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August 23, 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: Kenya Country Operational Plan 2019 Approval

Recommendations

Approve the Kenya Country Operational Plan (COP) 2019 with a total budget of **\$374,931,001**, 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:

Kenya	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
Total Budget	243,792,239	131,138,762	374,931,001
COP 19 Bilateral	243,792,239	131,138,762	374,931,001
Central TLS Funds	-	-	-

* 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 \$374,931,001. **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.

Kenya 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.

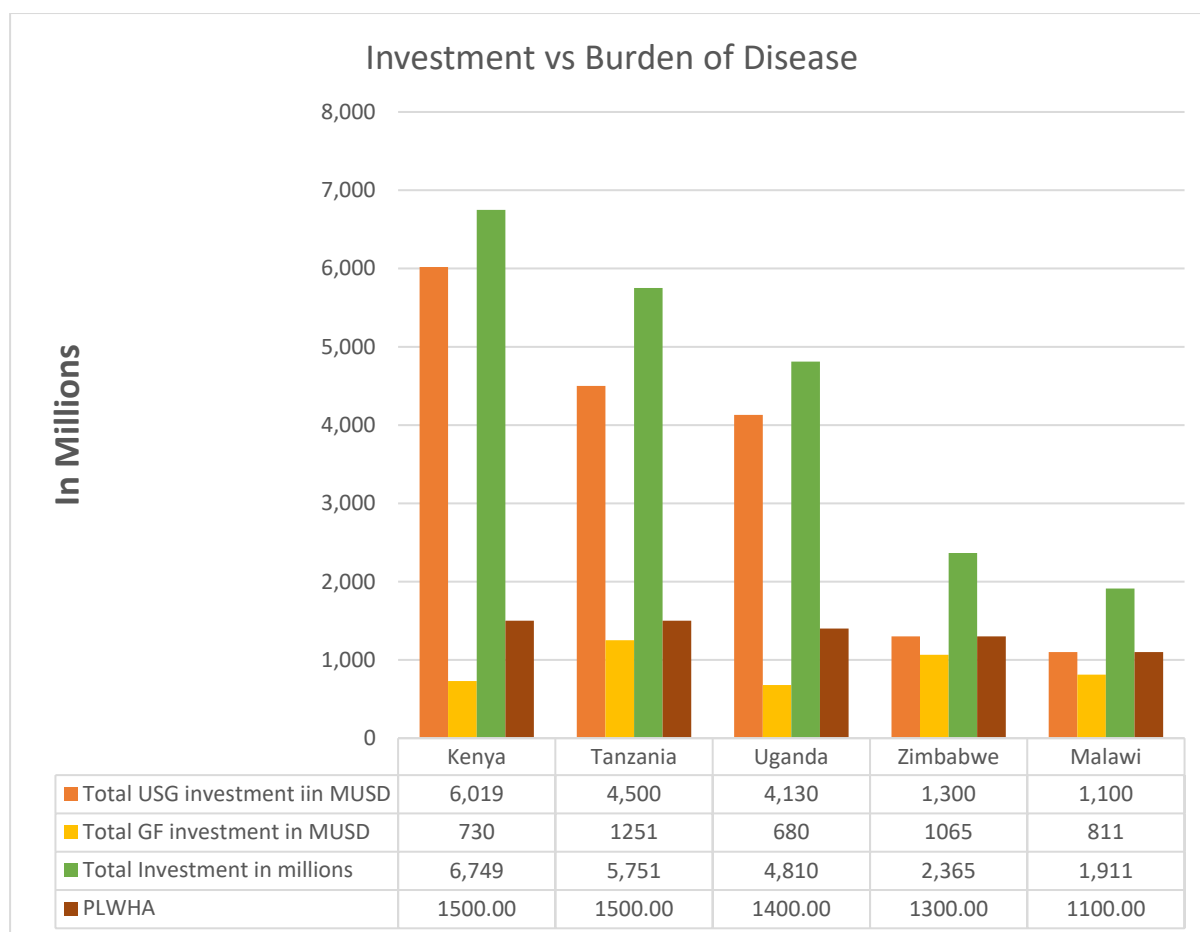
Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, and indigenous and international stakeholders in Nairobi, Kenya during the March 4 – 8, 2019 in-person planning meetings; the DC 2 in-person meeting held April 24 – 26, 2019; the final COP 2019 submission, including all data submitted via official PEPFAR systems or within supplemental documents; and Kenya's virtual COP 2019 approval with Ambassador Birx on June 20, 2019.

Program Summary

Funding and targets for Kenya's Country Operational Plan (COP) 2019 which will be executed in FY 2020 support PEPFAR Kenya's strategy to reach and sustain epidemic control by efficiently identifying people living with HIV (PLHIV); linking and retaining them on treatment; ensuring viral suppression; and building on previous achievements to reduce HIV incidence and enable PLHIV to live productive, healthy lives.

Since the beginning of the PEPFAR program, Kenya has received over \$6 billion in total funding. PEPFAR as a whole is looking across countries with similar burden of HIV disease and treatment coverage to ensure we are learning from all countries on how to most efficiently and effectively implement programs across all funding sources for results and impact achieved in order to be able to sustain the gains.



The Kenya HIV/AIDS program has made significant progress against the HIV epidemic by putting over 1 million of people on treatment, while building a national clinic, laboratory and supply system. Significantly, based on preliminary Kenya population-based HIV impact assessment (KENPHIA) data, Kenya has achieved high rates of linkage to treatment, community viral suppression, and validated strong program data. There are still geographic pockets of unmet need and COP 2019 will be focused on a county approach for closing those gaps, achieving and sustaining epidemic control, while evolving the program to be as efficient and effective as possible across PEPFAR, Global Fund (GF), and host country financing.

With the success of COP 2019, this operational plan will represent a large step towards creating the systems, structures and programmatic shifts necessary to sustain epidemic control. When epidemic control is achieved, future Kenya COPs will be predicated on sustaining those gains and will assume ever increasing government leadership, responsibility and funding for the HIV/AIDS response. COP 2019 will focus on solidifying gains in systems investments and setting the stage for increased evidence based domestic responsibility. To that end, COP 2019, when fully implemented, will create a simpler, more direct program through partner rationalization to ensure that there is one lead clinical implementing partner in the 40 PEPFAR prioritized counties. COP 2019 will

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also focus on capacitating county governments to take the lead in the HIV/AIDS response through this single county public health response approach that aims at reducing the number of PEPFAR funded implementing partners within a given county, creating opportunities to work directly with the county health government, and strengthening collaboration among other donors, the private sector and other key stakeholders. The transition to more direct government to government funding is critical for sustaining epidemic control gains and to ensure that in the long run, inherent governmental functions are fulfilled by domestic institutions for the HIV/AIDS program.

This new strategy calls for a renewed commitment by the Government of Kenya (GoK) and the devolved counties given the robust clinic system built over the last 16 years. The COP 2019 strategy will maintain site level personnel support but will scale back PEPFAR funded and managed training, mentoring and site supervision. County health departments are expected to ensure HIV services continue at the site level with the personnel support funded by PEPFAR. Community groups will also be funded to ensure that clinic personnel are responding to HIV patient needs and that facilities have adequate supplies and resources to ensure treatment needs are met.

The PEPFAR Kenya program will continue the expansion and fidelity of index case testing and partner notification services with the goal of having thirty percent of new positives generated through index case testing programs. Kenya will also implement a new public health approach to finding positives by funding county health workers who will help with disease surveillance and outbreak control. Additionally, routine recency testing will be added to help understand transmission patterns, control outbreaks and help index tracers better target their efforts. The PEPFAR program will also optimize physician initiated testing and counseling, as well as prioritized focus testing for: adolescent girls and young women (AGYW) through the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) program; Key Populations (KPs) through the Redesign, Reimagine, Reboot KP program; and men and children through the Faith and Community Initiative (FCI) to make testing more efficient and effective.

Retention issues have become a challenge, particularly for new initiated patients. In FY 2018, 184,000 HIV positive individuals were identified but only a net 42,000 were added to the treatment cohort. In general, younger and healthier positives are identified and they have proven to be more at risk of dropping from treatment and the program must evolve to meet the need of healthy clients, including access to multiple month scripting. Another, important piece of retention strategy is the wide introduction of dolutegravir based regimens as the preferred first line treatment. Dolutegravir regimens are pharmacologically superior as well as better tolerated with fewer side effects.

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Introduction of the fixed dose combination of Tenofovir, Lamivudine, and Dolutegravir (TLD) is a minimum requirement of COP 2019 and new guidelines ensuring access for all women was adopted by the Government of Kenya. COP 2019 will emphasize full adoption and implementation of differentiated service delivery (DSD) mechanisms to allow patients options for continuing treatment. Prime among these DSD options is multimonth dispensing of drugs which allow patients to adhere to treatment with minimum time investment. For treatment defaulters, the program will emphasize a case management approach including specific clinic days for priority populations including newly initiated patients, adolescents and children, repeated defaulters and those who are unsuppressed. PEPFAR supported clinics will proactively work to increase treatment literacy and identify those who are more likely to default.

While there is overall strong levels of performance there are still some pockets of weakness that will require strategic shifts and focused new programming. Key populations programs have lagged. There are still challenges with serving the healthy, but infected particularly adolescent and young women and young men. Orphan and Vulnerable Children programming needs better focus on high burden regions and on serving HIV positive children and children of index tested parents. Circumcision needs to focus in a few geographies and on older age bands.

Current KP programming has been successful keeping certain cohorts HIV free. However, programming has done less well at finding positives within KP groups, and have had difficulties linking and keeping those positives on treatment. COP 2019 will support a “Reimagine, Redesign, and Reboot” KP program focused more on finding positives, expanding their treatment options and ensuring their adherence and retention. The new strategy will rely on identifying sexual networks, scaling up self-testing and achieving scale and fidelity with partner notification. New KP friendly or dedicated treatment centers will be created in the urban areas of Nairobi, Kisumu and Mombasa. KP programming will also be concentrated on higher burden counties enabling a richer and more impactful program. In particularly aggressive targets for Men who have sex with Men (MSM) are establish.

Given the high rates of coverage and viral suppression expected, important prevention programs will continue to be targeted in the highest burden areas to the highest risk individuals. Circumcision is one of the most cost effective prevention activities and in COP 2019, coverage rates of 85% for the important age 15-29 year old age band will be achieved in the highest burden, highest unmet need counties of Kisumu, Turkana, Siaya, Homa Bay, and Migori and over 80% in seven other high burden counties including Nairobi.

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COP 2019 will also include a realignment of Orphans and Vulnerable Children programming. COP 2018 targets will be maintained for children under 18, but targets will be aligned with the highest burden counties. The program will complete a responsible transition for those enrolled in programs in low burden counties and focus on HIV positive children, children of people living with HIV and at risk AGYWs. The DREAMS program will continue in the same geographies but OVC integration will be optimized with the new OVC shifts. The DREAMS program will continue to mature and attain full saturation in the counties of Homabay, Kisumu and Siaya. The DREAMS program will phase out cash transfers in favor of education subsidies and vocational training. In a coordinated fashion, the OVC, DREAMS and FCI will tackle the problem of violence against children with programming and prevention activities. As with the main care and treatment programs, OVC and DREAMS program will seek to transition to local partners and where feasible transition to county governments.

In terms of systems investments, PEPFAR has helped create maturing lab systems, commodity supply chains, and clinic systems. Lab systems activities, notably QI and accreditation activities will be transitioned to the GoK over the next two COP cycles. Remaining lab activities will largely be moved to lead clinical implementing partners and will be focused on ensuring that counties are primed to take on these activities. Blood safety activities will be fully transitioned to GoK in COP 2019. Health Management Information systems (HMIS) will be a key priority in the next fiscal year focusing on support and interoperability as well as focusing on data support for index testing and retention activities. In particular, COP 2019 will invest in recency testing and case based surveillance data systems to monitor HIV infections and monitor Anti-Retroviral Therapy uptake.

In COP 2017, \$10,000,000 of FY 2017 funding for Kenya was held in a Department of State TBD mechanism pending preliminary KENPHIA results. These funds will now be used by HHS/CDC and USAID for saturation coverage of Voluntary Medical Male Circumcision (VMMC) in males between 15 – 29 age groups in high burden areas during COP 2019 implementation. Additionally, \$35,480,000 of FY 2018 funding, was withheld in COP 2018. These funds will be added to HHS/CDC's available COP 2019 funding to ensure that Kenya remains on track to achieve its 90-90-90 treatment goals by the end of COP 2019 implementation.

The plans outlined in COP 2019 meet PEPFAR's minimum standards for program requirements. Among the highest priorities for the 2018 and 2019 COP cycles will be requirements such as properly scaled and fully implemented index testing with fidelity, the full and successful introduction of Dolutegravir-based regimens by October 2019, and universal multi-month dispensing of

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drugs to PLHIV. PEPFAR Kenya understands that maintaining funding is contingent upon continuing to meet all commitments to the minimum requirements listed in this approval memo and in Kenya’s COP 2019 planning level letter.

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.

Kenya	FY 2019 New			Total New Funds	Applied Pipeline*	Total COP 19 Bilateral Budget
	GHP-State	GHP-USAID	GAP			
DOD TOTAL	13,186,098	-	-	13,186,098	2,537,098	15,723,196
of which, DREAMS	730,174	-	-	730,174	-	730,174
of which, VMCM	920,519	-	-	920,519	-	920,519
HHS TOTAL	89,407,110	-	3,320,000	92,727,110	59,115,006	151,842,116
HHS/CDC	89,407,110	-	3,320,000	92,727,110	59,115,006	151,842,116
of which, DREAMS	14,535,688	-	-	14,535,688	-	14,535,688
of which, Surveillance and Public Health Response	800,000	-	-	800,000	-	800,000
of which, VMCM	917,339	-	-	917,339	7,309,152	8,226,491
of which, FBO Surge	8,420,800	-	-	8,420,800	-	8,420,800
STATE TOTAL	2,903,661	-	-	2,903,661	-	2,903,661
State	1,876,237	-	-	1,876,237	-	1,876,237
State/AF	1,027,424	-	-	1,027,424	-	1,027,424
of which, DREAMS	130,000	-	-	130,000	-	130,000
USAID TOTAL	99,975,370	35,000,000	-	134,975,370	69,486,658	204,462,028
USAID, non-WCF	99,975,370	35,000,000	-	134,975,370	69,486,658	204,462,028
of which, USAID LES	3,131,000	-	-	3,131,000	-	3,131,000
of which, DREAMS	13,156,806	-	-	13,156,806	690,460	13,847,266
of which, VMCM	113,413	-	-	113,413	2,690,848	2,804,261
of which, FBO Surge	6,845,948	-	-	6,845,948	733,252	7,579,200
TOTAL	205,472,239	35,000,000	3,320,000	243,792,239	131,138,762	374,931,001
of which, USAID LES	3,131,000	-	-	3,131,000	-	3,131,000
of which, DREAMS	28,552,668	-	-	28,552,668	690,460	29,243,128
of which, Surveillance and Public Health Response	800,000	-	-	800,000	-	800,000
of which, VMCM	1,951,271	-	-	1,951,271	10,000,000	11,951,271
of which, FBO Surge	15,266,748	-	-	15,266,748	733,252	16,000,000

* 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

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approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

GHP-USAID Funds: With the receipt of this signed memo, USAID is approved to use GHP-USAID 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, GHP-USAID funding may be made available to country teams per USAID 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.

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Kenya		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15	3,078	80,213	19,446			102,969
	15+	6,301	286,656	32,003			325,366
	Total	9,379	366,869	51,449	-	-	428,335
HTS_TST	<15	12,176	312,505	74,757			400,148
	15+	125,086	3,678,377	916,433			4,731,709
	Total	137,262	3,990,882	991,190	-	-	5,131,857
HTS_TST_POS	<15	289	7,679	1,838			9,824
	15+	4,004	116,211	24,916			145,478
	Total	4,293	123,890	26,754	-	-	155,302
TX_NEW	<15	331	8,008	1,773			10,130
	15+	3,891	108,905	24,025			137,150
	Total	4,222	116,913	25,798	-	-	147,280
TX_CURR	<15	4,265	74,765	12,190			91,406
	15+	54,943	1,014,546	168,739			1,241,665
	Total	59,208	1,089,311	180,929	-	-	1,333,071
TX_PVLS	<15	4,026	76,428	12,179			92,824
	15+	51,294	937,588	154,667			1,146,732
	Total	55,320	1,014,016	166,846	-	-	1,239,556
CXCA_SCRN	Total (15+)	-	-	-			-
OVC_SERV	<18	18,950	504,949	94,152			618,260
	18+	272	8,785	1,491			10,553
	Total	19,222	513,734	95,643	-	-	628,813
OVC_HIVSTAT	Total (<18)	18,949	504,901	94,151			618,210
PMTCT_STAT	<15	104	2,019	466			2,592
	15+	59,239	826,748	279,923			1,168,077
	Total	59,343	828,767	280,389	-	-	1,170,669
PMTCT_STAT_POS	<15	1	1	-			2
	15+	2,621	50,405	7,610			60,700
	Total	2,622	50,406	7,610	-	-	60,702
PMTCT_ART	<15	1	1	-			2
	15+	2,473	47,869	7,288			57,689
	Total	2,474	47,870	7,288	-	-	57,691
PMTCT_EID	Total	2,486	47,864	7,256			57,666
PP_PREV	<15	18,783	181,517	31,542			231,842
	15+	16,334	276,689	31,651			380,834
	Total	35,117	458,206	63,193	-	-	612,676
KP_PREV	Total	22,960	220,567	55,099			298,626
KP_MAT	Total	1,296	3,618	3,022			7,936
VMMC_CIRC	<15	-	73,073	831			73,904
	15+	-	94,712	30,658			126,096
	Total	-	167,785	31,489	-	-	200,000
HTS_SELF	Total	36,155	292,708	61,523	-	-	390,386
PrEP_NEW	Total	1,140	33,406	3,363			37,947
PrEP_CURR	Total	1,427	41,804	4,217			47,499
TB_STAT (N)	<15	204	3,794	1,736			5,750
	15+	3,017	46,538	12,481			62,252
	Total	3,221	50,332	14,217	-	-	68,002
TB_ART (N)	<15	28	848	201			1,077
	15+	912	14,077	2,936			17,973
	Total	940	14,925	3,137	-	-	19,050
TB_PREV (N)	<15	3,848	63,902	10,992			78,912
	15+	48,867	869,525	151,205			1,072,730
	Total	52,715	933,427	162,197	-	-	1,151,642
TX_TB (N)	<15	4,509	79,110	12,915			96,731
	15+	58,029	1,073,790	178,819			1,314,273
	Total	62,538	1,152,900	191,734	-	-	1,411,004
GEND_GBV	Total	9,311	211,512	31,530			252,476

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

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Budgetary Requirements

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

Earmarks	FY 2019 COP19 Funding Level*
Care & Treatment	144,796,736
HKID Requirement	27,657,204
Preventing and Responding to Gender-based Violence	5,760,464
Water	300,000
* 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 Kenya's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.