



United States Department of State

Washington, D.C. 20520

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April 1, 2020

**MEMO FOR PETER BARLERIN, U.S. AMBASSADOR TO CAMEROON**

**SUBJECT:** PEPFAR Cameroon Country Operational Plan 2020 Approval

This memo represents the successful completion of the PEPFAR Cameroon Country Operational Plan (COP) 2020 planning, development and submission. PEPFAR Cameroon, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2020 in alignment with the directives from the COP 2020 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval memo for the PEPFAR Cameroon Country Operational Plan (COP) 2020 with a total approved budget of \$92,342,298, 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:

Cameroon	New Funding (all accounts)	Pipeline	Total Budget FY 2021 Implementation
<b>Total Budget</b>	<b>\$38,463,053</b>	<b>\$53,879,245</b>	<b>\$92,342,298</b>
Bilateral	\$38,463,053	\$53,879,245	\$92,342,298
Central	\$0	\$0	\$0

Approve a total FY 2021 outlay for COP 2020 implementation that does not exceed the total approved COP 2020 budget of \$92,342,298. Any prior year funds that are not included within this COP 2020 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 2021 without additional written approval. The new FY 2020 funding and prior year funds approved within this memo as a part of the total COP 2020 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 2021– must be submitted to and approved by S/GAC.

Approved funding will be made available to agencies for allocation to country platform to implement COP 2020 programming and priorities as outlined below and in the appendix.

**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 during the February 17-21, 2020 in-person planning meetings and participants in the virtual

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approval meeting; the final COP 2020 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

### **Program Summary**

Funding and targets for Cameroon's COP 2020 will support PEPFAR Cameroon's vision to work with the Government and people of Cameroon to achieve epidemic control by the end of FY2021. The strategy to achieve epidemic control in Cameroon focuses primarily on case finding and targeted testing, as well as ensuring all newly diagnosed people living with HIV (PLHIV) are immediately linked to treatment. The program emphasizes retention of new and existing patients, as well as viral load testing and suppression of the patient population. The COP20 strategy also seeks to resolve challenges in the Cameroonian supply chain, with special initiatives to improve HIV commodity distribution, ordering and planning. The COP20 program includes a target of 452,367 on treatment and a targeted viral load suppression rate of 95%. The PEPFAR program for COP 2020 will continue to work in all 10 regions of Cameroon, adding an additional 94,516 to treatment across all 10 regions and in military facilities.

The PEPFAR Cameroon strategy for COP20 includes several key case-finding, treatment, supply chain, and prevention components. For case-finding, the clinical program will 1) continue to scale-up index testing, with all index testing counselors retrained on contact elicitation and partner notification practices that prioritize human rights 2) fully implement the use of the screening tool at all clinical and military sites 3) employ differentiated testing strategies for infants and adolescents, including Early Infant Diagnosis (EID), tailored index approaches and the use of the screening tool and 4) expand self-testing. For treatment, key strategies include 1) continuing the transition to TLD as the first-line antiretroviral therapy (ART) regimen, 2) expanded implementation of a patient-centered approach to linkage and retention that includes increased access to facilities and increased engagement with clinical staff 3) a broad scale-up of differentiated service delivery models, including multi-month dispensation and community ART pick up and 4) a continued expansion of viral load testing accompanied by education around the messaging of Undetectable = Untransmittable. The Key Populations and Orphans and Vulnerable Children (OVC) programs in Cameroon will also play a critical both in case finding and treatment, as well as in prevention. For case finding, the Key Populations program will continue to implement innovative strategies for index testing that prioritize patient preferences and patient rights, including self-testing, network mapping, and a patient-customized approach to partner notification. For treatment, the Key Populations program will expand the differentiated service delivery model in all sites, and will begin service delivery in four new districts in COP20: Boko, Kribi, Ngaoundere, and Tubah. The OVC program will target 40 PEPFAR SNU in Cameroon, implementing a wrap-around model that engages with clinical facilities, and provides a customized package of services to OVCs and their care givers. Finally, a key strategy that will enable improved case finding and treatment will be the continued community-led monitoring of user fee elimination at sites. The elimination of user fees went into effect on January 1, 2020, during COP19. In COP20, PEPFAR will continue to engage community groups to monitor the progress of the implementation at the site level, as well as regional and national government to ensure the policy is implemented with fidelity.

Prevention activities in COP20 will include the roll out of PrEP, which will primarily be directed at key populations and others with heightened risk of infection, like HIV negative partners of HIV positive individuals. Other key prevention activities among key populations

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- 3 -

and OVC include small group interventions, prevention education programs, and for OVC, case management activities and household economic strengthening. Finally, the COP20 PEPFAR Cameroon strategy seeks to address some of the supply chain challenges that resulted in stock outs during the COP18 and COP19 cycles. In COP20, PEPFAR Cameroon will engage a private third-party logistics (3PL) provider to increase efficiency in health commodity distribution at the regional and site levels. Additionally, the team will provide TA at all levels of the supply chain to ensure implementation of best practices in ordering, storage, stock management and data collection, and the team will engage with the government to ensure the fast-tracking of customs clearance and waivers for health commodities.

COP20 in Cameroon represents the second year of a 2-year strategy to achieve epidemic control in Cameroon. This strategy began in COP19, and thus many of the strategies to achieve epidemic control from COP19 will continue in COP20. These continued strategies include: the continued scale-up of the clinical program into all 10 regions of Cameroon, the elimination of user fees, both informal and formal at clinical sites in Cameroon, the implementation of index testing across all testing facilities, a geographic expansion of KP and OVC programs to align with the expanded clinical program, a focus on retention and viral load coverage, and a program of test and start to link new patients to treatment. New in COP20 will be the universal implementation of the screening tool in all facilities as a way to improve testing yields, the incorporation of PrEP into PEPFAR’s prevention activities in Cameroon, and finally, a new range of activities designed to improve on weaknesses in the supply chain.

**Funding Summary**

All COP 2020 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.

Cameroon	Bilateral						Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Bilateral New Funding	Total COP 20 Budget
	New Funding				Applied Pipeline					
	FY20				FY 19	Unspecified				
	Total	GHP-State	GHP-USAID	GAP	Total	Total				
DOD TOTAL	\$ 1,343,508	\$ 1,343,508	\$ -	\$ -	\$ 632,586	\$ -	\$ -	\$ 632,586	\$ 1,343,508	\$ 1,976,094
HHS TOTAL	\$ 26,544,976	\$ 25,969,857	\$ -	\$ 575,119	\$ 36,255,024	\$ -	\$ -	\$ 36,255,024	\$ 26,544,976	\$ 62,800,000
HHS/CDC	\$ 26,544,976	\$ 25,969,857	\$ -	\$ 575,119	\$ 36,255,024	\$ -	\$ -	\$ 36,255,024	\$ 26,544,976	\$ 62,800,000
HHS/HRSA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
HHS/SAMHSA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PEACE CORPS TOTAL	\$ 936,581	\$ 936,581	\$ -	\$ -	\$ 258,725	\$ 58,985	\$ -	\$ 317,710	\$ 936,581	\$ 1,254,291
STATE TOTAL	\$ 1,471,387	\$ 1,471,387	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,471,387	\$ 1,471,387
State	\$ 921,387	\$ 921,387	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 921,387	\$ 921,387
State/AF	\$ 50,000	\$ 50,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000
State/PRM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State/SGAC	\$ 500,000	\$ 500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500,000	\$ 500,000
USAID TOTAL	\$ 8,166,601	\$ 8,166,601	\$ -	\$ -	\$ 16,424,576	\$ 249,349	\$ -	\$ 16,673,925	\$ 8,166,601	\$ 24,840,526
USAID, non-WCF	\$ 4,166,591	\$ 4,166,591	\$ -	\$ -	\$ 11,989,213	\$ 249,349	\$ -	\$ 12,238,562	\$ 4,166,591	\$ 16,405,153
USAID, WCF	\$ 4,000,010	\$ 4,000,010	\$ -	\$ -	\$ 4,435,363	\$ -	\$ -	\$ 4,435,363	\$ 4,000,010	\$ 8,435,373
TOTAL	\$ 38,463,053	\$ 37,887,934	\$ -	\$ 575,119	\$ 53,570,911	\$ 308,334	\$ -	\$ 53,879,245	\$ 38,463,053	\$ 92,342,298

\* Pipeline refers to funding allocated in prior years, approved for implementation in FY 2021

**GHP-State Funds:** Upon the clearance of a FY 2020 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 2021 at approved COP 2020 partner budget levels to achieve FY 2021 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo’s appendix. Upon receipt from S/GAC,

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- 4 -

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 2021 at approved COP 2020 partner budget levels to achieve FY 2021 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 2021 at approved COP 2020 partner budget levels to achieve FY 2021 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 2020 total budget level and documented within COP 2020 partner budgets are not to be executed or outlaid without written approval from S/GAC.

**Earmarks:** The OU has planned for programming for FY2020, FY2019 or/or FY2017 funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to the OU. Upon approval of this memo, the amounts below will become the new earmark controls for the OU/Agency. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	Appropriation Year			
	FY20	FY19	FY17	Total
Care & Treatment	\$ 26,374,984	\$ -	\$ -	\$ 26,374,984
Orphans and Vulnerable Children	\$ 1,800,000	\$ -	\$ -	\$ 1,800,000
Preventing and Responding to Gender-based Violence	\$ 281,271	\$ -	\$ -	\$ 281,271
Water	\$ 164,115	\$ -	\$ -	\$ 164,115

**Initiatives by Agency**

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UNCLASSIFIED

- 5 -

	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Bilateral - New Funding	Total COP 20 Budget
<b>Cameroon</b>				
<b>TOTAL</b>	-	<b>53,879,245</b>	<b>38,463,053</b>	<b>92,342,298</b>
<i>of which, Acceleration 20</i>	-	53,570,911	-	53,570,911
<i>of which, Core Program</i>	-	308,334	36,663,053	36,971,387
<i>of which, HKID Requirement</i>	-	-	1,800,000	1,800,000
<b>DOD TOTAL</b>	-	<b>632,586</b>	<b>1,343,508</b>	<b>1,976,094</b>
<i>of which, Acceleration 20</i>	-	632,586	-	632,586
<i>of which, Core Program</i>	-	-	1,343,508	1,343,508
<b>HHS TOTAL</b>	-	<b>36,255,024</b>	<b>26,544,976</b>	<b>62,800,000</b>
<b>HHS/CDC</b>	-	36,255,024	26,544,976	62,800,000
<i>of which, Acceleration 20</i>	-	36,255,024	-	36,255,024
<i>of which, Core Program</i>	-	-	26,544,976	26,544,976
<b>HHS/HRSA</b>	-	-	-	-
<b>HHS/SAMHSA</b>	-	-	-	-
<b>PEACE CORPS TOTAL</b>	-	<b>317,710</b>	<b>936,581</b>	<b>1,254,291</b>
<i>of which, Acceleration 20</i>	-	258,725	-	258,725
<i>of which, Core Program</i>	-	58,985	936,581	995,566
<b>STATE TOTAL</b>	-	-	<b>1,471,387</b>	<b>1,471,387</b>
<b>State (State, S/EUR, S/EAP, and S/WHA)</b>	-	-	921,387	921,387
<i>of which, Core Program</i>	-	-	921,387	921,387
<b>State/AF</b>	-	-	50,000	50,000
<i>of which, Core Program</i>	-	-	50,000	50,000
<b>State/PRM</b>	-	-	-	-
<b>State/SGAC</b>	-	-	500,000	500,000
<i>of which, Core Program</i>	-	-	500,000	500,000
<b>USAID TOTAL</b>	-	<b>16,673,925</b>	<b>8,166,601</b>	<b>24,840,526</b>
<b>USAID, non-WCF</b>	-	12,238,562	4,166,591	16,405,153
<i>of which, Acceleration 20</i>	-	11,989,213	-	11,989,213
<i>of which, Core Program</i>	-	249,349	2,366,591	2,615,940
<i>of which, HKID Requirement</i>	-	-	1,800,000	1,800,000
<b>USAID, WCF</b>	-	4,435,363	4,000,010	8,435,373
<i>of which, Acceleration 20</i>	-	4,435,363	-	4,435,363
<i>of which, Core Program</i>	-	-	4,000,010	4,000,010
<b>TOTAL</b>	-	<b>53,879,245</b>	<b>38,463,053</b>	<b>92,342,298</b>

\* Pipeline refers to funding allocated in prior years, approved for implementation in FY 2021

### FY 2021 Target Summary

FY 2020 funds are released and COP 2020 applied pipeline is approved to achieve the following results in FY 2021. Please note that the HTS\_TST\_POS targets below are lower than the TX\_NEW targets. This is due to 2020 UNAIDS data using Spectrum modeling software which indicates that roughly 79% of PLHIV know their status in Cameroon, while only 61% are on treatment. While some of the population who know their status but are not on treatment may have been initiated on treatment and stopped, others may know their status and have never been initiated on treatment. The difference between the TX\_NEW and the HTS\_TST\_POS below represents those patients who previously tested positive, and thus would not count in COP20 HTS\_TST\_POS, but will start treatment for the first time in COP20, and thus will be counted in the COP20 TX\_NEW.

UNCLASSIFIED

- 6 -

Cameroon		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15		34,028				34,578
	15+		135,706				138,921
	<b>Total</b>	-	<b>169,734</b>	-	-	-	<b>173,499</b>
HTS_TST	<15		107,262				108,618
	15+		1,234,396				1,267,539
	<b>Total</b>	-	<b>1,341,658</b>	-	-	-	<b>1,376,157</b>
HTS_TST_POS	<15		5,141				5,169
	15+		81,380				83,518
	<b>Total</b>	-	<b>86,521</b>	-	-	-	<b>88,687</b>
TX_NEW	<15		5,976				6,007
	15+		86,476				88,509
	<b>Total</b>	-	<b>92,452</b>	-	-	-	<b>94,516</b>
TX_CURR	<15		21,353				21,521
	15+		420,584				430,846
	<b>Total</b>	-	<b>441,937</b>	-	-	-	<b>452,367</b>
TX_PVLS	<15		17,100				17,237
	15+		349,187				357,740
	<b>Total</b>	-	<b>366,287</b>	-	-	-	<b>374,977</b>
CXCA_SCRN	<b>Total (15+)</b>						-
OVC_SERV	<18		49,345			79	49,424
	18+		18,401			29	18,430
	<b>Total</b>	-	<b>67,746</b>	-	-	<b>108</b>	<b>67,854</b>
OVC_HIVSTAT	<b>Total (&lt;18)</b>		<b>47,152</b>			<b>77</b>	<b>47,229</b>
PMTCT_STAT	<15		2,444				2,444
	15+		178,786				180,821
	<b>Total</b>	-	<b>181,230</b>	-	-	-	<b>183,265</b>
PMTCT_STAT_POS	<15		629				629
	15+		29,872				30,036
	<b>Total</b>	-	<b>30,501</b>	-	-	-	<b>30,665</b>
PMTCT_ART	<15		634				634
	15+		30,044				30,206
	<b>Total</b>	-	<b>30,678</b>	-	-	-	<b>30,840</b>
PMTCT_EID	<b>Total</b>		<b>29,343</b>				<b>29,509</b>
PP_PREV	<15		1,216			29	1,245
	15+		44,207			237	44,444
	<b>Total</b>	-	<b>45,423</b>	-	-	<b>266</b>	<b>45,689</b>
KP_PREV	<b>Total</b>		<b>76,033</b>			<b>989</b>	<b>77,022</b>
KP_MAT	<b>Total</b>						-
VMMC_CIRC	<b>Total</b>						-
HTS_SELF	<15		823			13	836
	15+		28,091			175	28,266
	<b>Total</b>	-	<b>28,914</b>	-	-	<b>188</b>	<b>29,102</b>
PrEP_NEW	<b>Total</b>		<b>7,001</b>			<b>95</b>	<b>7,096</b>
PrEP_CURR	<b>Total</b>		<b>8,061</b>			<b>50</b>	<b>8,111</b>
TB_STAT (N)	<15		292				292
	15+		34,469				35,338
	<b>Total</b>	-	<b>34,761</b>	-	-	-	<b>35,630</b>
TB_ART (N)	<15		86				86
	15+		11,694				11,902
	<b>Total</b>	-	<b>11,780</b>	-	-	-	<b>11,988</b>
TB_PREV (N)	<15		17,297				17,438
	15+		342,108				350,951
	<b>Total</b>	-	<b>359,405</b>	-	-	-	<b>368,389</b>
TX_TB (D)	<15		22,410				22,584
	15+		442,721				453,524
	<b>Total</b>	-	<b>465,131</b>	-	-	-	<b>476,108</b>
GEND_GBV	<b>Total</b>		<b>462</b>				<b>462</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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**COP 2019 Performance Funds:**

All partners must be managed throughout the implementation year as indicated in the COP guidance. Overall performance including activities tied to COP19 performance will be reviewed at Q3FY20 to determine if the programs are on track to access all funds at the start of COP20. This communication will come through the S/GAC Chair and POART process.

**Faith and Communities Initiative (FCI) / Faith Based Organization (FBO) Surge Programming (applicable to Malawi, Eswatini, Lesotho, Haiti, Botswana, Zimbabwe, Zambia, Uganda, Tanzania, Kenya):**

In light of the delays in FCI programming associated with delayed arrival of funds for FCI and/or new subs for FCI funding received in COP19, FCI funds from COP19 will be protected and can be outlayed in COP20, in excess of the new COP20 total budget amount indicated in this memo, without being considered an over-outlay. Activities related to FCI/FBO surge activities must be fully implemented in COP20/FY21.

**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 this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15% of target achievement at 3 months or (2) less than 40% of target achievement at 6 months must have a complete review of performance data (including trends in performance) and expenditures to date by program area, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX\_CURR) performance should be between 98% and 100% of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10% of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80% of their target at Q2 performance review should be triggered. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85%. If the issue is retention it should be net new on treatment equal to 90% of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance including options for a shift to new partners. 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

UNCLASSIFIED

- 8 -

quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Cameroon's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

Pending Congressional Approval

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