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April 15, 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: Ethiopia Country Operational Plan 2019 Approval

Recommendations

Approve the Ethiopia Country Operational Plan (COP) 2019 with a total budget of \$117,419,192 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:

Ethiopia	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
Total Budget	62,381,142	55,038,050	117,419,192
COP 19 Bilateral	62,381,142	55,038,050	117,419,192

* 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 \$117,419,192. **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.

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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 Ethiopia PEPFAR program of up to \$432,648 in central funding for the procurement of condoms and lubricants.

Ethiopia 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.

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 04-08, 2019 in-person planning meetings; the final COP 2019 submission, including all data submitted via official PEPFAR systems or within supplemental documents; and Ethiopia's virtual COP 2019 approval with Ambassador Birx on April 15, 2019.

Program Summary

Ethiopia has controlled its HIV pandemic in the majority of the country and PEPFAR Ethiopia is focused with the Government of Ethiopia (GOE) and the community to sustain the gains and ensure the HIV pandemic remains under control.

PEPFAR Ethiopia is receiving additional funding in COP18 to accelerate reaching epidemic control in Addis Ababa. These funds will be used to rapidly scale up index testing and social network testing with fidelity to identify those living with HIV who are undiagnosed, especially men and children. Children will be identified through index testing and through screening and testing in the Orphans and Vulnerable Children (OVC) program. Case-based surveillance will be initiated for all of those newly diagnosed, and recency testing will be performed to identify recent infections and allow mapping of clusters of new infections for intensified testing and prevention efforts. Community groups will be capacitated to provide treatment literacy education and adherence support to those newly diagnosed and those with unsuppressed viral loads. Viral load testing will be scaled rapidly to provide testing for all of those on antiretroviral therapy according to national guidelines. Patients with high viral load will be

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rapidly traced and managed appropriately to reach viral suppression and reduce the risk of HIV transmission. Systems will be strengthened to allow close monitoring of the response to allow efficient case finding and rapid treatment initiation to reduce new cases of HIV.

Funding and targets for Ethiopia's Country Operational Plan (COP) 2019 support PEPFAR Ethiopia's vision for a forward leaning program that is targeted in its interventions while continuing investments to sustain Ethiopia post epidemic control. The Ethiopia Population-based HIV Impact Assessment (EPHIA) shows that the country will achieve control in most areas by the end of Fiscal Year (FY) 2019, while FY2020 implementation will close the last gaps to ensure sustained control. As Ethiopia reaches epidemic control, the program design for COP 2019 evolved to address the remaining gaps in controlling the epidemic while ensuring that U.S. investments are made responsibly and sustainably in order to develop the capacity of the GOE to lead the HIV public health response. In COP 2019, PEPFAR Ethiopia will accelerate progress to 95-95-95, ensuring that by the end of COP 2019 91 percent of PLHIV (592,813) will know their status, 98 percent of these will be on treatment (580,956), and of these, 90 percent will be virally suppressed (522,861).

To close the remaining gaps in controlling the HIV pandemic, PEPFAR Ethiopia will focus on case finding and will bring case-based surveillance to scale nationally to ensure patient level monitoring occurs with immediate public health response. The regions of Addis Ababa, Oromia, Amhara, and SNNPR, have the greatest number of individuals remaining to be diagnosed and placed on treatment and Gambella has the highest prevalence and will be prioritized for HIV case finding efforts and supported by direct service delivery programming. The PEPFAR Ethiopia program will use optimized HIV case finding strategies including index case testing, partner notification services, and social network testing which produce high yields to find the remaining cases while all newly diagnosed positives will receive recency testing to find and interrupt cycles of transmission.

In support of nationwide scale-up of case-based surveillance, PEPFAR Ethiopia will support a national surveillance task force and will invest in strengthening open health information exchanges between disparate patient-level information systems and registries to support unique identification of clients. This support includes expanded use of electronic medical record (EMR) databases from sites to ensure strong collaboration and timely use of patient-level data for active case-finding. Investments in case-based surveillance and related information systems are supportive of the core functions to be reinforced under the Government of Ethiopia's health security agenda. .

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With high levels of adherence and more optimized treatment regimens, PEPFAR Ethiopia is focused on intensified viral load testing to monitor and ensure HIV positive patients are virally suppressed to maintain health and prevent onward transmission. Specific actions are being taken to enhance the efficiency of viral load testing and results reporting, including integration of specimen referral systems, efficient management of laboratory facilities, and implementation of electronic test ordering and results return. Strengthening the laboratory network is in direct support of the Global Health Security Agenda, providing Ethiopia with the information to identify and respond to public health emergencies in the most timely manner.

In addition to ensuring patient viral load suppression to reduce transmission, PEPFAR Ethiopia will enhance activities to further prevent new infections. One priority is aggressive, targeted prevention services for high risk groups to fight continued incidence in girls and women, including HIV prevention education, reduction of gender based violence (GBV), and provision of pre-exposure prophylaxis (PrEP) to those at highest risk. Both boys and girls age 9 to 14 will receive interventions to reduce HIV risk and to reduce GBV. Orphans and vulnerable children programming will also shift to focus on young girls ages 9 to 14 and ensure a comprehensive package of services to prevent sexual violence and reduce HIV risk. Other priority prevention areas supported in FY 2020 include expanded targeting for voluntary medical male circumcision (VMMC) of 45,596 and expansion of PrEP to key and priority populations with ongoing incidence above 3/100 person years. Recency testing in those newly diagnosed with HIV infection will provide data on areas of ongoing infection, allowing specific intensification of prevention activities in those hot spots. Together these focused and highly effective prevention activities will ensure robust and long term control of the HIV pandemic in Ethiopia.

Finally, as part of a model for sustained epidemic control, when service delivery objectives are met, PEPFAR assistance will transition to activities focused on developing Ethiopian national health systems. In COP 2019 (FY 2020) regions not supported by direct service delivery will receive PEPFAR support through a technical assistance model focused on strengthening core systems and agencies at the central level of the Federal Ministries of Health, Federal HIV/AIDS Prevention and Control Office, and Ethiopian Public Health Institute. This model, led by the GOE and supported by PEPFAR, reinforces sound, unified program planning with all sources of resources, and performance monitoring at a national level.

The PEPFAR Ethiopia strategy for programming to be implemented in FY 2020 is based on a thorough review of programmatic data, discussions with civil society and community organizations, and implementing partners. In FY 2020,

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Ethiopia will implement a model for sustained epidemic control which includes key interventions such as active case finding, recency testing for all newly diagnosed HIV positives, case-based surveillance, investments in information systems to support public health interventions, prevention activities for Orphans and Vulnerable Children (OVC) in the 9-14 year age band, and technical support for laboratory and supply chain systems to ensure quality across the clinical cascade. COP 2019 will also be implemented by an increased number of local implementing partners.

In addition to the U.S. government's support of the public health response for HIV/AIDS in Ethiopia, the GOE agreed to create an enabling environment that supports PEPFAR's interventions by revitalizing the national HIV/AIDS council as a governance body for engaging central and regional political leadership to curb the epidemic. The GOE, with the support of the U.S. government, is examining its domestic resources to more sustainably finance HIV/AIDS programming in the country. Ethiopia will also accelerate a transition to better antiretroviral treatment regimens to increase population viral load suppression. Finally, the GOE agreed to scale up PrEP to prevent HIV/AIDS among individuals with substantial risk of HIV infection and will allow expansion of assisted self-testing and piloting of unassisted HIV self-testing.

The plans outlined in COP19 meet the minimum program requirements. The team must assure that the transition away from nevirapine regimens continues on schedule with all nevirapine use in adults phased out by November 2019. All populations must have access to dolutegravir regimens without a specific requirement for contraceptive use among women of childbearing potential. Scale up of viral load testing must continue to reach at least 90% coverage of those on treatment, and efforts to increase domestic resource mobilization should expand.

A review of the Orphans and Vulnerable Children program must be done to be sure that the program is focused geographically in areas of highest HIV burden and focused on the children with the greatest need. Children living with single caregivers and those children living with HIV should be prioritized. Individuals under age 18 should be prioritized, and among those children not living with HIV, the age group 9-14 should be the highest priority to provide education and interventions to reduce the risk of sexual violence and delay sexual debut. Targets should reflect these priorities.

VMMC should focus on the 15-29 year old age band, especially at military sites. Boys age 10-14 may be included but over half of the VMMC should be in the 15 and older ages.

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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.

Ethiopia	FY 2019 New		Total New Funds	Applied Pipeline*	Total COP 19 Bilateral
	GHP-State	GAP			
DOD TOTAL	400,269	-	400,269	-	400,269
<i>of which, VMMC</i>	250,004	-	250,004	-	250,004
HHS TOTAL	34,310,404	2,787,500	37,097,904	26,076,125	63,174,029
HHS/CDC	33,910,404	2,787,500	36,697,904	26,076,125	62,774,029
<i>of which, CDC Positions</i>	1,279,192	-	1,279,192	-	1,279,192
<i>of which, Surveillance and Public Health Response</i>	500,000	-	500,000	6,185,370	6,685,370
<i>of which, VMMC</i>	170,000	-	170,000	1,055,000	1,225,000
HHS/HRSA	400,000	-	400,000	-	400,000
STATE TOTAL	906,201	-	906,201	3,193,333	4,099,534
State/AF	-	-	-	3,193,333	3,193,333
USAID TOTAL	23,976,768	-	23,976,768	25,768,592	49,745,360
USAID, non-WCF	10,173,146	-	10,173,146	21,597,999	31,771,145
<i>of which, USAID LES</i>	640,000	-	640,000	-	640,000
USAID, WCF	13,803,622	-	13,803,622	4,170,593	17,974,215
<i>of which, Surveillance and Public Health Response</i>	677,706	-	677,706	-	677,706
<i>of which, VMMC</i>	379,511	-	379,511	-	379,511
TOTAL	59,593,642	2,787,500	62,381,142	55,038,050	117,419,192
<i>of which, CDC Positions</i>	1,279,192	-	1,279,192	-	1,279,192
<i>of which, Surveillance and Public Health Response</i>	1,177,706	-	1,177,706	6,185,370	7,363,076
<i>of which, USAID LES</i>	640,000	-	640,000	-	640,000
<i>of which, VMMC</i>	799,515	-	799,515	1,055,000	1,854,515

* 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. At the time of the COP approval, the targets have not been finalized; pediatric testing and related targets will change and adjustments to adult targets may occur. These changes will not have budgetary impact and will be resolved within the week.

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Ethiopia		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15	111,150				23,389	134,571
	15+	101,764				15,598	118,057
	Total	212,914	-	-	-	38,987	252,628
HTS_TST	<15	464,474				68,499	533,219
	15+	479,069				45,048	550,035
	Total	943,543	-	-	-	113,547	1,083,254
HTS_TST_POS	<15	25,393				4,068	29,475
	15+	33,068				3,938	37,599
	Total	58,461	-	-	-	8,006	67,074
TX_NEW	<15	22,290				3,857	26,159
	15+	35,564				4,266	40,353
	Total	57,854	-	-	-	8,123	66,512
TX_CURR	<15	40,448				9,084	49,862
	15+	417,791				90,172	517,083
	Total	458,239	-	-	-	99,256	566,945
TX_PVLS	<15	28,602				6,787	35,719
	15+	375,138				82,168	466,853
	Total	403,740	-	-	-	88,955	502,572
CXCA_SCRN	Total (15+)	-				-	-
OVC_SERV	<18	272,334				26,150	298,484
	18+	139,935				13,323	153,258
	Total	412,269	-	-	-	39,473	451,742
OVC_HIVSTAT	Total (<18)	272,334				26,150	298,484
PMTCT_STAT	<15	-				-	-
	15+	-				-	-
	Total	-	-	-	-	-	-
PMTCT_STAT_POS	<15	-				-	-
	15+	-				-	-
	Total	-	-	-	-	-	-
PMTCT_ART	<15	-				-	-
	15+	7,302				1,770	9,156
	Total	7,302	-	-	-	1,770	9,156
PMTCT_EID	Total	6,887				1,758	8,731
PP_PREV	<15	-				-	-
	15+	136,097				-	141,122
	Total	136,097	-	-	-	-	141,122
KP_PREV	Total	53,827				-	54,550
KP_MAT	Total	-				-	-
VMMC_CIRC	<15	4,759				-	9,992
	15+	17,037				-	35,604
	Total	21,796	-	-	-	-	45,596
HTS_SELF	Total	20,095				-	20,095
PrEP_NEW	Total	2,601				-	2,601
PrEP_CURR	Total	2,588				-	2,588
TB_STAT (N)	<15	2,652				564	3,216
	15+	24,326				7,521	32,299
	Total	26,978	-	-	-	8,085	35,515
TB_ART (N)	<15	84				-	84
	15+	1,831				614	2,515
	Total	1,915	-	-	-	614	2,599
TB_PREV (N)	<15	15,456				3,800	19,375
	15+	141,571				32,689	177,806
	Total	157,027	-	-	-	36,489	197,181
TX_TB (N)	<15	18,216				4,336	22,691
	15+	165,696				38,090	207,916
	Total	183,912	-	-	-	42,426	230,607
GEND_GBV	Total	10,810				1,367	12,466

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

Budgetary Requirements

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

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Earmarks	FY 2019 COP19 Funding Level*
Care & Treatment	37,153,776
HKID Requirement	9,751,373
Preventing and Responding to Gender-based Violence	1,332,972
Water	305,131
* 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 Ethiopia's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.