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May 31, 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: Tanzania Country Operational Plan 2019 Approval

Recommendations

Approve the Tanzania Country Operational Plan (COP) 2019 with a total budget of \$409,584,992, 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:

Tanzania	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
Total Budget	291,956,265	117,628,727	409,584,992
COP 19 Bilateral	291,956,265	117,628,727	409,584,992
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

Approve a total FY 2020 outlay for COP 2019 implementation that does not exceed the total approved COP 2019 budget of \$409,584,992. **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.

Tanzania 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 4-8, 2019 in-person planning meetings; the final COP 2019 submission, including all data submitted via official PEPFAR systems or within supplemental documents; and Tanzania's virtual COP 2019 approval with Ambassador Birx on May 23, 2019.

Program Summary

Funding and targets for Tanzania's Country Operational Plan (COP) 2019 are approved to support PEPFAR Tanzania's vision to work towards epidemic control by targeting testing to efficiently identify people living with HIV (PLHIV), ensure all newly diagnosed PLHIV are linked to treatment, and critically that all PLHIV are retained on treatment and remain virally suppressed. COP 2019 funds will continue progress to 95-95-95, working toward the ultimate goal that, of the estimated 1,589,577 people living with HIV (PLHIV), 95% of PLHIV are diagnosed (1,510,098), on treatment (1,434,593) and virally suppressed (1,362,863).

To support HIV program implementation and reach the goal of epidemic control, an enabling policy environment is critical. Over the past several weeks, the Government of Tanzania (GoT) has demonstrated great willingness to provide this environment through rapid policy approval and policy implementation. The GoT has agreed to send out circulars on policies related to 6-month multi-month dispensing of HIV treatment, reduce the period of same-day initiation of HIV treatment from 14 to 7 days, and community dispensing of ART treatment with 30-day starter packs, by the end of April 2019. Additionally, the GoT has already included updated targeted testing policies in their newly developed and distributed

testing guidelines, will bring a proposed HIV self-testing law before the April-June parliamentary session, and will revise guidelines on pre-exposure prophylaxis (PrEP) by July 2019. Taken together, moving these issues into policy and implementation of these policies all the way down to the health clinic level will have great impact for PEPFAR programs and all HIV programs in Tanzania.

In COP 2018, based on PEPFAR program data showing a significant and substantial gap in clients linked to and retained on HIV treatment, Tanzania has revised PEPFAR's program strategies. Under the revised strategies, activities are underway to efficiently test those at highest risk for HIV via enhanced screening method and to prioritize linkage and retention activities towards the goals of 90% linkage and 100% retention. Implementation of these strategies will take place across PEPFAR sites, with concentrated efforts in the 241 PEPFAR sites that make up 50% of those currently on treatment in Tanzania. The 241 sites Rapid Results Initiative (RRI) will utilize performance dashboards for weekly monitoring, receive additional PEPFAR staff site visits for supportive supervision and course correction, and be placed on site-level performance improvement plans (PIP) with significant PEPFAR staff management support as needed. PEPFAR Tanzania is implementing a composite index that comprises of a range of clinical cascade indicators, which will help monitor and improve site-level performance. Broader PIPs for underperforming PEPFAR partners have been or will be rapidly put into place during current COP 2018 implementation with continued monitoring of partner's progress against targets. COP 2019 implementation will build on these approaches, with expansion, as success is demonstrated, beyond the initial 241 priority sites, into the sites containing the remaining 50% of those on treatment.

PEPFAR Tanzania's strategy for programming to be implemented in FY 2020 is based on a thorough review of programmatic data including detailed implementing partner data, discussions with civil society and community organizations, and implementing partners. COP 2019 will intensify patient retention and linkage activities and enhance screening methods to ensure efficient testing and expansion of viral load testing. Partner management and PEPFAR staff management of activities at the site level will remain key aspects of COP 2019. PEPFAR Tanzania that demonstrate geographic or technical area-specific success will be given additional geographic regions starting in COP 2019 to ensure all PEPFAR regions in Tanzania show improvements towards epidemic control, particularly in those regions with the highest unmet need.

Efficient case-finding is crucial to achieving overall programmatic targets during COP 2019 given past PEPFAR Tanzania historic and significant overtesting, with

partners reporting testing results well above their targets without identification of HIV positive clients, as a result of mass overtesting campaigns that tested wide swaths of the population instead of focusing on those at highest risk of HIV. With new GoT testing policies in place to support more streamlined testing, PEPFAR programs in Tanzania will focus on the following testing methodologies: optimized provider-initiated testing and counseling (PITC) based on comprehensive risk screening assessment, index testing, and self-testing. New screening tools for PITC are in place at all 241 RRI sites and will continue to be optimized in COP 2018 and 2019 to the remaining sites. Partner-level and site-level work with providers at health centers and health clinics is key to true success of the PITC program such that the screening tools are being used consistently and with fidelity to capture all positive patients with extraneous testing. In COP 2019, PEPFAR Tanzania has stopped support for low-yield testing points in facility-based settings as well as eliminating all low-volume sites. Furthermore, PEPFAR Tanzania will integrate community and facility testing starting with five regions in COP 2018 and scaling up to 11 regions in COP 2019. The streamlining of testing partners will strengthen linkage to care and find efficiencies in program operations.

Focusing testing efforts will also allow PEPFAR Tanzania laser focus on implementation of strategies to increase retention and linkage of patients. For linkage, PEPFAR Tanzania will implement the evidence-based linkage case management (LCM) model, assigning all newly initiated PLHIV to an expert client for the first 60 days, to support adherence to ART and promote early retention. In COP 2019 streamlining of facility and community partners within certain regions will continue in a phased approach to ensure patients moving between community and facility partners are not being lost. For retention, sites will initiate contact to clients who miss their appointments on the same day and initiate community tracking within three to seven days and will support scale-up of the use of text (SMS) reminder messages to reinforce appointment attendance. Implementation of key policies, such as multi-month dispensing, as well as improved information systems to better understand patient movement, will contribute to overall efforts to understand, monitor, and address linkage and retention gaps in Tanzania.

PEPFAR Tanzania is on track to achieve PEPFAR's thirteen minimum requirements by the end of FY 2020 thanks to recent policy adoption and implementation by the GoT through negotiated agreements during the COP meeting in Johannesburg in March 2019. Implementation of many of these policy areas is already underway, and as Tanzania moves from adoption to full rollout in the remaining areas, site-level management will be used to ensure sites are implementing policy reforms, including targeted testing, differentiated service

delivery models and six-month dispensing of prescriptions, same-day initiation of ART, and TLD optimization. The GoT's Emergency Operations Center (EOC), usually utilized for outbreaks such as dengue, has been stood up for HIV/AIDS as of the first week of April 2019 to both support the 241 RRI as well as the implementation of policies to ensure existing policies reach patients.

Key systems-level investments for strategic information are linked to policy progress and will serve as the backbone to continued monitoring of HIV activity implementation and progress towards epidemic control in Tanzania. The GoT and U.S. Government, as part of policy agreements in March 2019, have agreed to joint use of a National Data System under the custody of the Ministry of Health (MoH), with PEPFAR partner performance based on data from this system, allowing for transparent data review across stakeholders. Building on a successful unique identifier pilot in Zanzibar, a GoT-planned approach across all of Tanzania will establish a national health client register, as a part of the already existing National Identification System, to support unique identification of clients across services and sites including the use of biometrics. These activities will be critical as Tanzania gathers additional information on any clients lost to follow-up as the program looks towards the goal of 100% retention.

The current TLD guidance in Tanzania requires women of childbearing age to sign a consent form indicating that they have been informed of the associated risks in order to access TLD. This has resulted in slow uptake of TLD among women, with rates of uptake of TLD among men wildly outstripping uptake rates in women. As part of ensuring TLD optimization in Tanzania, PEPFAR Tanzania will work to put in place a better monitoring plan for the TLD transition and to continue a dialog with the GoT about the possibility of removing written consent as a requirement for women of childbearing age to access TLD. As this work is underway, PEPFAR Tanzania will work with GoT to improve treatment literacy among women of childbearing age and enable informed decision-making regarding pregnancy and TLD.

Along with ensuring PLHIV are linked to, and retained on, treatment and other services, PEPFAR Tanzania will continue to improve activities to prevent new infections. Prevention activities for both children and adolescents will be driven through the OVC and DREAMS programs to decrease HIV risk among children and adolescent girls and young women (AGYW). All children enrolled in the OVC program will be offered HIV screening and testing, while families of HIV positive OVC will be targeted through the PEPFAR program. OVC programming in COP 2019 will incorporate new modules on sexual violence and prevention for 9-14-

year-old girls and boys into a curriculum already focusing in areas such as reproductive health, risk avoidance, and gender-based violence prevention, all of which will be complimented by a curriculum for caregivers of adolescents. The DREAMS program will continue to deliver a comprehensive set of evidence-based age-appropriate biomedical, behavioral, and structural interventions that have been proven to reduce the risk of HIV in AGYW. In COP 2019, the DREAMS program will work to improve data collection efforts that will allow for partner and regional monitoring of DREAMS programming data. Other priority prevention areas supported in FY 2020 include targeted demand creation and enhanced quality for voluntary medical male circumcision (VMMC), including approaches for boys over age 15.

The country program will prioritize the expansion of viral load for all PLHIV. The viral load testing targets for COP 2019 have been set to ensure that at least 95% of all eligible patients on treatment are tested and their results documented and shared with clients.

With GoT support, PEPFAR Tanzania will work to establish a Key Populations (KP) Advisory Committee. This committee will meet regularly to help guide and inform policies and program implementation, especially with regard to new intervention areas including treatment literacy for the TLD transition, the unique identification system, index testing, and PrEP and self-testing roll out. Consisting of KPs and KP organizations, as well as other key stakeholders, this committee will help ensure that the needs of KPs are well addressed in the HIV response and that GoT non-discrimination principles are promoted and supported. Issues to be taken up by the KP Advisory Committee include revision and reissue of a MoH-issued circular on forced anal exams to ensure a clear message from the MoH against use of these exams. The KP Advisory committee will be supported by a conglomerate of development partners, PEPFAR, and local and global CSOs. GoT will periodically receive data and recommendations from the KP Advisory Committee and take action.

PEPFAR Tanzania will continue tuberculosis (TB)/HIV activities to combat the dual infection of HIV and TB. COP 2019 activities will strengthen TB screening with fidelity for case detection by focusing on screening quality improvement measures. Additionally, TB screening prior to HIV testing will continue to include screening for TB symptoms, allowing for an integrated approach to HIV and TB screening. In compliment to the screening program, COP 2019 TB/HIV programing will heavily feature TB preventive treatment (TPT) scale-up, with a

goal to achieve 100% isoniazid preventive therapy (IPT) coverage of all eligible clients during FY 2020.

Within the base COP 2019 budget envelope, PEPFAR Tanzania will continue to implement its strong, well-integrated cervical cancer program. In COP 2019 it is expected that 50% of the eligible clients will be screened in facilities that contribute to 80% of clients currently on treatment. To achieve this goal all clinical partners will integrate cervical cancer screening for HIV-positive women into routine HIV treatment services. A “screen-and-treat” approach will be implemented for the management of precancerous lesions to maximize opportunities for immediate cryotherapy and women with suspected invasive cervical cancer will be supported for referrals or additional evaluation and treatment at established referral sites in the country.

PEPFAR Tanzania will utilize weekly data from the performance dashboard to execute a responsive program in COP 2019, implementing evidence-based interventions with fidelity to address gaps in coverage to support Tanzania in reaching epidemic control. Leveraging recent policy agreements and sustaining engagement with GoT staff at all levels, including joint GoT and U.S. Government data review, data analysis, and data use for improved implementation, will be critical to continue well-informed partner and site-level management towards improved HIV programming outcomes. This will be especially important as Tanzania, and all of PEPFAR, works towards increased funding allocations to indigenous partners, ensuring sustainable programming into the future.

PEPFAR will continue smart laboratory system investments to support both the Health Security agenda and HIV/AIDS programming and monitoring.

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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Tanzania	FY 2019 New			Total New Funds	Applied Pipeline*	Total COP 19 Bilateral Budget
	GHP-State	GHP-USAID	GAP			
DOD TOTAL	34,046,818	-	-	34,046,818	2,635,797	36,682,615
<i>of which, FBO Surge</i>	2,000,000	-	-	2,000,000	-	2,000,000
<i>of which, VMMC</i>	9,904,609	-	-	9,904,609	-	9,904,609
<i>of which, DREAMS</i>	1,173,536	-	-	1,173,536	-	1,173,536
HHS TOTAL	118,217,000	-	2,618,750	120,835,750	15,049,560	135,885,310
HHS/CDC	118,217,000	-	2,618,750	120,835,750	15,049,560	135,885,310
<i>of which, Surveillance and Public Health Response</i>	400,000	-	-	400,000	-	400,000
<i>of which, CDC Positions</i>	555,092	-	-	555,092	-	555,092
<i>of which, FBO Surge</i>	5,789,300	-	-	5,789,300	-	5,789,300
<i>of which, VMMC</i>	3,762,681	-	-	3,762,681	13,049,560	16,812,241
<i>of which, DREAMS</i>	3,345,490	-	-	3,345,490	-	3,345,490
PEACE CORPS TOTAL	2,260,343	-	-	2,260,343	563,403	2,823,746
STATE TOTAL	1,005,574	-	-	1,005,574	496,739	1,502,313
State	655,574	-	-	655,574	496,739	1,152,313
State/AF	350,000	-	-	350,000	-	350,000
USAID TOTAL	98,807,780	35,000,000	-	133,807,780	98,883,228	232,691,008
USAID, non-WCF	62,657,782	-	-	62,657,782	75,409,475	138,067,257
<i>of which, FBO Surge</i>	5,210,700	-	-	5,210,700	-	5,210,700
<i>of which, USAID LES</i>	629,900	-	-	629,900	-	629,900
<i>of which, VMMC</i>	3,171,931	-	-	3,171,931	2,800,000	5,971,931
<i>of which, DREAMS</i>	1,405,324	-	-	1,405,324	12,390,006	13,795,330
USAID, WCF	36,149,998	35,000,000	-	71,149,998	23,473,753	94,623,751
<i>of which, VMMC</i>	5,163,866	-	-	5,163,866	-	5,163,866
TOTAL	254,337,515	35,000,000	2,618,750	291,956,265	117,628,727	409,584,992
<i>of which, Surveillance and Public Health Response</i>	400,000	-	-	400,000	-	400,000
<i>of which, CDC Positions</i>	555,092	-	-	555,092	-	555,092
<i>of which, FBO Surge</i>	13,000,000	-	-	13,000,000	-	13,000,000
<i>of which, USAID LES</i>	629,900	-	-	629,900	-	629,900
<i>of which, VMMC</i>	22,003,087	-	-	22,003,087	15,849,560	37,852,647
<i>of which, DREAMS</i>	5,924,350	-	-	5,924,350	12,390,006	18,314,356

* 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.

GHP-USAID Funds: With the receipt of this signed memo, USAID is approved to use GHP-USAID 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, GHP-USAID funding may be made available to country teams per USAID 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

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

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Tanzania		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15	17,588	114,954		33,098		166,760
	15+	30,893	251,987		73,756		360,086
	Total	48,481	366,941	-	106,854	-	526,846
HTS_TST	<15	63,997	339,255		60,812		466,689
	15+	349,216	2,348,507		483,376		3,216,609
	Total	413,213	2,687,762	-	544,188	-	3,683,298
HTS_TST_POS	<15	1,700	10,179		2,567		14,522
	15+	24,544	179,674		37,471		244,017
	Total	26,244	189,853	-	40,038	-	258,539
TX_NEW	<15	1,573	9,954		2,526		14,132
	15+	23,213	169,759		36,879		232,078
	Total	24,786	179,713	-	39,405	-	246,210
TX_CURR	<15	11,175	58,810		17,051		88,007
	15+	184,484	1,006,244		252,573		1,468,808
	Total	195,659	1,065,054	-	269,624	-	1,556,815
TX_PVLS	<15	10,718	66,769		22,145		100,555
	15+	175,545	948,343		235,882		1,384,000
	Total	186,263	1,015,112	-	258,027	-	1,484,555
CXCA_SCRN	Total (15+)	38,343	202,711		49,352		290,406
OVC_SERV	<18	111,434	498,465		4,186		614,434
	18+	49,874	203,172		1,809		254,855
	Total	161,308	701,637	-	5,995	-	869,289
OVC_HIVSTAT	Total (<18)	111,425	502,464		4,186		618,424
PMTCT_STAT	<15	1,122	5,922		2,120		9,347
	15+	112,797	591,829		214,269		937,083
	Total	113,919	597,751	-	216,389	-	946,430
PMTCT_STAT_POS	<15	16	120		35		171
	15+	8,692	31,326		7,927		49,259
	Total	8,708	31,446	-	7,962	-	49,430
PMTCT_ART	<15	16	105		9		130
	15+	9,459	47,564		10,517		68,787
	Total	9,475	47,669	-	10,526	-	68,917
PMTCT_EID	Total	9,486	47,431		10,461		68,626
PP_PREV	<15	-	1,768		162		1,930
	15+	88,355	419,054		17,277		529,288
	Total	88,355	420,822	-	17,439	-	531,218
KP_PREV	Total	18,867	131,664		7,114		157,645
KP_MAT	Total	270	5,100		135		5,505
VMMC_CIRC	<15	10,512	159,667		17,644		190,377
	15+	43,521	449,023		109,665		614,676
	Total	54,033	608,690	-	127,309	-	805,053
HTS_SELF	Total	20,314	113,623	-	6,480	-	140,417
PrEP_NEW	Total	3,507	27,647		2,152		33,306
PrEP_CURR	Total	4,165	32,310		2,567		39,042
TB_STAT (N)	<15	594	5,190		1,448		7,232
	15+	4,736	31,811		10,117		46,664
	Total	5,330	37,001	-	11,565	-	53,896
TB_ART (N)	<15	104	915		275		1,294
	15+	924	8,048		2,120		11,092
	Total	1,028	8,963	-	2,395	-	12,386
TB_PREV (N)	<15	4,275	19,977		5,563		30,111
	15+	54,910	309,376		76,603		448,668
	Total	59,185	329,353	-	82,166	-	478,779
TX_TB (N)	<15	11,952	62,750		17,747		93,427
	15+	181,291	998,032		249,823		1,454,721
	Total	193,243	1,060,782	-	267,570	-	1,548,148
GEND_GBV	Total	10,386	75,964		28,149		115,659

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

Budgetary Requirements

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

Earmarks	FY 2019 COP19 Funding Level*
Care & Treatment	178,703,639
HKID Requirement	18,440,029
Preventing and Responding to Gender-based Violence	11,719,042
Water	2,200,000

* 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 Tanzania's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.