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August 2, 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: Western Hemisphere Central America Regional Operational Plan 2019 Approval

**Recommendations**

Approve the Western Hemisphere Central America Regional Operational Plan (ROP) 2019 with a total budget of \$43,412,589 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:

Western Hemisphere	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
<b>Total Budget</b>	<b>30,478,026</b>	<b>12,934,563</b>	<b>43,412,589</b>
<b>ROP 19 Bilateral</b>	30,478,026	12,934,563	43,412,589

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

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

Approve a total FY 2020 outlay for ROP 2019 implementation that does not exceed the total approved ROP 2019 budget of \$43,412,589. **Any prior year funds that are not included within this ROP 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 ROP 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 ROP 2019 programming and priorities as outlined below and in the appendix.

Western Hemisphere Central America must fully achieve ROP 2018 (FY 2019) treatment current (TX\_CURR) targets in order to execute the ROP 2019 strategy. Suboptimal ROP 2018 performance jeopardizes ROP 2019 funding and may result in updates to this approval and a decrease to the ROP 2019 funding.

## **Background**

This approval is based upon: the discussions that occurred between the country team and S/GAC in Guatemala on May 1-2, 2019, where a rapid review of the Western Hemisphere Central America Program was conducted and strategies for future implementation were discussed.

## **Program Summary**

Funding and targets for Western Hemisphere Central America's Regional Operational Plan 2019 are approved to support PEPFAR Western Hemisphere Central America's vision of sustained epidemic control in Central America, leveraging national and donor investments to aggressively address key barriers to linkage to care, treatment initiation, retention, and viral suppression. In ROP 2019, the Western Hemisphere Central America region includes Guatemala, Honduras, El Salvador, Nicaragua, Panama, and Brazil.

ROP 2019 will support Western Hemisphere Central America in shifting from a primary focus on technical assistance and system strengthening to prioritize site level interventions that have a direct impact on the clinical cascade for all countries. PEPFAR will support an aggressive scale-up of site level support to address the gaps in each country around case finding, immediate linkage to treatment, and achievement of viral load suppression with a targeted approach to strengthen systems essential to epidemic control. The aggressive scale-up strategy will focus primarily on El Salvador, Guatemala, and Honduras, but PEPFAR will continue to support innovative, evidence-based interventions in Nicaragua, Panama, and Brazil as well.

PEPFAR will support an ambitious expansion of index testing at treatment sites for all new patients, all patients who have been lost to follow-up and all patients who are not virally suppressed. With a rapid scale-up of index testing, together with the continuation of high-yield key population-focused testing strategies, PEPFAR plans to support the region to close the large existing gap in people

living with HIV (PLHIV) that don't know their status. Rapid recency testing will continue to be deployed to identify hot spots of infection and prioritize cases for index testing.

Early treatment initiation will be scaled up at national levels along with multi-month scripting and treatment optimization. PEPFAR will support efforts to return to treatment those lost to follow-up, and focus on increasing adherence. PEPFAR will also support the expansion of viral load testing as well as drug resistance monitoring and the transition to more effective regimens to optimize treatment and in cases of treatment failure.

Countries in the region are making progress toward epidemic control but are not on track to reach the 90-90-90 targets by 2020, and subsequently the 95-95-95 targets by 2025. With the adoption of aggressive targets for HIV diagnosis, treatment, and suppression – as well as for policy changes to address high level barriers – PEPFAR has a unique opportunity to significantly scale up interventions and resources in support of the efforts of host country governments to aggressively tackle the gaps in the cascade. This collaborative effort with all stakeholders will advance the achievement of epidemic control in each country in the region in the short term.

In Central America, PEPFAR has traditionally carried out regional Sub-National Unit (SNU) analysis and selected the highest burden municipalities as priority SNUs but an analysis of treatment sites in Guatemala, El Salvador, and Honduras showed that clients are often not seeking HIV services in the same municipality where they reside. Treatment sites in major cities have clients from all over the country, as clients are willing to travel long distances to seek services at their preferred site. In client surveys carried out in May 2019, the majority of patients indicated a preference to continue services at their current site, no matter the distance. The data leads to selecting higher-burden treatment sites as the starting point for PEPFAR interventions, especially in the context of an aggressive scale-up strategy. Using criteria that included coverage in terms of the number of PLHIV on ART at a site, PLHIV lost to follow-up, and viral suppression rates, PEPFAR has selected fifty-four priority care and treatment sites, where site level interventions will be focused for the three countries.

As part of the aggressive scale-up strategy in these countries, the selection of fifty-four priority sites more than doubles the current number of treatment sites where PEPFAR has been working. PEPFAR has been providing strategic technical assistance in 25 treatment sites and will now move to provide a full package of direct service delivery interventions at the newly selected sites. Efforts in Nicaragua, Panama, and Brazil will continue with sites in SNUs that have the highest burden of PLHIV and highest incidence rates. In all countries

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in the region, the population focus will be PLHIV who will be targeted by index testing. Due to the continued high prevalence rates among men who have sex with men (MSM) and transgender women (TGW), efforts to reach these key populations will continue, especially in terms of targeted prevention and testing efforts.

The PEPFAR Western Hemisphere Central America strategy for programming to be implemented in FY 2020 is based on a thorough review of programmatic data, discussions with Ministries of Health, multilateral institutions, civil society/community organizations, and implementing partners. ROP 2019 will support the implementation of key national policies (including all applicable PEPFAR minimum requirements) with fidelity down to the site level.

Across the 90-90-90 cascade, the PEPFAR Central America countries will support the scale-up of index testing, finalization of tonofovir/lamivudine/dolutegravir (TLD) transition plans, implementation of multi-month scripting and dispensing, and the expansion of viral load testing to increase coverage and suppression rates. Additionally, all countries in the region will focus on: the provision of a targeted and needs-defined package of prevention, testing, and treatment services for KPs and PLHIV networks; use of data to understand low viral suppression rates; regular data collection and analysis to improve patient outcomes; and the use of site level data to take corrective actions when needed.

PEPFAR Western Hemisphere Central America is expected to ensure the following minimum program and policy requirements continue are in place by the beginning of ROP 2019 implementation (FY 2020) in order for funds to be disbursed. The minimum requirements for Western Hemisphere Central America include: implementation of Test and Start with fidelity at all PEPFAR supported sites, with demonstrable access across all age, sex, and risk groups; adoption and implementation of differentiated service delivery (DSD) models, including six month multi-month dispensing (MMD) and delivery models to improve ARV coverage; transition to TLD regimens intensifying case finding by scaling-up index testing; direct and immediate linkage of clients from testing to treatment across age, sex, and risk groups; elimination of all informal user fees in the public sector affecting access to HIV testing, treatment, and prevention; completion of VL/Early Infant Diagnosis (EID) optimization activities in PEPFAR-supported sites; advocacy for increased domestic resource mobilization; and scale-up of unique identifiers for patients across all sites.

Program activities for epidemic control in scale-up locations across the region will be focused on finding the missing, getting them on treatment, and retaining them to ensure viral suppression. The aggressive scale-up strategy proposed to address the gaps in the cascade requires a systemic evidence-based approach at

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every site that PEPFAR is supporting. The PEPFAR team has identified a two-pronged comprehensive site-level intervention package, which includes testing and treatment.

The centerpiece to the site level testing package is a massive scale-up of index testing for all newly diagnosed individuals and for all non-virally suppressed PLHIV, including all of those who have been lost to follow up and re-engaged on treatment. To increase uptake of index testing, partners of index cases will be given various options to seek testing such as the treatment site, other public clinics, private labs, via cyber-educators, and self-tests. The PEPFAR team will support linkages to the different testing options and then treatment for all of those who test positive, who will then be considered a new index case. PEPFAR will work to ensure appropriate monitoring of index case partners who are tested, no matter where they decide to seek services.

PEPFAR will continue to identify new cases as the highest volume KP STI clinics and through the online outreach program. All individuals identified through these interventions will be immediately linked to treatment and offered index testing for their partners. PEPFAR will support the expansion of rapid recency testing and the highest yield sites and reference laboratories. Emphasis will be placed on using the recency data to inform programming and intensify efforts in areas where high numbers of recent infections are found.

The treatment package focuses on the second two pillars of the cascade. PEPFAR plans to support efforts to ensure all newly diagnosed PLHIV are immediately linked to treatment, no matter where the client decides to seek testing and treatment services. PEPFAR will support rapid treatment initiation within seven days from diagnosis but ideally same-day or within 48 hours where possible. For stable patients, PEPFAR will support the implementation of multi-month dispensing to enable the clients to visit clinics less and free up existing human resources to attend more patients as the numbers of newly diagnosed are expected to greatly increase with the scale-up strategy.

PEPFAR will prioritize re-engaging those lost to follow up, back into treatment and will provide support for personnel at treatment sites and in communities to locate and bring back those positives.

To ensure continued viral suppression, PEPFAR will support treatment sites to have a system to monitor and manage viral load for all PLHIV receiving treatment. Central America has high rates of drug resistance and PEPFAR will work with sites to identify a process and protocol to prioritize patients to receive testing to identify drug resistance and ensure regimen changes take place as soon as possible, where applicable.

As data has shown that patients are being diagnosed very late, the probability of those newly diagnosed presenting with opportunistic infections (OIs) or being susceptible to OIs is high. Therefore, PEPFAR will ensure that all sites have the tools and protocols in place to ensure prevention of OIs, especially tuberculosis and that any client presenting with an OI is quickly diagnosed and treated.

PEPFAR will continue to implement targeted prevention activities tailored to key populations and they will be reached with a comprehensive combined prevention package, with a focus on testing and subsequent linkage to HIV care and treatment services for diagnosed PLHIV. PEPFAR aims to reach PLHIV who are experiencing no adverse health effects and are not currently seeking services. Social media networks and cyber-educators will continue to be utilized in efforts to reach and link KPs, particularly hidden populations and vulnerable groups. PEPFAR will continue to support KP-friendly STI clinics (known as VICITS) in all countries in the region, and will continue to support high volume sites which continue to find new cases and have consistently shown high yields. Interventions will be tailored to each country and each KP group as appropriate.

In ROP 2019, PEPFAR Western Hemisphere Central America is proposing a strategy to improve access and equity of viral load testing for HIV treatment monitoring. A three-phased approach (planning, scale-up, and sustainability) will strengthen viral load and address gaps framed under 1) policy and leadership, 2) financing, forecasting, and mapping of viral load networks, 3) specimen referral network, 4) advocacy and education of health-care providers about viral load testing, 7) expansion of viral load testing with high quality results, and 8) information management systems and monitoring and evaluation.

During the first phase, strategic planning will empower Ministries of Health on the importance of a sustainable viral load scale-up process and the use of the PEPFAR Viral Load (VL) costing tool will help define scale up plans towards sustainability. The second phase will focus on expansion of viral load testing, but considers strategies for limited-resource settings (i.e., use of existing molecular systems to support viral load testing expansion as part of the tiered laboratory network, VL pooling methods and specimen referral network strengthening) toward sustainability. The third phase will focus on the data use for strategic and programmatic interventions to achieve 95 percent viral suppression for patients on ART.

For ROP 2019, PEPFAR will prioritize above-site investments by strategically targeting gaps that directly affect the cascade, including gaps in HIV information systems, weak supply chains, and gaps related to the adoption of the minimum policy requirements. PEPFAR will continue working in

coordination with the Global Fund to strengthen information systems in order to better monitor the cascade. PEPFAR will also work with civil society to improve knowledge management and their engagement with information systems.

PEPFAR will work at all levels of the supply chain to strengthen national systems and above-site supply chain work will complement site level efforts. PEPFAR will work at the regional level with COMISCA (Council of Ministers of Health from Central America and the Dominican Republic) to continue to strengthen the regional joint price negotiation mechanism and explore the possibility of adding a procurement component to ensure countries have long term procurement options that best fit their needs and will ensure a consistent regular supply of needed HIV commodities.

PEPFAR will work to support the countries of the region to quickly implement policy changes related to the updating of guidelines, norms, and protocols. As the scale-up strategy at the site level aims to fill critical gaps in the cascade, PEPFAR will support the national governments to continue to lay the groundwork for long-term sustainability of response and will continue to support laboratory strengthening to improve viral load networks and work to build capacity on drug resistance monitoring.

### **Funding Summary**

All ROP 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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Western Hemisphere	FY 2019 New			Total New Funds	Applied Pipeline*	Total ROP 19 Bilateral Budget
	GHP-State	GHP-USAID	GAP			
<b>DOD TOTAL</b>	<b>452,502</b>	-	-	<b>452,502</b>	-	<b>452,502</b>
<i>El Salvador</i>	122,066	-	-	122,066	-	122,066
<i>of which, Acceleration</i>	10,002	-	-	10,002	-	10,002
<i>Guatemala</i>	263,731	-	-	263,731	-	263,731
<i>of which, Acceleration</i>	10,000	-	-	10,000	-	10,000
<i>Honduras</i>	66,705	-	-	66,705	-	66,705
<i>of which, Acceleration</i>	10,000	-	-	10,000	-	10,000
<b>HHS TOTAL</b>	<b>11,855,209</b>	-	<b>1,622,500</b>	<b>13,477,709</b>	<b>1,726,803</b>	<b>15,204,512</b>
<b>HHS/CDC</b>	11,855,209	-	1,622,500	13,477,709	1,726,803	15,204,512
<i>Brazil</i>	793,276	-	1,000,000	1,793,276	-	1,793,276
<i>El Salvador</i>	2,228,886	-	-	2,228,886	598,420	2,827,306
<i>of which, Acceleration</i>	1,822,830	-	-	1,822,830	-	1,822,830
<i>Guatemala</i>	5,566,490	-	622,500	6,188,990	375,061	6,564,051
<i>of which, Acceleration</i>	3,026,744	-	-	3,026,744	-	3,026,744
<i>Honduras</i>	2,667,345	-	-	2,667,345	557,815	3,225,160
<i>of which, Acceleration</i>	1,119,699	-	-	1,119,699	-	1,119,699
<i>Nicaragua</i>	324,391	-	-	324,391	-	324,391
<i>Panama</i>	274,821	-	-	274,821	195,507	470,328
<b>STATE TOTAL</b>	<b>343,750</b>	-	-	<b>343,750</b>	<b>29,250</b>	<b>373,000</b>
<b>State</b>	343,750	-	-	343,750	29,250	373,000
<i>Guatemala</i>	343,750	-	-	343,750	29,250	373,000
<b>USAID TOTAL</b>	<b>16,204,065</b>	-	-	<b>16,204,065</b>	<b>11,178,510</b>	<b>27,382,575</b>
<b>USAID, non-WCF</b>	16,204,065	-	-	16,204,065	11,178,510	27,382,575
<i>El Salvador</i>	3,876,943	-	-	3,876,943	2,013,597	5,890,540
<i>of which, Acceleration</i>	3,550,931	-	-	3,550,931	-	3,550,931
<i>of which, Surveillance and Public Health Resp</i>	-	-	-	-	35,614	35,614
<i>Guatemala</i>	6,874,052	-	-	6,874,052	4,332,808	11,206,860
<i>of which, Acceleration</i>	5,683,666	-	-	5,683,666	-	5,683,666
<i>of which, Surveillance and Public Health Resp</i>	-	-	-	-	29,420	29,420
<i>Honduras</i>	4,659,811	-	-	4,659,811	2,086,503	6,746,314
<i>of which, Acceleration</i>	3,892,887	-	-	3,892,887	-	3,892,887
<i>of which, Surveillance and Public Health Resp</i>	-	-	-	-	61,938	61,938
<i>Nicaragua</i>	155,344	-	-	155,344	931,774	1,087,118
<i>of which, Surveillance and Public Health Resp</i>	-	-	-	-	12,903	12,903
<i>Panama</i>	637,915	-	-	637,915	1,813,828	2,451,743
<i>of which, Surveillance and Public Health Resp</i>	-	-	-	-	25,721	25,721
<b>TOTAL</b>	<b>28,855,526</b>	-	<b>1,622,500</b>	<b>30,478,026</b>	<b>12,934,563</b>	<b>43,412,589</b>
<i>Brazil</i>	793,276	-	1,000,000	1,793,276	-	1,793,276
<i>El Salvador</i>	6,227,895	-	-	6,227,895	2,612,017	8,839,912
<i>Guatemala</i>	13,048,023	-	622,500	13,670,523	4,737,119	18,407,642
<i>Honduras</i>	7,393,861	-	-	7,393,861	2,644,318	10,038,179
<i>Nicaragua</i>	479,735	-	-	479,735	931,774	1,411,509
<i>Panama</i>	912,736	-	-	912,736	2,009,335	2,922,071
<b>TOTAL</b>	<b>28,855,526</b>	-	<b>1,622,500</b>	<b>30,478,026</b>	<b>12,934,563</b>	<b>43,412,589</b>
<i>Acceleration</i>	19,126,759	-	-	19,126,759	-	19,126,759
<i>Surveillance and Public Health Response</i>	-	-	-	-	165,596	165,596

\* 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 ROP 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 ROP 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 ROP 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 ROP 2019 total budget level and documented within ROP 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 ROP 2019 applied pipeline is approved to achieve the following results in FY 2020.

Pending Congressional Approval

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Central America Region		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15			14,532			16,892
	15+			34,839			40,208
	<b>Total</b>	-	-	<b>49,371</b>	-	-	<b>57,100</b>
HTS_TST	<15			21,637			23,997
	15+			61,394			68,963
	<b>Total</b>	-	-	<b>83,031</b>	-	-	<b>92,960</b>
HTS_TST_POS	<15			3,263			3,735
	15+			8,299			9,390
	<b>Total</b>	-	-	<b>11,562</b>	-	-	<b>13,125</b>
TX_NEW	<15			4,333			4,993
	15+			11,500			13,020
	<b>Total</b>	-	-	<b>15,833</b>	-	-	<b>18,013</b>
TX_CURR	<15			16,464			18,815
	15+			48,280			53,054
	<b>Total</b>	-	-	<b>64,744</b>	-	-	<b>71,869</b>
TX_PVLS	<15			14,585			16,797
	15+			40,387			44,704
	<b>Total</b>	-	-	<b>54,972</b>	-	-	<b>61,501</b>
CXCA_SCRN	<b>Total (15+)</b>			-			-
OVC_SERV	<18			-			-
	18+			-			-
	<b>Total</b>	-	-	-	-	-	-
OVC_HIVSTAT	<b>Total (&lt;18)</b>			-			-
PMTCT_STAT	<15			-			-
	15+			-			-
	<b>Total</b>	-	-	-	-	-	-
PMTCT_STAT_POS	<15			-			-
	15+			-			-
	<b>Total</b>	-	-	-	-	-	-
PMTCT_ART	<15			-			-
	15+			-			-
	<b>Total</b>	-	-	-	-	-	-
PMTCT_EID	<b>Total</b>			-			-
PP_PREV	<15			-			-
	15+			-			-
	<b>Total</b>	-	-	-	-	-	-
KP_PREV	<b>Total</b>			<b>27,929</b>			<b>27,929</b>
KP_MAT	<b>Total</b>			-			-
VMMC_CIRC	<15			-			-
	15+			-			-
	<b>Total</b>	-	-	-	-	-	-
HTS_SELF	<b>Total</b>			-			-
PrEP_NEW	<b>Total</b>			-			-
PrEP_CURR	<b>Total</b>			-			-
TB_STAT (N)	<15			-			-
	15+			-			-
	<b>Total</b>	-	-	-	-	-	-
TB_ART (N)	<15			-			-
	15+			-			-
	<b>Total</b>	-	-	-	-	-	-
TB_PREV (N)	<15			-			-
	15+			-			-
	<b>Total</b>	-	-	-	-	-	-
TX_TB (N)	<15			-			-
	15+			-			-
	<b>Total</b>	-	-	-	-	-	-
GEND_GB	<b>Total</b>			-			-

\* 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

Western Hemisphere Central America has programmed FY 2019 funding in support of required earmarks as follows:

Earmarks	FY 2019 COP19 Funding Level*
Care & Treatment	19,620,106
Preventing and Responding to Gender-based Violence	2,786,546
* Does not include central funds	

## Partner Management and Stakeholder Engagement

Agreements made during ROP 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 ROP 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 Western Hemisphere Central America's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.