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January 14, 2020

INFORMATION MEMO FOR AMBASSADOR KRITENBRINK, Vietnam

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

SUBJECT: FY 2020 PEPFAR Planned Country Allocation and Strategic Direction

Dear Ambassador Kritenbrink:

First, I wanted to personally thank you and Deputy Chief of Mission for your dedication to PEPFAR and working every day to achieve the most possible with the United States taxpayers' dollars. The ability to translate these resources into effective and impactful programming has and continues to be core to our collective progress. Your PEPFAR team in country is extraordinary and we are fortunate to witness their passion and compassion. The progress made in Vietnam in the past few years, the depth of agreements with the Government of Vietnam and your continued work with local organization to ensure clients are served with quality prevention and treatment services. We are very excited about your progress in:

- We are encouraged by Vietnam's continued success with transitioning HIV treatment provision to Social Health Insurance and hope to see the same success with HIV testing and prevention, including PrEP.
- We applaud the Government of Vietnam for issuing the Market Authorization for TLD, and PEPFAR Vietnam for all their diplomatic and technical work to enable this important policy. We are looking forward to the coverage of TLD under Social Health Insurance.
- We continue to be impressed with Vietnam's success in maintaining high rates of Viral Load suppression but look forward to more complete coverage of Viral Load testing to ensure that these suppression rates are achieved at the community level.

Together with the Government of Vietnam and civil society leadership we have made tremendous progress together. Vietnam should be proud of the progress made over the past 16 years of PEPFAR implementation and we are deeply grateful for the ongoing deep coordination with the Global Fund and UNAIDS.

We did want to highlight both overarching issues we see across PEPFAR and a few specific to Vietnam. Full details will follow in a more comprehensive letter from your S/GAC Chair and PPM.

Throughout the PEPFAR family of supported countries and communities, five gaps are shared across the globe holding us collectively back from achieving Sustainable Development Goal 3

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related to controlling the HIV AIDS epidemic of which #2, #3, #4 and #5 apply to Vietnam along with addressing the risk to young key populations:

1. Continued new HIV infections in adolescents and young women
2. Supporting key populations with prevention and treatment services
3. Ensuring men are diagnosed and treated early (testing positive and new on treatment (linkage surrogate))
4. Ensuring 15-35-year-old asymptomatic clients are maintained on treatment and virally suppressed (net new on treatment and treatment current growth, (retention surrogate))
5. Ensuring all children are diagnosed and are on the best treatment regimens and virally suppressed

Moreover, we note the following, Vietnam-specific challenges:

- We are concerned about the continuing stigma and discrimination Key Population groups' experience, particularly at the health facilities, and particularly in the Northern Economic Zone.
- With the support of PEPFAR, Vietnam has diagnosed and put on treatment nearly as many PLHIV as planned. However, many more of these PLHIV were found in the Ho Chi Minh City metropolitan area than expected, and fewer than expected in the Northern Economic Zone. This was after surge into the metropolitan areas, and a transition out of the mountainous areas.
- Therefore we are looking to Vietnam to evolve to a model of Public Health Response using Case-based Surveillance, in order to more dynamically respond to the HIV epidemic to ensure that all PLHIV are diagnosed, treated and virally suppressed, so that wherever there may be a surge in the epidemic, there can be a surge in response.
- We expect all indigenous stakeholders, including the Government of Vietnam, Civil Society, and relevant Community Based Organizations, to take part in this Public Health Response, and have appropriate access to the relevant Case-based Surveillance information, and to share a direct sense of ownership in this response.

In a recent Office of Inspector General audit around PEPFAR coordination there were four draft preliminary recommendations based on their discussions with PEPFAR staff in the field from four countries, three of their recommendations are relevant to this Country Operational Plan planning cycle related to target setting, tool development, and timelines. Although we just received the draft report a few days ago we did not want to wait another COP cycle to make substantive changes related to the recommendations. The first was around targets and target-setting and the need for a clear and transparent understanding and dialogue in establishing targets. PEPFAR targets are not PEPFAR's, but flow directly from the UNAIDS Fast Track Strategy of 2016.

Since 2016, both the PEPFAR strategy and targets were directly derive from the global communities of UNAIDS, WHO, and specifically Heads of State in their commitment to SDG 3 and are aligned to support the country's specific ambition towards those goals.

The global community in 2015 through their Heads of State committed to achieving SDG 3.3 by 2030 which for HIV is ending the HIV/AIDS epidemic as a public health threat. This was

followed by a United Nations High Level Meeting on HIV/AIDS in June 2016, whereby these Heads of State committed to the 90/90/90 Fast Track Strategy. Essential to the strategy was 73% community viral load suppression (VLS) by 2020 and 86% community VLS by 2030 combined with increased prevention interventions and zero stigma and discrimination to ensure all ages, genders and risk groups have access to life saving prevention and treatment services.

Also, in 2016, 22 PEPFAR-supported high HIV burden countries committed to the three Frees of Start Free, Stay Free, AIDS Free with 2020 targets of a decrease in new infections in children to 20,000, 85% of pregnant women on ART, AGYW new infections to < 100,000, 90% of children on ART and 25 million VMMC's. Since 2016 PEPFAR and the GF resources have been focused on achieving these global goals that have been translated to each country by UNAIDS and subsequently supported financially and technically by the PEPFAR family.

Since 2016, PEPFAR has utilized these global commitment targets as PEPFAR targets with the commensurate increased funding to countries in 2016, 2017, and 2018 to achieve the goals set out by the Heads of State. Many countries have made tremendous progress towards these targets and others need to accelerate. Vietnam is on track to achieve the 2020 and 2030 goals. Over the past 4 years, PEPFAR resources were allocated based on need, performance, and specifically on the country's and communities' desire to achieve the SDG, Fast Track Strategy, and Three Free goals and country specific targets.

Based on the OIG recommendation, S/GAC will take a different approach this year to target-setting. Our collective hope is that together we use this moment of reflection on progress and challenges along with the realization that the end of 2020 is only 11 months away to address these overarching challenges this year through COP 2019 implementation and use COP 2020 to maintain our progress, address any ongoing challenges and finally fund ambition for greater impact. Thus, S/GAC will not assign targets to countries but only provide notional budget levels. After the PEPFAR country team submits their targets the notional budget will then be adjusted to the presented level of ambition. Additional funding is available as ambition funding for treatment.

The PEPFAR Country/Regional Operational Plan (COP/ROP 2020) notional budget is \$40,000,000 inclusive of all new funding accounts and applied pipeline and reflects the following:

1. Sustaining the gains in treatment services based on your projected COP 2019 treatment result (FY2020 treatment current funded in COP19) \$16,650,000
 - a. The care and treatment budget is determined by all of your FY18 C/T expenditure services and commodities (no RTK commodities), including all aspects of the health system inclusive of human resources, laboratory and systems, commodities (exclusive of RTKs), an upward adjustment from FY19 treatment current to the FY2020 treatment current fully burdened cost of treatment services and commodities, and 100% of partner program management costs and data needs
 - b. This Budget is broken down by

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- i. Care and Treatment services including partner program management costs, FY2020 upward adjustment, EMR and data with surveillance, recency \$10,400,000
 - ii. TB preventive treatment \$900,000
 - iii. For earmark purposes 50% of M/O costs \$5,350,000
2. Continued expansion of Key Populations prevention and expansion of PrEP depending on country submitted targets
 - a. Key Population (non-treatment, MAT, RTKs) \$15,000,000
 - b. PrEP total: \$3,000,000
3. Remaining 50% M/O based on COP19 \$5,350,000

Total COP2020 notional budget of \$40,000,000 (comprised of \$33,096,946 new funding and \$6,903,054 pipeline).

Teams will develop their own targets across PEPFAR program areas described above, with the treatment current target no less than the result that was to be achieved in COP 2019. For PrEP, KP programming, and Preventive TB develop targets consistent with the level of budgets. Again, the team has received a notional budget as noted above and a final budget approval will be contingent on the team's desired targets. As always funding is associated with a performance target that will be achieved with those resources. Targets and the subsequent approved budget should reflect the level of ambition the PEPFAR team in collaboration with the Government of Vietnam and civil society of Vietnam believes is critical for the country's progress towards controlling the pandemic and maintaining that control.

Additionally, country teams and specifically agencies independently can request additive ambition funds in the OU FAST to be submitted, based on their stated increased ambition in Treatment with commensurate increased partner level targets. This funding is available to agency partners with the highest performance with evidence that they are addressing the one of the critical gaps outlined above. Budget requests must be consistent with the cost of expanded targets and address one of the gaps in programming #3-5 above. These requests should be discussed with the S/GAC chair and PPM during the January strategy retreat and tentatively approved and be submitted with the DataPack and FAST tool. The final budget and associated country level targets will be discussed and approved during the Johannesburg meeting.

We are hoping this new approach to target-setting and budget will establish an open dialogue on target-setting and empower teams to work with all stakeholders to plan a strategic and impactful COP. The expectation is for country teams and agencies to propose to S/GAC the targets they believe are achievable and feasible and hold their partner's accountable to that achievement. In addition, this new approach to target-setting gives high performing partners and agencies with additional aspirations the opportunity to do more to achieve even greater impact with additional ambition resources.

In the next 48 hours, more detailed descriptions of OU's programmatic successes and challenges will be conveyed to your wider PEPFAR team by the S/GAC Chair and PPM in a phone call, after which the detailed planning level letter will be immediately released.

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Again, thank you for your work and we are looking forward to working with you to achieve your Fast Track Strategy and ultimately the SDG 3.3 goal.

Together we can.

Deborah Birx

Subject to COP Development and Approval