nearest integer:

Based on these and targets for Known HIV Status, Positive, targets for Newly Tested, Negative are modeled as a remainder, as follows:

## TB\_STAT\_ART: TB\_ART

**TB\_ART:** Proportion of HIV-positive new and relapsed TB cases on ART during TB treatment.

```

schema\_table(“TB-TB\_ART-S-U-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **Already on ART** [TB\_ART.Already.T]
* **New on ART** [TB\_ART.New.T]

### Instructions

1. Review Targeted ART Linkage Rate for linkage between TB\_STAT (N) Newly Tested, Positive and TB\_ART New on ART. This rate is locked in step with ART Linkage Rates set on the Cascade Tab, which default to 95%; return to that tab to adjust this rate, though note that this will alter linkage rates across all modalities.
2. Review modeled targets for Already on ART and New on ART, returning to the previous sections for TB\_STAT (D) and TB\_STAT (N) to adjust driving assumptions.

### Already on ART

For the purposes of COP21 target setting in the Data Pack, FY22 targets for TB\_ART Already on ART are set assuming that 100% of those TB clients with already known HIV positive status are already on ART. In other words, the following holds true in the Data Pack:

### New on ART

FY22 Targets for TB\_ART New on ART are based largely on TB\_STAT Newly Identified HIV positive TB clients as follows, rounding to the nearest integer:

## TB: Testing Rationalization

```

schema\_table(“TB-Testing Rationalization-V-AB-1-1”)

```

### DATIM Import

No data from this section will be imported into DATIM.

### Instructions

1. Use this section of the TB tab to analyze how TB\_STAT Newly Tested, Positives fit within the context of an overall testing strategy. In particular, consider how this modality contributes to total HTS\_TST\_POS in relation to HTS\_INDEX, PMTCT\_STAT, Post ANC1 testing, VMMC\_CIRC, and all other HTS modalities.
2. Review any cases where this section is highlighted red, indicating over- or under-allocation of HTS\_TST\_POS targets across contributing modalities. While these allocation issues may be more the result of a different modality(ies), analysis of these to confirm no adjustments to TB\_STAT are warranted may prevent issues and additional work in other sections of the Data Pack.
3. Return to other tabs of the Data Pack where issues flagged in this section require adjustment of either total HTS\_TST\_POS targets, or targets via other modalities. Similar Testing Rationalization sections can be also found in each of these other tabs of the Data Pack. You may also use hyperlinks in column headers in this section to quickly navigate to the most relevant section of the Data Pack.

# VMMC

## VMMC\_CIRC\_SUBNAT

```

schema\_table(“VMMC-VMMC\_CIRC\_SUBNAT-F-P-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **Host Country VMMC\_CIRC\_SUBNAT (FY21)** [VMMC\_CIRC\_SUBNAT.T\_1]
* **Host Country VMMC\_TOTALCIRC\_SUBNAT (FY21)** [VMMC\_TOTALCIRC\_SUBNAT.T\_1]

### Instructions

1. Review data for the following columns, all of which come from corollaries on the Cascade tab. Follow hyperlinks to navigate to the source of this data:
   1. Host Country Estimated Male Population (FY21)
   2. Host Country Estimated PLHIV (FY21)
   3. Host Country Estimated HIV Prevalence (FY21)
   4. Host Country Estimated TX\_CURR\_SUBNAT (FY21)
   5. Host Country Estimated ART Coverage (FY21)
2. If using Spectrum as the source for Host Country Context data, the following columns will initially be populated based on data from the Spectrum export dataset added to the Spectrum tab of the Data Pack. Review these and return to Spectrum to adjust assumptions there as needed. With approval by your PPM and assigned DUIT Liaison, you may also identify and use another source for this data.
   1. Host Country VMMC\_CIRC\_SUBNAT (FY21)
   2. Host Country VMMC\_TOTALCIRC\_SUBNAT (FY21)
3. Review Host Country Estimated VMMC Coverage (FY21), which is calculated by dividing the FY21 Host Country Estimated VMMC\_TOTALCIRC\_SUBNAT by the FY21 Host Country Estimated Male Population.
4. Review Targeted Host Country VMMC Coverage (FY22), which is initially set to 80% per PEPFAR VMMC coverage goals, but you may adjust this based on PEPFAR Country-specific VMMC strategies and goals. Note that this statistic represents the targeted VMMC coverage to be achieved by October 2022.
5. Review modeled FY22 targets for Host Country VMMC\_TOTALCIRC\_SUBNAT and VMMC\_CIRC\_SUBNAT. Return to steps 1-4 to adjust underlying assumptions as needed.

## VMMC: VMMC\_CIRC

**VMMC\_CIRC:** Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program within the reporting period.

**Note: For FY22 targets, males less than 15 years old will not be eligible for PEPFAR-supported VMMC services.**

```

schema\_table(“VMMC-VMMC\_CIRC-Q-Z-1-2”)

```

```

schema\_table(“VMMC-VMMC\_CIRC-AA-AE-2-2”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* VMMC\_CIRC Indeterminate/Not Tested [VMMC\_CIRC.Unk.T]
* VMMC\_CIRC HIV Positive [VMMC\_CIRC.Pos.T]
* VMMC\_CIRC HIV Negative [VMMC\_CIRC.Neg.T]

### Instructions

1. For historical context, review FY20 results and FY21 targets for PEPFAR VMMC\_CIRC, supplied in the Data Pack as an export from data currently reported in DATIM.
2. Review the FY21 estimated PEPFAR Coverage of Host Country VMMC\_CIRC\_SUBNAT, calculated by dividing FY21 PEPFAR VMMC\_CIRC targets by the projected FY21 Host Country VMMC\_CIRC\_SUBNAT.
3. Review the FY22 PEPFAR coverage of Host Country VMMC\_CIRC\_SUBNAT, which is initially set equal to the FY21 estimated coverage rate set in step 2, but can be adjusted as needed.
4. For Military SNUs only, adjust the FY21 to FY22 Change in VMMC\_CIRC. For Military SNUs, this defaults to zero, but can be adjusted to match strategic programming as necessary.
5. Review FY20 results for Observed Indeterminate/Not Tested Rate and Observed Positivity Rate among those VMMC clients newly tested for HIV, both of which are obtained from DATIM.
6. Review and adjust FY22 projections for Estimated Indeterminate/Not Tested Rate and Estimated Positivity Rate among VMMC clients newly tested for HIV. Both of these estimates are initially set equal to their counterpart set in step 5, but can be adjusted as needed. Red highlights in either indicate percentages above 100% or below 0%; yellow highlights in the Estimated Positivity Rate column indicate yields greater than 1%.
7. Review Targeted ART Linkage Rate for linkage between VMMC\_CIRC: HIV Positive and TX\_NEW. This rate is locked in step with ART Linkage Rates set on the Cascade Tab, which default to 95%; return to that tab to adjust this rate, though note that this will alter linkage rates across all modalities.
8. Review modeled targets for Total VMMC\_CIRC. See below for more information. Return to steps 1-4 and the previous section for VMMC\_CIRC\_SUBNAT to adjust assumptions driving this target.
9. Review modeled targets for VMMC\_CIRC Indeterminate/Note Tested, HIV Positive, and HIV Negative. See below for additional information about each of these.
10. Finally, review modeled data for those identified HIV positive via VMMC projected to be linked to ART, which is set by multiplying those identified HIV positive by the ART linkage rate reviewed in step 7.

### Total VMMC\_CIRC (FY22)

For Military organization units, FY22 targets for Total VMMC\_CIRC is set as follows, rounding to the nearest integer:

For all other organization units, FY22 targets for Total VMMC\_CIRC are set as follows, rounding to the nearest integer:

### VMMC\_CIRC Disaggregates (FY22)

In disaggregating total VMMC\_CIRC for FY22 Targets, the Data Pack will first set targets for those projected to have indeterminate HIV testing results or to deny testing, then targets for those identified positive, and finally those negative.

To set targets for Indeterminate/Not Tested, the Data Pack will use the following formula, rounding to the nearest integer:

For VMMC\_CIRC HIV Positive, the Data Pack will set targets as follows, rounding to the nearest integer:

And finally, VMMC\_CIRC HIV Negative targets will be set as a remainder function, as follows:

## VMMC: Testing Rationalization

```

schema\_table(“VMMC-Testing Rationalization-AF-AJ-1-2”)

```

### DATIM Import

No data will be imported into DATIM from this section.

### Instructions

1. Use this section of the VMMC tab to analyze how VMMC\_CIRC HIV Positives fit within the context of an overall testing strategy. In particular, consider how this modality contributes to total HTS\_TST\_POS in relation to HTS\_INDEX, TB\_STAT, and all other HTS modalities.
2. Review any cases where this section is highlighted red, indicating over- or under-allocation of HTS\_TST\_POS targets across contributing modalities. While these allocation issues may be more the result of a different modality(ies), analysis of these to confirm no adjustments to VMMC\_CIRC are warranted may prevent issues and additional work in other sections of the Data Pack.
3. Return to other tabs of the Data Pack where issues flagged in this section require adjustment of either total HTS\_TST\_POS targets, or targets via other modalities. Similar Testing Rationalization sections can be also found in each of these other tabs of the Data Pack. You may also use hyperlinks in column headers in this section to quickly navigate to the most relevant section of the Data Pack.

# HTS

**HTS\_TST:** Number of individuals who received HIV Testing Services (HTS) and received their test results.

## HTS: Testing Summary from Other Tabs

```

schema\_table(“HTS-Testing Summary-F-M-1-1”)

```

### DATIM Import

No data will be imported from this section of the Data Pack.

### Instructions

1. For context, review the following data, pulled from other locations in the Data Pack and gathered here for reference:
   1. Host Country ART Coverage (FY21)
   2. Total HTS\_TST\_POS (FY22)
   3. HTS\_INDEX (FY22)
   4. PMTCT\_STAT New Positives (FY22)
   5. HTS\_TST Post ANC1 New Positives (FY22)
   6. TB\_STAT New Positives (FY22)
   7. VMMC\_CIRC New Positives (FY22)
   8. HTS\_TST\_POS from All Other Modalities (FY22)

## HTS: HTS\_INDEX

**HTS\_INDEX:** Number of individuals who were identified and tested using Index testing services and received their results

```

schema\_table(“HTS-HTS\_INDEX-N-U-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **COMMUNITY - Contacts Tested, New Positive** [HTS\_INDEX\_COM.New.Pos.T]
* **COMMUNITY - Contacts Tested, New Negative** [HTS\_INDEX\_COM.New.Neg.T]
* **FACILITY - Contacts Tested, New Positive** [HTS\_INDEX\_FAC.New.Pos.T]
* **FACILITY - Contacts Tested, New Negative** [HTS\_INDEX\_FAC.New.Neg.T]

### Instructions

1. Review the estimated percent of total HTS\_INDEX positives to be identified in Community Sites. This will initially be pre-populated based on FY20 results as recorded in DATIM, but may be adjusted as needed. Red highlights indicate percentages over 100%, or under 0%.
2. Review estimated yields among HTS\_INDEX contacts newly tested, both for those tested at Community sites, as well as for those tested in Facility sites. These are initially pre-populated based on FY20 results from DATIM, but can be adjusted as needed. Red highlights indicate percentages over 100%, or under 0%; yellow highlights indicate cases where yield rates are less than 20% for 15+ year olds.
3. Review modeled targets for the following columns. See below for additional information:
   1. COMMUNITY – Contacts Tested, New Positive
   2. COMMUNITY – Contacts Tested, New Negative
   3. FACILITY– Contacts Tested, New Positive
   4. FACILITY– Contacts Tested, New Negative
4. Review the Actual percent of HTS\_TST\_POS to come from Index testing, calculated by dividing the sum of Community and Facility HTS\_INDEX\_POS by the total HTS\_TST\_POS.

### HTS\_INDEX Disaggregates

In general, HTS\_INDEX disaggregates across both Community and Facility sites, and across both Negative and Positive HIV test results, are set by combining HTS\_INDEX\_POS with the percentages set in steps 1 and 2 above.

FY22 targets for HTS\_INDEX New Positives in Community Sites are set as follows, rounding to the nearest integer:

Building from this, FY22 targets for HTS\_INDEX New Negatives in Community Sites are set as follows, rounding to the nearest integer:

Alternatively, FY22 targets for HTS\_INDEX New Positives in Facility Sites are set as follows, rounding to the nearest integer:

And finally, FY22 targets for HTS\_INDEX New Negatives in Community Sites are set as follows:

## HTS: HTS\_TST – Distribution of Positive Tests

```

schema\_table(“HTS-HTS\_TST Distribution of Positive Tests-V-AA-1-2”)

```

```

schema\_table(“HTS-HTS\_TST Distribution of Positive Tests-AB-AK-2-2”)

```

### DATIM Import

No data will be imported from this section of the Data Pack.

### Instructions

1. Since index testing for case finding is a high priority intervention, the index modality is should be completed first. The positivity yield should be between 15 and 40% among adults and there are further requirements for the SGAC accepted proportion of positives coming from the index testing modality. Users should reference the COP 2020 Guidance document for the required parameters based on TX coverage.
2. Review data for what percent of HTS\_TST\_POS comes from modalities set in other sections or tabs of the Data Pack. Note that to adjust these allocations, you must return to the section or tab of the Data Pack where these are initially set. Hyperlinks in column headers can help you navigate to the exact column where this occurs. DO NOT adjust allocation percentages for these gray columns in this section of the HTS tab as this will NOT affect any final targets and will break linkages between this tab and source data. These modalities to be reviewed, but adjusted elsewhere include:
   1. HTS\_INDEX\_COM\_POS (FY22)
   2. HTS\_INDEX\_FAC\_POS (FY22)
   3. PMTCT\_STAT: New Positives (FY22)
   4. HTS\_TST PMTCT Post ANC1: Positives (FY22)
   5. TB\_STAT: New Positives (FY22)
   6. VMMC\_CIRC: HIV Positive (FY22)
3. Review and adjust planned percentage contributions to HTS\_TST\_POS from all other HTS modalities, which will initially be populated based on trends seen in FY20 results, but can be adjusted as needed to align with COP21 testing strategies. Note that as you adjust these allocation percentages, the number of projected individuals to be identified HIV positive will change in the corresponding modality block to the right. These modalities to be adjusted in this section include:
   1. Facility – Inpatient (FY22)
   2. Facility – Pediatric (FY22)
   3. Facility – Malnutrition (FY22)
   4. Facility – STI Clinic (FY22)
   5. Facility – Emergency (FY22)
   6. Facility – Other PITC (FY22)
   7. Facility – VCT (FY22)
   8. Community – Mobile (FY22)
   9. Community - Other (FY22)
4. Use the Distribution Check column to confirm that distributions of HTS\_TST\_POS across all HTS modalities do not result in over- or under-allocation. Where this check column is either greater than or less than 100%, red highlights will appear across all modalities, indicating the need to adjust percentage allocations. You MUST resolve all cases where distribution does not sum to 100%.

## HTS: HTS\_TST – Modality Yields

```

schema\_table(“HTS-Inpatient (Facility)-AL-AN-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* For each of the below modalities in these sections, the **Positive** and **Negative** target value will be imported into DATIM:
  + Inpatient (Facility)
  + Pediatric (Facility)
  + Malnutrition (Facility)
  + TB\_STAT (Facility)
  + PMTCT\_STAT (Facility)
  + PMTCT Post ANC1 (Facility)
  + VMMC (Facility)
  + STI Clinic (Facility)
  + Emergency (Facility)
  + Other PITC (Facility)
  + VCT (Facility)
  + Mobile (Community)Other (Community)

### Instructions

1. For each of the modalities listed above, review and adjust Yield rates, which are initially populated from DATIM based on FY20 results but can be adjusted as needed. Red highlights indicate percentages over 100% or less than 0%; yellow highlights indicate cases either where:
   1. ART Coverage is greater than or equal to 70%, but yields are less than 10%; or
   2. ART Coverage is less than 70%, but yields are less than 5%.
2. Review targets for the number of individuals to be tested and found HIV Positive through each modality, using hyperlinks in column headers to return to the Distribution of Positive Tests section of this tab to adjust allocation rates as needed. Note that these are rounded to the nearest integer. See the following section for instructions as to how to identify and resolve rounding errors that may compound across modalities as a result.
3. Review targets for the number of individuals to be tested and found HIV Negative through each modality, which are based on the combination of allocations set in the Distribution of Positive Tests section of this tab, and yield rates set in step 1. Note that these are rounded to the nearest integer. See the following section for instructions as to how to identify and resolve rounding errors that may compound across modalities as a result. In cases where yields are 0%, but Negative test results are targeted, you may manually enter these in this step, though note that this will prevent further dynamic modeling of targets should Positive test result targets be needed in the future. Please also mind conditional formatting guiding entry of these targets against correct ages, which may differ across modality, particularly for Pediatric and Malnutrition modalities.

## HTS: HTS\_TST (Total)

These calculated columns provide a roll up sum of the total targets set by age, sex and modality in the rest of the HTS tab. This section should serve as a check and will not be uploaded into DATIM.

```

schema\_table(“HTS-HTS\_TST (Total)-BM-BV-1-1”)

```

### DATIM Import

No data points will be imported to DATIM from this section of the Data Pack.

### Instructions

1. Investigate and resolve issues related to rounding differences caused by allocations of remaining HTS\_TST\_POS on the HTS tab. See below for additional, detailed instructions. Any cell that is highlighted indicates that it is in a row that users should review the distribution of positives.
2. Review FY22 Targets for individuals to be tested and found HIV negative through PMTCT\_STAT, HTS\_TST Post ANC1, TB\_STAT, and VMMC\_CIRC. To adjust these values, follow hyperlinks to the source of data for these columns.
3. Review modeled targets for Total HTS\_TST\_NEG, Total HTS\_TST, and the Aggregate Yield Rate, which is modeled simply by dividing the final HTS\_TST\_POS total by the total HTS\_TST target.

### Resolve HTS\_TST\_POS Rounding Differences

In the process of allocating HTS\_TST\_POS targets across HTS modalities, the multiplication of integer values representing whole people by percentage allocations, followed by rough rounding, often causes slight rounding errors to accumulate across ages, sexes, and geographies. In situations where there may be significantly small HTS\_TST\_POS targets being spread over multiple HTS modalities, the aggregation of many small rounding errors can lead to large differences in planned and final HTS\_TST\_POS. This section of the Data Pack is built to help identify and resolve these cases, where they occur.

Prior to using this section, it is key that all allocations be complete, either in those modalities called out specifically in the Cascade tab, or in the HTS tab’s Distribution of Positive Tests section. With this complete, only true rounding error cases will remain to be identified in this section of the Data Pack.

Cases where rounding errors may have occurred will be highlighted in red formatting in the column titled, “HTS\_TST\_POS difference to adjust”; Excel filters may be helpful in narrowing to these rows.

By first reviewing and refining allocations in the Cascade tab of the Data Pack for overall HTS\_INDEX, PMTCT\_STAT, HTS\_TST PMTCT Post ANC1, TB\_STAT, and VMMC\_CIRC, any rounding errors still present on the HTS tab are more likely the result of distributions decided on this tab across the following modalities:

* Inpatient (Facility)
* Pediatric (Facility)
* Malnutrition (Facility)
* TB\_STAT (Facility)
* PMTCT\_STAT (Facility)
* PMTCT Post ANC1 (Facility)
* VMMC (Facility)
* STI Clinic (Facility)
* Emergency (Facility)
* Other PITC (Facility)
* VCT (Facility)
* Mobile (Community)
* Other (Community)

The process for resolving rounding errors across these modalities may involve some trial and error. In all cases, but especially for cases where total HTS\_TST\_POS is small and rounding errors could represent large swings in total targets, it is necessary to determine which modality(ies) should be allocated remainder HTS\_TST\_POS identified in this section. Iteratively return to the HTS\_TST Distribution of Positive Tests section on this HTS tab to adjust allocations, then return to this section to check for lingering rounding remainders.

At the culmination of this iterative approach, there should be no values or highlighting remaining in the HTS\_TST\_POS difference to adjust column of this section.

## HTS: HTS\_SELF

**HTS\_SELF (N):** Number of individual HIV self-test kits distributed.

```

schema\_table(“HTS-HTS\_SELF (N)-BW-BY-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **HTS\_SELF (FY22)** [HTS\_SELF.T]

### Instructions

1. Review FY21 targets for HTS\_SELF included in the Data Pack, reflecting data reported in DATIM.
2. Review and adjust the % Change in HTS\_SELF to set the rate at which FY22 targets for HTS\_SELF should either increase or decrease from FY21 Targets.
3. Review modeled FY22 targets for HTS\_SELF and return to step 2 to adjust as needed. In the case services are planned in FY22 where these were not provided in FY21, you may manually enter FY22 targets in this column.

# CXCA

## CXCA\_SCRN

**CXCA\_SCRN (N):** Number of HIV-positive women on ART screened for cervical cancer.

```

schema\_table(“CXCA-CXCA\_SCRN-F-K-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **CXCA\_SCRN** [CXCA\_SCRN.T]

### Instructions

This indicator is **ONLY** **REQUIRED** for PEPFAR Cervical Cancer Screening countries.

For countries that are **NOT REQUIRED** to report on this indicator, you do not have to complete this section unless you plan to offer cervical cancer-related services as per the relevant MER indicators. To remove all cervical cancer targets, change the value in column “Targeted CXCA Screening coverage rate (%)” to 0%.

1. For historical context, review FY20 results, FY21 targets, and FY20 Observed CXCA Screen Coverage rates as reported in DATIM, as well as FY22 Targets for TX\_CURR from the Cascade tab of the Data Pack.
2. Review and adjust Targeted CXCA Screening Coverage Rate (%). Column “Targeted CXCA Screening coverage rate (%)” will determine the proportion of HIV positive women currently on treatment that will receive cervical cancer screening in COP2120/FY21 implementation year. Each team will have a default value of 50% set in this column and should consult their S/GAC Chair or PPM when making adjustments. To remove all FY22 cervical cancer targets, set this column to 0%.
3. Review FY22 targets for CXCA\_SCRN and return to steps 1 and 2 to adjust. This target is set based on the number of eligible women in the COP 21 TX\_CURR cohort multiplied by the Targeted CXCA Screening Coverage Rate.

# HTS\_RECENT

**HTS\_RECENT:** Number of newly diagnosed HIV-positive persons aged ≥ 15 years with a test for recent infection result during the reporting period.

## HTS\_TST Modalities

```

schema\_table(“HTS\_RECENT-Index (Community)-F-G-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* The **# Tested for Recent Infection** Targetfor each modality.

### Instructions

1. The HTS\_RECENT Tab contains 13 different Modalities for both Facility and Community level targets. Each modality consist of two columns. The first column in each modality is the “% of Positives” for the specific modality indicator. Each of these columns is prepopulated with a default of 100% for each modality reflecting COP 21 guidance that 100% of patients who test positive for HIV should also receive a recency test. These assumptions may be altered as needed by country teams, but they are conditionally formatted to highlight in Red should the percentage be over 100% and Yellow should they be less than 100%.
2. Review the target column for each of these modalities will be set in the column “# Tested for Recent Infection” and will be a product of the “% of Positives” and the “Newly Tested, Positive” targets that were set in previous tabs that relate to each modality column.
3. For example, the first Modality in this tab **PMTCT (Facilty)** will take the “% of Positives” and multiply it by the target that was set in column “Newly Tested, Positive” from the PMTCT tab. Each of the formulas that are prepolulated for each modality links back to the tab in which the main “Newly Tested, Positive” target was set. These reference tabs are: PMTCT, TB, VMMC, and HTS.

## HTS\_RECENT (Total)

```

schema\_table(“HTS\_RECENT-HTS\_RECENT (Total)-AF-AH-1-1”)

```

### DATIM Import

No data points will be imported into DATIM from this section.

### Instructions

1. Review “Total Recency Tests” column which is calculated by aggregating “# Tested for Recent Infection” across all modalities on the HTS\_RECENT tab. To adjust individual targets by modality, return to the previous section. In some circumstances, it may also be necessary to return to the PMTCT, TB, VMMC, or HTS tabs to adjust the number of HTS\_TST\_POS coming from each modality.
2. Review “Total HTS\_TST\_POS” column which references “Final HTS\_TST\_POS” targets on the HTS tab. This column is here for reference only and should not be changed as changed in this column will not be reflected on the HTS tab and will not be imported into DATIM final targets.
3. Finally, review the “Aggregate Recency Test Coverage Rate (%)” column to assess aggregate recency testing coverage across all modalities. If there are fewer recency tests done than there are HTS\_TST\_POS, or recency testing coverage is lower than 100%, then the column will be highlighted yellow. If this coverage is greater than 100% the cell will be highlighted Red.

# TX\_TB\_PREV

## TX\_TB\_PREV: TX\_TB (D)

**TX\_TB (D):** Number of ART patients who were screened for TB at least once during the semiannual reporting period.

Note: Targets set across this tab are set at Coarse Age Bands, aggregating incoming data from any finer age bands to <15 or 15+.

```

schema\_table(“TX\_TB\_PREV-TX\_TB (D)-F-K-1-2”)

```

```

schema\_table(“TX\_TB\_PREV-TX\_TB (D)-L-O-2-2”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **New on ART, TB Screen +** [TX\_TB.D.New.Pos.T]
* **New on ART, TB Screen –** [TX\_TB.D.New.Neg.T]
* **Already on ART, TB Screen +** [TX\_TB.D.Already.Pos.T]
* **Already on ART, TB Screen –** [TX\_TB.D.Already.Neg.T]

### Instructions

1. Review Targeted coverage rates of TB testing both for those New on ART as well as for those Already on ART. These will both come pre-populated at 100% coverage, though can be adjusted as needed. Red highlights indicate percentages over 100%, or under 0%, or may also indicate where values have been left blank but are necessary for further steps; yellow highlights indicate percentages less than 100%.
2. Review and adjust Estimated TB Screen Positivity Rates, both for those New on ART as well as for those Already on ART. These will both come prepopulated based on FY20 Results in DATIM. Red highlights indicate percentages over 100%, or under 0%, or may also indicate where values have been left blank but are necessary for further steps.
3. For historical context, review FY22 Targets for TX\_NEW and TX\_CURR. Follow hyperlinks to see and adjust source data as needed.
4. Review modeled targets for the following columns. See below for additional information.
   1. New on ART, TB Screen +
   2. New on ART, TB Screen –
   3. Already on ART, TB Screen +
   4. Already on ART, TB Screen –

### TX\_TB (D) Disaggregates (FY22)

The Data Pack will set FY22 targets for TX\_TB (D) as laid out below.

Targets will be set for those New on ART and screened positive for TB as follows, rounded to the nearest integer:

FY22 targets for those Already on ART, but found negative for TB will be set as follows, rounded to the nearest integer:

Similarly, targets for those Already on ART and screened positive for TB will be set as follows, rounded to the nearest integer:

And finally, targets for those Already on ART and screened negative for TB will be set as below, rounding to the nearest integer:

## TX\_TB\_PREV: TB\_PREV (D)

**TB\_PREV (D):** Number of ART patients who are expected to complete a course of TB preventive therapy during the reporting period (for programs using continuous IPT, this includes only the patients who are scheduled to complete the first 6 months of therapy).

```

schema\_table(“TX\_TB\_PREV-TX\_PREV (D)-P-S-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **TB\_PREV (D): New on ART** [TB\_PREV.D.New.T]
* **TB\_PREV (D): Already on ART** [TB\_PREV.D.Already.T]

### Instructions

1. Review assumptions for the percent of TX\_TB (D) screened negative for TB to be initiated on TPT both for those New on ART, as well as for those Already on ART. These are initially pre-populated at 100% and 90% for those New on ART and those Already on ART, respectively, though can be adjusted as needed. Red highlights indicate percentages over 100%, or less than 0%; yellow highlights indicate percentages less than 100% or 90% for New on ART and Already on ART, respectively.
2. Review modeled targets for TB\_PREV (D) New on ART — set by multiplying TX\_TB (D) New on ART, TB Screen Negative by the percent of TX\_TB (D) New on ART, TB Screen Negative initiated on TPT, rounding to the nearest integer — and TB\_PREV (D) Already on ART — set by multiplying TX\_TB (D) Already on ART, TB Screen Negative by the percent of TX\_TB (D) Already on ART, TB Screen Negative initiated on TPT, rounding to the nearest integer.

## TX\_TB\_PREV: TB\_PREV (N)

**TB\_PREV (N):** Number of ART patients who completed a course of TB preventive therapy during the reporting period (for continuous IPT programs, this includes the patients who have completed the first 6 months of isoniazid preventive therapy (IPT)).

```

schema\_table(“TX\_TB\_PREV-TX\_PREV (N)-T-Z-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **TB\_PREV (N): New on ART** [TB\_PREV.N.New.T]
* **TB\_PREV (N): Already on ART** [TB\_PREV.N.Already.T]

### Instructions

1. For historical context, review FY21 targets from DATIM for TB\_PREV (N) for those New on ART and those Already on ART.
2. Review Targeted TPT completion rates, which will default to 90%, but can be adjusted as needed, taking into account persons who (1) are already on TB preventative therapy (2) will likely screen negative (3) will be medically ineligible for TPT (4) will be on TPT by the end of COP19. Note that data in this column will NOT be imported into DATIM. Red highlights indicate percentages over 100% or less than 0%; yellow highlights indicate percentages less than 90%.
3. Review modeled targets for TB\_PREV (N) New on ART and Already on ART, set by multiplying TB\_PREV (D) New on ART and TB\_PREV (D) Already on ART, respectively, by the targeted TPT completion rates set in step 2. Return to step 2 or previous sections to adjust driving assumptions.
4. Review projected rates of change between FY21 targets and planned FY22 targets to identify cases where rates of change indicate significant departures from historic trends.

# PP

## PP: PP\_PREV

**PP\_PREV:** Number of priority populations (PP) reached with the standardized, evidence-based interventions (s) required that are designed to promote the adoption of HIV prevention behaviors and service uptake.

```

schema\_table(“PP-PP\_PREV-F-H-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **PP\_PREV (FY22)** [PP\_PREV.T]

### Instructions

1. “FY21 Targets" column will come prepopulated with FY21 PP\_PREV targets as currently reported in DATIM. Countries will review this data, but should not make changes to it. Though this column does not prevent users from making edits, teams must receive approval from their PPM and assigned DUIT Liaison before doing so. Changes made in this column will NOT be reflected in DATIM.
2. Review and adjust the “Expected Change in PP\_PREV services (%)”. This defaults to 0%, though this reflects no suggestion of strategy from S/GAC. Adjust these growth rates to reflect intentional, data-driven, strategic programming. Values can be negative or positive percentages in this column, which will decrease or increase the FY22 target for PP\_PREV respectively.
3. “PP\_PREV (FY22)” targets will be set as a growth rate function of the FY21 Targets and the Expected change % set in the previous two columns. To make changes to the COP21 target in this column, increase or decrease the Expected Change in PP\_PREV services. In the case services are planned in FY22 where these were not provided in FY21, you may manually enter FY22 targets in these columns.

# OVC

## OVC: OVC\_SERV

**OVC\_SERV:** Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV.

```

schema\_table(“OVC-OVC\_SERV-F-N-1-2”)

```

```

schema\_table(“OVC-OVC\_SERV-M-S-2-2”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **DREAMS** [OVC\_SERV.DREAMS.T]
* **Preventive** [OVC\_SERV.Prev.T]
* **Comprehensive – Graduated** [OVC\_SERV.Grad.T]
* **Comprehensive – Active** [OVC\_SERV.Active.T]

### Instructions

1. For historical context, review column “Host Country Est. PLHIV (FY21)”, which will pull from the Cascade tab.
2. Review the “DREAMS SNU?” column, which will indicate whether an SNU is actively implementing DREAMS activities by using “Y” for Yes and “N” for No. This column will come prepopulated based on the most up-to-date, authoritative list of DREAMS SNUs as centrally maintained by PEPFAR O/GAC. To add or remove any SNUs on this list during the COP21 process, notify your assigned PPM, as well as DREAMS liaisons on the PEPFAR Program Quality Team to ensure these changes are reflected in your Data Pack. After communicating and documenting these updates centrally, the Data Pack Self-Service App will alert to an update in the DREAMS SNU list and provide an updated Data Pack with updated data in this “DREAMS SNU?” column. Note that in the interim, you may manually overwrite or alter flags in this column, though any discrepancies between this column in the Data Pack and the centrally-maintained list of DREAMS SNUs will be flagged in the Data Pack Self-Service App and must be resolved prior to COP Approval and DATIM import.
3. Review columns “FY20 Results” and “FY21 Targets” which will come pre-populated with results and targets from DATIM and will serve as a baseline for COP21 target calculations.
4. Review the column “Projected Net Change in OVC\_SERV (%)”, which will be preset with a default rate of 0%. Alter this percent value to either increase or decrease the OVC targets for COP21. Changes in this column will affect the overall OVC\_SERV targets reflected in column “Total OVC\_SERV”.
5. Review and adjust the allocation of total OVC\_SERV across DREAMS, Preventive, and Comprehensive:
   1. For DREAMS, allocations are only allowable where a district is denoted as a DREAMS SNU — to adjust, return to step 2 — and for females ages 10 to 17.
   2. For Preventive services, allocations are only allowable for adolescents ages 5 to 14.
   3. All remaining OVC\_SERV is automatically allocated to the Comprehensive service category. Red highlighting in the column, Comprehensive % of Total OVC\_SERV, indicates cases where percentages are over 100% or less 0%.
6. Review and adjust the column “Targeted Graduation Rate among Comprehensive (%)”, which is preset at a default value of 20%, per guidance from O/GAC. Adjust these values as necessary to align with the COP 2021 OVC strategy. Graduation rates can be set at any value between 0-100% but should not be a negative value. Red highlights indicate percentages over 100% or less than 0%; yellow highlights indicate graduation rates less than 20%.
7. Review modeled targets for “Total OVC\_SERV”, which are calculated by applying the net rate of change decided in step 4 by the FY21 target referenced in step 3. In the case services are planned in FY22 where these were not provided in FY21, you may manually enter FY22 targets in this column.
8. Review the number of OVC beneficiaries that are targeted by the DREAMS program COP21 implementation. This target is calculated by multiplying the total OVC\_SERV target by the “DREAMS % of Total OVC\_SERV (%)” set in step 5. This formula is also dependent on the input into column “DREAMS SNU?”, which must be marked with a “Y” to indicate the SNU is in fact a DREAMS SNU in order to set this target (see step 2).
9. Review the number of OVC beneficiaries that are targeted by the OVC Preventive program COP21 implementation. This target is calculated by multiplying the total OVC\_SERV target by the “Preventive % of Total OVC\_SERV (%)”, set in step 5.
10. Review the number of OVC beneficiaries that are targeted for graduation from OVC Comprehensive services during COP21 implementation. This target is a calculated by multiplying the Total OVC\_SERV target by the “Comprehensive % of Total OVC\_SERV (%)” and “Targeted Graduation Rate among Comprehensive (%)”.
11. Review the targeted number of Active OVC Comprehensive beneficiaries for COP21. The Active OVC Comprehensive target is derived in the Data Pack as a remainder of Total OVC\_SERV to be served via Comprehensive services, less those captured in the “Comprehensive - Graduated” target. To make changes to “Comprehensive - Active” targets in the Data Pack, adjust the proportion in the “Comprehensive % of Total OVC\_SERV (%)” column, as set in step 5.

NOTE: There is no denominator for **OVC\_SERV**

NOTE: Changing the values here will lead to downstream changes in **OVC\_HIVSTAT** column L.

NOTE: Column L Target % Graduation Rate **does not** include Exited or Transferred Out in Denominator.

## OVC: OVC\_HIVSTAT

**OVC\_HIVSTAT:** Number of orphans and vulnerable children (<18 years old) with HIV status reported, disaggregated by HIV status.

```

schema\_table(“OVC-OVC\_HIVSTAT-T-U-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **# OVC with reported HIV Status** [OVC\_HIVSTAT.T] – Note that this data will be aggregated across age group, resulting in one value per PSNU.

### Instructions

1. Review the column “% OVC (<18) with reported HIV Status (%)” which is prepopulated at 100% by default, representing a goal of having 100% of those served via OVC Comprehensive services under 18 years old with reported HIV status. Adjust these values to either increase or decrease the COP21 target value in column “# OVC with reported HIV status”. Red highlights indicate percentages greater than 100%, or less than 0%; yellow highlighting indicates percentages changed to less than 100%.
2. Review the target value in column ““# OVC with reported HIV status”, which is calculated by multiplying those allocated to the OVC\_SERV Comprehensive services disaggregates, whether Active or Graduated, and also less than 18 years of age. To adjust these targets, return to step 1.

# GEND

## GEND: GEND\_GBV

**GEND\_GBV:** Number of people receiving post-gender-based violence (GBV) clinical care based on the minimum package.

```

schema\_table(“GEND-GEND\_GBV-C-H-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **Physical/Emotional Violence (FY22)** [GEND\_GBV.PE.T]
* **Sexual Violence** (FY22) [GEND\_GBV.S.T]

### Instructions

1. For historical context, review FY21 targets for both the Physical/Emotional Violence and Sexual Violence service types, which are pre-populated from DATIM.
2. Review and adjust the “Expected change in GEND\_GBV - Physical/Emotional Violence services (%)” and “Expected change in GEND\_GBV - Sexual Violence services (%)” columns. These will default to 0%, though this reflects no suggested strategic direction.
3. Review FY22 targets for both the “Physical/Emotional Violence” and “Sexual Violence” service types. Each of these is calculated as a function of the expected change rate multiplied by the FY21 target for the related service type. In the case services are planned in FY22 where these were not provided in FY21, you may manually enter FY22 targets in these columns.

# AGYW

## AGYW: AGYW\_PREV

**AGYW\_PREV:** Number of active DREAMS beneficiaries that have started or completed any DREAMS service/intervention as of the end of the reporting period.

```

schema\_table(“AGYW-AGYW\_PREV-F-L-1-2”)

```

```

schema\_table(“AGYW-AGYW\_PREV-M-S-2-2”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **Denominator - Started or Completed any DREAMS Service** [AGYW\_PREV.D.T]
* **Numerator - Completed at least Primary Package** [AGYW\_PREV.N.T]

### Instructions

1. For historical context, review Host Country Estimated Female Population for FY21, which is referenced from the Cascade tab.
2. Enter values for the Host Country Estimated Number of Vulnerable AGYW projected as of September 2021, as available. These are for reference and not used to model targets in proceeding steps.
3. For context, review FY22 targets for PrEP\_NEW, PrEP\_CURR, PP\_PREV, and HTS\_TST, set in other tabs of the Data Pack.
4. For additional context, review FY20 results for AGYW\_PREV and Observed Percent Completion as reported in DATIM.
5. Review and adjust assumptions for Projected Net Change in Total AGYW\_PREV from FY20 Results (%). This is defaulted to 0%, but can be adjusted as necessary. Red highlights indicate percentages over 100%; yellow highlights indicate percentages less than 100% but not 0%.
6. Review and adjust assumptions for Targeted Percent Completion. This is defaulted to 60%, but can be adjusted as necessary. Red highlights indicate percentages over 100%; yellow highlights indicate percentages less than 60%.
7. Review modeled FY22 targets for AGYW\_PREV Denominator and Numerator, and return to steps 1-6 to adjust values as necessary. See below for additional information.

### AGYW\_PREV Denominator (FY22)

As COP 21 represents the first year in which targets will be set for AGYW\_PREV, the process for arriving at these within the COP21 Data Pack has been kept purposefully simple.

FY22 targets for AGYW\_PREV Denominator are set as follows, rounding to the nearest integer:

Note that neither this target nor the target for AGYW\_PREV Numerator are disaggregated by Service or Package Completion Status.

### AGYW\_PREV Numerator (FY22)

FY22 Targets for AGYW\_PREV Numerator are similarly modeled very simply as follows, rounding to the nearest integer:

# PrEP

## PrEP: PrEP\_NEW

**PrEP\_NEW:** Number of individuals who have been newly enrolled on antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period.

```

schema\_table(“PrEP-PrEP\_NEW-F-L-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **Newly on PrEP (FY22)** [PrEP\_NEW.T]

### Instructions

1. Review the PrEP\_NEW section which will be populated with assumptions of FY22 Targets set at other points in the Data Pack for “HTS\_TST\_NEG”, “Host Country Est. PLHIV”, “AGYW(PREV (D)”, and “AGYW\_PREV (N)”.
2. Review data pulled from DATIM showing “PrEP\_NEW (FY20 Results)”, and “PrEP\_NEW (FY21 Targets)”.
3. Manually enter targets for “Newly on PrEP (FY22)”.

## PrEP: PrEP\_CURR

**PrEP\_CURR (N):** Number of individuals that received oral antiretroviral pre-exposure prophylaxis (PrEP) during the reporting period.

```

schema\_table(“PrEP-PrEP\_CURR-M-O-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **Current on PrEP (FY22)** [PrEP\_CURR.T]

### Instructions

1. Review “PrEP\_CURR (FY20 Results)” and “PrEP\_CURR (FY21 Targets)”, pulled from DATIM as a baseline in the FY22 target setting process.
2. Similar to the process for setting FY22 PrEP\_NEW targets, there is no pre-populated formula for FY22 PrEP\_CURR targets. Manually enter these targets in this section based on calculations and strategic programming decided outside the Data Pack.

# KP

**NOTE: The HTS\_TST, TX\_NEW, PrEP\_CURR, and PrEP\_NEW indicators in the KP tab are related to Key Populations only and are not linked to other tabs that feature those indicators.**

This tab is provided to facilitate and inform (1) data-driven program intent or relationships amongst indicators, where relevant, for KP programming and (2) easy review of all KP-related targets by virtue of having all KP-related targets in one tab. Importantly, pre-built algorithms and pre-set assumptions are NOT included in this tab. As such, entry of data into any columns labelled ‘Assumptions’ or ‘Projected’ MAY NOT automatically produce targets for the indicators listed.

Considerations as you complete and use this tab:

1. As per the COP21 Guidance, baseline data to support target development can come from bio-behavioral surveys (BBS) and size estimates, especially to understand current PLHIV burden and program results. Use the most recent and reliable estimates available where possible. For example, population size estimates and survey data on knowledge of status can inform PP\_PREV and subsequent clinical cascade targets.
2. Where possible and relevant, use FY21 targets and, as available, results to inform FY22 targets (the ‘Assumption’ column for each indicator in the tab). But remember to consider expectations for scale-up based on current program needs and gaps. That is, FY20 results may not be the most relevant and appropriate base from which to develop FY22 targets.
3. As per COP21 Guidance, OUs should strive to ensure all KPs reached with KP programming (KP\_PREV), who do not already know their HIV status are either tested for HIV or actively referred for HIV testing.
4. For clinical cascade indicators (HTS\_TST, TX\_NEW, etc.), consider the relationship amongst these indicators to ensure rates of linkage to treatment are in alignment with COP21 Guidance (i.e., high rates of linkage across all populations).
5. Recognize that Key Population disaggregates are a SUBSET of the regular Age/Sex disaggregates. Each PSNU must have a total of relevant Age/Sex disaggregates of the same indicator for targeting process to be correct (e.g., 15+ Men for MSM). This is also an important factor to consider on the PSNU x IM tab. You may construct additional formulae in the far right of the tab to check this, but it will also be checked by the validation apps.
6. Also note that IMs that do not provide actual clinical services cannot report TX\_NEW or TX\_CURR. While those IMs should track linkage in their own data systems, there is no relevant MER indicator for that data.

## KP: KP\_ESTIMATES

```

schema\_table(“KP-KP\_ESTIMATES-E-G-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **Host Country Est. Total Size (FY21)** [KP\_ESTIMATES.Total.T]
* **Host Country Est. KPLHIV (FY21)** [KP\_ESTIMATES.Pos.T]
* **Host Country Est. HIV Prevalence (FY21) (%)** [KP\_ESTIMATES.Prev.T]

### Instructions

1. Enter data directly into columns “Host Country Est. Total Size (FY21)”, “Host Country Est. KPLHIV (FY21)”, and “Host Country Est. HIV Prevalence (FY21) (%)”. As mentioned above, these data should come from reliable, approved sources and then be pasted directly into the respective columns in this tab and used as reference when setting targets throughout the rest of the KP tab. All data from these three columns will be imported into DATIM.
2. Where these data may not be available, the absence of this data will not adversely impact target-setting within the Data Pack for Key Populations.

## KP: PrEP\_CURR

**PrEP\_CURR:** Number of individuals, inclusive of those newly enrolled, that received oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV during the reporting period.

```

schema\_table(“KP-PrEP\_CURR-H-I-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **PrEP\_CURR - KeyPop** (FY22) [PrEP\_CURR.KP.T]

### Instructions

1. For historical context, review column “PrEP\_CURR - KeyPop (FY21 Targets)”, which will come pre-populated with FY21 targets for PREP\_CURR as currently reported in DATIM.
2. Manually enter FY22 PrEP\_CURR targets in the column titled, “PrEP\_CURR - KeyPop (FY22)”.

**NOTE:** The PrEP\_CURR targets here on the KP tab are not linked to those on the PrEP tab, but should nonetheless represent a subset of the total PrEP\_CURR targets. Be sure to review KP targets against total population targets in the KP Validation tab to ensure total population targets do not exceed total population targets set on the PrEP tab.

**NOTE:** The PREP\_CURR indicator should capture all individuals enrolled on PREP during the reporting period, inclusive of those counted as newly on PrEP. During review, be sure that at a minimum, PrEP\_CURR targets for KP equal or exceed the PrEP\_NEW targets for KP within the Data Pack.

## KP: PrEP\_NEW

**PrEP\_NEW:** Number of individuals who have been newly enrolled on antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period.

```

schema\_table(“KP-PrEP\_NEW-J-K-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **PrEP\_NEW - KeyPop (FY22)** [PrEP\_NEW.KP.T]

### Instructions

1. For historical context, review column “PrEP\_NEW - KeyPop (FY21 Targets)”, which will come pre-populated with FY21 targets for PREP\_NEW as currently reported in DATIM.
2. Manually enter FY22 PrEP\_NEW targets in the column titled, “PrEP\_NEW - KeyPop (FY22)”.

**NOTE:** PrEP\_NEW targets here on the KP tab are not linked to those on the PrEP tab, but should nonetheless represent a subset of the total PrEP\_NEW targets. Be sure to review KP targets against total population targets in the KP Validation tab to ensure total population targets do not exceed total population targets set on the PrEP tab.

## KP: KP\_PREV

**KP\_PREV:** Number of key populations reached with individual and/or small group-level HIV prevention interventions designed for the target population.

```

schema\_table(“KP-KP\_PREV-L-M-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **KP\_PREV (FY22)** [KP\_PREV.T]

### Instructions

1. For historical context, review column “KP\_PREV (FY21 Targets)”, which will come pre-populated with FY21 targets for KP\_PREV as currently reported in DATIM.
2. Manually enter FY22 KP\_PREV targets in the column titled, “KP\_PREV (FY22)”.

## KP: TX\_CURR

**TX\_CURR:** Number of adults and children currently receiving antiretroviral therapy (ART).

```

schema\_table(“KP-TX\_CURR-N-Q-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **TX\_CURR - KeyPop (FY22)** [TX\_CURR.KP.T]

### Instructions

1. Review columns “TX\_CURR - KeyPop (FY20 Results)” and “TX\_CURR - KeyPop (FY21 Targets)”, which will be imported from DATIM for reference.
2. Manually enter TX\_CURR targets in the column titled, “TX\_CURR - KeyPop (FY22)”. Be prepared to explain target setting processes and justify variations from previous years if asked during or prior to COP meetings.
3. Review “TX\_NET\_NEW - KeyPop (FY22)”, which will be set by taking the difference between “TX\_CURR - KeyPop (FY22)” and “TX\_CURR - KeyPop (FY21 Targets)” and be used as further reference in setting KP TX\_NEW.

NOTE: TX\_CURR targets here on the KP tab are not linked to those on the Cascade tab, but should nonetheless represent a subset of the total TX\_CURR targets. Be sure to review KP targets against total population targets in the KP Validation tab to ensure total population targets do not exceed total population targets set on the Cascade tab.

## KP: TX\_NEW (N)

**TX\_NEW:** Number of adults and children newly enrolled on antiretroviral therapy (ART).

```

schema\_table(“KP-TX\_NEW-R-V-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **TX\_NEW - KeyPop (FY22)** [TX\_NEW.KP.T]

### Instructions

1. Review column “TX\_NEW - KeyPop (FY21 Targets)”, which will come pre-populated with FY21 targets for reference.
2. Review and adjust the columns “Proportion of TX\_NET\_NEW from New ART Initiation (FY22) (%)”, “Targeted Retention Rate - Already on ART (FY22) (%)”, and “Targeted Retention Rate - New on ART (FY22) (%)”, which will be prepopulated with 100%, 98%, and 98% respectively. These columns serve similar roles along the KP Cascade as seen on the Cascade tab.
3. Review modeled FY22 targets for TX\_NEW – KeyPop, which are initially set by multiplying the FY22 target for TX\_CURR – KeyPop by first the “Proportion of TX\_NET\_NEW from New ART Initiation (FY22) (%)”, and then the “Targeted Retention Rate - New on ART (FY22) (%)”. However, due to wide variation in KP programming, this value can be overwritten and manually adjusted as needed without further approval from PPMs or DUIT Liaisons.

NOTE: TX\_NEW targets here on the KP tab are not linked to those on the Cascade tab, but should nonetheless represent a subset of the total TX\_NEW targets. Be sure to review KP targets against total population targets in the KP Validation tab to ensure total population targets do not exceed total population targets set on the Cascade tab.

## KP: TX\_PVLS (D) & TX\_PVLS (N)

**TX\_PVLS (D):** Number of ART patients with a VL result documented in the medical or laboratory records/LIS within the past 12 months

**TX\_PVLS (N):** Number of ART patients with suppressed VL results (<1,000 copies/mL) documented in the medical or laboratory results/LIS within the past 12 months.

```

schema\_table(“KP-TX\_PVLS (D)-W-Y-1-1”)

```

```

schema\_table(“KP-TX\_PVLS (N)-Z-AA-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **TX\_PVLS (D) - KeyPop (FY22)** [TX\_PVLS.D.KP.T]
* **TX\_PVLS (N) - KeyPop (FY22)** [TX\_PVLS.N.KP.T]

### Instructions

1. Review and adjust the columns “% of TX\_NEW Eligible for VL Test (FY22) (%)” and “Proportion of eligible w/ access to VL testing (FY22) (%)”, which will be prepopulated with 70% and 100%, respectively. These columns serve similar roles along the KP Cascade as seen on the Cascade tab.
2. Review modeled targets for “TX\_PVLS (D) - KeyPop (FY22)”, which will initially be set by multiplying the FY22 target TX\_NEW – KeyPop first by “% of TX\_NEW Eligible for VL Test (FY22) (%)” and then by “Proportion of eligible w/ access to VL testing (FY22) (%)”. However, due to wide variation in KP programming, this value can be overwritten and manually adjusted as needed without further approval from PPMs or DUIT Liaisons.
3. Review and adjust the “Targeted VL Suppression Rate (FY22) (%)”, which is set at a default 95% for all OUs, but can be changed with permission from your PPM and DUIT Liaisons. Decreasing the targeted suppression rate to any value below 95% will highlight the cell in Yellow, and in Red should it exceed 100% or drop below 0%.
4. Review modeled targets for “TX\_PVLS (N) – KeyPop (FY22) (%)”, which will initially be set by multiplying the Denominator Target for TX\_PVLS – KeyPop by the “Targeted VL Suppression Rate (FY22) (%)”.

NOTE: The KP tab TX\_PVLS (D) and TX\_PVLS (N) are not linked to the Cascade tab, therefore be sure to review KP targets against total population targets in the KP Validation tab to ensure Key Population targets do not exceed total population targets set on the Cascade tab.

## KP: HTS\_TST

**HTS\_TST:** Number of individuals who received HIV Testing Services (HTS) and received their test results.

```

schema\_table(“KP-HTS\_TST-AB-AH-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **HTS\_TST KeyPop, Positive (FY22)** [HTS\_TST.KP.Pos.T]
* **HTS\_TST KeyPop, Negative (FY22)** [HTS\_TST.KP.Neg.T]

### Instructions

1. Review “TX\_NEW from Previously Diagnosed (FY22) (%)”, which will come prepopulated at 0%, but can be adjusted as needed. Note that this column serves a similar role along the KP Cascade as seen in the Cascade tab.
2. Review the number of “TX\_NEW from Previously Diagnosed (FY22)”, which is calculated by multiplying the rate from Step 1 by “TX\_NEW - KeyPop (FY22)”. Return to Step 1 to adjust this value.
3. Review “TX\_NEW from all other sources (FY22)”, which will be set taking the difference of “TX\_NEW - KeyPop (FY22)” and “TX\_NEW from Previously Diagnosed (FY22)”.
4. Review and adjust the “Targeted ART Linkage Rate (FY22) (%)”, which is set at a default of 95% for all OUs. Change this value as needed, however, you must seek permission from your assigned PPM and DUIT Liaisons before decreasing the targeted suppression rate to any value below 95%. Red highlights in this column indicate percentages above 100% or below 0%; yellow highlights indicate percentages that have been altered to drop below 95%.
5. Set HTS\_TST “Yield (FY22) (%)” which will resemble the Yield % that was set in the various modalities of the HTS tab and should be approached similarly.
6. Review modeled FY22 targets for HTS\_TST KeyPop, Positive, which are the product of “TX\_NEW from all other sources (FY22)” and the rate set in “Targeted ART Linkage Rate (FY22) (%)”. However, due to wide variation in KP programming, this value can be overwritten and manually adjusted as needed without further approval from PPMs or DUIT Liaisons.
7. Lastly, review the modeled FY22 Targets for HTS\_TST KeyPop, Negative, which will be calculated by first dividing the FY22 target for HTS\_TST KeyPop, Positive by the Yield set in Step 5, and then subtracting the FY22 target for HTS\_TST KeyPop, Positive. Due to wide variation in KP programming, this value can be overwritten and manually adjusted as needed without further approval from PPMs or DUIT Liaisons.

NOTE: This HTS\_TST on the KP tab is not linked to the HTS tab, therefore be sure to review KP targets against total population targets in the KP Validation tab to ensure Key Population targets do not exceed total population targets set on the Cascade tab.

## KP: HTS\_RECENT

**HTS\_RECENT:** Number of newly diagnosed HIV-positive persons aged ≥ 15 years with a test for recent infection result during the reporting period.

```

schema\_table(“KP-HTS\_RECENT-AI-AJ-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **HTS\_RECENT - KeyPop (FY22)** [HTS\_RECENT.KP.T]

### Instructions

1. Review and adjust the “% of HTS\_TST KeyPop Positives (FY22) (%)”, which will be prepopulated at a default of 100%. This assumption resembles that of the % of Positives used to help set targets in the HTS\_RECENT tab. Red highlights in this column indicate percentages over 100% or under 0%; yellow highlights indicate percentages that have been changed to be less than 100%.
2. Review and adjust the modeled FY22 targets for HTS\_RECENT - KeyPop, which are the product of the rate set in step 1, and the FY22 Targets for HTS\_TST KeyPop, Positives.

NOTE: HTS\_RECENT KeyPop is not linked to the HTS\_RECENT tab. Be sure to review KP targets against total population targets in the KP Validation tab to ensure Key Population targets do not exceed total population targets set on the HTS\_RECENT tab.

## KP: HTS\_SELF

**HTS\_SELF:** Number of individual HIV self-test kits distributed.

```

schema\_table(“KP-HTS\_SELF-AK-AL-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **HTS\_SELF - KeyPop (FY22)** [HTS\_SELF.KP.T]

### Instructions

1. For historical context, review FY21 Targets for HTS\_SELF – KeyPop, which will be pulled from DATIM.
2. Manually populate FY22 Targets for HTS\_SELF - KeyPop.

NOTE: HTS\_SELF on this tab is not linked to the HTS tab. Be sure to review KP targets against total population targets in the KP Validation tab to ensure Key Population targets do not exceed total population targets set on the HTS tab.

# KP Validation

Each section of the KP\_Validation tab looks at each indicator that sets a Key Population target to ensure the total for each of these Key Population disaggregated targets does not exceed the total Female and Male 15+ populations for each PSNU. Under each of these sections there is conditional formatting that will highlight any of the “KP Targets Validation” columns in red if those values exceed the Total Targets.

```

schema\_table(“KP Validation-PrEP\_CURR-C-I-1-1”)

```

### DATIM Import

There are no data points that will be imported into DATIM from this tab.

### Instructions

For each section of this tab, follow the below steps:

1. Review the Total Population targets in the “Female, 15+ (FY22)” and “Male, 15+ (FY22)” columns, which sum targets across all 15+ age groups from where these are set in previous tabs of the Data Pack.
   1. Note that for the PrEP\_CURR and PrEP\_NEW sections, the summation is pulling age group totals from the PrEP tab, TX sections from the Cascade tab, and HTS Sections from the HTS tab. Return to those tabs to investigate and adjust values. Changes made in this section of the KP Validation tab WILL NOT affect actual targets set in those tabs.
   2. **NOTE**: Confirm for PrEP indicators that DREAMS age groups are aligned between KP and Total Populations, and ensure there is sufficient excess to target AGYW demographics.
2. Review each column of the KP Targets Validation section. Data for these columns come originally from the KP tab of the Data Pack. Return to that tab to investigate and adjust values. Changes made in this section of the KP Validation tab WILL NOT affect actual targets in the KP tab.
3. Review the “FSW” column and ensure the total in this column does not exceed the total target for “Female, 15+ (FY22)”. Cases where this does occur will be highlighted red.
4. Review the “MSM” column and ensure the total in this column does not exceed the total target for “Male, 15+ (FY22)”. Cases where this does occur will be highlighted red.
5. Review the final three columns “People in prisons and other enclosed settings”, “PWID”, and “TG” to ensure that the sum of these three columns does not exceed the remainder of KP’s — the remainder after subtracting the amounts targeted in the “FSW” and “MSM” columns. Cases where this does occur will be highlighted red.

# KP\_MAT

**KP\_MAT:** Number of people who inject drugs (PWID) on medication-assisted therapy (MAT) for at least 6 months

```

schema\_table(“KP\_MAT-KP\_MAT-E-K-1-1”)

```

### DATIM Import

The following data points will be imported into DATIM from this section:

* **KP\_MAT (FY22)** [KP\_MAT.T]
* **Host Country KP\_MAT\_SUBNAT (FY22)** [KP\_MAT\_SUBNAT.T]

### Instructions

1. Enter values for column “Host Country Estimated KP\_MAT\_SUBNAT (FY21)”, as available. Sources for this data should be approved by the PPM and DUIT Liaison assigned to your Country.
2. Review “PEPFAR KP\_MAT (FY21 Targets)”, pulled from DATIM as reference for historical context.
3. Review Observed PEPFAR Coverage of KP\_MAT\_SUBNAT (FY21 Targets), calculated by dividing FY21 PEPFAR KP\_MAT targets by Host Country Estimated KP\_MAT\_SUBNAT (FY21).
4. Review “Targeted PEPFAR Coverage of KP\_MAT\_SUBNAT (FY22) (%)” which will pull directly from the previous column for FY21 that was calculated in the last step, but you may edit this as needed.
5. Review and adjust “Targeted Growth in KP\_MAT (FY22) (%)”. This will be prepopulated at 0%, but you may adjust this as needed.
6. Review “KP\_MAT (FY22)” which will be the product of “PEPFAR KP\_MAT (FY21 Targets)” multiplied against “Targeted Growth in KP\_MAT (FY22) (%)”. In the case services are planned in FY22 where these were not provided in FY21, you may manually enter FY22 targets in these columns.
7. Review “Host Country KP\_MAT\_SUBNAT (FY22)” and adjust previous assumptions as needed. The Data Pack will model these targets based upon FY22 PEPFAR KP\_MAT targets and the Targeted PEPFAR Coverage of KP\_MAT\_SUBNAT (FY22) (%).

# PSNU x IM

Upon completing previous sections of the Data Pack, the PSNU x IM tab serves as a critical next step in allocating these targets to specific Implementing Mechanisms (IMs). To receive and populate a Data Pack, follow the below instructions.

### DATIM Import

The following data points will be imported into DATIM from this section:

* **All mechanism integer value totals**
* **All deduplication proportions**

## Receiving a PSNU x IM Tab for the First Time

Upon first receipt, the Data Pack will not contain a populated PSNU x IM tab. To receive a populated version of this tab, follow the below instructions:

1. Submit a preliminary Data Pack for validation to the self-service validation tool at [datapack.DATIM.org](http://datapack.datim.org/).
2. The Data Pack Self-Service App will automatically detect that the PSNU x IM tab has not yet been populated and will do so, returning a new copy of the Data Pack with all other parts of the Data Pack left unaltered, but containing a populated PSNU x IM tab. Note that this new copy of your Data Pack will NOT automatically update any data derived from DATIM used across the rest of the Data Pack, such as previous years’ result or target data. To request a Data Pack with updated DATIM data, contact your PPM and assigned DUIT Liaison for approval, then submit a ticket to the Data Pack Support Team at [DATIM.Zendesk.com](http://datim.zendesk.com/).
3. Download the new copy of your Data Pack generated by the Self-Service App and make it available to the rest of your team as appropriate.
4. Review the initial PSNU x IM tab for any obvious errors made in the automated generation process. Flag any issues to the Data Pack Support Team at [DATIM.Zendesk.com](http://datim.zendesk.com/).

In producing a PSNU x IM tab for the first time, the Data Pack Self-Service app will write data and formulas into this tab as follows:

* Each PSNU, with its parent SNU1.
* Data Pack Indicator Codes, which reference codes used throughout the Data Pack hidden in row 14 of on each tab.
* Age, Sex, & Key Population for each sub-population, where specified.
* Total Data Pack Targets, as set in previous tabs of the Data Pack. In adding these targets, the Data Pack Self-Service App will write formulas allowing dynamic referencing of each target. In cases where additional updates to previous tabs of the Data Pack may be necessary, any updates to target values will automatically be updated on this tab in this column.
* Rollup totals, summing allocated targets across all mechanisms. This column can be helpful in quickly assessing whether Data Pack Target totals have been over- or under-allocated across DSD or TA, and IMs. Red highlighting indicates cases where Rollup sums differ from original Data Pack Target totals.
* Percentage allocations across IMs and DSD or TA, based on FY21 Target proportions as currently reported in DATIM. Note that these are based on a snapshot of DATIM taken at the time this data is originally written into the PSNU x IM tab. These allocation percentages will not automatically update once they have been first written into this tab. See below for how to either adjust existing allocations, or add new IMs and allocations to this section.
* Possible maximum and minimum Deduplicated Rollup Totals, Deduplicated DSD Totals, and Deduplicated TA Totals.
* Observed and Targeted Dedupe Resolution strategies as seen in DATIM-reported data for FY21 Targets, or based on allocations chosen in the Data Pack. See below for additional information.
* Duplicated Rollups, summing by DSD, TA, and Total across all allocated mechanisms. These data will automatically update as allocations are adjusted on this tab, or as total targets are adjusted on other tabs.
* IM-level Target Values, as integers, calculated by multiplying Data Pack Target totals by mechanism allocation percentages.

## Adjusting IM Allocations

To adjust, remove, and add allocations across Mechanisms in the PSNU x IM tab, follow the below instructions:

1. Review initial allocations written automatically into the Data Pack based on patterns observed in FY21 Targets in DATIM.
2. To adjust existing percentages, type over percentages already provided in the Data Pack with new percentages reflecting COP21 strategic programming. Note that these allocations are both to distribute targets to mechanisms *as well as* to distribute them across DSD and TA. In other words, in a case with no deduplication, allocations should sum to 100%, representing how each target will be divided both across mechanisms and by service type.
3. To remove existing percentages, **DO NOT DELETE COLUMNS**. Instead, either replace the name of a mechanism in row 14 with a new name (following the format #####\_DSD or #####\_TA) and repurpose or replace the allocations in the rows below it, or delete all percentage allocations for a given mechanism — but keeping the mechanism name in row 14 the same — effectively withdrawing it from a certain geography or population or program area.
4. To add new mechanisms for allocation, follow the below steps:
   1. Unhide the buffer of hidden green columns between pre-populated mechanism columns and the gray columns to the right describing Deduplicated Totals (Columns K – CG).
   2. Type the new mechanism name into the green cell in row 14, making sure to also denote the service type, whether DSD or TA. These names must be of the format: #####\_DSD, or #####\_TA. Do not leave any blank columns between mechanisms. Again, **DO NOT DELETE COLUMNS**.
   3. Confirm that mechanisms added here are entered in FACTS Info, approved, and valid for MER data entry for COP21. While there can be up to a 24 hour delay in synchronizing these mechanisms from FACTS Info to DATIM, as soon as a mechanism is added and approved and valid in FACTS Info, its 4-6 digit numeric code can be entered here in the Data Pack, and you can begin allocating targets to this new mechanism. However, note that in order to validate these data using the Data Pack Self-Service App, mechanisms must have already been synchronized from FACTS Info to DATIM. Validation alerts in the Data Pack Self-Service App will note where this may not be the case.
   4. Add allocations in the rows below any new mechanisms, making sure that new and old allocations still aggregate to no less than 100% allocation in all cases, and also no more than 100% allocation where no deduplication occurs.

## Resolving Rounding Errors

Due to the combination of multiplication of percentage values against target values coming from other parts of the Data Pack, and rounding of all mechanism target values to integers, target values allocated against mechanisms may roll up with some slight difference from Data Pack Targets. It may be necessary to iteratively adjust rounding errors and deduplications throughout the IM allocation process, though in general it is a good practice to resolve rounding errors as much as possible before moving on to deduplication. To resolve rounding errors, adjust percentages gradually, as follows:

1. If you had previously unhid the buffer of green Percentage Allocation columns (the section between columns K and CG) while adding new mechanisms, or the Deduplication columns in columns CH to DB, it may be helpful to hide columns in these sections again now to more easily see both Percentage Allocations and Target Values at the same time on your screen.
2. It may also be helpful to review Duplicated Rollup values in columns DC to DE in addition to Data Pack Targets in column I so as to consider rounding errors distinctly from the impacts of deduplication. Note that all when first produced, the PSNUxIM tab applies no initial deduplication, so Total Duplicated Rollups and Data Pack Targets will match when first received.
3. While maintaining overall distribution patterns as intended, gradually adjust percentage allocations under affected mechanisms in columns K through CG to increase or decrease Duplicated Rollups as needed.

Note that while all rounding errors should be resolved if possible, a small margin of error around some values is permissible, so long as this does not exceed an absolute value of 2 in either direction of the Data Pack Target in column I.

## Performing Deduplication

Follow the below steps to perform all Deduplication associated with IM allocations of targets. Note that due to improvements to the COP21 Data Pack and close alignment with DATIM, performing deduplications in the Data Pack resolves the need to perform any deduplication in DATIM.

1. If you had previously unhid the buffer of green Percentage Allocation columns (columns K – CG), it may be helpful to hide empty columns in this section again now.
2. Review Duplicated Rollups for DSD, TA, and total targets, beginning in column DC. These are dynamically summed across all mechanism targets allocated in the PSNU x IM tab to the right of these columns. To adjust these totals, return to the Percentage Allocation section.
3. Review TA Deduplication in columns CV to DB, DSD Deduplication in columns CO to CU, and Crosswalk Deduplication in columns CH to CN (recommended in that order for each row):
   1. Where only a single mechanism is assigned targets under either DSD or TA (for DSD and TA Deduplication), where deduplicated DSD and TA totals (see column CH) aggregate to less than or equal to Data Pack targets (for Crosswalk Deduplication), or where total mechanism targets (column DC) aggregate to less than or equal to Data Pack Targets (column I), gray highlighting in these sections indicates that deduplication is not necessary or permitted.
   2. Review allowable ranges for possible deduplicated totals by referencing the SUM and MAX rollup columns. As in the DATIM Deduplication App, SUM values represent cases with zero deduplication, and MAX rollups represent application of the most deduplication possible, resulting in values equivalent to the largest IM target among either the DSD or TA mechanisms (for DSD or TA deduplication), or the larger of either DSD or TA deduplicated totals (for crosswalk deduplication).
   3. Review Observed Dedupe Resolutions seen in FY21 Target allocations. These are provided for reference, and indicate which deduplication approach was used in FY21 Target deduplication, performed in the DATIM Deduplication App.
   4. For cases where Custom deduplication was used in FY21 Targets, review the Custom Dedupe Allocation observed in FY21 Targets. Percentages here are calculated by dividing the DSD or TA deduplication value (for DSD or TA deduplication) or the sum of Deduplicated DSD and Deduplicated TA (for crosswalk deduplication) by the sum of all mechanisms and deduplication values, across both DSD and TA. As such, these values are all negative or zero, and can be easily compared against target allocation percentages used in columns K – CG.
   5. In columns CZ for TA, CS for DSD, and CL for Crosswalk, manually type the deduplication resolution approach to be used to resolve deduplication issues, as follows:
      1. “CUSTOM” or “custom” or “Custom”
      2. “SUM” or “sum” or “Sum”
      3. “MAX” or “max” or “Max”
   6. Where Custom deduplication is selected, also indicate the percentage allocation to be assigned to the deduplication value in the column to the immediate right. Again, a reminder that these values should all be negative or zero, and represent the proportion of deduplication values relative to the Data Pack Target total in column I. Initially upon indicating Custom deduplication, the Data Pack will preset this deduplication allocation equal to the value observed in FY21 Targets, if any. You may alter and adjust this value as needed, so long as it is negative or zero. Also note that it is not enough to only type in a percentage deduplication allocation; you must also enter “CUSTOM”, “SUM”, or “MAX”, as explained in the previous step. Note that instead of entering “SUM”, it is possible to enter “CUSTOM” but enter a deduplication percentage allocation of 0%; and instead of entering “MAX”, it is possible to enter “CUSTOM” but enter a deduplication percentage allocation that results in the equivalent of the MAX value shown in columns CI, CP, or CW.
4. Review the Rollup values in column J for any mismatch against Data Pack Targets in column I that may necessitate adjustment of Deduplication allocations. Note that while it is not a strict requirement that percentage allocations across mechanisms and deduplication add to 100%, it is a requirement that integer values add to equal the Data Pack Target in column I, ± 2. Red highlights in column J indicate values more than 2 (integer, absolute value) away from the Data Pack Targets in column I; yellow highlights indicate values 1 or 2 (integer, absolute value) away from the Data Pack Targets column I.

# Appendix

## Reference Materials

* COP/ROP 2021 Guidance: <https://www.state.gov/wp-content/uploads/2020/12/PEPFAR-COP21-Guidance-Final.pdf>
* MER Data Validation Rules User Guide: <https://datim.zendesk.com/hc/en-us/articles/360055112711-MER-Validation-Guide>
  + This Document has been designed to communicate all validation rules that the Data Pack, as well as other COP21 documents, will go through in the validation and upload process. A description of the validation rules, their definitions and user actions to correct any flagged errors can be found in this document.
* Monitoring, Evaluation, and Reporting Indicator Reference Guide (MER) v2.5: <https://datim.zendesk.com/hc/en-us/articles/360000084446-MER-Indicator-Reference-Guides>
* MER 2.5 Training Videos: <https://datim.zendesk.com/hc/en-us/articles/360051593031-MER-2-5-Training-Videos>

## Country Team Contact List

|  |  |  |  |  |  |  |
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