United States Department of State

Washington, D.C. 20520

January 16, 2019

INFORMATION MEMO FOR AMBASSADOR PETER H. BARLERIN, CAMEROON

FROM: S/GAC – Ambassador Deborah L. Birx, MD

SUBJECT: FY 2019 PEPFAR Planned Allocation and Strategic Direction

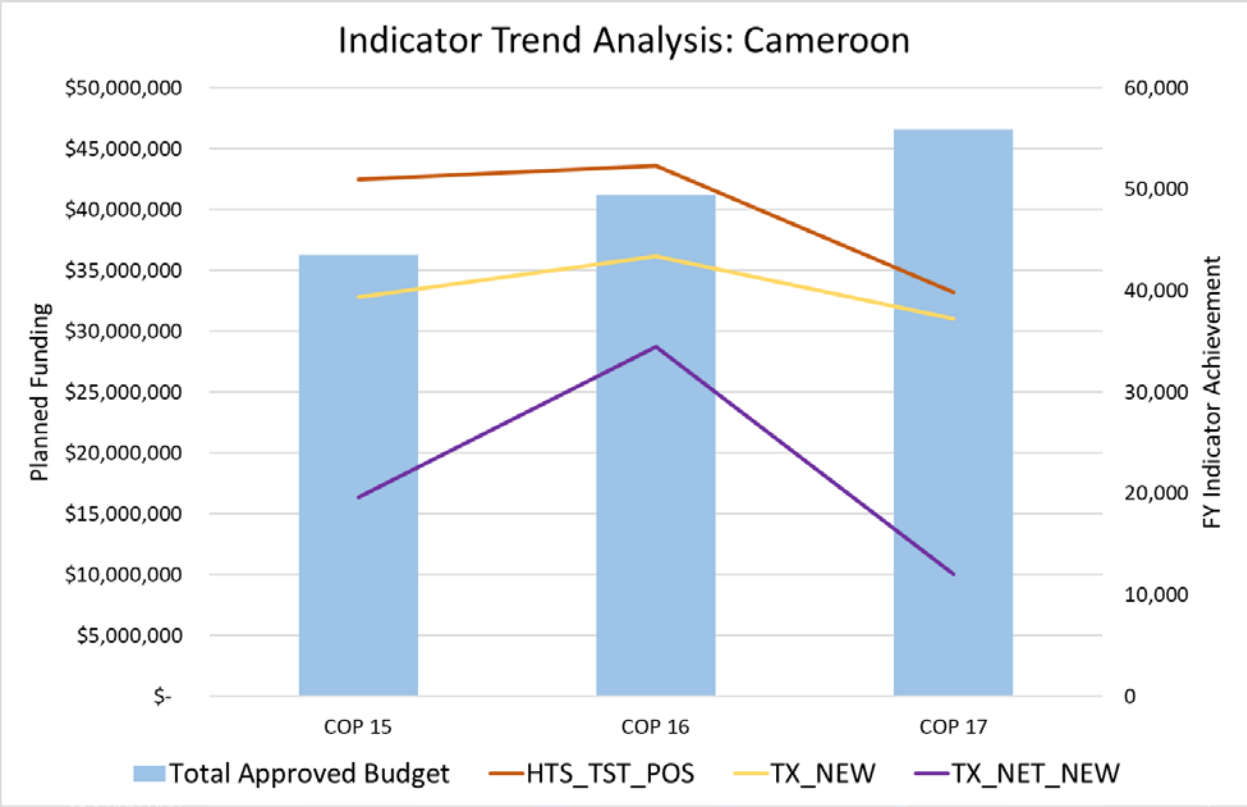
We are grateful to you, Ambassador Barlerin, and to Deputy Chief of Mission FitzPatrick, for your engagement in planning, review and implementation, and with the community and Government to enhance PEPFAR program impact. We are grateful for your attention to core policy adoption and holding partners to account and performance for improved outcomes and greater impact. Finally we are grateful to your incredible PEPFAR staff in country, working together across agencies to ensure the most effective and efficient use of taxpayer dollars.

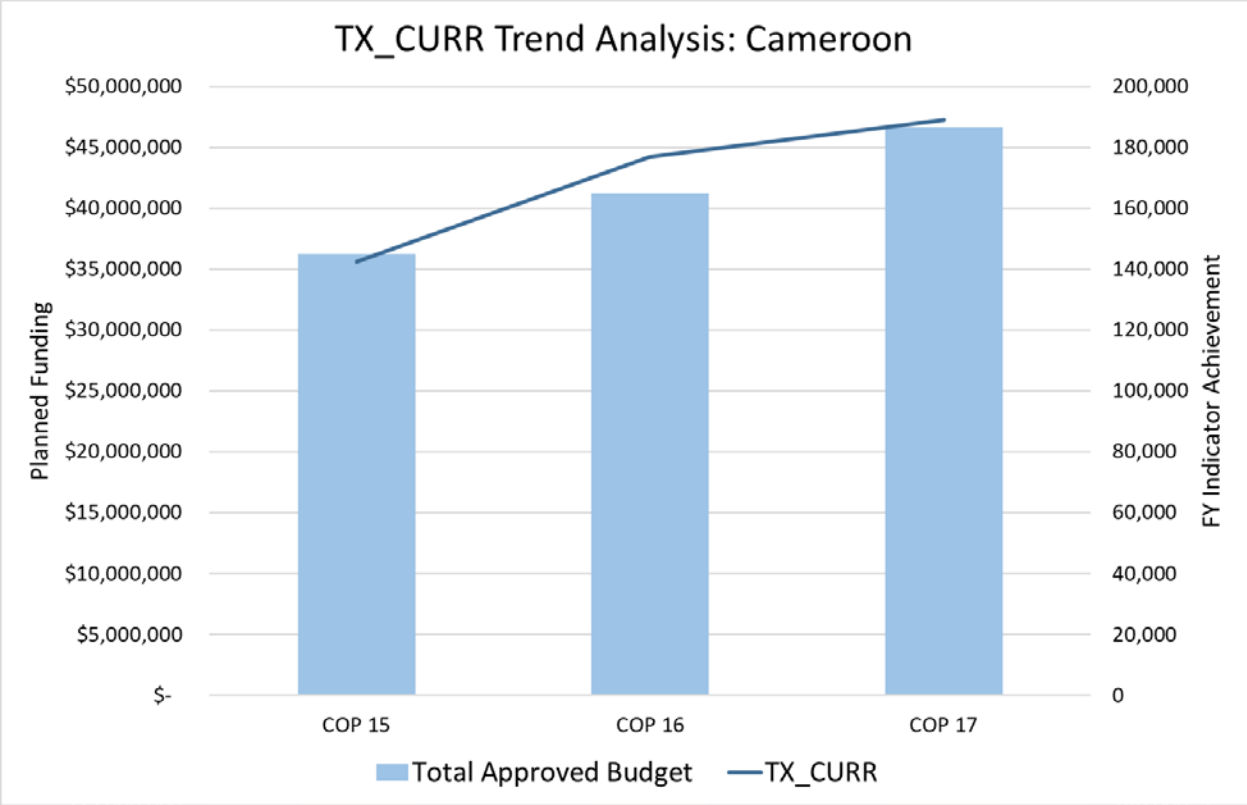
The U.S. Government, through PEPFAR, is proud to partner with the people and Government of Cameroon in accelerating Cameroon's progress towards achieving HIV/AIDS epidemic control. With a bilateral investment of $197,924,993 from FY 2012 – 2019, PEPFAR's results in Cameroon through September 2018 include providing antiretroviral treatment for 188,979 people. For FY18, PEPFAR supported HIV testing services for 1,109,032 people; and care and support for 20,441 orphans, vulnerable children, and their caregivers. In July 2018, the Cameroon Population-based HIV Impact Assessment (CAMPHIA) and the associated survey results with metabolite were published, indicating a current achievement of 56-93-80 against the 90-90-90 goals. Linkage of newly identified HIV+ patients to treatment in Cameroon is strong at 93% (96% for females and 88% for males) and viral load suppression among people enrolled on treatment is at 83%.

While we celebrate these successes, we also note several fundamental problems in PEPFAR's core treatment program in Cameroon. Patient retention in FY18 was 32%, which represented a drastic drop from the FY17 level of 79%. This is an unacceptably low level of patient retention and the PEPFAR team must seek a critical improvement in terms of understanding why facilities are unable to retain patients, and must also take corrective action to improve these results. Formal and informal user fees continue to be ubiquitous at clinics in Cameroon and while promising negotiations have continued with the Government of Cameroon, their elimination has not been secured, nor has an alternative plan been initiated resulting in serious failures to provide continuous lifesaving treatment to those in need. Finally, viral load coverage is only 32% in Cameroon, which represents an improvement over the FY17 level of 26%, however, it is still too low and must be improved. The PEPFAR team must move to correct these problems prior to any efforts to prioritize case-finding. It is critical that we establish a sound treatment program before we move to add new patients into our program.

The Cameroon Baptist Convention Health Board, which accounts for 97% of all patients on treatment in PEPFAR's program, 94% of all new patients placed on treatment in FY18 and 97% of all viral load tests performed in Cameroon, is the driver of the aforementioned results. Given the historical and continued trends of underperformance of the Cameroon Baptist Convention Health Board and the persistent challenges presented by the user fees policies in limiting access to HIV treatment for Cameroonians, COP 2018 implementation and COP 2019 direction calls for an immediate need for a change to resolve partner performance and address policy barriers during COP 2018 execution. A performance plan for the Cameroon Baptist Convention Health Board will be detailed in Appendix 4. If PEPFAR/Cameroon demonstrates performance improvement in the areas of patient retention and viral load coverage, and if progress is made in removing user fees, additive COP 2019 funds may be unlocked for FY 2020 implementation.

You can see from this graphic, increasing resources from the United States in the last three years has not resulted in greater achievements. Future investment from the United States above this baseline is contingent on a significant improvement in this year's COP execution, and a new strategic plan for next year that addresses each of the issues identified.





The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) total planning level for Cameroon for the 2019 Country Operational Plan (COP 2019) is **$30,000,000**, inclusive of all new funding accounts and applied pipeline.

If you have questions about the priorities and guidance laid out in this letter, please contact your Chair, Angeli Achrekar and PEPFAR Program Manager, Sally Blatz. My office is continually grateful for your team's work on the PEPFAR program, helping us to move towards an AIDS-free generation by supporting the HIV response in Cameroon.

APPENDICES:

1. **COP 2019 PLANNING LEVEL**
2. **COP 2019 BUDGETARY REQUIREMENTS & GUIDANCE**
3. **PAST PERFORMANCE**
4. **COP 2019 DIRECTIVES**

APPENDIX 1: COP 2019 PLANNING LEVEL

Based upon current analysis of spend levels, information submitted for the FY 2018 Q4 POART and performance information, the total COP 2019 planning level is estimated to be comprised as follows:

Table 1. COP 2019 Budget

Cameroon TOTAL COP 2019 PLANNING LEVEL: $30,000,000		
Total Base Budget for COP 2019 Implementation		**$ 30,000,000**
Total COP 19 New Funding	$ 19,549,221	
of which, VMMC	*$ -*	
of which, DREAMS	*$ -*	
Total Applied Pipeline	$ 10,450,779	

Table 2. Applied Pipeline

CAMEROON COP 2018 APPLIED PIPELINE BY AGENCY	
Total Applied Pipeline	**$ 10,450,779**
DOD	$ 253,831
HHS/CDC	$ 8,489,788
PC	$ 374,263
State	$ 115,653
USAID	$ 1,217,244

**Based on agency reported available pipeline from EOFY*

All planning levels are subject to further adjustment, **based upon appropriations**, further analysis determining the availability of excessive pipeline, and other developments during the course of COP 2018 implementation and the COP 2019 review process. The total spend in the implementation of COP 2019 (FY 2020) may not exceed the total COP 2019 planning level of $30,000,000, unless directed performance improvements are made and progress is demonstrated and additive COP19 funds are unlocked for FY20 implementation.

APPENDIX 2: COP 2019 BUDGETARY REQUIREMENTS

Table 3. COP 2019 Earmarks

COP 2019 Earmarks

Cameroon COP 2019 EARMARK REQUIREMENTS	
Care and Treatment (C&T)	**$ 12,316,009**
% of base funds allocated to C&T	*63%*
HKID	**$ 781,969**
Gender Based Violence (GBV)	**$ 100,000**
Water	**$ 125,000**

Care and Treatment: If there is no adjustment to the COP 2019 new funding level due to an adjustment in applied pipeline, Cameroon's minimum requirement for the care and treatment earmark is reflected in the chart above. Your care and treatment requirement is calculated as the sum of total new FY 2019 funding programmed to the HTXS, HTXD, HVTB, HBHC, PDTX, PDCS budget codes, 30% of the total funding programmed to the MTCT budget code, 80% of the total funding programmed to the HLAB budget code, and 30% of the total funding programmed to the HVCT budget code. This minimum care and treatment earmark has been derived based upon a requirement that your country programs a minimum of 63% of all **new FY 2019 Base Funds** to care and treatment of people living with HIV.

HKID Requirement: Cameroon's COP 2019 minimum requirement for the HKID budget code is reflected in the chart above. Your COP 2019 HKID requirement is derived based upon the approved COP 2018 HKID level. The COP 2019 planned level of new funds for HKID can be above this amount; however, it cannot fall below it.

Gender Based Violence (GBV): Cameroon's COP 2019 minimum requirement for the GBV earmark is reflected in the chart above. Your GBV earmark requirement is calculated as the total **new FY 2019** funding programmed to the GBV cross-cutting code. Your COP 2019 earmark is derived by using the final COP 2018 GBV earmark allocation as a baseline. The COP 2019 planned level of new FY 2019 funds for GBV can be above this amount; however, it cannot fall below it.

Water: Cameroon's COP 2019 minimum requirement for the water earmark is reflected in the chart above. Your water earmark requirement is calculated as the total **new FY 2019 funding** programmed to the water cross-cutting code. Your COP 2019 earmark is derived by using the final COP 2018 water earmark allocation as a baseline. The COP 2019 planned level of new FY 2019 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 Cameroon 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 2019 submission.

COP 2019 Applied Pipeline

All agencies in Cameroon should hold a 3 month pipeline at the end of COP 2019 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 2018 implementation (end of FY 2019) with a pipeline in excess of 3 months is required to apply this excessive pipeline to COP 2019, decreasing the new funding amount to stay within the planning level.

The Applied Pipeline amount of $10,450,779 given by S/GAC as a part of the COP 2019 planning level has been calculated to reflect the projected excessive pipeline as of the beginning of the COP 2019 implementation cycle (FY 2020), and is the minimum amount that Cameroon must apply as pipeline in the COP 2019 submission. The distribution of new base funds and Applied Pipeline was calculated to ensure 3 months of pipeline remains with mechanisms, based upon the financial data submitted for the FY 2018 Q4 Obligation and Outlay and FY 2018 End of Fiscal Year (EOFY) reports. Expired funds, funds on expired mechanisms and projected FY 2019 outlays as submitted in the EOFY report were all taken into consideration to inform the projected excessive pipeline and the required COP 2019 applied pipeline amount.

Unliquidated obligations on closed mechanisms identified in the FY 2018 EOFY report should be de-obligated in a timely manner. This will continue to be monitored throughout FY 2019 (COP 2018 implementation) and into COP 2019.

APPENDIX 3: PAST PERFORMANCE TRENDS

Table 4. COP 2017/ FY 2018 Outlays versus Approved Budget*

Row Labels	Sum of COP 2017 Planning + Central	Sum of Total FY 2018 Outlays	Sum of Over/ (Under) Outlay
Cameroon	**$ 46,605,485**	**$ 30,554,226**	**$ (16,051,269)**
DOD	$ 1,558,667	$ 1,018,700	$ (539,967)
HHS	$ 33,055,048	$ 21,971,294	$ (11,083,754)
PC	$ 954,290	$ 573,896	$ (380,394)
State	$ 635,600	$ (1,146,207)	$ (1,781,807)
USAID	$ 10,401,880	$ 8,136,543	$ (2,265,337)
Grand Total	**$ 46,605,485**	**$ 30,554,226**	**$ (16,051,269)**

**State obligations and outlays have not yet been reconciled and the numbers in this table may change based on reconciliation.*

Cameroon's total FY 2018 outlay level of $30,554,226 was less than the approved spend level of $46,605,485 (COP 2017 budget). Within this total, all agencies spent below their approved FY18 level. Only one implementing mechanism outlaid in excess of their planning level, with that mechanism outlaying 105% of their COP17 approved planning level.

Table 5. COP 2017/ FY 2018 Results versus Targets*

** Financial and target performance data not a one-to-one correlation as program classification expenditures encompass more than those towards indicator/target presented.*

Agency	Indicator	FY18 Target	FY18 Result	% Achievement	Program Classification	FY18 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	909,856	1,066,034	117%	HTS	$6,616,439	89%
	HTS_TST_POS	44,758	35,808	80%			
	TX_NEW	51,884	35,711	69%	C&T	$13,483,367	55%
	TX_CURR	197,481	183,486	93%			
					Above Site Programs	$2,729,749	0%
					Program Management	$4,564,456	0%
DOD	HTS_TST	33,343	25,536	77%	HTS	$152,737	43%
	HTS_TST_POS	2,685	1,804	67%			
	TX_NEW	2,162	1,502	69%	C&T	$454,300	49%
	TX_CURR	5,639	5,493	97%			
					Above Site Programs	$166,109	0%
					Program Management	$392,680	0%
PC	OVC_SERV	2,860	838	29%	SE for OVC	$9,024	100%
					Above Site Programs	$0	0%
					Program Management	$0	0%
USAID	HTS_TST	15,162	17,462	115%	HTS		
	HTS_TST_POS	3,145	2,237	71%		$885,107	62%
	OVC_SERV	19,175	19,603	102%	SE for OVC	$1,530,836	58%
					Above Site Programs	$631,288	0%
					Program Management	$2,280,615	0%

COP 2017/ FY 2018 Performance

Overall

- HTS_TST_POS and TX_NEW results were especially weak in FY18 (HTS_TST_POS at 39,853 and TX_NEW at 37,200), which continued a trend of underperformance in these areas that was identified in last year's COP as well.
- Partners listed below reflect those with a high volume of targets who underperformed (reached less than 80% of target) for HTS_TST_POS and TX_NEW in FY18. While the target achievement shown below represents percent improvement against target achievement as compared with COP17, it must be taken into account that targets for the Cameroon Baptist Convention Health Board (CBCHB) were dramatically reduced in COP17 as compared with COP16. Thus, for the CBCHB the below results actually represent a significant decline in performance results vs FY17. This underperformance represents a trend for CBCHB and must be addressed through an immediate performance plan, which will be outlined in the recommendations section below.

HTS_TST_POS

Partner	FY17 Results	FY18 Results	FY18 Target	FY18 %
Cameroon Baptist Convention Health Board	44,682	34,929	44,758	78%
Care International	1,757	2,222	3,145	71%

TX_NEW

Partner	FY17 Results	FY18 Results	FY18 Target	FY18%
Cameroon Baptist Convention Health Board	39,433	34,959	51,884	67%
Metabiota	1,304	1,502	2,162	69%

- The publication of the Cameroon Population-based HIV Impact Assessment in July of 2018 and the associated survey results with metabolite data, revealed that there is still much work to be done to identify HIV+ individuals in Cameroon. Only 56% of 500,000 HIV + individuals in Cameroon know their HIV status, and in FY18, PEPFAR funded partners in Cameroon only identified 39,853 new HIV+ patients. This represented a decline from FY17 when PEPFAR identified 52,336 HIV+ patients. This represents a critical continued problem year over year with case detection a significant limiting factor to epidemic control.
- Results for the current number patients on treatment (TX_CURR) in FY18 were at 93% of targets, however, when looking at the change in the absolute numbers of TX_CURR results from FY18 vs FY17, we again saw a decline in performance, with only 12,039 net new patients added to treatment in FY18, as compared with 34,472 net new patients added to treatment in FY17. These declines represent both declining TX_NEW numbers, as well as difficulties retaining patients who have already been initiated on treatment.
- OU-wide, Cameroon only retained 32% of patients in FY18 that were initiated on treatment. Retention has historically been volatile and problematic in Cameroon, however, in FY17, retention reach 79%. This drop to 32% in FY18 represents and drastic and unacceptable loss.
- Viral load coverage averaged 32% across Cameroon in FY18. While this marks an improvement from FY17, when viral load coverage was only 26%, it is still is an unacceptably low rate of coverage for this critical component of the clinical cascade.
- HTS_TST results in FY18 were strong with 1,109,032 individuals tested and 116% of targets achieved. While we celebrate these results, we are concerned that this overachievement in testing was not matched with an overachievement in finding HIV+ individuals, and thus this HTS_TST result represented an excess of unfocused and non-targeted testing. Testing yields trend downward over the past 8 quarters from FY17 to FY18. This is especially concerning since this period coincides with the roll-out of index testing in Cameroon. This trend indicates that index testing has not been scaled with fidelity and the execution should be revisited to improve testing outcomes.

FY17 Q1 Yield	FY17 Q2 Yield	FY17 Q3 Yield	FY17 Q4 Yield	FY18 Q1 Yield	FY18 Q2 Yield	FY18 Q3 Yield	FY18 Q4 Yield
5.2%	5.3%	3.8%	4.2%	3.7%	3.7%	3.5%	3.6%

- Catholic Relief Services, the OVC partner funded by USAID, met their targets and is performing well, and Metabiota, funded by DOD met most of their targets, with the exception of TX_NEW.
- The key populations partner, Care International funded by USAID, has also been a strong performer. Though they missed their HTS_TST_POS targets in FY18, their overall HTS_TST_POS results improved from FY17 to FY18 (1,757 in FY17 to 2,222 in FY18). Additionally, testing yields improved from FY17 to FY18, with especially impressive results as index testing was rolled out in FY18, with improving yields each quarter in FY18 to end with a strong Q4 yield of 22%.
- The shift to focus on the Yaoundé and Douala areas, which began in FY17/18 and continues into FY19, has not yielded the improvements in key indicators that were hoped for. In these Scale Up districts, the number of newly identified HIV+ patients, the yields of HIV testing, the number of new patients on treatment, and the net new number of patients of treatment all declined in FY18 from their FY17 levels. These results held true across the entire country, however, given the recent shift to focus on the major cities, we were disappointed to see this performance in those areas as well.
- Expenditure Reporting data showed that the budgeting for COP18 activities was in line with expenditures for the COP17 year.
- Expenditure Reporting data indicated that most testing funding is spent on direct service delivery, whereas only 55% of care and treatment funding goes towards direct service delivery. This could be contributing to weaker performance on retention and TX_NEW.

APPENDIX 4: COP 2019 DIRECTIVES

Table 6. COP 2019 (FY 2020) Targets

Based on current progress towards epidemic control and funding level, the following FY 2020 treatment targets are recommended for Cameroon:

	Pediatric (<15) Target	Adult (15+) Target	Target Total[a]
COP 18 (FY 19 Targets)			
TX_NEW (New on Treatment)	1,440	33,573	35,013
TX_CURR (Current on Treatment)	8,931	215,061	223,992
TB_PREV	N/A	N/A	N/A
VMMC_CIRC	N/A	N/A	N/A
COP 19 (FY 20 Targets)			
TX_NEW (New on Treatment)	1,440	33,573	35,013
TX_CURR (Current on Treatment)	10,371	248,634	259,005
TB_PREV	N/A	N/A	151,788
VMMC_CIRC	N/A	N/A	N/A

[a]Targets should be further allocated by age and sex based on disaggregated PLHIV estimates and unmet need for ART.

These targets were developed based on the following assumptions:

- TX_NEW: 90% of facility based HTS_TST_POS results from FY2018 as a baseline targets for FY 2019 and FY 2020.
- TX_CURR: These revised COP 2018 TX_NEW targets were added to TX_CURR to generate revised COP 2018 TX_CURR targets. The COP 2019 TX_NEW were then added to the revised COP 2018 TX_CURR target to generate a COP 2019 TX_CURR target.
- TB_PREV: Targets for TB_PREV were calculated using the estimated number of patients expected to be on ART at the start of COP 2019 who would screen negative for TB symptoms, the proportion likely to be ineligible for clinical reasons, the estimated number who would have already received TPT by the start of COP 2019 and projected enrollment and completion rates.

Given the lack of linking and retaining new and current ART patients, some COP 2018 funds will need to be preserved by not scaling during the improvement period. Accordingly, FY 2019 treatment targets have been temporarily adjusted downward. The expectation is that only facility-based testing will continue during the improvement period. As fewer positives will now need to be diagnosed during COP 2018 implementation, a minimum of 30% of the testing budget from COP 2018 should be saved and applied as pipeline to use in COP 2019. This should be incorporated into pipeline amount determinations for the implementing partners who conduct testing in COP 2018 and COP 2019.

COP 2019 Minimum Requirements

Minimum Requirement	Cameroon Specific Guidance (if applicable in COP18 or COP19)
1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	Cameroon adopted Test and Start in May 2016 and field implementation began in 2017 across all health facilities. Implementation has had strong results with 93% linkage to treatment OU-wide.
2. Adoption and implementation of differentiated service delivery models, including six month multi-month scripting (MMS) and delivery models to improve identification and ARV coverage of men and adolescents.	MMS has been rolled out, but because of a lack of SOPs and also supply chain issues, its delivery is not uniform across all facilities. We recommend immediate action to establish SOPs for MMS and implement them at the community and health facility level. Additionally, we recommend that the team get a commitment for 6 month MMS, rather than 3 month MMS, which was the previous agreement with the MOH.
3. Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	The TLD transition is expected to roll out in the summer of 2019. While good progress has been made, some concerns remain around the lack of a national policy for the transition of women of childbearing potential, TB/HIV patients, and pediatric patients. Additional information is required to understand the high percentage of patients on or remaining on NVP-based formulations and the uncertainty around the timing of their transition. Additionally, the lack of completion of the TLD training for healthcare workers, and the lack of revised and approved guidelines must be addressed.
4. Scale up of Index testing and self-testing, and enhanced pediatric and adolescent case finding, ensuring consent procedures and confidentiality are protected and monitoring of intimate partner violence (IPV) is established.	Index testing has been scaled (albeit not sufficiently), and not with fidelity. We recommend retraining CHCHB staff around identifying index contacts, with a special focus paid to identifying and testing sexual contacts of index clients.
5. TB preventive treatment (TPT) for all PLHIVs must be scaled-up as an integral and routine part of the HIV clinical care package.	Cameroon has a national policy, but implementation has only been rolled out in select health facilities such as tertiary district hospitals. Work plans must be revised to incorporate this.

6. Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	Implementation started in the key populations and was rolled out to the general population in PEPFAR supported regions. The plan is to roll it out nationally starting in 2019.While linkage results thus far are strong, men appear to have lower linkage rates across all age groups. Work plans should be updated to reflect plans to address this inequity.
7. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and related services, such as ANC and TB services, affecting access to HIV testing and treatment and prevention.	While we acknowledge the preliminary progress of the temporary solution of the voucher system, especially in providing vouchers for viral load testing, we recognize that this is not a long-term solution to the problem. We are hopeful with the new Government of Cameroon leadership, but these fees must be eliminated with plans to adopt the new solution starting in COP19.
8. Completion of VL/EID optimization activities and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups.	VL/EID optimization has been impressive in PEPFAR Cameroon, but improvements in quality and scale of VL/EID services are needed. These should be supported at the site and above-site levels.
9. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	As a continuation of systems level investments started in COP18, systems to monitor morbidity and mortality should be prioritized.
10. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on adolescent girls in high HIV-burden areas, 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, including integrated case management.	The OVC program in Cameroon continues to reach targeted populations with key services. But focus should shift to older populations especially in the Yaoundé and Douala clusters (with a special focus on 9-14 year olds). Consider graduation of older populations currently in the OVC program.
11. Evidence of resource commitments by host governments with year after year increases.	Increased and improved engagement with across ministries is needed to ensure domestic resource mobilization in the health sector.
12. Clear evidence of agency progress toward local, indigenous partner prime funding.	The CBCHB- the largest partner in Cameroon- is a local partner – however this partner is not performing. They received 60% of the OU's implementing partner budget in COP18. The National AIDS Control Committee is the only other local partner in Cameroon, and together the two partners

	comprise nearly two thirds of the budget for implementing partners in Cameroon.
13. Scale up of unique identifier for patients across all sites.	There is a UIC for patients on ART and also for KP's, however, the two systems are not linked and clients often get new unique IDs when they change treatment sites. While progress has been made to link the two existing systems, more work must be done to track patients across sites and enact a systematic solution to this problem.

In addition to meeting the minimum requirements outlined above, it is expected that Cameroon will ensure appropriate progress towards viral load management and improved use of efficient testing strategies.

Requirement	**OU Specific Guidance (if applicable in COP18 or COP19)**
1. Viral load management: Country policy updated.	Viral load coverage improvements are needed to ensure all those eligible are able to avail a VL test, including removal of barriers to accessing VL tests.
2. Screen better and test smarter: Stop over-testing.	Index testing must be reviewed and the policy of universal testing at the OtherPITC should be revisited with the MOH.

Finally, it is recommended that PHIA results on prevalence, which indicate high levels of prevalence in regions not currently considered Scale Up in the COP18 prioritization, be considered during the COP19 planning process and that changes to prioritization be made as necessary.

COP 2019 Technical Priorities

Performance Plan for the Cameroon Baptist Convention Health Board: Given its historical underperformance and results that continued to decline in FY18 (described below), we recommend that the CBCHB be assigned weekly targets by PSNU effective immediately for HTS_TST_POS, TX_NEW, TX_NET_NEW and TX_PVLS. These weekly targets will be reported to S/GAC Chair and Program Manager through weekly teleconference check-ins that will continue through the COP19 Planning Meetings in Johannesburg in March 2019. We expect that the team will be able to provide a detailed analysis of the drivers of each indicator's results, so that we can understand what barriers exist to success, and how the team is addressing these barriers during this time. We would also like to discuss successful sites and SNUs that have strong results for these indicators to explore their potential to scale. The expectation is that during this time period we see marked and steady improvement on these four indicators from their Q4 FY18 levels. Without weekly improvements, S/GAC will move to change the partner for testing and treatment in Cameroon in the current COP 18 implementation.

Performance in Scale Up Districts

- CBCHB Case identification (HTS_TST_POS) declined in Scale Up districts every quarter in FY18. Year over year, only 20,565 HIV + patients were identified in Scale Up Districts in FY18 as compared with 27,008 in FY17.
- Yields in Scale Up districts also declined in FY18, ending at 2.9% in Q4 of FY18, an unacceptably low yield which is below even the national prevalence.
- TX_NET_NEW declined dramatically in FY18 in Scale Up districts. In FY17 these districts returned 25,575 net new patients on treatment, whereas in FY18 they only had 8,180 net new on treatment. This reflects the persistent retention problem, which may be driven both by the inability to track patients and the inability of facilitates to retain them on treatment, but both issue are essential and must be addressed in COP19.
- TX_NEW declined year over year, with only 20,756 patients added to treatment in FY18 vs 25,476 in FY17. This reflect weak case finding, since linkage rates remain strong.
- The number of patients accessing a viral load test in Scale Up districts improved in FY18 with 35,729 vs 30,119 in FY17, however, the viral load coverage is still only at 36% of all patients on treatment.

Performance in Sustained Districts

- CBCHB Case identification (HTS_TST_POS) declined year over year, only 14,364 HIV + patients were identified in Sustained districts in FY18 as compared with 17,674 in FY17.
- Yields in Sustained districts also declined in FY18, ending at 3.4% in Q4 of FY18, an unacceptably low yield.
- The number of patients accessing a viral load test in Sustained districts improved in FY18 with 22,685 vs 12,248 in FY17, however, remains very low at 27% of all patients on treatment.

In the scenario that the Cameroon Baptist Health Convention is retained as a partner in COP19, we expect to see dramatic changes to their programming to improve outcomes on retention, viral load coverage and case finding. This should include a significantly improved strategy that outlines critical policy barriers, and a plan to address each with the Government of Cameroon, as well as an SNU and site-level that identifies chronically low-performing sites and SNUs, as well as high performing sites, SNUs, and plans to improve the weak sites and SNUs by leveraging strategies from the high performers. For retention, these changes should strengthen the work that has already been done on the continuous tracking of patients who enroll, but fall out of treatment, to ensure all patients are retained on treatment. For viral load coverage, this should include a plan for offering all patients on treatment viral load testing. For case finding, the strategic plan should address the roadmap for incorporating all new positives as index clients. It should also elaborate methods and action for improving testing yields from index testing, which declined steadily as index testing was scaled up by CBCHB. This should include plans for appropriate screening methods for index contacts. This should also include a plan to shift away from OtherPITC testing, and the timeline for negotiation with the Government of Cameroon to eliminate the policy of universal testing.

User Fees

Formal and informal user fees continue to be a significant challenge in Cameroon and a long-term barrier to success in accessing treatment for Cameroonians. We would like to acknowledge the preliminary progress that has been made in the initial stages of a voucher program to pay for the costs of these fees. This work should continue and demonstrate continued progress. However, we recognize that this is not a long-term solution to eliminating user fees. We commend the U.S. leadership for prioritizing this issue and engaging with the Government of Cameroon to resolve this significant policy barrier and we are hopeful with the new Cameroonian government that is in place. Negotiations must continue with the Government of Cameroon to resolve this issue and the team should arrive in Johannesburg with the status of the elimination of the user fees and a proposal for a long-term solution to address this issue.

Tuberculosis

PEPFAR OUs are expected to offer Tuberculosis Preventive Treatment (TPT) as a routine part of HIV care, which means that all care and treatment partners are expected to offer TPT and report on it. Programs are expected to fully scale TPT over the next two years, such that all PLHIV who are on treatment and are eligible for TPT have received a course by the end of COP 2020. Therefore, the TB_PREV targets included in this letter were set as described above under the target table. For COP 2019, the number of patients that are expected to complete a course of TPT in Cameroon is 151,788, approximately half the total number of eligible PLHIV, per the mandate from S/GAC to fully scale TPT over the next two years. COP 2020 TB_PREV targets will cover the remaining 50% of the eligible PLHIV on ART, adjusted upward for those that will be newly enrolled in ART during the COP 2019 implementation period. In order to ensure successful programming, it is expected that, at a minimum, $850,013 will be budgeted for TPT commodities.

COP 2019 Stakeholder Engagement

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 2019 remains a requirement for all PEPFAR programs, and as such the COP 2019 process will engage with stakeholders early and frequently. This engagement specifically includes the sharing of FY 2018 Q4 and FY 2018 APR results and analyses and the convening of an in-country planning retreat with local stakeholders no later than the week of January 28, 2019 in order to introduce and discuss all COP 2019 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP 2019. In February, initial COP tools will be submitted to S/GAC for review and feedback. S/GAC will provide feedback prior to the in-person meetings in March and April, and teams should reflect the feedback with their revised submissions. 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.

In March, PEPFAR will convene in-person meetings in Johannesburg, South Africa 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. Engagement with all stakeholders is required beyond the meetings and throughout the COP 2019 development and finalization process. As in COP 2018, 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 2019 Guidance for a full list of requirements and engagement timelines (Section 2.5.3).