United States Department of State

Washington, D.C. 20520

January 16, 2019

INFORMATION MEMO FOR Chargé d'Affaires Kali Jones, Botswana

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

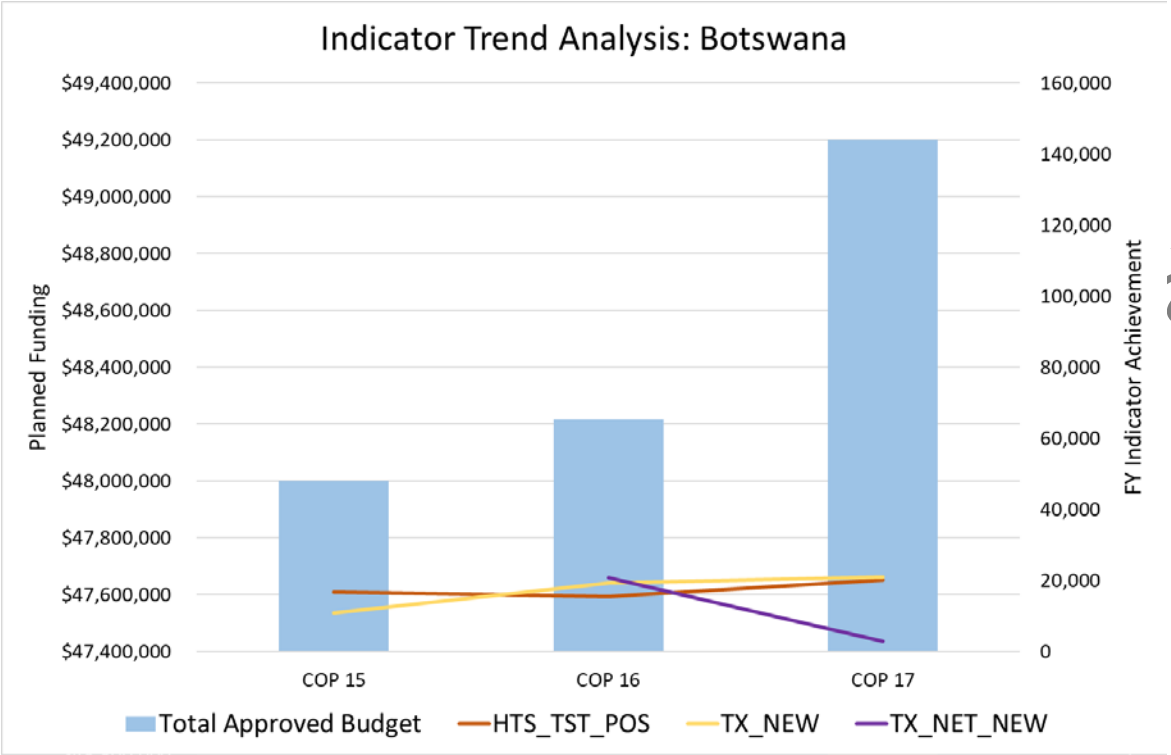
SUBJECT: FY 2019 PEPFAR Planned Allocation and Strategic Direction

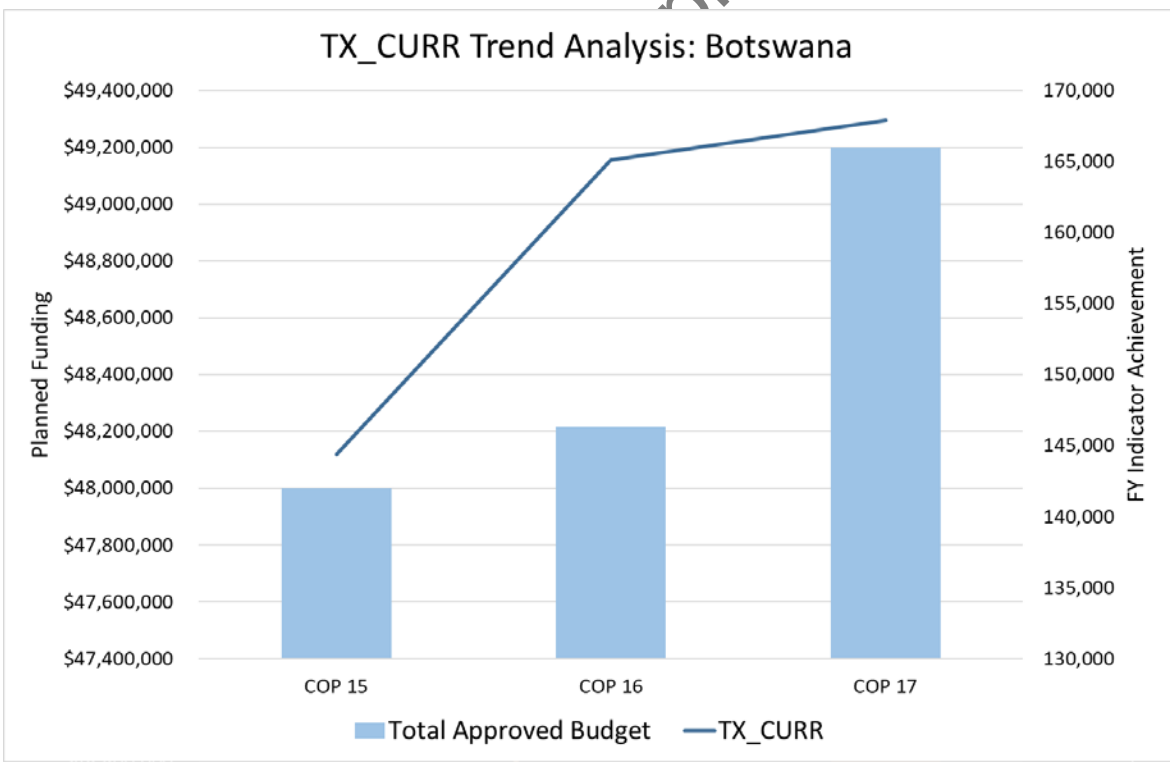
Subject to COP Development and Approval

We are grateful to you, Chargé d'Affaires Jones, for your engagement with key governmental and community stakeholders in the planning, review, and implementation of the U.S. President's Emergency Plan for AIDS Relief's (PEPFAR) Botswana program. We appreciate your attention to advancing key policy issues and to holding partners to account for their expenditures and performance. In addition, we would take this opportunity to acknowledge the hard work of your PEPFAR staff and their ability to work together to use U.S. taxpayer dollars efficiently and effectively.

As the team prepares for the 2019 Country Operational Plan (COP 2019) cycle, we would note a number of strengths and weaknesses of the PEPFAR/Botswana program. Among the former are the Government of Botswana's (GoB) enduring commitment to and investment in its HIV response, early adoption of fixed-dose combination dolutegravir for HIV treatment, alignment of national and PEPFAR HIV data systems, and innovative outreach methods (e.g., the "Have it All documentary" demystifying HIV medical treatment).

Despite its many strengths, the PEPFAR/Botswana Q4 POART data review revealed that the program continues to underperform on key dimensions despite increased funding. This is deeply disappointing in light of the cumulative $896.7 million investment of U.S. tax dollars since 2004. The team in partnership with community and the Government of Botswana must immediately address the issues noted in this letter during COP 2018 execution or future funding will be severely compromised further.


Indicator Trend Analysis: Botswana
$49,400,000
$49,200,000
$49,000,000
$48,800,000
$48,600,000
$48,400,000
$48,200,000
$48,000,000
$47,800,000
$47,600,000
$47,400,000
Planned Funding
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0
FY Indicator Achievement
COP 15
COP 16
COP 17
Total Approved Budget
HTS_TST_POS
TX_NEW
TX_NET_NEW


TX_CURR Trend Analysis: Botswana
$49,400,000
$49,200,000
$49,000,000
$48,800,000
$48,600,000
$48,400,000
$48,200,000
$48,000,000
$47,800,000
$47,600,000
$47,400,000
Planned Funding
170,000
165,000
160,000
155,000
150,000
145,000
140,000
135,000
130,000
FY Indicator Achievement
COP 15
COP 16
COP 17
Total Approved Budget
TX_CURR

The team exceeded its testing target (107%), it underperformed in terms of case-finding (58%), treatment initiation (56%), and cumulative numbers of persons on ART (76%) every aspect of successful implementation was lacking. Moreover, the program reported a decline in clients on treatment current in FY 2018 despite nearly $40,000,000 USD. There was evidence of underperformance for all of the partners, including University of Washington, FHI 360, University of Maryland, JHPIEGO, John Snow, Inc., and GoB. Exceptions exist, such as performance reported by the GoB's partners working on the Botswana Combination Prevention Project (BCPP) and its refugee treatment program, but the PEPFAR/Botswana program is best characterized as one that under-achieves its targets and for the last year has made no progress toward epidemic control.

PEPFAR/Botswana faces unique structural impediments to its progress. Formal and informal policies in Botswana undermine efforts to diagnose and immediately treat persons living with HIV infection. HIV self-testing is not approved and index partner testing is implemented in such a manner that per-test and per-positive costs are prohibitively high (i.e., $117 and $1052, respectively). Although immediate and universal ART provision has been adopted, only 57% of patients initiate it within 7 days post-diagnosis, perhaps due to widespread resistance by HIV providers and patients to same-day ART initiation. Community distribution of ARVs is not yet approved and no treatment access is available to the estimated 7% of PLHIV in Botswana who are non-citizens. As noted previously, the PEPFAR/Botswana program has attrition rates that severely constrain its ability to reach its cumulative treatment targets, as policy barriers preclude implementation of differentiated service delivery, multi-month ARV dispensing, and the scale-up of tuberculosis preventive therapy. Even the Botswana AIDS Indicator Survey, which will collect surveillance data for both TB and HIV that are essential to optimize resources according to unmet need, has faced multiyear delays.

The evidence suggests the need for major changes to the policy environment and program implementation in order for PEPFAR/Botswana to realize its potential for stemming the national HIV epidemic. Consequently, the PEPFAR/Botswana total planning level for COP 2019 will be reduced to **$42,450,000**, inclusive of all new funding accounts and applied pipeline. This **40% funding reduction** from COP 2018 is intended to shift the program to a sustained footing that will enable it to focus on the following key tasks. First, it must work effectively with its GoB partners, stakeholders, and international donors to eliminate the structural barriers known to impede: a) efficient case-finding, b) immediate treatment access to all newly diagnosed persons, and c) improved coverage of viral load monitoring as stipulated as minimum requirements in COP19 guidance. Second, this funding cut will facilitate the program ceasing all community-based and index partner HIV testing until policies permit its cost-effective implementation in a manner aligned with PEPFAR guidance and tools. Third, the team must de-emphasize active case-finding in community-settings and instead focus on initiating same day treatment for those diagnosed through facility-based testing, stem attrition from the treatment continuum, and increase viral load monitoring and suppression rates. Fourth, this cut will induce the team to make the difficult decisions about partner performance and use performance improvement plans to remediate subpar outcomes or replace partners that over-expend and under-perform.

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If you have questions about the priorities and guidance laid out in this letter, please contact your Chair and Program Manager. My office is grateful for your team's commitment to achieving together an AIDS-free generation in Botswana.

APPENDICES:

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

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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 as follows:

Table 1. COP 2019 Budget

TOTAL COP 2019 PLANNING LEVEL: $40,000,000		
Total Base Budget for COP 2019 Implementation		**$ 40,000,000**
Total COP 19 New Funding	$ 31,178,883	
of which, VMMC	*$ 3,977,359*	
of which, DREAMS	*$ 4,792,016*	
Total Applied Pipeline	$ 8,821,117	
Total Faith Based Organization (FBO) Initiative Funding (FY 18 Funds)		**$ 2,450,000**

** Applied pipeline 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

Botswana	
COP 2019 APPLIED PIPELINE BY AGENCY	
Total Applied Pipeline	**$ 8,821,117**
DOD	$ 3
HHS/CDC	$ 1,987,394
HHS/HRSA	$
PC	$ 40,826
State	$ 3
State/AF	$ 6
USAID	$ 6,792,886

***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 $42,450,000.

Central Funding

Botswana is also receiving $2,450,000 in Central Funds as a part of the FBO Initiative. These FY 2018 funds are being notified to you via this letter; however, note that these funds are being released immediately, ahead of the release of the bilateral COP 2019 funds. Central Funds for the FBO Initiative should be used as soon as possible after receipt, during the current

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implementation cycle of COP 2018/FY 2019. Each country team should specify the purpose and use of these funds (based the data and analysis from the recent FBO TDYs) as part of the SDS**.**

APPENDIX 2: COP 2019 BUDGETARY REQUIREMENTS

Table 3. COP 2019 Earmarks

Botswana COP 2019 EARMARK REQUIREMENTS		
Care and Treatment (C&T)	$	18,083,752
% of base funds allocated to C&T		*58%*
HKID	$	1,558,944
Gender Based Violence (GBV)	$	1,000,120
Water	$	50,000

Care and Treatment: If there is no adjustment to the COP 2019 new funding level due to an adjustment in applied pipeline, Botswana'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 58% of all **new FY 2019 Base Funds** to care and treatment of people living with HIV.

HKID Requirement: Botswana'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): Botswana'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: Botswana 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.

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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 FY 2020, 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 Botswana agency should work with their respective agency HQ in determining their contribution in meeting the agency level local partner requirement for FY 2020 as appropriate through their COP 2019 submission.

COP 2019 Applied Pipeline

All agencies in Botswana 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 $8,821,117 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 Botswana 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.

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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
Botswana	**$49,314,272**	**$28,570,093**	**($20,744,179)**
HHS	$23,809,093	$22,221,584	($1,587,509)
USAID	$21,750,507	$14,913,377	($6,837,130)
DoD	$990,980	$633,153	($357,827)
PC	$2,300,000	$2,192,919	($107,081)
STATE	$463,692	($11,390,940)	($11,854,632)
Grand Total	**$49,314,272**	**$28,570,093**	**($20,744,179)**

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

Botswana's total FY 2018 outlay level of $28,570,093 is under your approved spend level of $49,314,272 (COP 2017 budget). No agency outlaid above their FY 2018 budget. The following Implementing Mechanisms also outlaid at least 125% in excess of their COP 2017 approved planning level.

Table 5. IP FY18 Outlays

Mech ID	Prime Partner	Funding Agency	COP17/FY18 Budget (New funding + Pipeline)	Actual FY18 Outlays ($)	Over/Under FY18 Outlays (Actual $ - Total COP17 Budget $)
7320	Regional Procurement Support Office/Frankfurt	State/AF		$ 403,540	$ 403,540
14487	Association of Schools of Public Health	HHS/CDC		$15,860	$15,860
17275	African Comprehensive HIV/AIDS Partnerships	HHS/CDC	$ 350,000	$ 491,763	$ 141,763
17282	American Association of Blood Banks	HHS/CDC		$ 54,025	$ 54,025
17321	Catholic Relief Services	USAID	$ 283,090	$ 955,619	$ 672,529
17328	FHI 360	USAID		$ 181,674	$ 181,674

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

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

Agency	Indicator	FY18 Target	FY18 Result	% Achievement	Program Classification*	FY18 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	101,375	95,013	94%	HTS	$1,830,673	100%
	HTS_TST_POS	6,998	3,144	45%			
	TX_NEW	37,246	11,933	32%	C&T	$4,421,661	25%
	TX_CURR	213,496	139,779	65%			
	VMMC_CIRC	21,000	15,874	76%	PREV: CIRC	$2,461,698	100%
	OVC_SERV	NA	NA	NA	SE for OVC	NA	NA
					Above Site Programs	$3,086,138	
					Program Management	$3,268,735	
HHS/HRSA	HTS_TST	237,800	275,142	116%	HTS	$2,777,883	100%
	HTS_TST_POS	20,705	13,881	67%			
	TX_NEW	NA	NA	NA	C&T	$387,585	100%
	TX_CURR	NA	NA	NA			
	VMMC_CIRC	NA	NA	NA	PREV: CIRC	NA	NA
	OVC_SERV	NA	NA	NA	SE for OVC	NA	NA
					Above Site Programs	$811,918	
					Program Management	$2,029,171	
DOD	HTS_TST	11,300	8,866	78%	HTS	$102,497	100%
	HTS_TST_POS	640	285	45%			
	TX_NEW	NA	NA	NA	C&T	$40,709	0%
	TX_CURR	NA	NA	NA			
	VMMC_CIRC	5,300	3,358	63%	PREV: CIRC	$742,015	100%
	OVC_SERV	NA	NA	NA	SE for OVC	NA	NA
					Above Site Programs	NA	
					Program Management	$751,597	
USAID	HTS_TST	77,746	77,928	100%	HTS	$1,972,391	84%
	HTS_TST_POS	6,465	2,922	45%			
	TX_NEW	643	9,087	1413%	C&T	$8,867,305	91%
	TX_CURR	1,562	28,131	1801%			
	VMMC_CIRC	NA	NA	NA	PREV: CIRC	$124,579	100%
	OVC_SERV	15,222	21,212	139%	SE for OVC	$11,908,932	89%
					Above Site Programs	$2,086,534	
					Program Management	$4,889,674	

** Financial and target performance data are not a one-to-one match as program classification expenditures encompass more than those towards indicator/target presented. Data in this table may change based on reconciliation.*

COP 2017/ FY 2018 Performance

Overall, PEPFAR/Botswana under-outlaid its COP 2017 budget, utilizing only $42 million of the approved $70 million. Two implementing mechanisms over-outlaid by an average of 240% and four implementing mechanisms had outlays for which they had no associated COP17/FY18 budget. Most of these over-outlays are attributable to close out costs and expired awards. The PEPFAR/Botswana team is encouraged to continue to review partner performance data and to use these analyses both identify lessons and innovations for other partners but also to prevent, identify, and intervene in the face of under-performance and over-expenditure. As regards the latter, analyses conducted at S/GAC highlight partner results that merit immediate and ongoing attention.

- **FHI360**, funded by USAID, only achieved 53% of their HTS_TST_POS target but expended 631% of their testing budget. However, they only reached 31% of their TX_NEW target and 18% of their TX_CURR target while underspending in those budget codes.
- The **University of Maryland/BUMMHI**, funded by CDC, only achieved 30% of their new on treatment target and 70% of their current on treatment target for the year.
- Though only reaching 67% of their case-finding target, **The University of Washington/I-TECH** had the strongest HTS performance. However, they spent 137% of their testing budget.
- Both VMMC partners – **JHPIEGO**, funded by DOD; and the **Government of Botswana**, funded by CDC – did not reach their targets. The Government of Botswana only achieved 48% of their circumcision target, while the JHPIEGO achieved 63% of their circumcision target.

Given the poor performance on linking and retaining new and current ART patients, some COP 2018 funds will need to be reserved by not scaling during the improvement period. Accordingly, FY 2019 treatment targets have been adjusted downward. The expectation is that only facility-based testing will continue during the improvement period. As fewer positives will now need to be diagnosed during COP 2018 implementation, a minimum of 30% of the testing budget from COP 2018 should be saved and applied as pipeline to use in COP 2019. This should be incorporated into pipeline amount determinations for the implementing partners who conduct testing in COP 2018 and COP 2019.

Partners that consistently underperform should be placed on a tailored performance improvement plans that provide for regular reviews of relevant data, annual and interim performance milestones, technical assistance, and the option to replace those that do not respond to intervention.

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APPENDIX 4: COP 2019 DIRECTIVES

Table 7. COP 2019 (FY 2020) Targets

Based on current progress towards epidemic control and funding level, the following FY 2020 treatment targets are recommended for Botswana:

	Pediatric (<15) Treatment Target	Adult (15+) Treatment Target	Treatment Target Total[a]
COP 18 (FY 19 Targets)			
TX_NEW (New on Treatment)	155	13,190	13,345
TX_CURR (Current on Treatment)	1,625	151,776	153,401
COP 19 (FY 20 Targets)			
TX_NEW (New on Treatment)	155	13,190	13,345
TX_CURR (Current on Treatment)	1,780	164,966	166,746
TB_PREV	N/A	N/A	72,183
VMMC_CIRC	N/A	N/A	25,000

[a]Targets should be further allocated by age and sex based on disaggregated PLHIV estimates and unmet need for ART.

These targets were developed based on the following assumptions:

- TX_NEW: We used 90% of facility based HTS_TST_POS results from FY2018 as a baseline targets for FY2019 and FY2020.
- TX_CURR: These revised COP18 TX_NEW targets were added to TX_CURR to generate revised COP18 TX_CURR targets. The COP19 TX_NEW were then added to the revised COP18 TX_CURR target to generate a COP19 TX_CURR target.
- TB_PREV: Targets for TB_PREV were calculated using an Excel-based tool that utilized (among other considerations) estimated number of patients expected to be on ART at the start of COP 2019 who would screen negative for TB symptoms, the proportion likely to be ineligible for clinical reasons, the estimated number who would have already received TPT by the start of COP 2019 and projected enrollment and completion rates.
- VMMC_CIRC: Targets for VMMC were developed based on current coverage, past performance, and available funding for prevention activities.

S/GAC expects PEPFAR/Botswana to limit its case-finding to a) optimized PITC that utilizes risk and/or symptom-based screening, b) testing pregnant women attending antenatal clinics, and c) facility-based index partner testing that conforms to PEPFAR guidance. Instead of active case-finding, PEPFAR/Botswana should prioritize improving treatment initiation, minimizing loss-to-

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follow-up, and achieving viral suppression in all persons diagnosed with HIV infection. **All community-based testing should be discontinued immediately.**

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 Botswana budget.

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Table 8. Minimum Requirements

Minimum Requirement	Botswana 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.	In line with the WHO recommendations, all PEPFAR supported countries should offer same-day initiation of ART to all newly diagnosed HIV patients with no contraindications to rapid or same- day ART initiation independent of place of diagnosis. Accordingly, Botswana should scale up the initiation of ART within 7 days for at least 90% of all persons newly diagnosed with HIV infection, including non-citizens, by the end of COP19.
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.	The team should implement DSD approaches in all sites that include, by the end of the year, a minimum of 6-month ART delivery for stable patients, as well as other strategies to ensure ART coverage and utilization by men and persons 25 or younger.
3. Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	The team should continue to use remaining TLE stock and complete its TLD transition in COP19.
4. Scale up of Index testing and self-testing, and enhanced pediatric and adolescent case finding, ensuring consent procedures and confidentiality are protected and monitoring of intimate partner violence (IPV) is established.	The team should work with key partners to advance policy shifts permitting index partner testing with fidelity as defined by PEPFAR guidance and Solutions Platform resources.

5. TB preventive treatment (TPT) for all PLHIVs must be scaled-up as an integral and routine part of the HIV clinical care package.	The team must work with its GoB partners to expand eligibility for TPT beyond those for whom it is approved (viz., < 5 y/o's). TPT must become a routine part of clinical care.
6. Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	Team should scale up same-day ART initiation. COP19 IP work plans need to be revised accordingly.
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.	No user fees are collected at public facilities for HIV and related services.
8. Completion of VL/EID optimization activities and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups.	Team must address and resolve policy barriers to achieve viral load monitoring for all persons on ART.
9. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	Data systems must be updated to collect morbidity and mortality data (TX_ML) and providers should be trained to report it consistently.
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.	PEPFAR/Botswana must update its data systems to track the layering of DREAMS services.
11. Evidence of resource commitments by host governments with year after year increases.	GOB remains the majority proportion of the national HIV response. However, it must extend treatment access to non-citizens, who are estimated to account for 7% of PLHIV in Botswana.
12. Clear evidence of agency progress toward local, indigenous partner prime funding.	Each agency should work with their headquarters team to allocate at least 70% of resources to local/indigenous partners in COP19 and work toward a timeline for progress in future FYs.
13. Scale up of unique identifier for patients across all sites.	PEPFAR/Botswana should utilize its unique patient identifier to improve tracking of patients, particularly those who have fallen out of care, passed away, or relocated.

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

Table 9. Other Requirements

Requirement	OU Specific Guidance (if applicable in COP18 or COP19)
1. Viral load management: Country policy updated.	Continue to develop a national strategic plan for scale-up of viral load monitor at PEPFAR supported sites.
2. Screen better and test smarter: Stop over-testing.	Policy of optimized testing that targets patients who are at risk for HIV infection, including focus on optimized PITC by the start of COP19.

COP 2019 Technical Priorities

Tuberculosis

S/GAC is aware that TB Preventive Therapy (TPT) is not approved for use in Botswana. However, 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 Botswana is 72,183, 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.

DREAMS

Botswana is allocated $4,792,016 funding for DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) programming in COP 2019, of which, $1,429,625 of your COP 19 HVAB budget code needs to be part of your DREAMS programming. This funding is allocated within your COP 2019 planning level and must be used exclusively for the goal of HIV Prevention among adolescent girls and young women (AGYW) in DREAMS SNUs in accordance with all DREAMS and COP 2019 Guidance. All new funding allocated to AGYW prevention programming, including DREAMS, must be allocated to the AGYW Prevention cross-cutting budget code.

- Team should ensure that providers delivering post-GBV services are trained in and are aware of the special considerations for providing post-GBV care to children and adolescents. Ensure that all staff implementing GBV prevention interventions and

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response services are trained in the provision of first-line support and how to respond when AGYW disclose experiences of violence.

- Team should strengthen community-based support services for AGYW on PrEP to help support adherence. Work to ensure that PrEP education is incorporated into AGYW's HIV prevention education in schools and safe spaces.
- Team should strengthen the development of safe spaces and the engagement of mentors by: 1) identifying innovative ways to deliver social asset building interventions and HIV and violence prevention messaging in safe spaces, especially for 20-24 year olds; 2) utilizing available resources, including technology, to continue to engage AGYW and retain mentors; 3) ensure that layering is not just focused on clinical/medical services.
- Team should prioritize working with the Government of Botswana to ensure a timely release of results from the Violence Against Children Survey.
- The team should confirm a plan, including timeline, for standing up a tracking system and when the team will be able to report on AGYW_PREV should be included in the COP submission.

Subject to COP Development and Approval

VMMC

Botswana is allocated $3,977,359 funding for VMMC. As with COP 2018, your total COP 2019 allocation to the CIRC budget code is included in your COP funding determined in this letter. VMMC funding must be used exclusively to support the implementation of VMMC programs in males 10 years and older as pursuant with the CIRC budget code guidance, including the minimum package of clinical and prevention services which must be included at every VMMC delivery point, circumcisions supplies and commodities, communication and demand creation, training, and case finding and linkages for high-risk men.

Botswana's total VMMC target for COP 2019 is 25,000 and a minimum of 13,750 circumcisions should be done in men over age 14.

	COP19 target	Total $	VMMC coverage 15-24	VMMC coverage 15-49	Minimum % 15+	Minimum VMMC in 15+
Botswana	25,000	$ 3,977,359	23	26	55	13,750

Cervical Cancer Screening and Treatment:

Alongside COP 2018, Botswana was allocated a total of $2,200,000 in two-year Central Funds for Cervical Cancer Screening and Treatment programming. These Central Funds were provided in order to reduce morbidity and mortality of women on ART in Botswana by increasing the screening of HIV positive women for cervical cancer and the treatment for pre-invasive cervical lesions. The COP 2019 target for screening HIV positive women for cervical cancer is 32,394, calculated as 50% of women 25-49 on treatment per the number of women on ART for the 25-49 year old age band in Botswana at the end of COP 2017 / FY 2018 implementation period. A

detailed description of implementation status and scale-up plans is requested within the Strategic Direction Summary for COP 2019.

FBO and Communities of Faith Engagement

You have been selected as one of the countries to receive Central support through the FBO and Community Initiative in the amount of $2.45 million, in order to accomplish the priority activities, as identified per the FBO TDY visits.

Of this total, USAID will receive $1,225,000, and CDC will receive $1,225,000. These funds are to be used to engage those who work in high burden areas (including informal settlements) with faith communities, such as local faith-based and traditional networks, local faith-based and traditional organizations, as well faith and traditional leaders. Of this total, 50% should be invested in case-finding for young adult men, adolescents, and children living with HIV; and 50% should be invested in the primary prevention of sexual violence and HIV among children ages 9-14 year olds.

The case-finding investments should include the development and/or adaptation and dissemination of new messaging about HIV testing, linkage, and retention (e.g., Test & Start, U=U); building capacity among local faith leaders and faith organizations to create demand for and use of HIV self-tests, along with targeted distribution of HIV self-tests; engaging champions in faith communities to strengthen linkage and adherence support; and programming on basic HIV education and stigma reduction; and convening key stakeholders to facilitate sharing solutions.

The investments in primary prevention of sexual violence and HIV should include raising awareness among faith and traditional leadership about sexual violence and HIV risk faced by 9-14 year olds; using national-to-local infrastructures to train faith leaders in targeted implementation of evidence-based approaches within faith community infrastructures, including youth, parenting, and men's religious programing, with a focus on community mobilization, changing norms and parenting/caregiver programs (these programs include *Families Matter, Parenting for Lifelong Health, Real Fathers, Coaching Boys Into Men, and SASA! Faith)*; and engaging in child safeguarding policy development and implementation through faith and traditional community structures, assuring inclusion of the contextualized process for accessing health, legal, and social protection referrals.

Some Faith and Community partners support both HIV case-finding/linkage/retention and prevention of sexual violence and HIV risk among ages 9-14 years; in these cases, it may be possible to engage in comprehensive prevention and care by supporting both key FBO priorities.

Any further instructions or questions can be addressed by Chair and PPM.

Subject to COP Development and Approval

Other technical and programmatic priorities for Botswana

Recommendations for PEPFAR/Botswana's COP 2019 include:

- Reduce testing to approved HIV testing targets, eliminate all community-based HIV testing, and improve facility-based case-finding yields and absolute numbers by scaling efficient HIV testing strategies such as index partner testing, self-testing, and optimized PITC (using risk/symptom-based screening).
- Facilitate immediate, universal access to HIV treatment by addressing provider resistance and treatment literacy in patients, including non-citizen residents.
- Advocate the scale-up of multimonth dispensing and other strategies to decongest HIV clinics.
- Improve viral load coverage by addressing GOB policies regarding semi-annual monitoring even for stable patients, resolving supply chain and potential reagent and cartridge stock outs and enhancing utilization of geneXpert.
- Engage MOH and stakeholders to support policy change favoring TB preventive therapy.
- Support the rapid completion of the HIV/TB-integrated Botswana AIDS Impact Indicator Survey (BAIS-TB)
- Review Table 6 (above site activities) to determine which activities are not currently supported by policy or are not in alignment with the COP19 minimum requirements listed in this document and defund those activities until the policy environment is more supportive.

Subject to COP Development and Approval

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).

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