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August 14, 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**

FROM: S/GAC – Angeli Achrekar, S/GAC Chair
S/GAC – Maureen Ahmed, PEPFAR Program Manager

THRU: S/GAC – Mike Ruffner, Acting Deputy Coordinator, Country
Oversight and Accountability

SUBJECT: South Africa Country Operational Plan 2019 Approval

Recommendations

Approve the South Africa Country Operational Plan (COP) 2019 with a total budget of \$752,896,249, 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:

| South Africa | New Funding (all accounts)* | Pipeline** | Total Budget FY2020 Implementation |
|--------------------------|--------------------------------|-------------------|--|
| Total Budget | 741,734,861 | 11,161,388 | 752,896,249 |
| COP 19 Bilateral | 721,734,861 | 2,098,722 | 723,833,583 |
| Central TLS Funds | 20,000,000 | 9,062,666 | 29,062,666 |
| Central Acceleration 19 | 20,000,000 | - | 20,000,000 |
| South Africa Surge | - | 9,062,666 | 9,062,666 |

* 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.

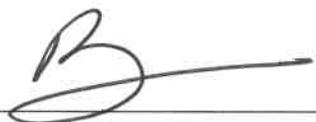
** Pipeline refers to funding allocated in prior years and approved for implementation in FY 2020 with COP 2019

Approve a total FY 2020 outlay for COP 2019 implementation that does not exceed the total approved COP 2019 budget of \$752,896,249. **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.

South Africa 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.

Approve  Disapprove _____
Date 14 Aug 2019

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 10-15, 2019 in-person planning meetings and the April 24-26, 2019 DC finalization meetings; the final COP 2019 submission, including all data submitted via official PEPFAR systems or within supplemental documents; South Africa’s virtual COP 2019 approval with Ambassador Birx on May 23, 2019, and a COP 2019 finalization discussion that took place in South Africa on August 5-8, 2019.

Program Summary

Funding and targets for South Africa’s Country Operational Plan (COP) 2019 are approved to support PEPFAR South Africa’s vision in partnership with the Government and people of South Africa to work towards epidemic control by targeting testing to efficiently identify people living with HIV (PLHIV), ensuring

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all newly diagnosed PLHIV are immediately linked to treatment, and all PLHIV are retained on treatment and remain virally suppressed. At the end of 2018, it is estimated that 6,766,038 (83%) know their status, 4,484,288 (72%) are receiving ART, and 2,506,101 (88%) are virally suppressed, leaving 48% of South Africans not virally suppressed for their own health and decreasing transmission. This had led to more than 227,995 new infections each year, the largest on the Continent and threatening the progress made in the region. COP 2019 will work to achieve epidemic control by the end of FY 2020, across all ages and sexes, working toward the ultimate goal across the country that 6,710,000 (over 6,100,915 in the public sector) are on life-saving treatment by the end of FY 2020. The program for COP 2019 will focus intensely on the 27 highest burdened geographic areas and facilities by enrolling an additional 1,058,455 PLHIV on treatment in FY2020 building on the additional 1,003,833 enrolled during FY2019 (totaling 4,878,720 on treatment), and ensuring viral load suppression in 4,428,310 patients in these areas.

To support HIV program implementation and reach the goal of epidemic control to provide life-saving ART to an additional 2 million PLHIV by the end of 2020 that South African President Ramaphosa announced in 2018, an enabling policy environment is critical. In recent months, the Government of South Africa (GoSA) has demonstrated the required urgency and commitment to provide this environment through rapid adoption and implementation of all critical national and policies at the health clinic level to ensure U.S. government HIV resources are maximized and additive to the GoSA HIV investments and ensuring the HIV specific investments focus and achieve the HIV programmatic goals. In COP 2018, the PEPFAR South Africa program data showed sub-optimal and insufficient performance resulting in the stalling of progress to reach epidemic control. Indeed, by the end of FY2018 there were less clients on treatment than the year prior despite substantial investments by the GoSA and PEPFAR due to extremely poor retention and lost to follow-up. Poor record keeping despite substantial investment in local implementing partners resulted in significant downward trends in treatment numbers. In March 2019, South African Minister of Health (MoH) made explicit commitments to improve linkage and retention issues across South Africa's highest burden facilities. On March 18, 2019, the MoH issued a circular directing provincial health leaders in all provinces to undertake specific site-level actions to accelerate patient-centered HIV treatment results across the cascade. The actions included: fully implementing a welcome back campaign to assist defaulting patients to return to care; ensuring nurses are trained and have performance metrics in HIV treatment services; setting performance standards for HIV trained nurses and lay counselors, including a minimum number of HIV tests

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per day and a standard number of PLHIV initiated on ART per day; strengthening the directive for community health workers to track and trace defaulting patients; improving data systems including the use of unique patient identifiers; expanding external pick-up points for HIV medications; and extending clinic hours for HIV services.

The circular reached over 343 of the highest-HIV burden facilities within PEPFAR South Africa programming and helped mobilize public health facility managers across 27 priority districts. To support the MoH's charge, the PEPFAR South Africa team conducted more than 550 facility visits from March 1 through April 13, 2019. The programmatic gains included the following substantially improved outcomes: improved same day initiation on ART, improved linkage to care, and reductions in missed appointments. There has been marked progress in data systems and data reporting. The effort helped the overall goal of increasing the total numbers of new PLHIV linked and retained on treatment in the targeted facilities and has led to true programmatic gains in COP 2018, beyond data clean up. To ensure these gains continued through the newly elected GoSA cabinet, the new MoH issued a second Circular on August 9, 2019. The Circular ensures policy and programmatic requirements are in place at the national, provincial and district levels and continued accountability at all levels to reach shared treatment goals of 6.1 million on treatments by 2020. Monitoring of partner's progress against targets at the site level will continue. COP 2019 implementation will build on these intensive approaches, with expansion to more sites, as success is demonstrated, beyond the initial 343 priority sites, into the sites containing the remaining 50% of those on treatment.

PEPFAR South Africa's strategy for programming to be implemented in FY 2020 is based on a thorough review of programmatic data, and transparent discussions with the GoSA, civil society and community organizations, and implementing partners. During COP 2019, PEPFAR South Africa will continue to invest in South Africa's 27 highest HIV burden districts—accounting for nearly 80% of PLHIV. Among these districts, COP 2019 will further focus on the high burden districts, with the four largest metropolitan districts (accounting for 30% of PLHIV) and populations with largest treatment gaps receiving the majority of the PEPFAR programmatic support. COP 2019 will support the GoSA through: the continuation of the HIV Treatment Surge to rapidly expand identification, linkage and retention of PLHIV to quality ART by bolstering direct service delivery through human resources for health (HRH). COP 2019 will optimize index testing, intensification of patient retention and linkage, and reduction of barriers to accessing viral load (VL) services. COP 2019 will also support scaling effective

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combination prevention programs, including services for orphans and vulnerable children (OVC), programs to reduce HIV risk and new HIV infections for adolescent girls and young (AGYW) and saturation of voluntary medical male circumcision (VMMC) for men (15-34 years). Plans will support strategies to achieve PEPFAR's minimum requirements while also ensuring unrestricted access to quality HIV services for vulnerable and key populations. All interventions will be aligned to the 2017-2022 South Africa National Strategic Plan for HIV, TB and STIs (NSP), the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 goals, World Health Organization (WHO) guidelines and global best practices, and with the PEPFAR Strategy for Accelerating HIV/AIDS Epidemic Control (2017-2020).

In COP 2019, the suite of site-level interventions aimed to increase case-finding, treatment linkage and retention at the highest burden facilities will continue. PEPFAR South Africa and its partners will use site-level analytics to improve practices and performance in many program areas. Partner management strategies deployed during FY 2019 will continue in FY 2020 in order to ensure implementing partners are able to make regular course corrections to achieve their targets. These efforts include more efficient provision of technical assistance from Headquarters and by all field teams at the site level, the collection and use of more granular data, and deeper and more frequent reviews of items such as daily and weekly partner reports and work plans. Specific interventions will include using case management to focus on new ART clients to reduce loss to follow up (LTFU), scaling up and optimizing human resources and skills to where the needs are greatest, expanding engagement with civil society organizations to troubleshoot bottlenecks at the site level, increasing flexible clinic hours especially to reach men and adolescents, and intensifying PEPFAR partner accountability through daily data reviews and weekly site visits. A high standard for site accountability will ensure that data quality, linkage between community diagnosis to facility care and treatment, and patients are ultimately retained in care throughout FY 2020. In FY 2020, PEPFAR South Africa will continue year two of Surge investments in supplemental health worker staff in the highest burden districts to fast-track the HIV Treatment Surge and will expand community engagement through the continuation of the Community Health Worker program. The program will leverage the country's civil society organizations, PLHIV sector, private sector, faith-based organizations and traditional structures to improve HIV service demand and access in highest burden communities. These investments will accelerate treatment scale-up through evidence-driven case finding, ART linkage, adherence and retention. To improve efficiencies in its health systems investments, PEPFAR

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South Africa will focus resources on supporting filing upgrades to improve patient flow.

PEPFAR will continue to aggressively fund HIV prevention activities in South Africa, including programs for orphans and vulnerable children, voluntary medical male circumcision, Key Populations, and Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) services for girls and young women. Prevention programming will focus on self-screening strategies and index testing, and expansion of pre-exposure prophylaxis (PrEP) services, especially for AGYW, with a FY 2020 target of 62,120 across 11 districts. The overall COP 2019 Prevention strategy will: strengthen the multi-departmental and multi-sectoral prevention approach and support GoSA to take impact prevention interventions to scale; continue engagement with youth/civil society and capacitating community-based organizations to implement prevention activities (working through provincial and district coordination structures); consolidate prevention focus from 16 to 11 priority districts by the end of FY 2019; apply lessons learnt from DREAMS in non-DREAMS districts; continue age-segmented focus on AGYW (age bands of 9-14, 15-19, 20-24); ensure the most vulnerable and high-risk AGYW are identified and linked to relevant Health and Social Services; and actively link HIV positive AGYW to care and treatment. During FY 2020, it is expected that services for at least 520,000 VMMC will be provided, with a focus on the age bands and districts with the highest level of unmet needs. It is expected that 628,512 OVC will be served, and that at least 179,822 members of designated key populations groups will receive support. COP 2019 will also continue to support TB preventive therapy (TPT) scale-up which has been significant (from 84,327 in FY17 to 126,119 in FY18 and still increasing in FY19 and a target of TB_PREV target of 836,401 for FY 2020.

The plans outlined in COP 2019 above meet PEPFAR's minimum standards for program requirements. PEPFAR South Africa continues to expand and strengthen policies to improve access to treatment and to enhance quality of treatment services. Universal test and treat was adopted in 2016, and both same-day initiation and linkage rates have improved significantly. A total of 1.47 million patients receive two months of medications through adherence clubs and centralized chronic medicines dispensing and distribution (CCMDD) models; beginning in COP 2019, patients will receive three months of medications and will have access to additional medical collection options such as lockers. The TLD transition (including access for women of childbearing potential based on informed choice) is anticipated to begin in September 2019 and complete by January 2020. PEPFAR South Africa will support PLHIV and community led treatment literacy

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interventions which will include trainings and health promotional campaigns. The NDoH has prioritized and is supporting full implementation of index testing for sexual partners and children of PLHIV, and both index testing and self-screening are included in the new National HIV Testing Services (HTS) register which is currently being rolled out. Proxy linkage to ART rates were 95% in January-March 2019, and the majority of districts had linkage rates over 95%; PEPFAR partners are adding case managers and linkage officers to ensure that all diagnosed patients (especially adolescents and youth 10-24) are linked to ART. South Africa's viral load testing capacity exceeds demand, and estimated VL testing coverage is 80-95% according to the National Health Laboratory Service (NHLS); due to incomplete data capture only about 64% of patients have a VL test result recorded in TIER.Net; of those, about 90% of males and 94% of females are virologically suppressed but needs to improve to 95%. South Africa's national morbidity and mortality reporting system includes the District Health Information System, Birth and Death Registries, Census and cause-specific data reporting systems. The OVC program is closely aligned with the care and treatment and prevention programs; children living with HIV (CLHIV) enrolled in the program increased from 9,079 (2%) in Annual Progress Report FY17 (APR17) to 28,376 (11%) in the Semi-Annual Progress Report FY19 (SAPR19) due to intense partner management, improved case finding strategies, new interventions targeting CLHIV, and increased collaboration between clinical and community Implementing Partners. PEPFAR South Africa awarded 73% of COP 2018 funding to local indigenous partners; this is projected to increase to 83% in COP 2019. South Africa's Health Patient Registration System (HPRS) was developed in answer to the need for a unique identifier for national health insurance, and the country has set a target of 35 million patients enrolled by the end of fiscal year 2018-2019.

PEPFAR South Africa is committed to active partner management and accountability, engagement at all spheres of government, and mobilizing faith-based organizations, civil society, private sector and all stakeholders to maximize program impact. PEPFAR South Africa is particularly committed to working closely with the PLHIV sector to ensure they receive quality HIV services and have the opportunity to make meaningful contributions to the HIV response.

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

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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.

| South Africa | FY 2019 New | | | Total New Funds | Applied Pipeline* | Total COP 19 Bilateral Budget |
|--|-------------|------------|-----------|-----------------|-------------------|----------------------------------|
| | GHP-State | GHP-USAID | GAP | | | |
| DOD TOTAL | - | - | - | - | 2 | 2 |
| HHS TOTAL | 336,846,359 | - | 3,450,000 | 340,296,359 | 741,186 | 341,037,545 |
| HHS/CDC | 336,846,359 | - | 3,450,000 | 340,296,359 | 741,186 | 341,037,545 |
| <i>of which, CDC Positions</i> | 540,425 | - | - | 540,425 | - | 540,425 |
| <i>of which, DREAMS</i> | 11,596,537 | - | - | 11,596,537 | - | 11,596,537 |
| <i>of which, Plus Up</i> | 33,689,909 | - | - | 33,689,909 | - | 33,689,909 |
| <i>of which, VMMC</i> | 36,167,135 | - | - | 36,167,135 | - | 36,167,135 |
| <i>of which, Year 2 South Africa Surge</i> | 121,656,590 | - | - | 121,656,590 | - | 121,656,590 |
| PEACE CORPS TOTAL | 1,480,458 | - | - | 1,480,458 | 894,542 | 2,375,000 |
| STATE TOTAL | 3,917,895 | - | - | 3,917,895 | 462,992 | 4,380,887 |
| State | 2,310,833 | - | - | 2,310,833 | 380,833 | 2,691,666 |
| State/AF | 1,607,062 | - | - | 1,607,062 | 82,159 | 1,689,221 |
| USAID TOTAL | 326,040,149 | 50,000,000 | - | 376,040,149 | - | 376,040,149 |
| USAID, non-WCF | 319,532,149 | 50,000,000 | - | 369,532,149 | - | 369,532,149 |
| <i>of which, DREAMS</i> | 21,726,844 | - | - | 21,726,844 | - | 21,726,844 |
| <i>of which, Plus Up</i> | 46,310,091 | - | - | 46,310,091 | - | 46,310,091 |
| <i>of which, USAID LES</i> | 2,335,835 | - | - | 2,335,835 | - | 2,335,835 |
| <i>of which, VMMC</i> | 24,111,524 | - | - | 24,111,524 | - | 24,111,524 |
| <i>of which, Year 2 South Africa Surge</i> | 121,835,410 | - | - | 121,835,410 | - | 121,835,410 |
| USAID, WCF | 6,508,000 | - | - | 6,508,000 | - | 6,508,000 |
| <i>of which, Year 2 South Africa Surge</i> | 6,508,000 | - | - | 6,508,000 | - | 6,508,000 |
| TOTAL | 668,284,861 | 50,000,000 | 3,450,000 | 721,734,861 | 2,098,722 | 723,833,583 |
| <i>of which, CDC Positions</i> | 540,425 | - | - | 540,425 | - | 540,425 |
| <i>of which, DREAMS</i> | 33,323,381 | - | - | 33,323,381 | - | 33,323,381 |
| <i>of which, Plus Up</i> | 80,000,000 | - | - | 80,000,000 | - | 80,000,000 |
| <i>of which, USAID LES</i> | 2,335,835 | - | - | 2,335,835 | - | 2,335,835 |
| <i>of which, VMMC</i> | 60,278,659 | - | - | 60,278,659 | - | 60,278,659 |
| <i>of which, Year 2 South Africa Surge</i> | 250,000,000 | - | - | 250,000,000 | - | 250,000,000 |

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

| | New FY 2019 Funds | Applied Pipeline | Total Budget for FY 2020 Implementation |
|--------------------------------|----------------------|------------------|---|
| Central Acceleration 19 | | | |
| TOTAL | 20,000,000 | - | 20,000,000 |
| HHS/CDC | 10,000,000 | - | 10,000,000 |
| USAID | 10,000,000 | - | 10,000,000 |

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

| | New FY 2019 Funds | Applied Pipeline | Total Budget for FY 2020 Implementation |
|---------------------------|----------------------|------------------|---|
| South Africa Surge | | | |
| TOTAL | - | 9,062,666 | 9,062,666 |
| HHS/CDC | - | 1,800,000 | 1,800,000 |
| USAID | - | 7,262,666 | 7,262,666 |

* 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

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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.

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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| South Africa | | SNU Prioritizations | | | | | Total * |
|----------------|-----------------------|---------------------|-------------------------|-------------------------|-----------|------------------------|-------------------|
| | | Attained | Scale-Up: Saturation | Scale-Up: Aggressive | Sustained | Centrally Supported | |
| HTS_INDEX | <15 | | 26,631 | 71,791 | | - | 98,422 |
| | 15+ | | 625,473 | 822,652 | | - | 1,448,125 |
| | Total | - | 652,104 | 894,443 | - | - | 1,546,547 |
| HTS_TST | <15 | | 299,904 | 854,483 | | - | 1,154,387 |
| | 15+ | | 3,947,421 | 7,946,567 | | 30,325 | 11,924,313 |
| | Total | - | 4,247,325 | 8,801,050 | - | 30,325 | 13,078,700 |
| HTS_TST_POS | <15 | | 6,308 | 16,811 | | - | 23,119 |
| | 15+ | | 443,042 | 618,796 | | 3,392 | 1,065,230 |
| | Total | - | 449,350 | 635,607 | - | 3,392 | 1,088,349 |
| TX_NEW | <15 | | 7,073 | 17,459 | | - | 24,532 |
| | 15+ | | 426,343 | 605,809 | | 1,771 | 1,033,923 |
| | Total | - | 433,416 | 623,268 | - | 1,771 | 1,058,455 |
| TX_CURR | <15 | | 40,700 | 103,295 | | - | 143,995 |
| | 15+ | | 1,817,696 | 2,915,258 | | 1,771 | 4,734,725 |
| | Total | - | 1,858,396 | 3,018,553 | - | 1,771 | 4,878,720 |
| TX_PVLS | <15 | | 39,692 | 101,001 | | - | 140,693 |
| | 15+ | | 1,621,635 | 2,665,982 | | - | 4,287,617 |
| | Total | - | 1,661,327 | 2,766,983 | - | - | 4,428,310 |
| CXCA_SCRN | Total (15+) | | - | - | | - | - |
| OVC_SERV | <18 | | 279,901 | 266,539 | | - | 546,440 |
| | 18+ | | 35,287 | 45,693 | | - | 80,980 |
| | Total | - | 315,188 | 312,232 | - | - | 627,420 |
| OVC_HIVSTAT | Total (<18) | | 279,901 | 266,541 | | - | 546,442 |
| PMTCT_STAT | <15 | | 261 | 2,583 | | - | 2,844 |
| | 15+ | | 287,145 | 464,836 | | - | 751,981 |
| | Total | - | 287,406 | 467,419 | - | - | 754,825 |
| PMTCT_STAT_POS | <15 | | 80 | 969 | | - | 1,049 |
| | 15+ | | 73,408 | 124,625 | | - | 198,033 |
| | Total | - | 73,488 | 125,594 | - | - | 199,082 |
| PMTCT_ART | <15 | | 45 | 631 | | - | 676 |
| | 15+ | | 71,957 | 122,441 | | - | 194,398 |
| | Total | - | 72,002 | 123,072 | - | - | 195,074 |
| PMTCT_EID | Total | | 73,685 | 128,043 | | - | 201,728 |
| PP_PREV | <15 | | 146,168 | 79,451 | | 478 | 226,097 |
| | 15+ | | 289,205 | 209,071 | | 1,071 | 499,347 |
| | Total | - | 435,373 | 288,522 | - | 1,549 | 725,444 |
| KP_PREV | Total | | 88,025 | 55,066 | | 24,155 | 167,246 |
| KP_MAT | Total | | 167 | 62 | | - | 229 |
| VMMC_CIRC | <15 | | 35,720 | 67,261 | | - | 102,981 |
| | 15+ | | 144,658 | 272,065 | | 294 | 417,017 |
| | Total | - | 180,378 | 339,326 | - | 294 | 519,998 |
| HTS_SELF | Total | - | 140,965 | 130,161 | - | - | 271,126 |
| PrEP_NEW | Total | | 32,486 | 38,135 | | 709 | 71,330 |
| PrEP_CURR | Total | | 38,577 | 45,392 | | 213 | 84,182 |
| TB_STAT (N) | <15 | | 4,647 | 9,806 | | - | 14,453 |
| | 15+ | | 38,305 | 79,559 | | - | 117,864 |
| | Total | - | 42,952 | 89,365 | - | - | 132,317 |
| TB_ART (N) | <15 | | 1,669 | 4,177 | | - | 5,846 |
| | 15+ | | 26,657 | 49,220 | | - | 75,877 |
| | Total | - | 28,326 | 53,397 | - | - | 81,723 |
| TB_PREV (N) | <15 | | 5,207 | 13,744 | | - | 18,951 |
| | 15+ | | 289,142 | 430,206 | | - | 719,348 |
| | Total | - | 294,349 | 443,950 | - | - | 738,299 |
| TX_TB (N) | <15 | | 39,811 | 102,165 | | - | 141,976 |
| | 15+ | | 1,758,399 | 2,850,553 | | - | 4,608,952 |
| | Total | - | 1,798,210 | 2,952,718 | - | - | 4,750,928 |
| GEND_GBV | Total | | 12,147 | 4,568 | | - | 16,715 |

* 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

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

| Earmarks | FY 2019 COP19 Funding Level* |
|--|---|
| Care & Treatment | 511,234,433 |
| HKID Requirement | 37,829,014 |
| Preventing and Responding to Gender-based Violence | 4,608,404 |
| Water | 1,592,434 |
| * Does not include central funds | |

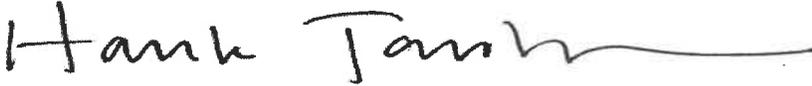
Partner Management and Stakeholder Engagement

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 South Africa's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

Agency Acknowledgement

HHS/CDC acknowledges and concurs with the final COP 2019 budgets and targets as submitted by the interagency PEPFAR team in South Africa, reviewed by the S/GAC Chair and interagency headquarters review team, and summarized, by partner, in this COP 2019 Approval Action Memo requesting approval by Ambassador Deborah L. Birx.

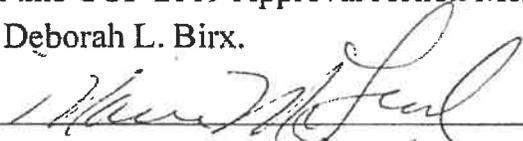
Signature: 

Printed Name and Title: Hank Tomlinson, PhD
Director, DGHT/CDC

Date: August 20, 2019

Agency Acknowledgement

Peace Corps acknowledges and concurs with the final COP 2019 budgets and targets as submitted by the interagency PEPFAR team in South Africa, reviewed by the S/GAC Chair and interagency headquarters review team, and summarized, by partner, in this COP 2019 Approval Action Memo requesting approval by Ambassador Deborah L. Birx.

Signature 

Printed Name and Title Marietta Leost, O&HHR Director

Date 8/20/19

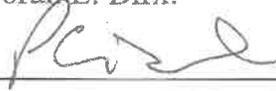
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Agency Acknowledgement

USAID acknowledges and concurs with the final COP 2019 budgets and targets as submitted by the interagency PEPFAR team in South Africa, reviewed by the S/GAC Chair and interagency headquarters review team, and summarized, by partner, in this COP 2019 Approval Action Memo requesting approval by Ambassador Deborah L. Birx.

Signature _____



Printed Name and Title _____

Polly Dunford USAID Office of HIV/AIDS Director

Date _____

8/24/19

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Appendix – Approved South Africa COP 2019 Budgets and Targets, by Implementing Partner or Management and Operations (U.S. Government Cost of Doing Business (CODB))

| South Africa | HTS_INDEX 15+ | HTS_INDEX <15 | HTS_TST 15+ | HTS_TST <15 | HTS_TST_P OS 15+ | HTS_TST_P OS <15 | TX_NEW 15+ | TX_NEW <15 | TX_CURR 15+ | TX_CURR <15 | TX_PVLS 15+ | TX_PVLS <15 | OVC_SERV <18 | OVC_SERV 18+ | OVC_HVST AT | PMTCT_STA T | PMTCT_ST AT_POS | PMTCT_AR T | PMTCT_BI D | PP_PREV | KP_PREV | KP_MAT | VMMC_CIR C | PrEP_NEW | PrEP_CUR R | GEND_GBV | TB_STAT | TB_AHT | TB_PREV | TX_TB | | |
|--|---------------|---------------|-------------|-------------|------------------|------------------|------------|------------|-------------|-------------|-------------|-------------|--------------|--------------|-------------|-------------|-----------------|------------|------------|---------|---------|---------|------------|----------|------------|----------|---------|--------|---------|-----------|---|---|
| HHS/CDC | 641,078 | 44,002 | 5,008,457 | 511,464 | 467,847 | 10,657 | 447,133 | 11,111 | 1,393,112 | 59,199 | 1,799,837 | 57,663 | 0 | 0 | 0 | 315,102 | 88,463 | 86,665 | 90,161 | 295,363 | 102,500 | 229 | 812,000 | 39,748 | 45,371 | 5,915 | 52,009 | 35,259 | 314,308 | 2,001,202 | | |
| Catholic Relief Services - United States Conference Of Catholic Bishops FOUNDATION FOR PROFESSIONAL DEVELOPMENT (PTY) LTD. | 12,500 | | 260,925 | 17,413 | | | 347 | | 347 | | | | | | | | | | | | 3,160 | 229 | | 316 | 121 | | | | | | | |
| HPISO CORPORATION | | | 68,706 | 17,100 | 1,033 | 134 | | | | | | | | | | | | | | | | | 92,715 | | | | | | | | | |
| Population Services International RIGHT TO CARE TB HIV CARE ASSOCIATION TBD | 89,315 | 10,202 | 953,387 | 112,308 | 65,392 | 2,650 | 66,027 | 2,483 | 309,704 | 12,955 | 282,105 | 12,452 | | | | 57,642 | 15,971 | 15,650 | 16,272 | | 17,996 | | | 3,148 | 944 | | 8,945 | 5,557 | 47,630 | 314,643 | | |
| THE AURUM INSTITUTE TRUST FOR HEALTH SYSTEM PLANNING & DEVELOPMENT LTD | 269,504 | 12,483 | 1,696,479 | 158,469 | 179,768 | 2,747 | 178,963 | 3,552 | 754,486 | 19,718 | 678,529 | 19,357 | | | | 129,243 | 34,823 | 34,122 | 35,492 | | 16,369 | | | 2,854 | 859 | | 14,709 | 11,121 | 123,599 | 758,112 | | |
| WITS HEALTH CONSORTIUM (PTY) LTD | 167,239 | 15,350 | 1,127,139 | 98,647 | 126,883 | 3,265 | 129,930 | 3,921 | 645,744 | 20,973 | 589,026 | 20,495 | | | | 72,479 | 25,095 | 24,570 | 25,571 | | | | | | | 22,369 | 14,373 | 96,951 | 649,092 | | | |
| PC Peace Corps | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 824 | 36 | 824 | 0 | 0 | 0 | 0 | 0 | 4,766 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| USAID | 807,057 | 54,420 | 6,916,062 | 642,823 | 597,413 | 12,462 | 589,341 | 13,221 | 2,744,886 | 84,696 | 2,487,880 | 83,830 | 945,618 | 80,944 | 545,618 | 489,723 | 110,819 | 108,409 | 111,567 | 425,915 | 64,746 | 0 | 207,898 | 38,104 | 40,150 | 10,800 | 80,308 | 46,464 | 423,391 | 2,748,726 | | |
| ANOVA HEALTH INSTITUTE BROADREACH HEALTHCARE (PTY) LTD | 360,111 | 16,184 | 2,908,608 | 218,066 | 240,982 | 3,320 | 241,786 | 3,788 | 1,111,913 | 27,887 | 1,013,268 | 27,662 | | | | 220,712 | 44,158 | 43,272 | 44,972 | | | | | 3,528 | 4,608 | | 33,501 | 17,974 | 174,030 | 1,119,186 | | |
| CENTRE FOR COMMUNICATION IMPACT CINDI NETWORK Education Development Center, Inc. | 156,637 | 15,945 | 1,394,476 | 148,349 | 129,047 | 3,455 | 128,303 | 3,708 | 582,999 | 20,785 | 529,715 | 20,225 | | | | 74,071 | 32,392 | 22,471 | 23,393 | | | | | | | 16,103 | 10,404 | 92,251 | 591,405 | | | |
| Family Health International HIV SA HUMANA PEOPLE TO PEOPLE IN SOUTH AFRICA KHETHIMPILO AIDS FREE LIVING MOTHERS2MOTHERS SOUTH AFRICA NACOSA Pact, Inc. | | | | | | | | | | | | | 70,078 | 8,447 | 70,078 | | | | | 126,400 | | | | | | | | | | | | |
| RIGHT TO CARE TBD University Research Co., LLC WITS HEALTH CONSORTIUM (PTY) LTD | 85,045 | 7,952 | 771,861 | 91,043 | 67,321 | 1,893 | 67,197 | 2,053 | 373,789 | 14,414 | 347,389 | 14,280 | 42,969 | 11,395 | 42,969 | 65,031 | 17,585 | 17,292 | 17,993 | 13,378 | 30,345 | | | | | 5,614 | 3,816 | 52,613 | 979,790 | | | |
| | | | 771,861 | 91,043 | 67,321 | 1,893 | 67,197 | 2,053 | 373,789 | 14,414 | 347,389 | 14,280 | 102,058 | 17,495 | 102,058 | | | | | | | | | | | | | | | | | |
| | | | 145,212 | 36,323 | 2,771 | 334 | | | | | | | 23,789 | 1,224 | 23,789 | | | | | | | 207,998 | | | | | | | | | | |
| | 171,600 | 11,001 | 1,364,738 | 107,999 | 131,079 | 2,691 | 126,515 | 2,884 | 596,551 | 19,365 | 530,483 | 18,869 | | | | 68,705 | 22,626 | 22,182 | 21,822 | 34,590 | 34,401 | | | 30,963 | 34,438 | 2,800 | 21,984 | 12,817 | 89,071 | 580,923 | | |

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| Central Acceleration 19 | Approved COP 2019 | | | Approved Funding by Budget Code (includes new funding only) | | | | | | | | | |
|----------------------------|-------------------|------------------------|-------------------------|---|----------------|-------------------------------|----------------------------|-------------------------------|-----------------------------|------------------|------------------------------------|----------------------------------|------------------------------------|
| Implementing Partner | FY2019 GHP-State | Total Applied Pipeline | Total Approved COP 2019 | HBHC-Adult Care and Support | HTXD-ARV Drugs | HTXS-Adult Treatment Services | HVCT- HIV Testing Services | HVMS- Management & Operations | HVSI- Strategic Information | HVTB- TB/HIV | OHSS- Health Systems Strengthening | PDCS- Pediatric Care and Support | PDTX- Pediatric Treatment Services |
| TOTAL, All Agencies | 20,000,000 | - | 20,000,000 | 2,720,000 | 12,395 | 10,513,176 | 272,703 | 946,870 | 89,143 | 2,720,000 | 5,714 | 1,360,000 | 1,360,000 |
| HHS/CDC | 10,000,000 | - | 10,000,000 | 1,360,000 | 12,395 | 4,788,176 | 272,703 | 751,870 | 89,143 | 1,360,000 | 5,714 | 680,000 | 680,000 |
| U.S. CODB | 1,500,000 | - | 1,500,000 | - | 12,395 | 368,176 | 272,703 | 751,870 | 89,143 | - | 5,714 | - | - |
| TBD | 8,500,000 | - | 8,500,000 | 1,360,000 | - | 4,420,000 | - | - | - | 1,360,000 | - | 680,000 | 680,000 |
| USAID | 10,000,000 | - | 10,000,000 | 1,360,000 | - | 5,725,000 | - | 195,000 | - | 1,360,000 | - | 680,000 | 680,000 |
| U.S. CODB | 1,500,000 | - | 1,500,000 | - | - | 1,305,000 | - | 195,000 | - | - | - | - | - |
| TBD | 8,500,000 | - | 8,500,000 | 1,360,000 | - | 4,420,000 | - | - | - | 1,360,000 | - | 680,000 | 680,000 |

| South Africa Surge | Approved COP 2019 | |
|-----------------------------------|------------------------|-------------------------|
| Implementing Partner | Total Applied Pipeline | Total Approved COP 2019 |
| TOTAL, All Agencies | 9,062,666 | 9,062,666 |
| HHS/CDC | 1,800,000 | 1,800,000 |
| SOUTH AFRICA DEPARTMENT OF HEALTH | 1,800,000 | 1,800,000 |
| USAID | 7,262,666 | 7,262,666 |
| ANOVA HEALTH INSTITUTE | 2,008,307 | 2,008,307 |
| BROADREACH HEALTHCARE (PTY) LTD | 1,195,416 | 1,195,416 |
| KHETHIMPILO AIDS FREE LIVING | 479,464 | 479,464 |
| RIGHT TO CARE | 535,207 | 535,207 |
| WITS HEALTH CONSORTIUM (PTY) LTD | 3,044,272 | 3,044,272 |

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