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July 15, 2019

**ACTION MEMO FOR DEBORAH L. BIRX, AMBASSADOR-AT-LARGE; COORDINATOR OF THE UNITED STATES GOVERNMENT ACTIVITIES TO COMBAT HIV/AIDS AND U.S. SPECIAL REPRESENTATIVE FOR GLOBAL HEALTH DIPLOMACY**

SUBJECT: Côte d'Ivoire Country Operational Plan 2019 Approval

**Recommendations**

Approve the Côte d'Ivoire Country Operational Plan (COP) 2019 with a total budget of **\$104,825,773** including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

Cote d'Ivoire	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
<b>Total Budget</b>	<b>50,404,436</b>	<b>54,421,337</b>	<b>104,825,773</b>
<b>COP 19 Bilateral</b>	50,404,436	54,421,337	104,825,773

\* New Funding may refer to FY 2019 or other FY appropriations newly allocated for implementation in FY 2020 with COP 2019; accounts indicated in detailed tables.

\*\* Pipeline refers to funding allocated in prior years and approved for implementation in FY 2020 with COP 2019

Approve a total FY 2020 outlay for COP 2019 implementation that does not exceed the total approved COP 2019 budget of \$104,825,773. **Any prior year funds that are not included within this COP 2019 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2020 without additional written approval.** The new FY 2019 funding and prior year funds approved within this memo as a part of the total COP 2019 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2020– must be submitted to and approved by S/GAC.

Approved funding will be made available to agency headquarters for allocation to country platform to implement COP 2019 programming and priorities as outlined below and in the appendix.

Approve access for the Côte d'Ivoire PEPFAR program of up to \$388,725 in central funding for the procurement of condoms and lubricants.

Côte d'Ivoire must fully achieve approved COP 2018 (FY 2019) treatment current (TX\_CURR) targets in order to execute the COP 2019 strategy. Suboptimal COP 2018 performance jeopardizes COP 2019 funding and may result in updates to this approval and a decrease to the COP 2019 funding.

Of the resources approved for the COP 2019 funding for implementation in FY 2020 described in this memo, \$4,000,000 of FY 2019 GHP-State funding will be notified and transferred to HHS/CDC to support a coordination mechanism with the government of Côte d'Ivoire (GoCI) to improve the performance of the national AIDS program as well as to increase the involvement of regional and district health staff in site-level monitoring and achievement of 95-95-95 goals.

## **Background**

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, indigenous and international stakeholders and implementing partners in Johannesburg, South Africa during the March 18-22, 2019 in-person planning meetings; the COP finalization meetings in Washington, D.C. April 24-26, 2019; and the final COP 2019 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

## **Program Summary**

Funding and targets for PEPFAR Côte d'Ivoire's Country Operational Plan (COP) 2019 are approved to support PEPFAR Côte d'Ivoire's vision to accelerate progress towards reaching epidemic control by the end of 2020. Although some gains have been made within the past year, there are equally significant challenges to achieving epidemic control, and Côte d'Ivoire is currently not on pace to reach UNAIDS' 2020 or 2030 targets nor the COP 2018 targets. Results from the 2017-2018 Cote d'Ivoire Population-Based HIV Impact Assessment show that only 49.8 percent of people living with HIV (PLHIV) aged 15-64 years know their HIV status, and 92 percent of those identified are on antiretroviral therapy (ART). Only 73.7 percent of those on ART are virally suppressed. Combined, fewer than 35 percent of PLHIV are

virally suppressed, endangering their own health and enabling transmission of the virus.

PEPFAR Côte d'Ivoire's program data show consistent underperformance of implementing partners, particularly in retaining patients on ART. Efforts through FY 2020 will focus on a "fix then scale" strategy in which 140 priority, high volume sites are targeted for rapid quality improvement. These sites will receive intensive partner management and monthly site visits to help reach full implementation of required policies and at least 95 percent retention rates at one and three months of patients on ART before being approved to scale activities to find, diagnose, link, and retain new PLHIV.

PEPFAR Côte d'Ivoire's COP 2019 strategy aims to do business differently by strategically realigning PEPFAR efforts to the 60 highest need geographic districts and the highest volume sites, working closely with national and district level governments and civil society to ensure implementation of key policies, and managing partners in new ways to incentivize performance. PEPFAR and the government of Côte d'Ivoire (GoCI) will set up a coordination mechanism to improve the performance of the national AIDS program as well as to increase the involvement of regional and district health staff in site-level monitoring. The intensified collaboration between PEPFAR and GoCI is exemplified by the distribution of a circular in March 2019, which shifted key policies, including the removal of all user fees in public health facilities for HIV and related care such as pregnancy care, support of six-month antiretroviral prescriptions for stable patients, and adoption of dolutegravir (TLD) regimens for all patients.

These shifts in strategy, implementation, and partner management are being put in place now during COP18 execution. The report provided by civil society at the COP review meetings was very helpful and was an immediate call to action for the PEPFAR Côte d'Ivoire team. Intensive joint site-level monitoring by the PEPFAR team, GoCI, implementing partners, and civil society was begun in March 2019 at priority sites, along with a surge effort at these sites to bring lost patients back into care. Sites will be evaluated for potential scaling beginning in July 2019 based on their improvement in retention. COP18 and COP19 performance assessment will include joint evaluation of clinical and community partners at the site level to ensure closer collaboration in case finding, linkage, and retention.

The PEPFAR Côte d'Ivoire strategy for programming to be implemented in FY 2020 is based on a thorough review of programmatic data, discussions with civil society and community organizations, and implementing partners. During COP 2019, PEPFAR Côte d'Ivoire will focus on 140 priority sites representing approximately 70 percent of individuals on treatment with intensified efforts to

ensure linkage to ART of at least 95 percent of patients and retention on ART of at least 95 percent across all ages and sex bands. All aspects of the PEPFAR program will be implemented with a patient-centered approach to address barriers preventing access to HIV services and retention in treatment, including reduced number of visits to the health facility, improved patient clinical flow, and efforts to combat facility-level stigma and discrimination. Implementing partners (IPs) are readjusting their technical assistance and coaching approaches to increase their site-level presence and provide direct support to facility-based providers, particularly at low-performing sites, to significantly increase volume of patients and quality of care.

Starting in COP19, PEPFAR Côte d'Ivoire will rationalize the geographic distribution of clinical and community IPs, pairing each clinical IP with a single community IP to increase efficiency. A new collaborative framework for community-clinical linkages will be implemented to ensure that services are centered around the needs of patients along the continuum of HIV services. Each IP will have a clear scope of work, standard operating procedures, and shared accountability for site-level targets. Community and clinical IPs will be monitored monthly and receive a score based on joint site-level performance. At underperforming sites, both IPs will be placed on six-month improvement plans. If performance doesn't improve, the IPs will be considered for target and associated budget reduction. The clinical-community collaboration will ensure a smooth continuum of care for patients and support full implementation of differentiated service delivery models.

Inadequate Human Resources for Health (HRH) remain a significant barrier to high-quality service delivery required for HIV epidemic control. PEPFAR Côte d'Ivoire will continue to engage with GoCI on a broader national HRH strategy. In COP 2019, PEPFAR Côte d'Ivoire-supported HRH will be redistributed based on site volume and prioritization. In the priority 140 sites, the USG team will also work with the district government for effective targeted supervision/mentoring and coaching of care providers on targeted testing and other policies, HRH performance review, service quality management, data quality management and, use of data for decision making.

In order to focus efforts on dramatically improving linkage and retention of PLHIV, PEPFAR Côte d'Ivoire, with mutual agreement from GoCI, has paused general HIV testing. Testing is limited to the facility level for symptomatic clients, index testing of partners and children of newly diagnosed patients, and programs serving pregnant and breastfeeding women, orphans and vulnerable children, adolescent girls & young women, and key populations. Index testing will continue to be scaled with fidelity in COP19, reaching the sexual partners and biological children of all newly diagnosed patients and patients without a

suppressed viral load. A standardized tracking system will ensure follow-up with index case clients to strengthen case identification and linkage to treatment. HIV self-testing will be offered to targeted groups in COP19, including partners of key populations, military personnel aged 40+, sexual partners of HIV-positive women, and male partners of HIV-positive pregnant women who do not accept testing through standard testing platforms.

The linkage, retention, and viral suppression of children and adolescents living with HIV continues to lag far behind that of adults in Côte d'Ivoire. In COP19, PEPFAR Côte d'Ivoire, GoCI, and other stakeholders will fast track the pediatric HIV response and rapidly scale up pediatric ART coverage in the 140 priority sites. Additional priorities for pediatric and adolescent care and treatment in FY2020 include improving antiretroviral regimens, increasing viral load testing coverage and suppression rates, improving tuberculosis screening, expanding nutritional assessment counseling and support, and increasing systematic and routine HIV testing of all children of adults living with HIV through a family-centered approach and index testing.

The orphans and vulnerable children (OVC) program will continue to provide a robust community platform that contributes to the path to HIV epidemic control by linking HIV-positive OVC to treatment sites, antenatal care (ANC) platforms, and pediatric services. OVC efforts in COP19 are aligned with the PEPFAR geographic pivot, and partners have been regionalized to increase efficiency. The OVC package of services for COP19 will provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on children and adolescents living with HIV, HIV-exposed children, 9-14 year old boys and girls concerning primary prevention of HIV and sexual violence, and adolescent girls and young women in collaboration with the DREAMS program.

PEPFAR Côte d'Ivoire will continue to invest in prevention through the DREAMS program in four high burden districts. COP19 DREAMS programming will include an emphasis on primary prevention of HIV and sexual violence for 9-14 year old girls and risk reduction for 15-19 year old girls through evidence-based curricula coupled with social asset building and referrals for other relevant services. DREAMS interventions will leverage existing platforms such as the OVC program, HIV testing, sexual and reproductive health, ANC, and other prevention programs. The implementation of pre-exposure prophylaxis (PrEP) for DREAMS beneficiaries will also begin in COP19.

In COP19, the Key Populations (KP) program will experience significant changes at the strategic, programmatic and geographical levels. In alignment

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with PEPFAR's objective of sustainable HIV epidemic control, PEPFAR Côte d'Ivoire will begin to transition KP HIV services to two local partners who will provide the full package of prevention and treatment services in 26 districts. One international partner will continue service delivery in another 16 districts and will provide technical assistance to strengthen the capacity of the local partners. Interventions will focus on reaching HIV-positive KPs through index testing, social network strategies, and self-testing, implementing PrEP in select sites, and improving accessibility of viral load services to KPs. PEPFAR Côte d'Ivoire will continue to support GoCI in addressing human rights issues and institutional barriers in KP programming by extending training on stigma free service provision to health care workers and social workers in public health facilities.

In FY 2020, PEPFAR Côte d'Ivoire will support coordination of TB/HIV collaborative activities at national, regional, and district levels and will support 230 TB clinics in the 60 PEPFAR-supported districts, including a strategic package of services designed to provide maximum support for the health of PLHIV and TB/HIV co-infected patients. As part of the routine HIV clinical care package, TB preventive therapy (TPT) will be scaled from seven to 70 HIV clinics located in districts with the highest TB/HIV co-infection rates.

Above-site investments in COP19 will support the implementation of COP19 minimum program requirements from policy to circular to site level implementation. For example, investments will support increased coverage, quality, and timely results of viral load and early infant diagnosis testing as well as support the TLD transition and implementation of differentiated service delivery models. A stigma index in both military and non-military settings will be conducted, coupled with a plan to respond to the persistent stigma & discrimination against people infected and affected by HIV/AIDS in Côte d'Ivoire. A Civil Society Observatory Network will be established to help monitor the elimination of user fees and stigma and discrimination in care. COP19 investments will actively support GoCI engagement for a new Joint Monitoring Plan, including performance-based funding at the regional level to improve coordination, oversight, and shared accountability of HIV service delivery.

The plans outlined in COP 2019 meet the minimum program requirements. Test and Start implementation is ongoing and will be fully implemented across all geographies, age, sex and risk groups by the end of FY 2019. Six-month antiretroviral prescriptions for stable patients began in April 2019 in select sites and will be rolled out across all sites throughout FY 2019. The March 2019 circular reinforced the policy of no formal or informal user fees in the public sector for HIV and related services and broadened the TLD policy beyond

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newly initiating men to include all patients. The TLD transition will be fully implemented by January 2020. No nevirapine-based regimens are procured for COP19. Lastly, PEPFAR Côte d'Ivoire will continue working with GoCI to establish a unique identifier code system which will be piloted in FY2019 and scaled in FY 2020.

## Funding Summary

All COP 2019 funding summarized in the chart below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in all PEPFAR systems and summarized in the appendix.

Cote d'Ivoire	FY 2019 New			Total New Funds	Applied Pipeline*	Total COP 19 Bilateral Budget
	GHP-State	GHP-USAID	GAP			
<b>DOD TOTAL</b>	<b>3,254,827</b>	-	-	<b>3,254,827</b>	-	<b>3,254,827</b>
<b>HHS TOTAL</b>	<b>14,653,502</b>	-	<b>1,775,000</b>	<b>16,428,502</b>	<b>41,870,107</b>	<b>58,298,609</b>
HHS/CDC	14,653,502	-	1,775,000	16,428,502	41,684,501	58,113,003
<i>of which, CDC Positions</i>	605,773	-	-	605,773	-	605,773
<i>of which, DREAMS</i>	1,413,552	-	-	1,413,552	-	1,413,552
HHS/HRSA	-	-	-	-	185,606	185,606
<b>STATE TOTAL</b>	<b>521,555</b>	-	-	<b>521,555</b>	-	<b>521,555</b>
State	521,555	-	-	521,555	-	521,555
<b>USAID TOTAL</b>	<b>30,199,552</b>	-	-	<b>30,199,552</b>	<b>12,551,230</b>	<b>42,750,782</b>
<b>USAID, non-WCF</b>	<b>17,855,461</b>	-	-	<b>17,855,461</b>	<b>11,765,959</b>	<b>29,621,420</b>
<i>of which, DREAMS</i>	5,711,944	-	-	5,711,944	2,860,254	8,572,198
<i>of which, USAID LES</i>	220,000	-	-	220,000	-	220,000
<b>USAID, WCF</b>	<b>12,344,091</b>	-	-	<b>12,344,091</b>	<b>785,271</b>	<b>13,129,362</b>
<i>of which, DREAMS</i>	14,250	-	-	14,250	-	14,250
<b>TOTAL</b>	<b>48,629,436</b>	-	<b>1,775,000</b>	<b>50,404,436</b>	<b>54,421,337</b>	<b>104,825,773</b>
<i>of which, CDC Positions</i>	605,773	-	-	605,773	-	605,773
<i>of which, DREAMS</i>	7,139,746	-	-	7,139,746	2,860,254	10,000,000
<i>of which, USAID LES</i>	220,000	-	-	220,000	-	220,000

\* Pipeline refers to funding allocated in prior years, approved for implementation in FY 2020

**GHP-State Funds:** Upon the clearance of a FY 2019 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

**CDC GAP Funds:** With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

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**Applied Pipeline Funds:** With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2019 total budget level and documented within COP 2019 partner budgets are not to be executed or outlayed without written approval from the Global AIDS Coordinator.

### **FY 2020 Target Summary**

FY 2019 funds are released and COP 2019 applied pipeline is approved to achieve the following results in FY 2020.

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Cote d'Ivoire		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15		28,203				28,263
	15+		104,711				106,887
	<b>Total</b>	-	<b>132,914</b>	-	-	-	<b>135,150</b>
HTS_TST	<15		56,855				57,055
	15+		1,030,592				1,046,579
	<b>Total</b>	-	<b>1,087,447</b>	-	-	-	<b>1,103,634</b>
HTS_TST_POS	<15		3,458				3,474
	15+		73,390				75,273
	<b>Total</b>	-	<b>76,848</b>	-	-	-	<b>78,747</b>
TX_NEW	<15		3,602				3,622
	15+		69,998				71,793
	<b>Total</b>	-	<b>73,600</b>	-	-	-	<b>75,415</b>
TX_CURR	<15		15,720				15,772
	15+		336,241				341,930
	<b>Total</b>	-	<b>351,961</b>	-	-	-	<b>357,702</b>
TX_PVLS	<15		14,076				14,126
	15+		304,076				309,521
	<b>Total</b>	-	<b>318,152</b>	-	-	-	<b>323,647</b>
CXCA_SCRN	<b>Total (15+)</b>		-				-
OVC_SERV	<18		179,089				179,089
	18+		45,180				45,180
	<b>Total</b>	-	<b>224,269</b>	-	-	-	<b>224,269</b>
OVC_HIVSTAT	<b>Total (&lt;18)</b>		<b>179,089</b>				<b>179,089</b>
PMTCT_STAT	<15		1,353				1,353
	15+		458,890				459,572
	<b>Total</b>	-	<b>460,243</b>	-	-	-	<b>460,925</b>
PMTCT_STAT_POS	<15		8				8
	15+		9,761				9,836
	<b>Total</b>	-	<b>9,769</b>	-	-	-	<b>9,844</b>
PMTCT_ART	<15		3				3
	15+		9,121				9,195
	<b>Total</b>	-	<b>9,124</b>	-	-	-	<b>9,198</b>
PMTCT_EID	<b>Total</b>		<b>9,628</b>				<b>9,699</b>
PP_PREV	<15		3,629				3,629
	15+		140,173				145,581
	<b>Total</b>	-	<b>143,802</b>	-	-	-	<b>149,210</b>
KP_PREV	<b>Total</b>		<b>31,820</b>				<b>32,320</b>
KP_MAT	<b>Total</b>		-				-
VMMC_CIRC	<15		-				-
	15+		-				-
	<b>Total</b>	-	-	-	-	-	-
HTS_SELF	<b>Total</b>	-	<b>20,818</b>	-	-	-	<b>22,680</b>
PrEP_NEW	<b>Total</b>		<b>1,664</b>				<b>1,810</b>
PrEP_CURR	<b>Total</b>		<b>8,600</b>				<b>8,894</b>
TB_STAT (N)	<15		952				984
	15+		17,637				18,043
	<b>Total</b>	-	<b>18,589</b>	-	-	-	<b>19,027</b>
TB_ART (N)	<15		112				117
	15+		3,766				3,865
	<b>Total</b>	-	<b>3,878</b>	-	-	-	<b>3,982</b>
TB_PREV (N)	<15		2,211				2,228
	15+		78,711				78,951
	<b>Total</b>	-	<b>80,922</b>	-	-	-	<b>81,179</b>
TX_TB (N)	<15		15,116				15,224
	15+		323,435				329,711
	<b>Total</b>	-	<b>338,551</b>	-	-	-	<b>344,935</b>
GEND_GBV	<b>Total</b>		<b>1,025</b>				<b>1,025</b>

\* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

## Budgetary Requirements

Côte d'Ivoire has programmed FY 2019 funding in support of required earmarks as follows:

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Earmarks	FY 2019 COP19 Funding Level*
Care & Treatment	27,171,027
HKID Requirement	7,683,628
Preventing and Responding to Gender-based Violence	1,305,075
Water	293,900
* Does not include central funds	

## **Partner Management and Stakeholder Engagement**

Agreements made during COP discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with the this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner found not to be on track to achieve 80% of its approved targets or outcomes by the end of the second quarter must be placed on an improvement plan with clear benchmarks to measure improvement. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement. This continued engagement will ensure all parties' understanding of Côte d'Ivoire's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.