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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: Mozambique Country Operational Plan 2019 Approval

Recommendations

Approve the Mozambique Country Operational Plan (COP) 2019 with a total budget of **\$329,948,869**, 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:

Mozambique	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
Total Budget	282,228,615	47,720,254	329,948,869
COP 19 Bilateral	282,228,615	47,720,254	329,948,869

* 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 \$329,948,869. **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.

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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 Mozambique PEPFAR program of up to \$5,191,442 in central funding for the procurement of condoms and lubricants.

Mozambique finalized the COP 2019 plan in Washington, DC in May 2019, under the direction of Embassy Maputo. This plan represents the proposal of the PEPFAR Mozambique team and does not reflect all programmatic recommendations made by S/GAC. It is recognized that the requirements, leadership, and management are overseen by Embassy Maputo, thus performance and execution of the Mozambique PEPFAR program will be monitored, by S/GAC, with these considerations in mind.

Mozambique 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 11-15, 2019 in-person planning meetings and the May 29-31, 2019 DC finalization meetings; the final COP 2019 submission, including all data submitted via official PEPFAR systems or within supplemental documents; and Mozambique's in-person COP 2019 approval with Ambassador Birx on May 31, 2019.

Program Summary

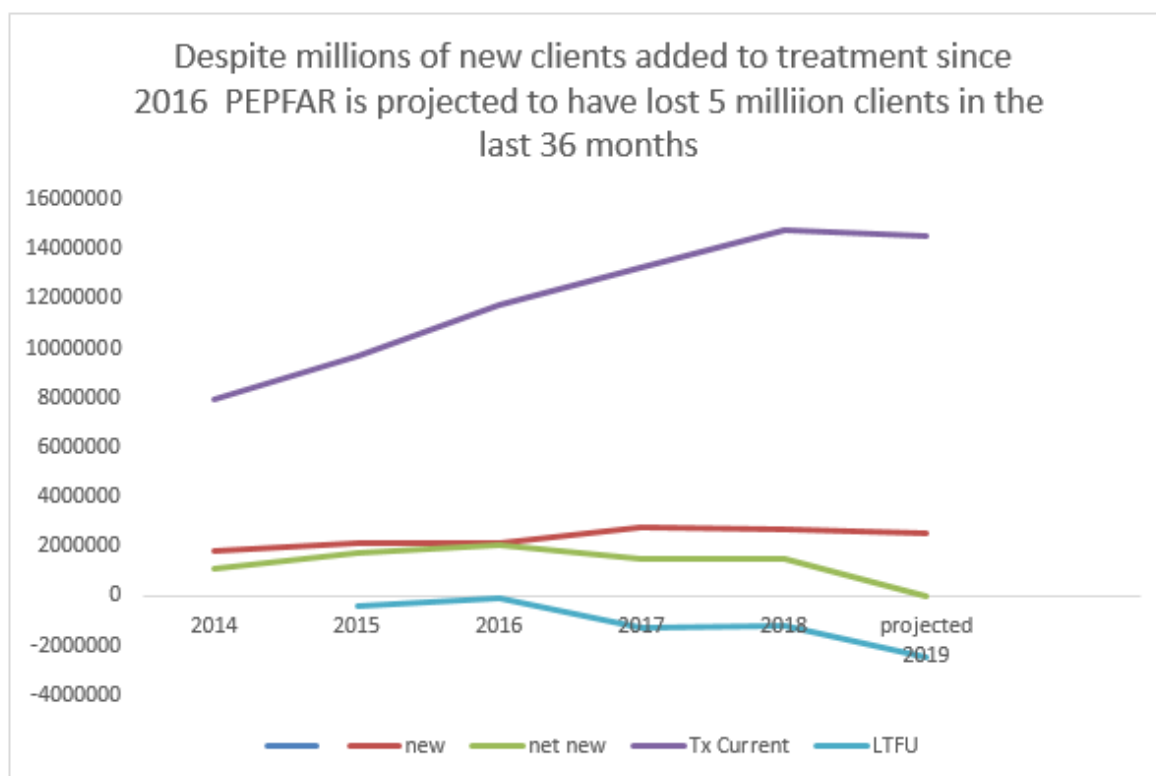
Mozambique's Country Operational Plan (COP) 2019 is approved with a revised funding focus and revised targets as designated by the US Ambassador to Mozambique to support PEPFAR Mozambique's vision in partnership with the Government and people of Mozambique to work towards epidemic control by targeting testing to efficiently identify people living with HIV (PLHIV), ensuring all newly diagnosed PLHIV are immediately linked to treatment, and all PLHIV are retained on treatment and remain virally suppressed.

Mozambique will conduct the first Population Based HIV Impact Assessment (PHIA) in FY 2020, so all planning for COP 2019 was done with PEPFAR

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program data and estimates from UNAIDS. Programmatic data show that at the end of March 2019, 1,089,714 (49 percent) Mozambicans living with HIV are receiving ART, and 77 percent of those tested are virally suppressed. Viral load coverage remains too low, at 22 percent, leaving 78 percent of Mozambicans without confirmation of viral load suppression for their own health and to decrease transmission. The catastrophically poor retention numbers and low viral load coverage have led to more than 150,081 new infections each year, and unacceptably high mortality rates, the highest for the size of the epidemic. Mozambique now has the second largest HIV epidemic in the world, with the second highest rate of new infections. Mozambique accounts for nearly 10 percent of all global new HIV infections. COP 2019 will work towards achieve epidemic control by the end of FY 2020, across all ages and sexes, focused on 628 health facilities, to maintain 1,841,107 PLHIV on life-saving treatment by the end of FY 2020, while addressing and alleviating the key, systematic and structural barriers to the program's performance.

Over the past few years, PEPFAR Mozambique has shown a rapid increase of positives identified and PLHIV initiated on ART. In COP 2017 and 2018, the PEPFAR Mozambique program data showed sub-optimal and insufficient ability to retain new clients on treatment, which has jeopardized and stalled progress toward country goals for achieving epidemic control. Indeed, by the end of FY 2018, there were fewer clients on treatment than the year prior, despite substantial investments by PEPFAR, due to extremely poor retention and lost to follow-up. A program 'reboot' is needed to draw an immediate focus on retention and address this severe and chronic issue, which results in unacceptably high mortality amidst years of unsuccessful remediation and stalled progress. Mozambique as well as the other "reboot" countries are core contributors to the projected LTFU. Programs and partners needs to evolve programming to both ensure diagnosis and treatment of the sick but also diagnosis, treatment and retention of the well. For nearly 8 years, a person that has HIV will feel well and retention of the well clients will need a different approach. Programming needs to ensure multimonth scripting and immediate access to TLD drug regimens with much lower side effects and a stronger resistance barrier.



PEPFAR Mozambique began this ‘reboot’ in earnest in January 2019, and demonstrates that long-term retention can be achieved through a more rigorous and tailored monitoring approach, and a tailored response to the barriers clients face at facilities and in the community. A more substantive accountability and action framework agreed to by PEPFAR, the Government of the Republic of Mozambique (GRM) and PEPFAR-funded partners has shown signs of improving critical aspects of HIV care and treatment and addressing barriers identified by defaulters as limiting their willingness to remain in treatment. The PEPFAR Mozambique team conducted more than 160 site visits since January 2019, to identify key bottlenecks to retention and address urgent remediation through in-person and follow-up visits and telephone calls. Since September 2018, at 127 high volume, low retention facilities, the one-month retention rate increased from 63 percent to 81 percent by April 2019, and three-month retention rate increased from 74 percent to 82 percent by April 2019. Work continues to improve these rates further, and this attention to this program area is greatly appreciated.

PEPFAR Mozambique’s COP 2019 will use the retention reboot as the foundation for all programming and will complement it with a targeted surge in human resources deployment, and an inclusive civil society-led response to improve 12-month retention to rates that address the mortality and transmission issues that have plagued the national response. Having the appropriate ratio of clinical and lay staff to patients and population at risk of infection is essential to

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achieve epidemic control. Over \$70M of COP funding will be directed toward human resource optimization at facility and community levels, to realign existing HRH or fund additional health care workers at the facilities that PEPFAR supports.

An additional part of Mozambique's reboot will be a revamped service delivery package led by the GRM, which includes national adoption of six month drug distribution for stable patients, expansion of TLD to include all men, women, and children by November 2019, and a greater and more cost-efficient direct service support. These policy adoptions will enable Mozambique to stay on pace with its ambitious treatment and viral suppression targets within the 628 facilities that PEPFAR will continue to support in COP 2019, accounting for 90 percent of PLHIV.

In addition to improving retention to enable more patients to maintain ART, in COP 2019, PEPFAR Mozambique will build on the HIV testing "reboot" strategies implemented during COP 2018, which include the rapid introduction of national screening tools to improve the efficiency of provider-initiated counseling and testing (PICT), as well as the repurposing of existing lay counselors to strengthen linkage and early retention follow-up activities. Facility-based index case contact testing will also continue to be expanded into all PEPFAR-supported sites, while community-based index case contact testing will expand in the key catchment areas that represent the largest opportunities to identify positive sexual partners and children of newly diagnosed or symptomatic PLHIV. PEPFAR-support will continue community-based testing among Key Populations (KP) (female sex workers (FSW), men who have sex with men (MSM), and people who inject drugs (PWID)), as well as prison-based HIV testing in selected districts with PEPFAR-supported health facilities. The program will strengthen use of social media, peer referrals and index case testing, hotspot mapping, and KP-specific screening tools to identify eligible KP for HIV testing. PEPFAR Mozambique will continue to improve linkage rates across all ages and sexes, and to expand same-day HIV treatment enrollment.

PEPFAR Mozambique will offer cervical cancer screening and treatment of pre-invasive lesions in concert with ART. Women between 30-49 years should be offered screening every other year with other populations included according to national guidelines. The PEPFAR team should work with GRM to ensure sites are available for referral for diagnosis and treatment of women with suspected invasive cervical cancer.

PEPFAR will continue to aggressively fund HIV prevention activities in Mozambique, including programs for orphans and vulnerable children (OVC), voluntary medical male circumcision, KPs, and Determined, Resilient,

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Empowered, AIDS-Free, Mentored, and Safe (DREAMS) services to adolescent girls and young women. The OVC programming will be targeted to the areas of highest unmet need for prevention and treatment services and will especially focus on primary prevention among 9-14 year olds and supporting children and adolescents living with HIV to maintain treatment and viral suppression.

In COP 2019, PEPFAR Mozambique will continue to fund the national level Government to Government (G2G) Cooperative Agreements with the Ministry of Health (MISAU), the National Council to Combat AIDS (CNCS), the National Institute of Health (INS), and agreements with the Provincial Health Directorates (DPS), to provide district level sub-agreements and embedded technical advisors. The focus on these activities will continue to be strengthening the capacity of the national and provincial government actors, to ensure the quality of services provided at health facilities and in institutions meets global standards. The existing agreement with MISAU will be expanded to include additional human resources at over 700 health facilities that PEPFAR will no longer support at the site level. This funding is contingent on the official, written policy of national six month drug dispensation. G2G support to CNCS will strengthen its capacity to coordinate and monitor the multi-sectoral and private sector workplace HIV/AIDS programs, and to ensure quality of community-based services and interventions.

Above site activities in COP 2019 will focus on improving the retention challenges plaguing the Mozambican program, by providing critical support across key areas including human resources for health, community support for HIV prevention and treatment awareness and stigma reduction, laboratory systems, and supply chain strengthening. The determination of activities to continue funding were focused on financial, programmatic, and technical efficiencies that align with programmatic priorities, including differentiated service delivery scale-up, quality improvement and TB preventative therapy (TPT) scale-up.

PEPFAR Mozambique is on track to achieve PEPFAR's thirteen minimum requirements by the end of FY 2019, thanks to recent policy adoption and implementation by the GRM through negotiated agreements during the COP meeting in Johannesburg in March 2019, and during the finalization meeting in Washington, DC, in May 2019. Implementation of many of these policy areas is already underway. As Mozambique moves from adoption to full rollout in the remaining areas, site level management and regular communication with provincial government health teams will be used to ensure fidelity of the implementation at the health facilities throughout the country. This includes targeted testing, differentiated service delivery models and six-month dispensing of prescriptions, and TLD optimization.

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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.

Mozambique	FY 2019 New		Total New Funds	Applied Pipeline*	Total COP 19 Bilateral Budget
	GHP-State	GAP			
DOD TOTAL	8,141,276	-	8,141,276	272,510	8,413,786
<i>of which, Acceleration</i>	354,071	-	354,071	-	354,071
<i>of which, Cervical cancer</i>	100,000	-	100,000	-	100,000
<i>of which, VMMC</i>	2,901,281	-	2,901,281	-	2,901,281
HHS TOTAL	106,208,965	3,075,000	109,283,965	45,070,933	154,354,898
HHS/CDC	103,898,201	3,075,000	106,973,201	44,931,697	151,904,898
<i>of which, Acceleration</i>	7,140,442	-	7,140,442	-	7,140,442
<i>of which, Cervical cancer</i>	3,514,670	-	3,514,670	-	3,514,670
<i>of which, DREAMS</i>	3,760,058	-	3,760,058	183,892	3,943,950
<i>of which, VMMC</i>	9,001,154	-	9,001,154	12,746,424	21,747,578
HHS/HRSA	2,310,764	-	2,310,764	139,236	2,450,000
<i>of which, VMMC</i>	200,000	-	200,000	-	200,000
PEACE CORPS TOTAL	2,116,397	-	2,116,397	1,104,666	3,221,063
STATE TOTAL	2,799,028	-	2,799,028	-	2,799,028
<i>State</i>	2,026,028	-	2,026,028	-	2,026,028
<i>State/AF</i>	773,000	-	773,000	-	773,000
USAID TOTAL	159,887,949	-	159,887,949	1,272,145	161,160,094
USAID, non-WCF	93,263,323	-	93,263,323	1,272,145	94,535,468
<i>of which, Acceleration</i>	5,735,373	-	5,735,373	-	5,735,373
<i>of which, Cervical cancer</i>	1,412,149	-	1,412,149	-	1,412,149
<i>of which, DREAMS</i>	5,976,820	-	5,976,820	275,000	6,251,820
<i>of which, USAID LES</i>	922,051	-	922,051	-	922,051
<i>of which, VMMC</i>	10,386,972	-	10,386,972	153,836	10,540,808
USAID, WCF	66,624,626	-	66,624,626	-	66,624,626
<i>of which, Acceleration</i>	770,114	-	770,114	-	770,114
<i>of which, VMMC</i>	4,440,522	-	4,440,522	-	4,440,522
TOTAL	279,153,615	3,075,000	282,228,615	47,720,254	329,948,869
<i>of which, Acceleration</i>	14,000,000	-	14,000,000	-	14,000,000
<i>of which, Cervical cancer</i>	5,026,819	-	5,026,819	-	5,026,819
<i>of which, DREAMS</i>	9,736,878	-	9,736,878	458,892	10,195,770
<i>of which, USAID LES</i>	922,051	-	922,051	-	922,051
<i>of which, VMMC</i>	26,929,929	-	26,929,929	12,900,260	39,830,189

* 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 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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Mozambique		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15	26,736	39,513	305,634		62	372,662
	15+	53,805	82,329	602,090		108	748,115
	Total	80,541	121,842	907,724	-	170	1,120,777
HTS_TST	<15	89,050	139,514	1,308,561		7,865	1,566,245
	15+	319,939	475,510	4,917,715		149,941	5,934,562
	Total	408,989	615,024	6,226,276	-	157,806	7,500,807
HTS_TST_POS	<15	3,113	4,570	40,871		201	49,195
	15+	39,661	58,707	526,385		7,615	637,674
	Total	42,774	63,277	567,256	-	7,816	686,869
TX_NEW	<15	3,430	5,037	45,825		473	55,220
	15+	37,748	55,712	502,377		3,983	605,146
	Total	41,178	60,749	548,202	-	4,456	660,366
TX_CURR	<15	8,268	12,210	115,322		2,978	139,355
	15+	99,567	147,200	1,389,744		35,905	1,691,878
	Total	107,835	159,410	1,505,066	-	38,883	1,831,233
TX_PVLS	<15	4,786	7,075	67,646		2,038	84,111
	15+	56,486	83,551	797,401		23,777	973,684
	Total	61,272	90,626	865,047	-	25,815	1,057,795
CXCA_SCRN	Total (15+)	18,298	27,048	162,436		1,228	210,993
OVC_SERV	<18	11,059	26,787	329,643		-	367,489
	18+	1,653	4,003	49,844		-	55,500
	Total	12,712	30,790	379,487	-	-	422,989
OVC_HIVSTAT	Total (<18)	11,059	26,792	329,639		-	367,490
PMTCT_STAT	<15	325	314	10,665		1,720	13,040
	15+	42,723	51,350	1,263,210		139,841	1,500,817
	Total	43,048	51,664	1,273,875	-	141,561	1,513,857
PMTCT_STAT_POS	<15	29	29	845		146	1,052
	15+	4,491	5,773	125,164		13,391	149,180
	Total	4,520	5,802	126,009	-	13,537	150,232
PMTCT_ART	<15	29	29	845		146	1,051
	15+	4,491	5,773	125,164		13,391	148,961
	Total	4,520	5,802	126,009	-	13,537	150,012
PMTCT_EID	Total	4,367	5,603	85,407		-	95,734
PP_PREV	<15	80	8,038	31,581		-	40,062
	15+	565	13,871	47,218		-	84,538
	Total	645	21,909	78,799	-	-	124,600
KP_PREV	Total	1,816	4,214	28,438		-	34,468
KP_MAT	Total	-	-	-		-	-
VMMC_CIRC	<15	1,959	11,184	125,443		-	155,603
	15+	11,325	18,455	199,510		-	249,397
	Total	13,284	29,639	324,953	-	-	405,000
HTS_SELF	Total	-	-	-		-	-
PrEP_NEW	Total	712	1,140	6,571		91	8,514
PrEP_CURR	Total	843	1,193	8,154		17	10,207
TB_STAT (N)	<15	492	810	9,447		-	10,755
	15+	4,733	6,248	73,625		-	85,661
	Total	5,225	7,058	83,072	-	-	96,416
TB_ART (N)	<15	212	322	3,937		-	4,473
	15+	2,200	2,873	34,021		-	39,584
	Total	2,412	3,195	37,958	-	-	44,057
TB_PREV (N)	<15	264	387	3,438		-	4,120
	15+	30,525	44,805	397,452		-	478,602
	Total	30,789	45,192	400,890	-	-	482,722
TX_TB (N)	<15	8,396	12,309	110,992		-	133,178
	15+	99,573	146,951	1,317,568		-	1,584,186
	Total	107,969	159,260	1,428,560	-	-	1,717,364
GEND_GBV	Total	4,567	4,245	36,563		-	45,375

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

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Budgetary Requirements

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

Earmarks	FY 2019 COP19 Funding Level*
Care & Treatment	182,177,828
HKID Requirement	13,596,486
Preventing and Responding to Gender-based Violence	3,287,967
Water	600,000
* 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 Mozambique's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.