United States Department of State

Washington, D.C. 20520

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INFORMATION MEMO FOR AMBASSADOR NINA MARIA FITE, ANGOLA

FROM: S/GAC – Ambassador Deborah L. Birx, MD

SUBJECT: FY 2019 PEPFAR Planned Allocation and Strategic Direction

We are grateful to you, Ambassador Fite, and your Deputy Chief of Mission, Mitchell Benedict, for your engagement in planning, review and implementation, and with the community and Government to enhance PEPFAR program impact. We are grateful for your attention to core policy adoption and holding partners to account and performance for improved outcomes and greater impact. Finally we are grateful to your PEPFAR staff in country, working together across agencies to ensure the most effective and efficient use of taxpayer dollars.

Since 2007, PEPFAR has invested $130,966,144 to support the Government of the Republic of Angola (GRA) to advance progress toward HIV epidemic control. Five years ago, PEPFAR moved to focus efforts to improve clinical outcomes for PLHIV in select sites in Luanda and among key and priority population groups, with the ultimate goal of transferring successful interventions to the GRA to expand throughout the country. In FY 2018 this included support for HIV testing services for 164,717 people, which resulted in 12,147 people being newly identified as HIV positive, and 7,355 HIV positive individuals newly initiated on treatment. As of September 30, 2018, 35,453 HIV positive Angolans are receiving treatment in PEPFAR-supported sites. In this year your team is deploying hot-spot mapping to refine programs targeted to key populations, increasing linkage and yield within those groups.

Though partners met several key targets, challenges in linkage as suggested through proxy calculations (less than 60 percent linked), poor retention and modest patient outcomes reflected by an overall viral suppression of only 70 percent, are a concern. There are also still significant policy barriers, including limited role out of test and start and outdated ART regimens, which prevent progress towards reaching epidemic control at a national level.

For the 2019 Country Operational Plan (COP 2019), PEPFAR Angola needs to refocus efforts on two primary objectives. First, continue to improve outcomes for key and priority populations (MSM, TG, TSW and military). Second, provide national-level technical assistance to transfer lessons learned from site level activities executed over the past five years to ensure both Global Fund dollars and host country resources take these essential site level advances to scale to achieve impact, and ensure national policies and guidelines align with WHO standards, including Test and Start, multi-month scripting and ART regimen optimization. Site-level clinical activities at facilities in Luanda should only include the minimum service delivery activities

needed to maintain existing clients on treatment. All site-level clinical activities should be completely transferred to GRA by the end of FY 2020. Staffing for PEPFAR Angola will need to reflect these programmatic shifts, including reductions in U.S. direct hire positions. Going forward, management and operations will be supported through agency-specific regional or head quarter offices.

For COP 2019 planning and execution PEPFAR Angola will remain an independent operating unit and submit their own operational plan with evolution of the program as noted above and focusing on priority populations. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) total planning level for Angola for COP 2019 is **$10,000,000,** inclusive of all new funding accounts and applied pipeline.

If you have questions about the priorities and guidance laid out in this letter, please contact your Chair and Program Manager. My office is continually grateful for your team's work on the PEPFAR program, helping us to move towards an AIDS-free generation by supporting the HIV response in Angola.

APPENDICES:

1. **COP 2019 PLANNING LEVEL**
2. **COP 2019 BUDGETARY REQUIREMENTS & GUIDANCE**
3. **PAST PERFORMANCE**
4. **COP 2019 DIRECTIVES**

APPENDIX 1: COP 2019 PLANNING LEVEL

Based upon current analysis of spend levels, information submitted for the FY 2018 Q4 POART and performance information, the total COP 2019 planning level is estimated to be comprised as follows:

Table 1. COP 2019 Budget

Angola TOTAL COP 2019 PLANNING LEVEL: $10,000,000		
Total Base Budget for COP 2019 Implementation		**$ 10,000,000**
Total COP 19 New Funding	$ 5,203,494	
of which, VMMC	*$ -*	
of which, DREAMS	*$ -*	
Total Applied Pipeline	$ 4,796,507	

**Applied pipeline by agency is provided in chart below.*
***Funding for the VMMC program must be at least the amount noted here; however, this total can come from both new and pipeline funds.*

Table 2. Applied Pipeline

Angola COP 2019 Applied Pipeline By Agency	
Total Applied Pipeline	**$ 4,796,507**
HHS/CDC	$ 2,005,028
DOD	$ 1,343,519
USAID	$ 1,447,960

**Based on agency reported available pipeline from EOFY.*

All planning levels are subject to further adjustment, **based upon appropriations**, further analysis determining the availability of excessive pipeline, and other developments during the course of COP 2018 implementation and the COP 2019 review process. The total spend in the implementation of COP 2019 (FY 2020) may not exceed the total COP 2019 planning level of $10,000,000.

APPENDIX 2: COP 2019 BUDGETARY REQUIREMENTS

Table 3. COP 2019 Earmarks

Angola COP 2019 EARMARK REQUIREMENTS		
Care and Treatment (C&T)	**$**	**988,664**
% of base funds allocated to C&T		*19%*
HKID	**$**	**-**
Gender Based Violence (GBV)	**$**	**-**
Water	**$**	**-**

Care and Treatment: If there is no adjustment to the COP 2019 new funding level due to an adjustment in applied pipeline, Angola's minimum requirement for the care and treatment earmark is reflected in the chart above. Your care and treatment requirement is calculated as the sum of total new FY 2019 funding programmed to the HTXS, HTXD, HVTB, HBHC, PDTX, PDCS budget codes, 30% of the total funding programmed to the MTCT budget code, 80% of the total funding programmed to the HLAB budget code, and 30% of the total funding programmed to the HVCT budget code. This minimum care and treatment earmark has been derived based upon a requirement that your country programs a minimum of 19% of all **new FY 2019 Base Funds** to care and treatment of people living with HIV.

HKID Requirement: Angola's COP 2019 minimum requirement for the HKID budget code is reflected in the chart above. Your COP 2019 HKID requirement is derived based upon the approved COP 2018 HKID level. The COP 2019 planned level of new funds for HKID can be above this amount; however, it cannot fall below it.

Gender Based Violence (GBV): Angola's COP 2019 minimum requirement for the GBV earmark is reflected in the chart above. Your GBV earmark requirement is calculated as the total **new FY 2019** funding programmed to the GBV cross-cutting code. Your COP 2019 earmark is derived by using the final COP 2018 GBV earmark allocation as a baseline. The COP 2019 planned level of new FY 2019 funds for GBV can be above this amount; however, it cannot fall below it.

Water: Angola's COP 2019 minimum requirement for the water earmark is reflected in the chart above. Your water earmark requirement is calculated as the total **new FY 2019 funding** programmed to the water cross-cutting code. Your COP 2019 earmark is derived by using the final COP 2018 water earmark allocation as a baseline. The COP 2019 planned level of new FY 2019 funds for water can be above this amount; however, it cannot fall below it.

Transitioning HIV Services to Local Partners: To sustain epidemic control, it is critical that the full range of HIV prevention and treatment services are owned and operated by local institutions,

governments, and organizations – regardless of current ARV coverage levels. The intent of the transitioning to local partners is to increase the delivery of direct HIV services, along with non-direct services provided at the site, and establish sufficient capacity, capability, and durability of these local partners to ensure successful, long-term local partner engagement and impact. This action is a priority for all OUs, Regional Programs and Country Pairs. PEPFAR has set a 70% goal **by agency** by the end of FY20, and must meet 40% by FY19. Each country has to contribute to this goal based on the context of the local partner mix and types of public and private partners available to provide essential services. Therefore, each Angola agency should work with their respective agency HQ in determining their contribution in meeting the agency level local partner requirement for FY20 as appropriate through their COP 2019 submission.

COP 2019 Applied Pipeline

All agencies in Angola should hold a 3 month pipeline at the end of COP 2019 implementation in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. Any agency that anticipates ending COP 2018 implementation (end of FY 2019) with a pipeline in excess of 3 months is required to apply this excessive pipeline to COP 2019, decreasing the new funding amount to stay within the planning level.

The Applied Pipeline amount of $4,796,507 given by S/GAC as a part of the COP 2019 planning level has been calculated to reflect the projected excessive pipeline as of the beginning of the COP 2019 implementation cycle (FY 2020), and is the minimum amount that Angola must apply as pipeline in the COP 2019 submission. The distribution of new base funds and Applied Pipeline was calculated to ensure 3 months of pipeline remains with mechanisms, based upon the financial data submitted for the FY 2018 Q4 Obligation and Outlay and FY 2018 End of Fiscal Year (EOFY) reports. Expired funds, funds on expired mechanisms and projected FY 2019 outlays as submitted in the EOFY report were all taken into consideration to inform the projected excessive pipeline and the required COP 2019 applied pipeline amount.

Unliquidated obligations on closed mechanisms identified in the FY 2018 EOFY report should be de-obligated in a timely manner. This will continue to be monitored throughout FY 2019 (COP 2018 implementation) and into COP 2019.

APPENDIX 3: PAST PERFORMANCE TRENDS

Table 4. COP 2017/ FY 2018 Outlays versus Approved Budget*

Row Labels	Sum of Approved COP 2017 Planning Level	Sum of Total FY 2018 Outlays	Sum of Over/Under Outlays
Angola	**$ 17,700,000**	**$ 12,822,955**	**$ (4,877,045)**
DOD	$ 1,685,245	$ 1,152,090	$ (533,155)
HHS	$ 6,569,924	$ 6,379,658	$ (190,266)
State	$ 20,000	$ 4,135	$ (15,865)
USAID	$ 9,424,831	$ 5,287,072	$ (4,137,759)
Grand Total	**$ 17,700,000**	**$ 12,822,955**	**$ (4,877,045)**

** State obligations and outlays have not yet been reconciled and the numbers in this table may change based on reconciliation.*

Angola's total FY 2018 outlay level of $12,822,955 is under your approved spend level of $17,700,000 (COP 2017 budget). Within this total, DOD, CDC, State, and USAID spent below their approved level.

Table 5. IP FY18 Outlays*

** This table was based off the FY18 EOFY submissions, but edited to reflect OPUs as of January 15th, 2019. Agencies outlaid to the following Implementing Mechanisms 125% or more in excess of their COP17 approved planning level.*

Mech ID	Prime Partner	Funding Agency	COP17/FY18 Budget (New funding + Pipeline + Central)	Actual FY18 Outlays ($)	Over/Under FY18 Outlays (Actual $ - Total COP17 Budget $)
17848	Ministry of Health, Angola	HHS/CDC	No COP17 Budget	$ 236,836	$ 236,836

Table 6. COP 2017/ FY 2018 Results versus Targets*

** Financial and target performance data not a one-to-one correlation as program classification expenditures encompass more than those towards indicator/target presented.*

Agency	Indicator	FY18 Result	FY18 Target	% Achievement	Program Classification	FY18 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	40,013	20,394	196%	HTS	$ 232,649	0%
	HTS_TST_POS	4,015	2,840	141%			
	TX_NEW	2,150	3,189	67%	C&T	$ 1,863,739	22%
	TX_CURR	7,065	9,077	78%			
				Above Site Programs		$ 1,154,114	
				Program Management		$ 874,404	
DOD	HTS_TST	13,553	21,475	63%	HTS	$ 269,930	0%
	HTS_TST_POS	952	953	99%			
	TX_NEW	918	740	124%	C&T	$ 384,463	0%
	TX_CURR	7,702	2,550	302%			
				Above Site Programs		$ 333,307	
				Program Management		$ 216,812	
USAID	HTS_TST	95,971	60,690	158%	HTS	$ 3,012,910	70%
	HTS_TST_POS	7,272	7,872	92%			
	TX_NEW	3,934	7,543	52%	C&T	$ 2,239,407	39%
	TX_CURR	20,732	22,003	94%			
				Above Site Programs		$ 282,489	
				Program Management		$ 965,173	

COP 2017/ FY 2018 Performance

Overall

- Testing: PEPFAR Angola achieved 105% of their HTS_POS target, though the program modestly over-tested, achieving 146% of the HTS_TST target. The program expanded index testing this year, achieving yields of 25% or greater in select sites. The program also achieved similarly high yields in STI clinics.
- Treatment: PEPFAR Angola only initiated 7,002 new clients on treatment in FY 2018, 61% of the target. This reflects < 60% proxy linkage, though current data systems make it difficult to determine if newly identified positives are receiving clinical services at non-PEPFAR-supported facilities. Challenges remain for treatment retention as well, and only 70% of clients tested were virally suppressed.
- Supply Chain Management: Site and above site work has resulted in reductions of stock outs at PEPFAR-supported facilities, from 13% 1st line in FY2017 to no reported stock outs in FY18. Similar results were observed for 2nd line, RTK and condoms. There are still significant stock out for pediatric formulations. GRA has also not moved to MMS for all stable patients.

- Key Populations: PEPFAR Angola met KP_PREV and HTS_TST targets, but only achieved 50% of HTS_POS. There was significant improvement between Q1 and Q4, increasing from 39 to 586 positives identified, respectively.

Partner-Specific Performance

- DOD's sole partner, Charles Drew University, achieved 100% of HTS_POS targets more efficiently than predicted during COP17 target development, only needing to test 63% of the HTS_TST target. They also exceeded TX_NEW targets with a proxy linkage of 97%.
- PSI, funded by USAID, slighted exceeded HTS_POS targets but with lower efficiency than planned, over-testing by 164%. Notably, PSI has started implementing index testing with very high yields and expect higher efficiency in COP 18. PSI had challenges linking clients to treatment, with a proxy rate of 63% overall for the year. Linkage has improved from 41% in Q1 to 63% in Q4. PSI underperformed for TX_NEW in both COP16 and COP17. There remains challenges following clients from identification to linkage outside of PSI-supported facilities. While PSI outlaid within budget, expenditures were slightly over their approved budget (106%) and USAID Angola will need to closely monitor obligations and expenditures in FY 2019.
- Columbia University, funded by CDC, also overachieved in HTS_POS but at lower efficiency than targeted. Similar to PSI, Columbia underperformed in initiating and keeping clients on treatment, with a proxy linkage rate of 54%. Columbia has also historically underperformed in initiating clients on treatment, not reaching targets in COPs 15-17.
- FHI 360 failed to reach HST_POS targets, only achieving 49% in COP17, with significant over testing. This was the first year of implementation and partner-specific data has shown significant improvements quarter over quarter this year. Hot-spot mapping through GIS and other technologies has resulted in improving yields quarter by quarter. Before April 2018, only 11 of 95 hot-spot clusters had positivity rates above 5%. After April 2018, about half (56 of 108) clusters had positivity rates above 5%. In April 2018, the case finding rate was 3.24% and 2.54% for FSW and MSM, respectively. In September 2018, those rates increased to 8.11% and 4.57%.
- While FHI 360 outlaid within budget, expenditures were 115% of their approved budget and USAID Angola will need to closely monitor obligations and expenditures in FY 2019.

APPENDIX 4: COP 2019 DIRECTIVES

Targets

PEPFAR Angola's COP 2019 strategy must focus PEPFAR investments on continuing to improve outcomes for key and priority populations, and transferring lessons learned from clinical interventions implemented the last few years to the government of Angola. As such, S/GAC will not be prescribing targets. PEPFAR Angola should develop key and priority population-specific targets, building on results achieved last year. This should include prevention, testing and treatment indicators as appropriate. PEPFAR Angola should also report TX_CURR for facilities in Luanda continuing to receive support to maintain the existing cohort of patients on treatment in FY 2020. Finally, PEPFAR Angola should develop benchmarks to measure impact of national-level above service delivery activities as per instructions in the COP guidance.

COP 2019 Minimum Requirements

All PEPFAR programs – bilateral, regional, and country pairs – are expected to have the following minimum program requirements no later than the beginning of COP19 implementation (FY 2020). Adherence to these policies and practices are essential to the success of all PEPFAR programs at the national, subnational, community, and service delivery levels. Evidence demonstrates that lack of any one of these policies/practices significantly undermines progress to reaching epidemic control and results in inefficient and ineffective programs. Failure to meet any of these requirements by FY 2020 will result in reductions to the Angola budget.

Table 7. Minimum Requirements

Minimum Requirement	OU Specific Guidance (if applicable in COP18 or COP19)
1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	Work with GRA to address barriers to Test and Start: transfer lessons learned from PEPFAR-supported sites.
2. Adoption and implementation of differentiated service delivery models, including six month multi-month scripting (MMS) and delivery models to improve identification and ARV coverage of men and adolescents.	Continue to support supply chain security and transfer lessons learned to expand MMS beyond PEPFAR-supported facilities.
3. Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	Support GRA to optimize ARV regimens. This should include registration, forecasting and deployment of TLD as first line. Work with GRA to eliminate NVP as first line.
4. Scale up of Index testing and self-testing, and enhanced pediatric and adolescent case finding, ensuring consent procedures and	Work with GRA at national level to develop index testing policy and standard operating procedures.

confidentiality are protected and monitoring of intimate partner violence (IPV) is established.	Work with GRA to expand self-testing beyond KPs.
5. TB preventive treatment (TPT) for all PLHIVs must be scaled-up as an integral and routine part of the HIV clinical care package.	
6. Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	
7. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and related services, such as ANC and TB services, affecting access to HIV testing and treatment and prevention.	
8. Completion of VL/EID optimization activities and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups.	
9. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	
10. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on adolescent girls in high HIV-burden areas, 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV, and children and adolescents living with HIV who require socioeconomic support, including integrated case management.	
11. Evidence of resource commitments by host governments with year after year increases.	
12. Clear evidence of agency progress toward local, indigenous partner prime funding.	Begin building capacity within local partners so they can compete for direct funding.
13. Scale up of unique identifier for patients across all sites.	Team should work with GRA to develop SOPs to implement.

In addition to meeting the minimum requirements outlined above, it is expected that Angola will ensure appropriate progress towards viral load management and improved use of efficient testing strategies.

COP 2019 Technical Priorities

Tuberculosis

PEPFAR OUs are expected to offer Tuberculosis Preventive Treatment (TPT) as a routine part of HIV care, which means that all care and treatment partners are expected to offer TPT and report on it. Programs are expected to fully scale TPT over the next two years, such that all PLHIV who are on treatment and are eligible for TPT have received a course by the end of COP 2020. Therefore, the TB_PREV targets included in this letter were set as described above under the target table. For COP 2019, the number of patients that are expected to complete a course of TPT in Angola is 24,718, approximately half the total number of eligible PLHIV, per the mandate from S/GAC to fully scale TPT over the next two years. COP 2020 TB_PREV targets will cover the remaining 50% of the eligible PLHIV on ART, adjusted upward for those that will be newly enrolled in ART during the COP 2019 implementation period. In order to ensure successful programming, it is expected that, at a minimum, $138,421 will be budgeted for TPT commodities.

Cervical Cancer Screening and Treatment

All PEPFAR OUs that are offering cervical cancer screening and treatment services should ensure that activities planned are in line with the PEPFAR clinical guidance (issued June 2018). A detailed description of implementation status and scale-up plans is requested within the Strategic Direction Summary for COP 2019. All funding allocated from your COP 2019 budget must be used exclusively to reduce morbidity and mortality of women on ART in Angola.

Other Technical and Programmatic Priorities for Angola

Although PEPFAR Angola has made modest improvements to clinical outcomes for those receiving treatment in PEPFAR-supported sites, after five years of implementation, national indicators have failed to move in any significant way. In addition, the policy environment in Angola continues to restrict potential acceleration towards epidemic control. For COP19, PEPFAR Angola should focus efforts to improve outcomes for key and priority populations, and work at the national level to ensure that policies and guidelines, including Test and Start, multi-month scripting, and ART regimen optimization, align with WHO guidance. This includes transfer of best practices learned from PEPFAR-supported facilities in Luanda to GRA. Site-level activities within the nine PEPFAR-supported facilities should shift to a basic package of services to maintain existing clients on treatment. To achieve this, Angola should focus on:

Treatment:

- PEPFAR activities within the nine-supported clinics in Luanda should shift to focus only on activities and support to maintain those already on treatment. All other activities being implemented in COP18 (FY 2019), for example active case-finding, QA/QI and pilot projects, should come to a close and any lessons learned transferred to GRA for future implementation. PEPFAR should plan to transfer all remaining site-level clinical activities to GRA by the end of FY 2020.

- Focus supply chain activities to optimize drug regimens, including registration and forecasting to transition patients to TLD. Support efforts to eliminate NVP-containing regimens as first line for adults.
- Expand use of MMS, including with military populations (3 months or longer)
- Improve HMIS and other electronic systems to better track patients between public facilities and with military treatment programs.
- Continue to build capacity within the national laboratory system, including efforts to improve Viral Load coverage.

Testing and Case Finding in Key and Priority Populations:

- Deploy risk-based screening and index testing within key and priority population programs.
- Continue hotspot mapping and enhanced peer outreach and counseling models for KPs.

Staffing:

- Overall staffing will need to be aligned with the evolving investment and program footprint. In COP19, PEPFAR Angola should maintain only one USDH or PSC position. The PEPFAR Coordinator position should be transitioned to an EFM or other local hiring mechanism. All other management and oversight will be supported through regional or headquarter offices.

Border Epidemic:

- PEPFAR Angola should not shift programs to address the epidemic along the Namibia Border.

COP 2019 Stakeholder Engagement

Sustained control of the HIV/AIDS epidemic necessitates that PEPFAR teams actively and routinely coordinate and communicate with all partners, including local, regional and international civil society and community stakeholders, multilateral partners and the host country government. With your leadership, PEPFAR is leading the way in facilitating transparent processes and in sharing data and results. Continued meaningful engagement with these groups throughout the development and implementation of COP 2019 remains a requirement for all PEPFAR programs, and as such the COP 2019 process will engage with stakeholders early and frequently. This engagement specifically includes the sharing of FY 2018 Q4 and FY 2018 APR results and analyses and the convening of an in-country planning retreat with local stakeholders no later than the week of January 28, 2019 in order to introduce and discuss all COP 2019 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP 2019. In February, initial COP tools will be submitted to S/GAC for review and feedback. S/GAC will provide feedback prior to the in-person meetings in March and April, and teams should reflect the feedback with their revised submissions. It is critical that meaningful involvement of civil society and community input is solicited and incorporated in every step of the process. In alignment with sustained control of the epidemic, the intentional outreach and inclusion throughout this process of civil society and community organizations that directly work with key and priority populations should be a priority of the PEPFAR field team.

In March and April 2019, PEPFAR will convene in-person meetings in Johannesburg, South Africa, Bangkok, Thailand, and Washington, DC where outstanding decisions will be discussed and finalized. In addition to host-country representatives, the meetings will also include representatives from local and international civil society and community organizations and multilateral partners. Engagement with all stakeholders is required beyond the meetings and throughout the COP 2019 development and finalization process. As in COP 2018, the draft Strategic Direction Summary (SDS) and Data Pack are required to be shared with stakeholders for their input and comments at least 72 hours prior to submission of these materials to the Embassy Front Office. Please refer to the COP 2019 Guidance for a full list of requirements and engagement timelines (Section 2.5.3).