



UNCLASSIFIED

July 12, 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: Botswana Country Operational Plan 2019 Approval

**Recommendations**

Approve the Botswana Country Operational Plan (COP) 2019 with a total budget of \$47,647,643, 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:

Botswana	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
<b>Total Budget</b>	<b>35,863,397</b>	<b>11,784,246</b>	<b>47,647,643</b>
<b>COP 19 Bilateral</b>	<b>35,863,397</b>	<b>11,784,246</b>	<b>47,647,643</b>

\* 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 \$47,647,643. **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.

Approve access for the Botswana PEPFAR program of up to \$207,500 in central funding for the procurement of condoms and lubricants.

Botswana 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.

In addition to the COP 2019 funding approved for implementation in FY 2020 described in this memo, \$5,000,000 of FY 2019 GHP-State funding will be also be notified in support of the second year of acceleration to support reaching 95-95-95. This funding is to be held at S/GAC until approved for release and will be implemented with COP 2020 in FY 2021.

## **Background**

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, indigenous and international stakeholders and implementing partners in Johannesburg, South Africa during the March 11-15, 2019 in-person planning meetings; the final COP 2019 submission, including all data submitted via official PEPFAR systems or within supplemental documents; and Botswana's virtual COP 2019 approval with Ambassador Birx on May 23, 2019.

## **Program Summary**

Funding and targets for Botswana's Country Operational Plan (COP) 2019 are approved to support PEPFAR Botswana's pivot toward providing direct support to the Government of Botswana (GOB) to implement the COP 2019 minimum requirements necessary to achieve epidemic control. The Government of Botswana (GOB) has demonstrated strong commitment in responding to its HIV epidemic. The GOB directly funds the majority of the country's HIV prevention, care and treatment costs and was the first country in the region to provide universal free antiretroviral treatment (ART) to people living with HIV, paving the way for many other countries in the region to follow. Despite this early commitment and leadership, Botswana's progress toward epidemic control has stalled. Program evidence indicates that in order for PEPFAR Botswana to realize its potential for stemming the national HIV epidemic, major changes are required. This precipitated the development of a new strategy aimed at "rebooting" the PEPFAR Botswana program. Since February 2019, PEPFAR

Botswana has focused on advancing the required policy and programmatic improvements essential to reaching and sustaining epidemic control.

The COP 2019 Guidance identified a suite of minimum program requirements essential to the success of all PEPFAR programs at the national, subnational, community, and service delivery levels. Evidence demonstrates that lack of any one of these policies/practices significantly undermines progress to reaching epidemic control and results in inefficient and ineffective programs. Botswana was found to be deficient in a majority of minimum requirements. Botswana's Ministry of Health and Wellness (MOHW), working closely with PEPFAR Botswana, has since proposed a remediation plan that will allow all requirements to be met and concrete improvements have been made across the full range of required elements. Moreover, the Government of Botswana recently launched the Botswana AIDS Impact Survey (BAIS V) which in 6-9 months is expected to result in the granular data required to achieve the UNAIDS 90-90-90 goals across all ages and gender. The survey will define both the achievements to date and the specific gaps that need to be addressed in order to achieve the global goals for 2020 and 2030. This new focus on ensuring the implementation of minimum requirements is expected to strengthen the national program and position Botswana to reach and sustain epidemic control across gender and all age bands once the BAIS data is available. PEPFAR Botswana, in partnership with the Government of Botswana must achieve the minimum requirements and demonstrate the commensurate performance improvements across the cascade in the remainder of COP 2018 into COP 2019 or funding will be further compromised.

The PEPFAR Botswana programming strategy to be implemented in FY 2020 is based on a thorough review of programmatic data, detailed transparent discussions with the host country, civil society, community organizations, and implementing partners. Assets and funding have been scoped and realigned to enable PEPFAR Botswana, in partnership with the GOB, to impact the greatest number of PLHIV through adoption of the minimum requirements while maintaining the majority of PEPFAR resources focused in six high burden SNU, KP-specific sites, and in support of special population and prevention programs.

Demonstrating leadership on and urgency toward implementing the minimum requirements, the MOHW established the Leadership Health Forum (LHF) with membership from GOB, PEPFAR Botswana, UNAIDS, and GFATM in early March. The LHF has committed to the implementation of all minimum requirements, and has proposed a strategy for each requirement that includes goals, timelines, work-plans, and milestones. PEPFAR Botswana is represented on the LHF and all subordinate working groups and has committed to support

LHF on implementation and on ensuring that commensurate performance improvements are documented.

HIV care and treatment sites accountable to PEPFAR Botswana have undergone a realignment aimed at providing coverage to a greater number of SNU's and a greater proportion of PLHIV on treatment. This focus on additional high volume sites in districts new to PEPFAR will support the adoption and institutionalization of required elements nationwide for the greatest number of people and provide the evidence base for evaluating achievements.

- First 90: Performance improvements in case-finding-related activities to support at least 90% of all people living with HIV knowing their HIV status are expected due to the optimization of testing modalities plus the implementation of two minimum requirements recently approved by the GOB – HIV self-tests and active partner notification through index testing.
- Second 90: Performance improvements in linkage to treatment and retention to support at least 90% of all people with diagnosed HIV infection receiving sustained antiretroviral therapy have already been realized through the reboot strategy. A renewed focus on Treat All and “fast-tracking” PLHIV to treatment with the use of ARV starter-packs and the adoption client-centered differentiated service delivery models, including extended clinic hours and six-month multi-month scripting, have already improved linkage rates from 71% to 86% in select sites. In COP 2019 these will be further refined and taken to scale.
- Third 90: Performance improvements connected to viral load testing to support at least 90% of all people receiving antiretroviral therapy achieving viral suppression have been documented in FY 2019 Q1-Q2 due to VL/EID optimization activities including >80% access to annual viral load testing and reporting and ongoing monitoring.

Ensuring full impact of the minimum requirements across the treatment cascade will be further supported by a renewed emphasis on data systems and monitoring and evaluation. PEPFAR Botswana will provide direct support to a new monitoring and evaluation unit within the MOHW in COP 2019. PEPFAR Botswana will contribute expertise on health services data systems, monitoring and evaluation, quality assurance and quality improvement directed at ensuring an integrated national HIV clinical data monitoring system PEPFAR Botswana must support the GOB in data systems integration, including the use of unique identifiers, as a critical component for reaching and sustaining epidemic control.

GOB committed to the minimum requirement of providing TB preventative therapy to all PLHIV in February, focusing first in the highest burden districts

and expanding coverage nationwide to treat all by end of the year. PEPFAR Botswana will support this commitment by ensuring that the TPT commodities are available and delivered to at least 72,305 PLHIV.

PEPFAR Botswana continues to aggressively fund HIV prevention activities in Botswana, including programs for orphans and vulnerable children (OVC), voluntary medical male circumcision (VMMC), and Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) services for girls and young women. COP 2019 will support a focus on adolescent girls in high HIV-burden areas through DREAMS, 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV, and children and adolescents living with HIV who require socioeconomic support. The OVC program will serve at least 15,000 individuals and at least 25,876 VMMCs will be provided, with a focus on the military, the age bands, and the districts, with the highest level of unmet need and HIV prevalence. 32,396 HIV positive women will receive cervical cancer screenings. Key affected populations including female sex workers and men who have sex with men are also a focus of prevention activities through access to PrEP and stigma reduction programs.

Finally, PEPFAR Botswana will continue health diplomacy efforts and, as Treat All policies advance, provide direct support to the GOB for the treatment of non-citizens. A MOHW LHF proposal recommending that the GOB extend free HIV treatment access to non-citizens was recently presented to the Cabinet for formal approval and adoption. Botswana is the only country in Southern Africa that does not provide free ART to non-citizens and an estimated 23,000 non-citizen PLHIV lack access to treatment. PEPFAR Botswana will provide direct support to moving non-citizen PLHIV into the HIV treatment cascade once the new policy is approved.

In sum, COP19 redirects PEPFAR Botswana toward what is required to set Botswana on a sustainable path towards epidemic control. PEPFAR Botswana is supporting the GOB in adopting proven policies and in institutionalizing client-centered HIV care programs that are delivered to right people and capable of accelerating progress towards epidemic control once the BAIS survey data is available. PEPFAR Botswana continues to concentrate its direct service delivery, implementing mechanisms, and resources on the places with the highest HIV burden and greatest need however in the remainder FY 2019 and into FY 2020 is pivoting to ensure the National program can achieve the global goals for 2020 and 2030.

## **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.

Botswana	FY 2019 New			Total New Funds	Applied Pipeline*	Total COP 19 Bilateral Budget
	GHP-State	GHP-USAID	GAP			
<b>DOD TOTAL</b>	<b>1,081,289</b>	-	-	<b>1,081,289</b>	<b>56,554</b>	<b>1,137,843</b>
<i>of which, VMMC</i>	736,064	-	-	736,064	56,554	792,618
<b>HHS TOTAL</b>	<b>23,844,233</b>	-	<b>2,196,250</b>	<b>26,040,483</b>	<b>3,715,533</b>	<b>29,756,016</b>
<b>HHS/CDC</b>	<b>19,294,233</b>	-	<b>2,196,250</b>	<b>21,490,483</b>	<b>3,715,533</b>	<b>25,206,016</b>
<i>of which, Acceleration</i>	4,200,000	-	-	4,200,000	-	4,200,000
<i>of which, Cervical Cancer</i>	997,630	-	-	997,630	-	997,630
<i>of which, DREAMS</i>	300,000	-	-	300,000	-	300,000
<i>of which, FBO Surge</i>	1,225,000	-	-	1,225,000	-	1,225,000
<i>of which, VMMC</i>	769,208	-	-	769,208	2,415,533	3,184,741
<b>HHS/HRSA</b>	<b>4,550,000</b>	-	-	<b>4,550,000</b>	-	<b>4,550,000</b>
<b>PEACE CORPS TOTAL</b>	<b>2,375,042</b>	-	-	<b>2,375,042</b>	<b>40,826</b>	<b>2,415,868</b>
<b>STATE TOTAL</b>	<b>252,539</b>	-	-	<b>252,539</b>	<b>8</b>	<b>252,547</b>
State	252,539	-	-	252,539	8	252,547
<b>USAID TOTAL</b>	<b>6,114,044</b>	-	-	<b>6,114,044</b>	<b>7,971,325</b>	<b>14,085,369</b>
<b>USAID, non-WCF</b>	<b>6,088,934</b>	-	-	<b>6,088,934</b>	<b>7,745,737</b>	<b>13,834,671</b>
<i>of which, DREAMS</i>	1,429,626	-	-	1,429,626	3,062,391	4,492,017
<i>of which, FBO Surge</i>	1,225,000	-	-	1,225,000	-	1,225,000
<b>USAID, WCF</b>	<b>25,110</b>	-	-	<b>25,110</b>	<b>225,588</b>	<b>250,698</b>
<b>TOTAL</b>	<b>33,667,147</b>	-	<b>2,196,250</b>	<b>35,863,397</b>	<b>11,784,246</b>	<b>47,647,643</b>
<i>of which, Acceleration</i>	4,200,000	-	-	4,200,000	-	4,200,000
<i>of which, Cervical Cancer</i>	997,630	-	-	997,630	-	997,630
<i>of which, DREAMS</i>	1,729,626	-	-	1,729,626	3,062,391	4,792,017
<i>of which, FBO Surge</i>	2,450,000	-	-	2,450,000	-	2,450,000
<i>of which, VMMC</i>	1,505,272	-	-	1,505,272	2,472,087	3,977,359

\* Pipeline refers to funding allocated in prior years, approved for implementation in FY 2020

**GHP-State Funds:** Upon the clearance of a FY 2019 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

**CDC GAP Funds:** With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

**Applied Pipeline Funds:** With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as

documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2019 total budget level and documented within COP 2019 partner budgets are not to be executed or outlayed without written approval from the Global AIDS Coordinator.

### **FY 2020 Target Summary**

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

Pending Congressional Approval

Botswana		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15				204		204
	15+				26,281		26,281
	<b>Total</b>	-	-	-	<b>26,485</b>	-	<b>26,485</b>
HTS_TST	<15				3,572		3,572
	15+				164,971		164,971
	<b>Total</b>	-	-	-	<b>168,543</b>	-	<b>168,543</b>
HTS_TST_POS	<15				78		78
	15+				16,945		16,945
	<b>Total</b>	-	-	-	<b>17,023</b>	-	<b>17,023</b>
TX_NEW	<15				161		161
	15+				18,896		18,896
	<b>Total</b>	-	-	-	<b>19,057</b>	-	<b>19,057</b>
TX_CURR	<15				1,810		1,810
	15+				170,156		170,156
	<b>Total</b>	-	-	-	<b>171,966</b>	-	<b>171,966</b>
TX_PVLS	<15				1,778		1,778
	15+				165,808		165,808
	<b>Total</b>	-	-	-	<b>167,586</b>	-	<b>167,586</b>
CXCA_SCRN	<b>Total (15+)</b>				<b>32,396</b>		<b>32,396</b>
OVC_SERV	<18				13,128		13,128
	18+				1,872		1,872
	<b>Total</b>	-	-	-	<b>15,000</b>	-	<b>15,000</b>
OVC_HIVSTAT	<b>Total (&lt;18)</b>				<b>13,101</b>		<b>13,101</b>
PMTCT_STAT	<15				17		17
	15+				25,429		25,429
	<b>Total</b>	-	-	-	<b>25,446</b>	-	<b>25,446</b>
PMTCT_STAT_POS	<15				-		-
	15+				6,108		6,108
	<b>Total</b>	-	-	-	<b>6,108</b>	-	<b>6,108</b>
PMTCT_ART	<15				-		-
	15+				5,816		5,816
	<b>Total</b>	-	-	-	<b>5,816</b>	-	<b>5,816</b>
PMTCT_EID	<b>Total</b>				<b>5,809</b>		<b>5,809</b>
PP_PREV	<15				3,780		3,780
	15+				11,220		11,220
	<b>Total</b>	-	-	-	<b>15,000</b>	-	<b>15,000</b>
KP_PREV	<b>Total</b>				-		-
KP_MAT	<b>Total</b>				-		-
VMMC_CIRC	<15				3,870		3,870
	15+				17,021		22,006
	<b>Total</b>	-	-	-	<b>20,891</b>	-	<b>25,876</b>
HTS_SELF	<b>Total</b>				<b>13,779</b>		<b>13,779</b>
PrEP_NEW	<b>Total</b>				<b>1,001</b>		<b>1,001</b>
PrEP_CURR	<b>Total</b>				<b>1,343</b>		<b>1,343</b>
TB_STAT (N)	<15				-		-
	15+				1,643		1,643
	<b>Total</b>	-	-	-	<b>1,643</b>	-	<b>1,643</b>
TB_ART (N)	<15				-		-
	15+				976		976
	<b>Total</b>	-	-	-	<b>976</b>	-	<b>976</b>
TB_PREV (N)	<15				767		767
	15+				71,538		71,538
	<b>Total</b>	-	-	-	<b>72,305</b>	-	<b>72,305</b>
TX_TB (N)	<15				1,823		1,823
	15+				171,464		171,464
	<b>Total</b>	-	-	-	<b>173,287</b>	-	<b>173,287</b>
GEND_GB	<b>Total</b>				<b>500</b>		<b>500</b>

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

## Budgetary Requirements



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

Earmarks	FY 2019 COP19 Funding Level*
Care & Treatment	19,416,050
HKID Requirement	1,559,844
Preventing and Responding to Gender-based Violence	1,000,120
Water	50,000
* 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 Botswana's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.