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April 22, 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: Democratic Republic of the Congo Country Operational Plan 2019 Approval

Recommendations

Approve the Democratic Republic of the Congo (DRC) Country Operational Plan (COP) 2019 with a total budget of \$78,003,451 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:

| Democratic Republic of the Congo | New Funding (all accounts)* | Pipeline** | Total Budget FY2020 Implementation |
|----------------------------------|-----------------------------|------------------|------------------------------------|
| Total Budget | 69,070,301 | 8,933,150 | 78,003,451 |
| COP 19 Bilateral | 69,070,301 | 8,933,150 | 78,003,451 |
| Central TLS Funds | - | - | - |

* 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

As an added incentive for its partners and implementing mechanisms, DRC's COP 2019 budget includes \$5,419,563 in "partner performance" funding allocated specifically to high performing partners to further expand prevention and treatment services.

Approve a total FY 2020 outlay for COP 2019 implementation that does not exceed the total approved COP 2019 budget of \$78,003,451. **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

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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 DRC PEPFAR program of up to \$47,790 in central funding for the procurement of condoms and lubricants.

PEPFAR DRC 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.

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 final COP 2019 submission, including all data submitted via official PEPFAR systems or within supplemental documents; and DRC's virtual COP 2019 approval with Ambassador Birx on April 22, 2019.

Program Summary

Funding and targets for DRC's Country Operational Plan 2019 are approved to support PEPFAR DRC's vision to scale up its HIV/AIDS program by enhancing several initiatives through increased collaboration with implementing partners and the DRC Ministry of Health (MOH). The HIV/AIDS epidemic in DRC is dynamic, presenting unique challenges, and PEPFAR DRC will continue to shift its approach to ensure that the country will reach epidemic control by 2020.

As an added incentive for its partners and implementing mechanisms, DRC's COP 2019 includes funding allocated specifically to high performing partners based upon their performance to further expand prevention and treatment services. In the first quarter of FY 2019 (COP 2018 implementation), three of DRC's implementing partners achieved an increase of at least 25% of their treatment new (TX_NEW) targets. As an incentive for their continued high

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performance and to incentivize other key care and treatment and key population partners to high performance, these three partners are receiving an approximate budget increase of 10% from their original COP 2019 planning level and have corresponding treatment target increases. Additional associated commodity costs for the new targets are also included in the approved funding.

The PEPFAR DRC 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. PEPFAR DRC made impressive progress in 2018; nonetheless, the program strategy will evolve to direct PEPFAR's investment towards better surveillance data to better understand the dynamics of the epidemic and identify the remaining gaps. Particularly, as the program moves towards the 2020 goal of epidemic control, PEPFAR DRC will work with implementing partners, civil society, and MOH to address programmatic gaps in case finding of males, orphans and vulnerable children, and key populations. Additionally, COP 2019 will support the effort to achieve epidemic control through targeted strategies, such as a continued focus on site level analysis in order to center on programmatic development and problem solving, a concerted effort to intelligently increase case finding, and a renewed determination to use data in addressing low viral suppression rates and modest weaknesses across the cascade. Furthermore, PEPFAR DRC is working to improve retention, in general, in addition to improving the viral load suppression, while strengthening service delivery across all PEPFAR supported sites.

COP 2019 priorities include key sections of PEPFAR's thirteen minimum requirements such as the elimination of formal and informal user fees in the public sector for access to all direct HIV services and related services, as well as increasing index testing and self-testing while enhancing pediatric and adolescent case finding with a focus on monitoring of morbidity and mortality outcomes. PEPFAR DRC has already established that there are no user fees for HIV direct services; however, the program will continue to work to understand and monitor user fees – ensuring quality of care and the removal of barriers to HIV services. Moreover, PEPFAR DRC will ensure that index testing is implemented with scale and fidelity at all PEPFAR supported facilities with close linkages between facility testing and community contact testing. In particular, to achieve and maintain epidemic control among adult men, HIV testing will be optimized to find the remaining positives by increasing index testing and HIV self-testing.

For COP 2019, PEPFAR DRC will also focus on the alignment of OVC packages of services and enrollment. OVC and Children Living with HIV

(CLHIV) services and enrollment will have rebalanced targets to provide comprehensive prevention and treatment services, particularly with regards to case finding, index testing scale-up, and viral load suppression. The OVC program will also work to prioritize graduation of older OVC to ensure enrollment in the 0-17 age group, whereas the focus for girls' prevention activities will be the 9-14 age group. In addition, during FY 2020, PEPFAR DRC will work with partners to aggressively increase prevention, testing and treatment of key populations.

During COP 2019, PEPFAR DRC will focus on several important prevention and treatment strategies. The completion of the tenofovir/lamivudine/dolutegravir (TLD) transition, including consideration for women of childbearing potential and adolescents, and removal of nevirapine-based regimens is very important to PEPFAR's overall strategy. PEPFAR DRC will not only work to meet this stated goal during COP 2019, but will also use to opportunity of TLD transition messaging to enhance general patient literacy on treatment, including the importance of adherence and suppression to prevent transmission. Similarly, within COP 2019, TB preventive treatment (TPT) for all PLHIVs will be scaled-up and linked to the ongoing TLD antiretroviral transition.

Finally, in addition to scaling-up TPT for PLHIVs, PEPFAR DRC is adopting and implementing Differentiated Service Delivery Models (DSDM), including six month Multi-Month Scripting and delivery models to improve identification and ARV coverage. In COP 2019, investments will be made to the supply chain infrastructure which will support the rollout of DSDM and Multi-Month Scripting and Dispensing. Moreover, the PEPFAR DRC program will work with the Global Fund and UNAIDS on the implementation and use of unique identifiers across all sites, engage with consultants to complete situational analyses for problem solving roadmaps, and establish next steps for the roll-out of unique identifiers in collaboration with the DRC MOH.

Strong investment in health systems, including the laboratory systems, will ensure the HIV funding is synergistic to and supportive of the Global Security Agenda.

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.

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| Democratic Republic of the Congo | FY 2019 New | | | Total New Funds | Applied Pipeline* | Total COP 19 Bilateral Budget |
|--------------------------------------|-------------------|-----------|----------------|-------------------|-------------------|-------------------------------|
| | GHP-State | GHP-USAID | GAP | | | |
| DOD TOTAL | 1,443,995 | - | - | 1,443,995 | 2,040,717 | 3,484,712 |
| <i>of which, Partner Performance</i> | 127,975 | - | - | 127,975 | - | 127,975 |
| HHS TOTAL | 16,498,032 | - | 825,000 | 17,323,032 | 6,330,960 | 23,653,992 |
| HHS/CDC | 16,498,032 | - | 825,000 | 17,323,032 | 6,330,960 | 23,653,992 |
| <i>of which, CDC Positions</i> | 597,887 | - | - | 597,887 | - | 597,887 |
| <i>of which, Partner Performance</i> | 926,835 | - | - | 926,835 | - | 926,835 |
| STATE TOTAL | 933,545 | - | - | 933,545 | 312,079 | 1,245,624 |
| State | 933,545 | - | - | 933,545 | - | 933,545 |
| State/AF | - | - | - | - | 312,079 | 312,079 |
| USAID TOTAL | 49,369,729 | - | - | 49,369,729 | 249,394 | 49,619,123 |
| USAID, non-WCF | 21,123,667 | - | - | 21,123,667 | 249,394 | 21,373,061 |
| <i>of which, Partner Performance</i> | 978,176 | - | - | 978,176 | - | 978,176 |
| <i>of which, USAID LES</i> | 1,986,000 | - | - | 1,986,000 | - | 1,986,000 |
| USAID, WCF | 28,246,062 | - | - | 28,246,062 | - | 28,246,062 |
| <i>of which, Partner Performance</i> | 3,386,577 | - | - | 3,386,577 | - | 3,386,577 |
| TOTAL | 68,245,301 | - | 825,000 | 69,070,301 | 8,933,150 | 78,003,451 |
| <i>of which, CDC Positions</i> | 597,887 | - | - | 597,887 | - | 597,887 |
| <i>of which, Partner Performance</i> | 5,419,563 | - | - | 5,419,563 | - | 5,419,563 |
| <i>of which, USAID LES</i> | 1,986,000 | - | - | 1,986,000 | - | 1,986,000 |

* 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.

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 outlaid without written approval from the Global AIDS Coordinator.

FY 2020 Target Summary

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

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| Democratic Republic of the Congo | | SNU Prioritizations | | | | | Total * |
|----------------------------------|-----------------------|---------------------|-------------------------|-------------------------|-----------|------------------------|----------------|
| | | Attained | Scale-Up: Saturation | Scale-Up: Aggressive | Sustained | Centrally Supported | |
| HTS_INDEX | <15 | | 14,518 | | | | 15,128 |
| | 15+ | | 56,798 | | | | 59,793 |
| | Total | - | 71,316 | - | - | - | 74,921 |
| HTS_TST | <15 | | 178,960 | | | | 185,538 |
| | 15+ | | 721,656 | | | | 765,135 |
| | Total | - | 900,616 | - | - | - | 950,673 |
| HTS_TST_POS | <15 | | 4,618 | | | | 5,144 |
| | 15+ | | 45,254 | | | | 47,680 |
| | Total | - | 49,872 | - | - | - | 52,824 |
| TX_NEW | <15 | | 4,022 | | | | 4,537 |
| | 15+ | | 43,472 | | | | 45,916 |
| | Total | - | 47,494 | - | - | - | 50,453 |
| TX_CURR | <15 | | 15,526 | | | | 17,302 |
| | 15+ | | 134,344 | | | | 141,792 |
| | Total | - | 149,870 | - | - | - | 159,094 |
| TX_PVLS | <15 | | 14,593 | | | | 16,233 |
| | 15+ | | 122,261 | | | | 129,012 |
| | Total | - | 136,854 | - | - | - | 145,245 |
| CXCA_SCRN | Total (15+) | | - | | | | - |
| OVC_SERV | <18 | | 36,163 | | | | 38,313 |
| | 18+ | | 5,888 | | | | 6,205 |
| | Total | - | 42,051 | - | - | - | 44,518 |
| OVC_HIVSTAT | Total (<18) | | 36,164 | | | | 38,313 |
| PMTCT_STAT | <15 | | 466 | | | | 466 |
| | 15+ | | 239,792 | | | | 251,324 |
| | Total | - | 240,258 | - | - | - | 251,790 |
| PMTCT_STAT_POS | <15 | | 5 | | | | 5 |
| | 15+ | | 3,018 | | | | 3,362 |
| | Total | - | 3,023 | - | - | - | 3,367 |
| PMTCT_ART | <15 | | 1 | | | | 1 |
| | 15+ | | 2,923 | | | | 3,249 |
| | Total | - | 2,924 | - | - | - | 3,250 |
| PMTCT_EID | Total | | 2,867 | | | | 3,234 |
| PP_PREV | <15 | | 306 | | | | 306 |
| | 15+ | | 7,772 | | | | 67,188 |
| | Total | - | 8,078 | - | - | - | 67,494 |
| KP_PREV | Total | | 34,120 | | | | 34,120 |
| KP_MAT | Total | | - | | | | - |
| VMMC_CIRC | <15 | | - | | | | - |
| | 15+ | | - | | | | - |
| | Total | - | - | - | - | - | - |
| HTS_SELF | Total | - | 5,000 | - | - | - | 5,201 |
| PrEP_NEW | Total | | 1,910 | | | | 1,910 |
| PrEP_CURR | Total | | 2,256 | | | | 2,256 |
| TB_STAT (N) | <15 | | 2,089 | | | | 2,285 |
| | 15+ | | 20,543 | | | | 21,391 |
| | Total | - | 22,632 | - | - | - | 23,676 |
| TB_ART (N) | <15 | | 84 | | | | 103 |
| | 15+ | | 1,956 | | | | 2,042 |
| | Total | - | 2,040 | - | - | - | 2,145 |
| TB_PREV (N) | <15 | | 7,520 | | | | 8,848 |
| | 15+ | | 74,375 | | | | 80,131 |
| | Total | - | 81,895 | - | - | - | 88,979 |
| TX_TB (N) | <15 | | 16,518 | | | | 17,604 |
| | 15+ | | 143,828 | | | | 152,502 |
| | Total | - | 160,346 | - | - | - | 170,106 |
| GEND_GBV | Total | | 406 | | | | 406 |

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

Budgetary Requirements

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DRC has programmed FY 2019 funding in support of required earmarks as follows:

| Earmarks | FY 2019 COP19 Funding Level* |
|--|---------------------------------|
| Care & Treatment | 48,262,046 |
| HKID Requirement | 5,736,534 |
| Preventing and Responding to Gender-based Violence | 450,000 |
| Water | 100,000 |
| * 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 DRC's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.