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INFORMATION MEMO FOR AMBASSADOR STEPHANIE SULLIVAN, WEST AFRICA REGION

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

SUBJECT: FY 2020 PEPFAR Planned Country Allocation and Strategic Direction

Dear Ambassadors and Deputy Chiefs of Mission:

First, I wanted to personally thank all of the Ambassadors and the Deputy Chiefs of Mission in the West Africa Region for your dedication to PEPFAR and achieving the most possible with the taxpayer dollars. The ability to translate these dollars into effective and impactful programming has and continues to be core to our success. The West Africa Regional PEPFAR team is extraordinary, and we are fortunate to witness their passion and compassion every day of the year. We know you recently came together to support one another in addressing the HIV epidemics in each of our countries and we already see evidence of early progress.

In the West Africa Regional Program, the sharing of expertise and experience by the USG agencies operating in the former PEPFAR STAR and F-Op countries of West Africa – as envisioned by the regional realignment that began in late 2018 – has largely been very successful, as evidenced by the programmatic pivots and improvements in efficiency and effectiveness that have occurred over the past year. Further interagency collaboration should continue to improve PEPFAR program performance in the West Africa Region. In this regard, beginning with ROP20, we are pleased that the U.S. Health Resources and Services Administration (HRSA) will join the West Africa ROP; HRSA currently conducts HIV/AIDS activities in Liberia and Sierra Leone under PEPFAR central funds.

We note and applaud the significant improvements achieved on adoption and implementation of PEPFAR's COP19 minimum program requirements (MPRs) in the West Africa Region over the past year, notably in the areas of contact tracing, unique identifier codes (UICs), transition to TLD, and multi-month ARV dispensing (MMD). However, implementation of the MPRs beyond PEPFAR sites generally lags behind the high level of implementation at PEPFAR sites, and PEPFAR teams must continue to encourage and ensure adoption and implementation with fidelity of the MPRs across each country.

Region-wide, while there has generally been mixed improvement over the past year in the national clinical cascades and the number of PLHIV on treatment has mostly improved, the overall cascades remain highly concerning, especially in the first and third 90s. Burkina Faso,

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Senegal, and Togo are making progress toward epidemic control, while Ghana's progress on reducing new infections and deaths of PLHIV has stalled and new infections in Mali are rapidly increasing (AIDS Info 2018). Testing yields and linkage to treatment, while improved, generally have room for significant enhancement. In ROP20, closing the gaps at all levels of the clinical cascade must be a priority. All countries must continue scaling client-centered approaches, such as use of peer navigators and case managers, to improve testing yield, linkage to treatment, and retention. Continued improvements in contract tracing is key, and loss-to-follow-up (LTFU) must be minimized. VL/EID optimization, supply chain management, and national monitoring and evaluation systems must be intensified, and increased domestic investments in these and other areas must be encouraged.

Together with the Governments in the region and civil society leadership we are making progress 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 the Region. 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 related to controlling the HIV/AIDS epidemic:

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 on the best treatment regimens and virally suppressed

In a recent Office of Inspector General audit around PEPFAR coordination, there were four preliminary recommendations based on their discussions with PEPFAR staff in the field from four countries, three of which are relevant to this Country/Regional 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/ROP 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 derived from the global communities of UNAIDS, WHO, and specifically Heads of State in their commitment to SDG 3 and are aligned to support the countries' specific ambitions 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 VMMCs. Since 2016, PEPFAR and the Global Fund 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. As a Region, most of the countries in West Africa are behind and need to accelerate, while others have shown great progress and we are learning from these countries in the Region as they show us the pathway to success of controlling the HIV epidemic in their countries.

Over the past 4 years, PEPFAR resources were allocated based on need, performance, and specifically on the countries' and communities' desire to achieve the SDG, Fast-Track Strategy, and Three Free goals and country-specific targets. Based on the OIG recommendations, 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/ROP 2019 implementation and use COP/ROP 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 Regional team submits their targets, the notional budget will then be adjusted to the presented level of ambition.

The PEPFAR West Africa Regional Operational Plan (ROP 2020) notional budget is **\$48,336,389**, inclusive of all new funding accounts and applied pipeline and reflects the following:

1. Sustaining the gains in treatment services based on your projected ROP 2019 treatment result (FY2020 treatment current funded in ROP19)
2. Ensuring access to prevention services
3. Continued implementation of Game-Changer Year 2 funds in Burkina Faso and Togo

The total West Africa ROP 2020 notional budget of \$48,336,389 is comprised of \$38,366,068 new (including \$7,063,568 in Year 2 Game-Changer Funds) and \$9,970,321 in applied 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 ROP 2019. Testing should be consistent with any targets above FY2020 treatment current and KP programming.

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 of the PEPFAR team in collaboration with the Host Governments and civil society of the Region.

Ambition Funds: \$15,000,000 has been set aside as one-year ROP20 Ambition Funds for the PEPFAR Regional Programs (Asia, Western Hemisphere, and West Africa). Within the West Africa Regional Program, Liberia, Mali, and Senegal shall be eligible for these Ambition Funds. Country teams, including agencies independently, can request a portion of these Ambition Funds, additive to the ROP20 notational budget, by submitting a request to OGAC by February 4, 2020. More details on eligibility and how to apply for Ambition Funds is forthcoming from OGAC. Approved projects will be included in the draft OU FAST to be submitted prior to the Johannesburg ROP20 meeting, based on their stated increased ambition in Treatment/Prevention, with commensurate increased partner-level targets. Eligibility will apply only to 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 2-5 above. These requests should be discussed with the S/GAC Chair and PPM during the January Regional Strategic Retreat and tentatively approved and be submitted with the DataPack and FAST. 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 ROP. The expectation is for country teams and agencies to propose to S/GAC the targets they believe are achievable and feasible, while holding their partners accountable for 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 resources currently not programmed for ROP 2020.

In the next 48 hours, more detailed descriptions of the West Africa Region'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. 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