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COP 2020 Planning Level Letter | PART 2

INFORMATION MEMO FOR AMBASSADOR LUIS ARREAGA, GUATEMALA, AND AMBASSADOR DONALD TAPIA, JAMAICA, WESTERN HEMISPHERE

SUBJECT: Fiscal Year (FY) 2020 PEPFAR Planned Allocation and Strategic Direction

Dear Ambassadors Arreaga and Tapia:

With input from the field teams through the quarterly POARTs and from Headquarters Country Accountability and Support Teams, we have thoroughly reviewed progress of the program in your region over time and specifically the end of year results of the Regional Operational Plan (ROP) 2018 and current ROP 2019 implementation as we plan for ROP 2020. We have noted the following key successes and specific areas of concern:

Central America and Brazil: Central America's overall performance has been promising, and both HHS/CDC and USAID have exceeded their FY 2019 HIV-positive and treatment targets. In terms of progress towards the 95-95-95 goals, substantial gaps remain and vary by country.

Following deep-dive analyses by sex, age group and SNUs presented in ROP19, while most undiagnosed infections were among men, there was a substantial number of women living with HIV unaware of their status, indicating that coverage of current case-finding strategies would not be sufficient to reach the first 95 despite PEPFAR's contribution to the national cascades. In a region where men who have sex with men (MSM) are estimated to represent no more than 3% of the population and one in three MSM report same-sex behavior, the team expanded the scope of interventions beyond self-identified KPs in FY 2020, while maintaining a specific component of tailored interventions for MSM and transgender women.

Additionally, based on programmatic data, the majority of PLHIV are not diagnosed in a timely manner, with much opportunity for improvement by scaling up active-case finding strategies. Recency results showed active transmission occurring across all population groups, indicating the need to scale active case- finding strategies not only in MSM but also among high-risk self-identified heterosexuals particularly through index testing. Results from index testing efforts showed a 60% yield at KP sites throughout the region, but with only 66% of index cases accepting the strategy and an average of 1.3 partners reported per index case – both below PEPFAR guidance levels. Given the varied HIV testing yield by testing modality, we encourage the team to discontinue high-volume modalities with low

yield and invest in more efficient testing strategies. Early treatment initiation interventions showed promising results and should be scaled up across the region. Viral load coverage and suppression varied by site across countries, demonstrating the importance of strengthening viral load networks and supply chain efforts in the region.
Despite significant successes, the region is lagging behind in the adoption and consistent implementation of key minimum requirement policies. Transition to TLD/Dolutegravir regimens and multi-month scripting should be prioritized to ensure treatment gains across the region.

Caribbean: Overall, the Caribbean did not reach their FY 2019 HIV-positive and treatment targets. Jamaica experienced low performance (17% of HTS_TST_POS, 70% of TX_CURR and 51% of TX_NEW targets achieved). Jamaica's sites were redistributed among USG agencies in December 2018 and Jamaica redesigned their program as part of ROP19. Results from this new strategy will be available in FY 2020 Q1 and we encourage the country team to review these results in the interagency space to refine current strategies to achieve epidemic control. Based on FY19 results, the country team should consider, at a minimum, intensifying case finding strategies, improving treatment initiation and retention, and strengthening viral load coverage and suppression across the region. Linkage to treatment remains a challenge among 15-24 year olds. Jamaica's revised PLHIV estimate is 32,617 for FY20. Of these, 47% who know their status in Jamaica are on ARV treatment.
HRSA is working to implement programs at clinics in two regions based on the Ryan White domestic model and, depending on results, might consider expanding to other regions in future planning years. As part of the redesign, Jamaica is working on fundamental issues in order to address the large treatment gap as we need to see considerable progress in the coming year.
The Caribbean is also lagging behind on the adoption and consistent implementation of key minimum requirement policies. Gaps exist across the region and progress varies. Barbados requested and received surge funds but underperformed. The Caribbean will work with local stakeholders to implement Barbados and Guyana closeouts as planned.

SECTION 1: WESTERN HEMISPHERE ROP 2020 PLANNING LEVEL

Based upon current analysis of spend levels, information submitted for the End-of-Fiscal Year 2019 (EOFY) tool, and performance data, the total ROP20 planning level is comprised as follows. (Note – all pipeline numbers were provided and confirmed by agencies.)

Table 1. Western Hemisphere ROP 2020 Total Budget including Applied Pipeline

OU Total	Bilateral				Central	TOTAL
	FY20	FY19	FY17	Unspecified	Unspecified	TOTAL
Total New Funding	$ 52,990,642	$ -	$ -	$ -	$ -	$ 52,990,642
GHP- State	$ 49,774,392	$ -	$ -	$ -	$ -	$ 49,774,392
GHP- USAID	$ -	$ -	$ -	$ -	$ -	$ -
GAP	$ 3,216,250	$ -	$ -	$ -	$ -	$ 3,216,250
Total Applied Pipeline	$ -	$ -	$ -	$ 7,009,358	$ -	$ 7,009,358
DOD	$ -	$ -	$ -	$ -	$ -	$ -
HHS/CDC	$ -	$ -	$ -	$ 1,427,528	$ -	$ 1,427,528
HHS/HRSA	$ -	$ -	$ -	$ 53,301	$ -	$ 53,301
PC	$ -	$ -	$ -	$ -	$ -	$ -
State	$ -	$ -	$ -	$ -	$ -	$ -
USAID	$ -	$ -	$ -	$ 5,528,529	$ -	$ 5,528,529
TOTAL FUNDING	$ 52,990,642	$ -	$ -	$ 7,009,358	$ -	$ 60,000,000

SECTION 2: WESTERN HEMISPHERE ROP 2020 BUDGETARY REQUIREMENTS AND OTHER CONSIDERATIONS**

Countries should plan for the full Care and Treatment (C&T) level of $25,000,000 across all funding sources. These earmark levels on new funding are subsets of those amounts that must be programmed with specific types of funding due to Congressional requirements. The full amount programmed across all sources will be visible in the FAST.

Table 2. Western Hemisphere ROP 2020 Earmarks

Earmarks	COP 2020 Planning Level			
	FY20	FY19	FY17	Total
C&T	$ 25,000,000	$ -	$ -	$ 25,000,000
OVC	$ -	$ -	$ -	$ -
GBV	$ 1,699,490	$ -	$ -	$ 1,699,490
Water	$ -	$ -	$ -	$ -

** Countries should be programming to levels outlined in Part 1 of the COP 2020 Planning Level Letter. These earmark controls above represent the **minimum** amounts that must be programmed in the given appropriation year.*

SECTION 3: PAST PERFORMANCE – ROP 2018 REVIEW

Table 3. ROP OU Level FY19 Program Results (COP18) and FY20 Targets (COP19) Central America and Brazil

Indicator	FY19 result (COP18)[a]	FY20 target (COP19)[b]
TX Current Adults	43,830	42,047[c]
VMMC among males 15 years or older	N/A	N/A
DREAMS	N/A	N/A
Cervical Cancer	N/A	N/A
TB Preventive Therapy	N/A	194

[a] Central America only

[b] Central America and Brazil
[c] Final target of 76,424 not in Datim, pending OPU approval

Caribbean

Indicator	FY19 result (COP18)[a]	FY20 target (COP19)[b]
TX Current Adults	**23,013**	**21,363**
VMMC among males 15 years or older	**N/A**	**N/A**
DREAMS	**N/A**	**N/A**
Cervical Cancer	**N/A**	**N/A**
TB Preventive Therapy	**N/A**	**N/A**

[a] Barbados, Guyana, Jamaica, and Trinidad & Tobago
[b] Jamaica and Trinidad & Tobago only

Table 4. ROP 2018 | FY 2019 Agency-level Outlays versus

Approved Budget Central America and Brazil

OU/Agency	Sum of Approved COP/ROP 2018 Planning Level	Sum of Total FY 2019 Outlays	Sum of Over/Under Outlays
OU			
DOD	322,500	166,462	156,038
HHS/CDC	7,066,537	6,442,760	623,777
PC	0	63,274	(63,274)
State	553,114	57,875	495,239
USAID	13,386,390	10,284,271	2,853,654

**Outlays reported in this letter represent a snapshot in time. With respect to outlays reported as "central" (if/applicable), note those numbers are being included in this format for the first time this year and any reported under/over-outlays may be subject to further adjustments as the process for such funds is refined.*

Central America's total FY19 outlay level of $17,590,632 is under the approved spend level of $21,328,541. Within this total, PC spent above while DOD, HHS/CDC, State, and USAID spent below their approved FY19 budgets.

Caribbean

OU/Agency	Sum of Approved COP/ROP 2018 Planning Level	Sum of Total FY 2019 Outlays	Sum of Over/Under Outlays
OU			
HHS/CDC	11,319,795	9,090,531	2,229,264
HHS/HRSA	1,807,200	1,689,032	118,168
PC	0	374,767	(374,767)
State	536,255	536,255	0
State/WHA	50,000	0	50,000

USAID	13,255,133	8,289,239	4,965,894
Grand Total	**26,968,383**	**19,979,824**	**6,988,559**

**Outlays reported in this letter represent a snapshot in time. With respect to outlays reported as "central" (if/applicable), note those numbers are being included in this format for the first time this year and any reported under/over-outlays may be subject to further adjustments as the process for such funds is refined.*

Caribbean's total FY19 outlay level of $19,979,824 is under the approved spend level of $26,968,383. Within this total, PC spent above while HHS, State/WHA, and USAID spent below their approved FY19 budgets. The USAID under outlay is partially a result of ending the G2G agreement with the Government of Jamaica before the end of the fiscal year. USAID also received pipeline as a result of the closure of the Barbados ESC mission operations.

Table 5. ROP 2018 | FY 2019 Implementing Partner-level Outlays versus Approved Budget The following implementing mechanisms outlaid at least 125% in excess of their ROP18 approved planning level.

Central America and Brazil

Mech ID	Prime Partner	Funding Agency	COP/ROP18/FY19 Budget (New funding + Pipeline + Central)	Actual FY19 Outlays ($)	Over/Under FY19 Outlays (Actual $ - Total COP/ROP18 Budget $)
16586	Universidad del Valle de Guatemala	HHS/CDC	0	42,259	(42,259)
0	(M&O)	PC	0	63,274	(63,274)
80051	University of North Carolina	USAID	569,710	1,129,310	(559,600)

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Caribbean

Mech ID	Prime Partner	Funding Agency	COP/ROP18/FY19 Budget (New funding + Pipeline + Central)	Actual FY19 Outlays ($)	Over/Under FY19 Outlays (Actual $ - Total COP/ROP18 Budget $)
12668	Trinidad MOH	HHS/CDC	0	150,000	(150,000)
13335	African Field Epidemiology Network	HHS/CDC	0	23,523	(23,523)
13534	National Alliance of State and Territorial AIDS Directors	HHS/CDC	86,000	134,124	(48,124)
18577	University of Washington	HHS/CDC	0	49,053	(49,053)
0	(M&O)	PC	0	374,767	(374,767)
blank	Abt Associates (SHOPS Plus)	USAID	0	214,411	(214,411)
18189	University of North Carolina	USAID	0	831	(831)

**Outlays reported in this letter represent a snapshot in time. With respect to outlays reported as "central" (if/applicable), note those numbers are being included in this format for the first time this year and any reported under/over-outlays may be subject to further adjustments as the process for such funds is refined.*

Table 6. ROP 2018 | FY 2019 Results &

Expenditures Central America

Agency	Indicator	FY19 Target	FY19 Result	% Achievement	Program Classification	FY19 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	10,822	**16,469**	152.2	HTS	246,841	87
	HTS_TST_POS	759	**1,141**	150.3			
	TX_NEW	950	**1,748**	184.0	C&T	2,133,503	64
	TX_CURR	1,017	**6,683**	657.1			
USAID	HTS_TST	12,365	**12,152**	98.3	HTS	666,238	100
	HTS_TST_POS	722	**720**	99.7			
	TX_NEW	2,260	**2,660**	117.7	C&T	1,457,309	24
	TX_CURR	41,785	**39,006**	93.3			
				Above Site Programs		4,944,262	

Caribbean*

Agency	Indicator	FY19 Target	FY19 Result	% Achievement	Program Classification	FY19 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	2,405	**2,544**	105.8	HTS	845,786	68
	HTS_TST_POS	80	**66**	82.5			
	TX_NEW	1,088	**1,494**	137.3	C&T	2,472,197	78
	TX_CURR	14,670	**5,032**	34.3			
HHS/HRSA	TX_NEW	670	**338**	50.4	C&T	1,200,088	0
	TX_CURR	14,670	**5,032**	34.3			
USAID	HTS_TST	15,265	**5,907**	38.7	HTS	1,348,343	57
	HTS_TST_POS	896	**247**	27.6			
	TX_NEW	2,270	**677**	29.8	C&T	892,124	47
	TX_CURR	14,650	**1,858**	12.7			

*When looking at agency-level performance in the Caribbean part of table 6, it should be noted that the table includes targets that were not adjusted to reflect the reallocation of sites amongst USAID, CDC, and HRSA after the G2G ended in the second half of the fiscal year.

ROP 2018 | FY 2019 Analysis of Performance

Central America

Overall performance in HTS and C&T continued to be strong in FY19. No major partner performance issues were observed in Central America. Regular engagement with partners contributed to strong partner performance. No results are available for DoD.

No major partner management issues were observed in Central America. Three major over-outlays were reported in FY 2019 with satisfactory explanations. Central America under-outlaid approximately $5.5 million. DoD will shift its implementation model to an Implementing Partner providing technical assistance and limited DSD in FY20.

Caribbean

Overall, the Caribbean continued to underperform in HTS and C&T in FY19. Even after adjusting targets based on the redesign of the program, target achievement in HTS and C&T remained low. In terms of case finding, Jamaica has a thorough CI certification program and offers robust training. Since it takes a year to obtain certification, it is important that trained CIs are retained. Additionally, acceleration funds provided to the T&T MOH to increase case finding did not produce satisfactory results with only 10 HIV positives identified in FY19.

Seven major over-outlays were reported in FY19 with satisfactory explanations. S/GAC continues to examine $214,411 expended by Abt Associates/SHOPS Plus to determine whether it was an approved expenditure that appears as an over-outlay due to timing of budget reconciliation after the fiscal year end, or whether it was an unapproved expenditure. Also under examination is $129,000 in unapproved spending of pipeline in 4 weeks in FY20 for closeout. In general, closer oversight and regular engagement with partners is required. The Caribbean needs to continue conducting quarterly meetings with partners in an interagency way.

SECTION 4: ROP 2020 DIRECTIVES

The following section has specific directives for ROP20 based on program performance noted above. Please review each section carefully including the minimum program requirements and specific country directives.

Table 7. ROP 2020 (FY 2021) Minimum Program Requirements

	Minimum Program Requirement	**Status**	**Outstanding Issues Hindering Implementation**
Care and Treatment	1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups, with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.[1]	Central America/Brazil: Aside from El Salvador, Honduras and Nicaragua, the region has adopted T&S policies at the national level. Caribbean: All countries have adopted T&S policies at the national level.	Central America: T&S not included in official guidance, and development and adoption of official guidelines require several layers of approval.
	2. Rapid optimization of ART by offering TLD to all PLHIV weighing >30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children weighing ≥20kg, and removal of all nevirapine-based regimens.[2]	Central America/ Brazil: TLD transition started in 2019 in all countries, except in Nicaragua due to political instability. Brazil transitioned in Jan 2018. Caribbean: Roll out expected in Jan 2020 in Jamaica. No official dates for T&T.	Central America: political instability since April 2018. Caribbean: high price for high-income countries with registered patent.

[1] Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization, September 2015
[2] Update of recommendations on first- and second-line antiretroviral regimens. Geneva: WHO, July 2019

	3. Adoption and implementation of differentiated service delivery models, including six-month multi-month dispensing (MMD) and delivery models to improve identification and ARV coverage of men and adolescents.[3]	Central America/Brazil: DSD and MMS have been largely adopted and/or are in the process of being included in updated guidelines, but it is not clear how widely and consistently these policies are being communicated and implemented. Caribbean: All countries have adopted DSD models and need to ensure consistent communication and implementation.	Central America: stock out risks.
	4. All eligible PLHIV, including children, should have been offered TB preventive treatment (TPT) by end of COP20; cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient [4]	*N/A*	
	5. Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks.	*N/A*	

[3] ~~Consolidated guidelines on the use of~~ antiretroviral drugs for treating and preventing HIV infection. Geneva: World Health Organization, 2016
[4] Latent Tuberculosis infection: Updated and consolidated guidelines for programmatic management. Geneva: World Health Organization, 2018

Case Finding	6. Scale up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological parent must be tested for HIV.[5]	Central America/Brazil: index testing has been adopted in the region. Self-testing has been implemented in Brazil and is in process in all five countries in Central America. Caribbean: Index testing has been adopted in the region. Self-testing is in process. Jamaica has a thorough CI certification program and offers robust training.	Stock out risks, and development and adoption of official guidelines require several layers of approval. Since it takes a year to obtain CI certification in Jamaica, it is important that trained CIs are retained.
Prevention and OVC	7. Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-burden areas, high- risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices)[6]	Central America/Brazil: Brazil MOH provides PrEP free of charge. GF funds PrEP to MSM in one clinic in Guatemala City. Caribbean: PrEP is available in all counties via MOHs, GF, and/or private clinicians. PEPFAR does not fund PrEP in the region. In both subregions, PEPFAR should purchase PrEP commodities and offer to KPs and high-risk HIV-negative individuals. This is a new minimum requirement for the region and we expect it to be in place no later than the end of ROP20 implementation.	Stock out risks, and political commitment from MOH and infectious disease specialists.

[5] Guidelines on HIV self-testing and partner notification. Supplement to consolidated guidelines on HIV testing services. Geneva: World Health Organization, 2016 https://www.who.int/hiv/pub/self-testing/hiv-self-testing- guidelines/en/

[6] Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization; 2015 (http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en).

	8. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV infection, 2) providing support and case management for vulnerable children and adolescents living with HIV 3) reducing risk for adolescent girls in high HIV-burden areas and for 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV.	*N/A*	
Policy & Public Health Systems Support	*9. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer, PrEP and routine clinical services, affecting access to HIV testing and treatment and prevention.*[7]	*N/A*	

	10. OUs assure program and site standards are met by integrating effective quality assurance and Continuous Quality Improvement (CQI) practices into site and program management. CQI is supported by IP work plans, Agency agreements, and national policy.[8]	Central America/ Brazil: All IPs provide work plans that include QA and CQI practices. El Salvador has adopted and implemented SIMS-like system nationally. Caribbean: CQI practices introduced in 2014. Current efforts support all HIV treatment sites (PEPFAR and non-PEPFAR supported) in Jamaica. In both subregions, agencies should continue to support CQI practices consistently and use SIMS data to identify areas for continuous improvement.	
	11. Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and health care providers regarding U = U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.	Central America/ Brazil: Viral load literacy and U=U messaging are currently implemented in all countries in FY 2020. Caribbean: U=U has been rolled out throughout the region. 2020 Treatment Literacy curriculum revised to include U=U. Key messages shared digitally. Clinical mentoring to site- level staff supported in Jamaica.	
	12. Clear evidence of agency progress toward local, indigenous partner prime funding.	Both Central America and the Caribbean should continue making progress toward local, indigenous partner prime funding.	

[7] The practice of charging user fees at the point of service delivery for HIV/AIDS treatment and care. Geneva: World Health Organization, December 2005

[8] Technical Brief: Maintaining and improving Quality of Care within HIV Clinical Services. Geneva: WHO, July 2019

	13. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended.	Both Central America and the Caribbean should continue to collaborate with host governments to provide the majority of resources for the national response.	Competing health priorities.
	14. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	*N/A*	
	15. Scale-up of case-based surveillance and unique identifiers for patients across all sites.	Both Central America and the Caribbean should continue making investments in systems and patient-level tracking.	

In addition to meeting the minimum requirements outlined above, it is expected that the Western Hemisphere will:

Table 8. Western Hemisphere ROP 2020 (FY 2021) Technical Directives

Central America and Brazil

OU –Specific Directives
HIV Treatment
1. Identify profile of LTFU patients and barriers to retention in Guatemala
2. Improve and scale client-centered services to initiate ART within 7 days of diagnosis and retain patients throughout the region
3. Expedite transition to TLD for all PLHIV in El Salvador, Guatemala, Honduras, and Panama
4. Increase viral load coverage and suppression across all age groups in both sexes, especially in Guatemala
HIV Prevention
1. Find the right balance between social network testing and index testing, starting now
2. Scale recency testing with appropriate quality assurance and CQI monitoring activities throughout the region
3. Expedite implementation of PrEP and self-testing activities in El Salvador, Guatemala, Honduras, and Panama

Caribbean

OU –Specific Directives
HIV Treatment
1. Identify profile of LTFU patients and barriers to retention in Jamaica
2. Improve linkage to treatment services after HIV diagnosis with a particular focus on 15-24 yo in Jamaica
3. Improve client-centered services to retain PLHIV, especially men <24 yo in Jamaica
4. Expedite roll out of TLD transition to all patients in T&T
5. Increase viral load coverage and suppression in both men and women across all age groups throughout the region
HIV Prevention
1. Find the right balance between social network testing and index testing, starting now
2. Expedite implementation of recency testing with appropriate quality assurance and CQI monitoring activities throughout the region
3. Expedite implementation of PrEP and self-testing activities throughout the region
Other Government Policy or Programming Changes Needed
1. Ensure that your partner management plan aligns with section 4 of COP guidance.

COP/ROP 2020 Technical Priorities

Client and Family Centered Treatment Services

COP20 planning must specifically and thoroughly address the challenge of interrupted antiretroviral treatment and client loss, especially among young adults. Maintaining epidemic control, as measured by the proportion of PLHIV with viral suppression, will require long-term, continuous ART for a population that is often young and asymptomatic—and for whom HIV treatment is easily interrupted by drug side effects, inconvenience, lack of time, poor customer service, stigma and discrimination, or life circumstances. Maintaining long-term viral suppression necessitates planning and implementing services that are convenient and fit the lives of the clients, and make it easy for patients on ART to continue treatment. PEPFAR requires development and full implementation of key client-centered policies and practices at the site- level, including optimized treatment (dolutegravir-based therapy) and multi-month dispensing, convenient ARV pick-up arrangements, and community and client participation in design and evaluation of services. The Western Hemisphere must ensure 100% "known HIV status" for biological children of TX_CURR clients (15+), including chart review and retrospective elicitation of eligible biological children.

Community-led Monitoring

In COP20, all PEPFAR programs are required to develop and support and fund a community-led monitoring activity through State Department Ambassador's small grants in close collaboration with independent, local civil society organizations and host country governments. Collaboration with community groups, civil society organizations and patients/beneficiaries can help PEPFAR programs and health institutions diagnose and

pinpoint persistent problems, challenges, and barriers to effective service and client outcomes at the site level.

Pre-Exposure Prophylaxis (PrEP)

Groups to be prioritized for PrEP include those testing negative in index testing but remaining at increased risk of HIV acquisition by virtue of unprotected exposure to a PLHIV with unsuppressed viral load, key populations including sex workers, men who have sex with men, transgender persons, people who use drugs, adolescent girls and young women, including pregnant and breastfeeding women, in areas with high HIV incidence or with high risk partners, and other identified serodiscordant couples. (Groups will be tailored to country context).

TB Preventive Treatment (TPT)

TPT is considered routine HIV care, and all country programs must have offered TPT to all PLHIV on treatment by the end of COP20; targets have been set accordingly. Countries should budget for full coverage, and plan to use optimal regimens (3-HP) as supply allows.

PLHIV Stigma Index 2.0

PEPFAR teams are required to either fund host country PLHIV network-led implementation of the revised Stigma Index 2.0, or complement Global Fund or other donors financing implementation of the Stigma Index 2.0, if it has not already been implemented in the OU. This revised U.S. government compliant version can begin the process of baseline data collection for evaluating the future impact of interventions on reducing stigma and can inform future HIV program planning. If the revised Stigma Index 2.0 has not been previously conducted in the OU, then PEPFAR teams must work with UNAIDS, Global Fund or other donors to ensure its implementation during COP20, whether supported by PEPFAR or other resources.

COP/ROP 2020 Stakeholder Engagement (see section 2.5.3 of COP Guidance) Sustained control of the HIV/AIDS epidemic necessitates that PEPFAR teams actively and routinely coordinate and communicate with all partners, including local, regional and international civil society and community stakeholders, multilateral partners and the host country government. With your leadership, PEPFAR is leading the way in facilitating transparent processes and in sharing data and results. Continued meaningful engagement with these groups throughout the development and implementation of COP/ROP 2020 remains a requirement for all PEPFAR programs, and as such the COP/ROP 2020 process will engage with stakeholders early and frequently. This engagement specifically includes the sharing of FY 2019 Q4 and FY 2019 APR results and analyses and the convening of an in-country planning retreat with local stakeholders during the last two weeks of January 2020 in order to introduce and discuss all COP/ROP 2020 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP/ROP 2020. It is critical that meaningful involvement of civil society and community input is solicited and incorporated in every step of the process. In alignment with sustained control of the epidemic, the intentional outreach and inclusion throughout this process of civil society and community organizations that directly work with key and priority populations should be a priority of the PEPFAR field team. The PEPFAR investments to support the national response must be planned

intentionally with the Global Fund New Funding requests with teams demonstrating how complementarity was achieved to ensure maximal impact on the HIV/AIDS epidemic is achieved.

In February and March 2020, PEPFAR will convene in-person meetings in Johannesburg, South Africa, Bangkok, Thailand, and Atlanta, GA where outstanding decisions will be discussed and finalized. In addition to host-country representatives, the meetings will also include representatives from local and international civil society and community organizations and multilateral partners. Specific guidance for the 2020 meeting delegations have been provided elsewhere. Engagement with all stakeholders is required beyond the meetings and throughout the COP/ROP 2020 development and finalization process. As in COP/ROP 2019, the draft Strategic Direction Summary (SDS) and Data Pack are required to be shared with stakeholders for their input and comments at least 72 hours prior to submission of these materials to the Embassy Front Office. Please refer to the COP/ROP 2020 Guidance for a full list of requirements and engagement timelines.

APPENDIX 1: Detailed Budgetary Requirements

Care and Treatment: If there is no adjustment to the COP/ROP 2020 new funding level due to an adjustment in applied pipeline, countries must program to the full Care and Treatment amount from Part 1 of the planning level letter across all funding sources. Additionally, due to Congressional earmarks, some of the care and treatment requirement must be programmed from specific funding sources, as indicated above in Table 2. Your care and treatment requirement for the purposes of Congressional earmarks is calculated as the sum of total new FY 2020 funding programmed to the HTXS, HTXD, HVTB, HBHC, PDTX, PDCS, HLAB budget codes, 80% of the total funding programmed to the MTCT budget code, and 50% of the total funding programmed to the HVCT budget code.

Orphans and Vulnerable Children (OVC): Countries must program to the full OVC amount from Part 1 of the planning across all funding sources. Your OVC requirement is made up of the HKID Requirement (see details below) and 85% of the DREAMS non-HKID programmed funds for all new FY 2020 funds. Additionally, due to Congressional earmarks, some of the OVC requirement must be programmed from specific funding sources, as indicated above in Table 2. The COP 2020 planned level of new funds for the OVC earmark can be above this amount; however, it cannot fall below it.

HKID Requirement: OU's COP/ROP 2020 minimum requirement for the HKID budget code is reflected in Table 3 and is a subset of the OVC earmark. Your COP/ROP 2020 HKID requirement is derived based upon the approved COP/ROP 2019 HKID level inclusive of OVC and prevention intervention for children under 19 budget codes. The COP/ROP 2020 planned level of new funds for HKID can be above this amount; however, it cannot fall below it.

Gender Based Violence (GBV): OU's COP/ROP 2020 minimum requirement for the GBV earmark is reflected in Table 2. Your GBV earmark requirement is calculated as the total ***new FY 2020*** *funding programmed to the GBV cross-cutting code. Your COP/ROP 2020 earmark is derived by using the final COP/ROP 2019 GBV earmark allocation as a baseline.*

The COP/ROP 2020 planned level of new FY 2020 funds for GBV can be above this amount; however, it cannot fall below it.

Water: OU's COP/ROP 2020 minimum requirement for the water earmark is reflected in Table
2. Your water earmark requirement is calculated as the total ***new FY 2020 funding*** *programmed to the water cross-cutting code. Your COP/ROP 2020 earmark is derived by using the final COP/ROP 2019 water earmark allocation as a baseline. The COP/ROP 2020 planned level of new FY 2020 funds for water can be above this amount; however, it cannot fall below it.*

Transitioning HIV Services to Local Partners: To sustain epidemic control, it is critical that the full range of HIV prevention and treatment services are owned and operated by local institutions, governments, and organizations – regardless of current ARV coverage levels. The intent of the transitioning to local partners is to increase the delivery of direct HIV services, along with non-direct services provided at the site, and establish sufficient capacity, capability, and durability of these local partners to ensure successful, long-term local partner engagement and impact. This action is a priority for all OUs, Regional Programs and Country Pairs.
PEPFAR has set a 70% goal ***by agency*** *by the end of FY20 and must meet 40% by FY19. Each country has to contribute to this goal based on the context of the local partner mix and types of public and private partners available to provide essential services. Therefore, each OU agency should work with their respective agency HQ in determining their contribution in meeting the agency level local partner requirement for FY20 as appropriate through their COP/ROP 2019 submission.*

COP/ROP 2020 Applied Pipeline (See Section 9.1.2 Applied Pipeline of COP Guidance)
All agencies in Western Hemisphere Region should hold a 4 month pipeline at the end of COP/ROP 2020 implementation in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. Any agency that anticipates ending COP/ROP 2019 implementation (end of FY 2020) with a pipeline in excess of 4 months is required to apply this excessive pipeline to COP/ROP 2020, decreasing the new funding amount to stay within the planning level.