PART 2

INFORMATION MEMO FOR:
AMBASSADOR SCOTT MARCIEL, BURMA
AMBASSADOR PATRICK MURPHY, CAMBODIA
AMBASSADOR KENNETH I. JUSTER, INDIA
AMBASSADOR JOSEPH R. DONOVAN, JR., INDONESIA
AMBASSADOR WILLIAM H. MOSER, KAZAKHSTAN
AMBASSADOR DONALD LU, KYRGYZ REPUBLIC
AMBASSADOR RENA BITTER, LAOS
AMBASSADOR RANDY BERRY, NEPAL
AMBASSADOR ERIN ELIZABETH-MCKEE, PAPUA NEW GUINEA
AMBASSADOR JOHN M. POMMERSHEIM, TAJIKISTAN
CHARGÉ MICHAEL HEATH, THAILAND

FROM: **S/GAC – Erin Eckstein, Vamsi Vasireddy, Farah Chery-Medor (Co-Chairs), Jackson Booth (PPM)**

SUBJECT: **Fiscal Year (FY) 2020 PEPFAR Planned Allocation and Strategic Direction**

With input from the field teams through the quarterly POARTS and from Headquarters Country Accountability and Support Teams, we have thoroughly reviewed progress of the program in your country over time and specifically the end of year results of the Country Operational Plan (ROP) 2018 and current ROP 2019 implementation as we plan for ROP 2020. We have noted the following key successes and specific areas of concern:

Regional Successes:

- **Coalescing as a region**: As of ROP 19, the Asia Region now includes: Burma, Cambodia, India, Indonesia, Kazakhstan, Kyrgyzstan, Laos, Nepal, Papua New Guinea, Tajikistan, and Thailand. Through the PEPFAR Asia Coordination Unit (PARCU) in Bangkok, countries are strategizing to share technical and programmatic expertise throughout the region.
- **Strengthened coordination with The Global Fund**: The PEPFAR Asia Region is strengthening its coordination with The Global Fund and other multilaterals to both understand and respond to the HIV epidemic in the region most effectively.

Regional Challenges:

- **Variable achievement across the region**: Countries throughout the Asia Region demonstrate differing results on key program indicators and UNAIDS 90-90-90 goals. While some countries have reached or nearly reached epidemic control, others remain very far behind.
- **Retention**: The Asia region continues to struggle with maintaining clients on treatment once they have been initiated.

- **Stigma and discrimination**: Stigma and discrimination among key populations (especially MSM, TGW, PWID) remain key barriers for clients accessing services.

SECTION 1: ROP 2020 PLANNING LEVEL

Based upon current analysis of spend levels, information submitted for the End-of-Fiscal Year 2019 (EOFY) tool, and performance data, the total COP/ROP 2020 planning level is comprised as follows: Note – all pipeline numbers were provided and confirmed by your agency.

Table 1. ROP 2020 Budget

TABLE 1: All COP 2020 Funding by Fiscal Year

OU Total	Bilateral				Central	TOTAL
	FY20	FY19	FY17	Unspecified	Unspecified	TOTAL
Total New Funding	$ 69,083,945	$ -	$ -			$ 69,083,945
GHP-State	$ 63,683,637	$ -	$ -			$ 63,683,637
GHP-USAID	$ -	$ -	$ -			$ -
GAP	$ 5,400,308	$ -	$ -			$ 5,400,308
Total Applied Pipeline		$ 25,000,000		$ 9,916,055	$ 3,497,427	$ 38,413,482
DOD				$ -	$ -	$ -
HHS/CDC		$ 7,965,954		$ 2,657,187	$ -	$ 10,623,141
HHS/HRSA		$ 1,550,000		$ 55,485	$ -	$ 1,605,485
PC				$ -	$ -	$ -
State				$ -	$ -	$ -
USAID		$ 15,484,046		$ 7,203,383	$ 3,497,427	$ 26,184,856
TOTAL FUNDING	$ 69,083,945	$ 25,000,000	$ -	$ 9,916,055	$ 3,497,427	$ 107,497,427

TABLE 1a: Asia ROP 2020 Country Allocation

COP 20	Asia Region TOTAL ROP 2020 Planing Level: $107,497,427			
	ROP Base (Bilateral) [new + applied pipeline]	ASAP Year 2 (Bilateral)	KPIF Year 2 (Central)	Total ROP 20 Fundng
Total	**$ 79,000,000**	**$ 25,000,000**	**$ 3,497,427**	**$ 107,497,427**
Burma	$ 11,500,000	$ -	$ 1,000,000	$ 12,500,000
Cambodia	$ 7,400,000	$ -	$ -	$ 7,400,000
India	$ 16,000,000	$ 11,000,000	$ -	$ 27,000,000
Indonesia	$ 5,700,000	$ 8,595,000	$ -	$ 14,295,000
Kazakhstan	$ 3,400,000	$ -	$ -	$ 3,400,000
Kyrgyzstan	$ 3,900,000	$ -	$ -	$ 3,900,000
Laos	$ 2,000,000	$ -	$ -	$ 2,000,000
Nepal	$ 4,700,000	$ -	$ -	$ 4,700,000
Papua New Guinea (PNG)	$ 4,300,000	$ 895,000	$ -	$ 5,195,000
Philippines	$ -	$ 4,510,000	$ -	$ 4,510,000
Tajikistan	$ 3,900,000	$ -	$ -	$ 3,900,000
Thailand	$ 13,200,000	$ -	$ 1,500,000	$ 14,700,000
Asia Region (PARCU)	$ 3,000,000	$ -	$ 997,427	$ 3,997,427

SECTION 2: ROP 2020 BUDGETARY REQUIREMENTS

Countries in the Asia regional Program should plan according to earmarks across all funding sources. These earmark levels on new funding are subsets of those amounts that must be programmed with specific types of funding due to Congressional requirements. The full amount programmed across all sources will be visible in the FAST.

Table 2: ROP 2020 Earmarks

TABLE 2: COP 2020 Earmarks by Fiscal Year

Earmarks	COP 2020 Planning Level			
	FY20	FY19	FY17	Total
C&T	$ 30,000,000	$ -	$ -	**$ 30,000,000**
OVC	$ -	$ -	$ -	**$ -**
GBV	$ -	$ -	$ -	**$ -**
Water	$ -	$ -	$ -	**$ -**

** Countries should be programming to levels outlined in Part 1 of the COP 2020 Planning Level Letter. These earmark controls above represent the **minimum** amounts that must be programmed in the given appropriation year.*

Table 3. COP 2020 Initiative Controls

TABLE 3: All COP 2020 Initiative Controls

	COP 20 Total
Total Funding	$ 107,497,427
VMMC	$ -
Cervical Cancer	$ -
DREAMS	$ -
HBCU Tx	$ -
COP 19 Performance	$ -
HKID Requirement	$ -
KPIF	$ 3,497,427
Acceleration 20 (ASAP)	$ 25,000,000
Core Program	$ 79,000,000

SECTION 3: PAST PERFORMANCE – COP/ROP 2018 Review

Table 4. ROP OU Level FY19 Program Results (COP/ROP18) and FY20 Targets (ROP19)

BURMA			
Indicator	**FY19 target (ROP18)**	**FY19 result (ROP18)**	**FY20 target (ROP19)**
TX Current Adults	**5,595**	**8,376**	**10,405**
TX New Adults	**2,747**	**2,936**	**3,483**
LAOS			
Indicator	**FY19 target (ROP18)**	**FY19 result (ROP18)**	**FY20 target (ROP19)**
TX Current Adults	**2.090**	**781**	**5,655**
TX New Adults	**742**	**363**	**317**

INDIA			
Indicator	FY19 target (ROP18)	FY19 result (ROP18)	FY20 target (ROP19)
TX Current Adults	200,979	193,254	204,889
TX New Adults	20,864	22,510	23,934
OVC_HIVSTAT	20,225	6,981	10,967

THAILAND			
Indicator	FY19 target (ROP18)	FY19 result (ROP18)	FY20 target (ROP19)
TX Current Adults	9,261	44,608	44,246
TX New Adults	3,523	5,169	5,208
PrEP New	2,393	4,155	5,299
PrEP Curr	NA	5,301	6,713

KAZAKHSTAN			
Indicator	FY19 target (ROP18)	FY19 result (ROP18)	FY20 target (ROP19)
TX Current Adults	4,464	3,419	3,223
TX New Adults	2,161	1,182	346

TAJIKISTAN			
Indicator	FY19 target (ROP18)	FY19 result (ROP18)	FY20 target (ROP19)
TX Current Adults	4,365	3,579	7,041
TX New Adults	1,847	774	2,899

KYRGYZ REPUBLIC			
Indicator	FY19 target (ROP18)	FY19 result (ROP18)	FY20 target (ROP19)
TX Current Adults	4,038	2,671	5,219
TX New Adults	1,693	572	1,385

PNG			
Indicator	FY19 target (ROP18)	FY19 result (ROP18)	FY20 target (ROP19)
TX Current Adults	9,803	4,280	4,980
TX New Adults	1,668	1,219	382

INDONESIA			
Indicator	FY19 target (ROP18)	FY19 result (ROP18)	FY20 target (ROP19)
TX Current Adults	14,751	17,704	14,751
TX New Adults	5,582	4,705	821

Table 5. COP/ROP 2018 | FY 2019 Agency-level Outlays versus Approved Budget

Asia Region	-	1,027,224	(1,027,224)
HHS/CDC	-	-	-
HHS/HRSA	-	-	-
USAID	-	1,027,224	(1,027,224)
Asia Regional Program	14,910,542	12,078,571	2,831,971
HHS/CDC	8,813,516	6,628,834	2,184,682
HHS/HRSA	40,000	16,574	23,426
USAID	6,057,026	5,433,163	623,863
Burma	9,912,071	8,628,215	1,283,856
HHS/CDC	3,468,040	3,155,562	312,478
USAID	6,444,031	5,472,653	971,378
Cambodia	9,641,400	8,266,369	1,375,031
HHS/CDC	4,755,491	4,422,469	333,022
HHS/HRSA	-	4,572	(4,572)
USAID	4,885,909	3,839,328	1,046,581
Central Asia Region	15,072,658	16,497,405	(1,424,747)
HHS/CDC	7,457,658	9,379,801	(1,922,143)
State	160,000	120,031	39,969
USAID	7,455,000	6,997,573	457,427

India	22,404,726	19,797,760	2,606,966
HHS/CDC	10,047,185	10,671,955	(624,770)
HHS/HRSA	1,200,000	607,123	592,877
USAID	11,157,541	8,518,682	2,638,859
Indonesia	8,962,218	8,627,184	335,034
DOD	300,000	345,731	(45,731)
USAID	8,662,218	8,281,453	380,765
Kazakhstan	-	1,757,646	(1,757,646)
HHS/CDC	-	-	-
USAID	-	1,757,646	(1,757,646)
Kyrgyzstan	-	2,568,072	(2,568,072)
HHS/CDC	-	-	-
USAID	-	2,568,072	(2,568,072)
Laos	-	-	-
HHS/CDC	-	-	-
USAID	-	-	-
Nepal	-	2,675,350	(2,675,350)
USAID	-	2,675,350	(2,675,350)
Papua New Guinea	5,900,105	5,047,326	852,779
HHS/CDC	1,794,119	1,489,538	304,581
HHS/HRSA	135,000	161,496	(26,496)
State	-	-	-
USAID	3,970,986	3,396,292	574,694

Tajikistan	**-**	**2,509,630**	**(2,509,630)**
HHS/CDC	**-**	**-**	**-**
USAID	**-**	**2,509,630**	**(2,509,630)**
Thailand	**-**	**-**	**-**
HHS/CDC	**-**	**-**	**-**
USAID	**-**	**-**	**-**
Grand Total	**86,803,720**	**89,480,752**	**7,860,890**

Note the outlay overages for Central Asia (Kazakhstan, Tajikistan, and Kyrgyzstan) and the Old Asia Region (Thailand and Laos) and Nepal are not overages. Given the regionalization in 2019, Central Asia and the old Asia region no longer exist and all countries should be understood as part of the new Asia Regional Program

*Note outside of the overages for Central Asia standalone countries which account for the old Central Asia Region as well as Thailand, Laos, and Nepal, the Central Asia Program (currently operating) was $1,424,747 over outlayed while the rest of the countries collectively under outlayed $9,285,637, thus resulting in a grand total of $7,860,890

Table 6. COP/ROP 2018 | FY 2019 Implementing Partner-level Outlays versus Approved Budget

OU	Mech ID	Prime Partner	Funding Agency	COP/ROP18/FY19 Budget (New funding + Pipeline + Central)	Actual FY19 Outlays ($)	Over/Under FY19 Outlays (Actual $ - Total COP/ROP18 Budget $)
Burma	18193	Chemonics International, Inc.	USAID	607,867	7,869	599,998
Cambodia	18633	FHI Development 360 LLC	USAID	2,582,747	1,832,793	749,954
Central Asia Region	17565	Columbia University	HHS/CDC	3,105,723	5,499,031	(2,393,308)
India	16599	Voluntary Health Services	HHS/CDC	428,903	1,000,000	(571,097)
India	16580	CHRISTIAN MEDICAL ASSOCIATION OF INDIA	HHS/CDC	200,000	1,087,607	(887,607)
India	18167	UNIVERSITY OF WASHINGTON	HHS/HRSA	1,200,000	607,123	592,877
India	18593	Johns Hopkins University, The	USAID	2,000,000	621,056	1,378,944

India	17339	FHI Development 360 LLC	USAID	6,900,000	6,260,590	639,410
Indonesia	80048	ThinkWell, LLC	USAID	500,000	-	500,000
Kazakhstan	100176	Population Services International	USAID	-	583,112	(583,112)
Kyrgyzstan	100177	Population Services International	USAID	-	1,973,706	(1,973,706)
Nepal	81308	FHI Development 360 LLC	USAID	-	2,521,825	(2,521,825)
Papua New Guinea	18518	Family Health International	USAID	3,147,168	2,597,682	549,486
Tajikistan	100178	Population Services International	USAID	-	2,070,891	(2,070,891)

Table 7. COP/ROP 2018 | FY 2019 Results & Expenditures

OU	Indicator	FY19 Target	FY19 Result	% Achievement	Program * Classification	FY19 Expenditure	% Service Delivery
Burma	HTS_TST	25,249	**39,582**	156.8%	HIV Testing	$1,138,785	34%
	HTS_TST_POS	3,789	**4,780**	126.2%			
	TX_NEW	2,747	**2,936**	106.9%	Care & Treatment	$1,151,473	36%
	TX_CURR	5,595	**8,376**	149.7%			
				Above Site Programs		$2,131,301	
				Program Management		$946,156	
Cambodia	HTS_TST	n/a	n/a	n/a	HIV Testing	$975,379	0%
	HTS_TST_POS	n/a	n/a	n/a			
	TX_NEW	n/a	n/a	n/a	Care & Treatment	$127,907	0%
	TX_CURR	n/a	n/a	n/a			
				Above Site Programs		$2,554,586	
				Program Management		$1,130,231	
India	HTS_TST	220,845	**132,095**	59.8%	HIV Testing	$1,828,950	26%
	HTS_TST_POS	2,866	**3,491**	121.8%			
	TX_NEW	20,864	**22,510**	107.9%	Care & Treatment	$5,358,620	12%
	TX_CURR	200,979	**193,254**	96.2%			
				Above Site Programs		$2,424,602	
				Program Management		$3,032,615	
Indonesia	HTS_TST	61,939	**379,868**	613.3%	HIV Testing	$1,398,385	100%
	HTS_TST_POS	6,202	**5,409**	87.2%			

	TX_NEW	5,582	**4,785**	84.3%	Care & Treatment	$2,363,668	75%
	TX_CURR	14,751	**17,704**	120%			
				Above Site Programs		$2,718,585	
				Program Management		$3,531,886	
Central Asia Region (Includes: Kazakhstan, Kyrgyzstan, and Tajikistan)	**HTS_TST**	646,692	**619,848**	104.1%	HIV Testing	$1,827,733	82%
	HTS_TST_POS	4,644	**3,659**	163.5%			
	TX_NEW	5,701	**2,528**	54.7%	Care & Treatment	$2,619,623	72%
	TX_CURR	12,867	**9,669**	76.6%			
				Above Site Programs		$1,817,104	
				Program Management		$2,751,916	
Asia Regional Program (Includes: Thailand and Laos)	**HTS_TST**	49,652	**140,109**	94%	HIV Testing	$2,639,486	59%
	HTS_TST_POS	4,129	**6,294**	61.4%			
	TX_NEW	4,265	**5,532**	48.9%	Care & Treatment	$2,220,370	58%
	TX_CURR	11,351	**45,389**	37.4%			
				Above Site Programs		$2,746,909	
				Program Management		$2,387,004	
Nepal	**HTS_TST**	n/a	n/a	n/a	HIV Testing	n/a	n/a
	HTS_TST_POS	n/a	n/a	n/a			
	TX_NEW	n/a	n/a	n/a	Care & Treatment	n/a	n/a
	TX_CURR	n/a	n/a	n/a			
				Above Site Programs			
				Program Management			
PNG	**HTS_TST**	26,235	**21,481**	81.9%	HIV Testing	$211,090	0%
	HTS_TST_POS	1,419	**1,045**	73.6%			
	TX_NEW	1,668	**1,219**	73.1%	Care & Treatment	$300,916	27%
	TX_CURR	9,803	**4,280**	43.7%			
				Above Site Programs		$1,505,932	
				Program Management		$807,459	

COP/ROP 2018 | FY 2019 Analysis of Performance, Successes and Challenges

Burma:

- PEPFAR Burma's only service-delivery partner has historically and reliably achieved or exceeded targets
- Linkage is estimated at less than 70% among rural PWID; SIMS scoring reveals need for improvement in referral systems/protocols

- VL coverage increasing in PEPFAR sites and nationally, but remains a significant challenge
- Retention challenges and patient loss noted in FY 19 data;
- Most case finding modalities demonstrate high yields among KP; PrEP is rolling out with KPIF and ROP 19 funds; Relatively high volume of testing is in low yield modalities
- National program has demonstrated treatment coverage acceleration

Cambodia:

- Index case testing through Partner Notification Tracing and Testing (PNTT) is being implemented in all four PEPFAR provinces and 18 provinces nationally with OU-level yield of 38%.
- CamBlitz was a successful facility-level management strategy to identify and remove barriers to viral suppression.
- Above-site activities resulted in stronger domestic resource mobilization towards HIV/AIDS response.
- Implementation of recency testing is delayed and still in the protocol phase.
- The Sustainability Index Dashboard (SID) shows a decrease in domestic resource mobilization despite government of Cambodia's contribution remaining steady. This is due to gaps in resource execution.

India:

- Government of India approved same day initiation and working to scale-up index testing.
- PEPFAR India reduced over-testing and achieved their TX_NEW targets.
- While index testing has been initiated and achieved a yield of 44%, the percentage contribution of index POS to total POS is under 25% across many SNUs. The overall testing yield in Maharashtra and Andhra Pradesh is under 1%. In addition, yields across KP groups range from 3-9%, with the lowest yield among FSW (3%).
- Despite a 107% achievement on TX_NEW targets and 97% achievement on TX_CURR targets, PEPFAR India is experiencing client loss at multiple facilities. Client loss is particularly pronounced across males and females between 15 and 40 years of age.
- PEPFAR India has made considerable progress in viral load coverage, and a similar progression should happen in ROP20. Viral suppression needs to improve significantly, which can be addressed by rapidly transitioning eligible clients to dolutegravir-based regimens and strengthening client retention.

Indonesia:

- Progress made to improve political environment with adoption of all PEPFAR minimum requirements and development and endorsement of a national treatment acceleration plan; however, broad anti-LGBTI stigma and discrimination remain a concern
- Very low treatment coverage rates (19%) and high mortality rate (8%)

- Low VLS, high LTFU and lack of understanding of who is truly missing
- Role of CSOs remain unclear; no regulation mandating or encouraging CSO involvement in conducting oversight

Kazakhstan

- Domestic resources for HIV services do not cover current number of PLHIV (2020 purchase for 19,000 PLHIV versus 22,000)
- Lost to follow-up is a persistent issue, especially among males
- Retention and care services do not always optimally support KP, including PWID

Kyrgyz Republic

- Index Testing yields in Kyrgyzstan have improved
- Partner shift throughout the region will be implemented in ROP 19 to improve performance.
- In Kyrgyzstan, slow viral load scale-up and poor coverage in non-PEPFAR oblasts continues.
- In ROP 18, CDC's implementing partner, ICAP, underperformed in meeting its TX_NEW targets while expending 93% of its budget in this program area.

Laos

- Estimated 90% PLHIV have already been diagnosed with approximately 1,100 more PLHIV to find; however, index testing remains low and ART coverage lags
- Rising trend of new infections among MSM—32% of new HIV-infections, high LTFU among 20-49 years, delayed VL testing leading to overall low VL coverage
- Tier 3 TIP status restricted engagement and implementation of activities with government of Laos and CBOs, slowing progress towards key PEPFAR priorities in ROP 18

Nepal:

- Evidence of strong coordination with GoN, GF and other partners with shared goals to achieve national scale and saturation
- Plans for national PrEP scale up during ROP 19
- Plans for ROP 19 community-based ART expansion
- Testing yields have improved, but remain low
- VL coverage remains low

PNG:

- Index testing has begun
- FHI 360 underachieved targets across all major indicators

- Significant LTFU and retention challenges

Tajikistan

- Low testing yields throughout the country persist
- There is a great need for innovative approaches to meet the needs of PWID populations
- LTFU and retention challenges continue

Thailand

- Leading on PrEP, services for transgender populations, and financing of community/key populations-led health services
- In ROP 18, overall HIV incidence decreased, but incidence and prevalence remained high among key population—with an estimated 41% of new HIV infection occurring in MSM, TG, and male sex workers
- Critical gaps remain in prevention, case-finding among MSM & TG, SDART, lost to follow-up
- Low retention among some populations, including younger KPs, and viral load coverage

SECTION 4: ROP 2020 DIRECTIVES

The following section has specific directives for ROP 2020 based on program performance noted above. Please review each section carefully including the minimum program requirements and specific country directives.

All PEPFAR programs – bilateral, regional, and country pairs – are expected to have the following minimum program requirements in place no later than the beginning of COP/ROP 2019 implementation (FY 2020). Adherence to these policies and practices are essential to the success of all PEPFAR programs at the national, subnational, community, and service delivery levels. Evidence demonstrates that lack of any one of these policies/practices significantly undermines progress to reaching epidemic control and results in inefficient and ineffective programs.

For ROP 2020, the failure to meet any of these requirements may result in reductions to Asia Region's budget. (See Section 2.2. of COP Guidance)

Table 8. COP/ROP 2020 (FY 2021) Minimum Program Requirement

MPR	Burm	Kyrgyz Republi	Nepa	Tajikis	Thail	India	Indonesi a	Kazakhsta n	Laos	PNG	Cambo	Outstanding Issues Hindering Implementation
1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups, with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	Partial (linkage)	Partial (linkage)	Partial (linkage)	Partial (linkage)	Partial (linkage)	Partial (linkage)	Partial (both)	Partial (both)	Partial (linkage)	Partial (linkage)	Partial (linkage)	Test and Start has been adopted and implemented across the region. In most countries, linkage remains below 95%. Key challenges are the strength of referral/navigation systems across multiple donors/partners and stigma and discrimination against KP.
2. Rapid optimization of ART by offering TLD to all PLHIV weighing >30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children weighing >20kg, and removal of all nevirapine-based regimens.	partial	Partial	partial	Partial	partial	partial	Partial	Adopted	Partial	Partial	National	Almost all countries in the region have either already started TLD transition or will in early ROP 19 implementation. Challenges are with the pace and scale of implementation. Kazakhstan is facing pricing challenges.
3. Adoption and implementation of differentiated service delivery models, including six-month multi-month dispensing (MMD) and delivery models to improve identification and ARV coverage of men and adolescents.[1]	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Partial	adopted	Partial	The focus in ROP 19 was MMS. The key challenge is with national scale, with implementation currently occurring or planned for PEPFAR sites and geographies. The emphasis going forward should be on MMD and national
4. All eligible PLHIV, including children, should complete TB preventive treatment (TPT) by end of COP20, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.	partial	National	National	National	Partial	Partial	Partial	Adopted	Partial	National	Partial	Most countries in the region have seen policy adoption and implementation, but coverage is not yet national.
5. Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks.	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Partial	National	Not yet optimized	National	Many countries in the region are well short of 100% VL coverage. Turn around times are improving in many settings.
6. Scale up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological parent must be tested for HIV	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Adopted	Partial	Partial	Almost all countries in the region have begun training and implementation. Challenges are related to scale, strengthening elicitation skills of testers, addressing the specific conerns of KP, and ensuring consent, confidentiality and IPV assessment.
7. Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Partial	None	None	Partial	PrEP is in active implmentation in some countries, but in others is still in preparation or even advocacy phase. Challenges are related to scale and ensuring micro-targeting.
8. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV infection, 2) providing support and case management for vulnerable children and adolescents living with HIV 3) reducing risk for adolescent girls in high HIV-burden areas and for 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	India is the only country in the region with an OVC program. Its focus hsould remain on the children of key populations.

MPR	Burm	Kyrgyz Republi	Nepa	Tajikis	Thail	India	Indonesi a	Kazakhsta n	Laos	PNG	Cambo	Outstanding Issues Hindering Implementation
9. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer, PrEP and routine clinical services, affecting access to HIV testing and treatment and prevention	Partial	Partial	Partial	Partial	Partial	Partial	National	Partial	Partial	National	National	Note APR 18 data
10. OUs assure program and site standards are met by integrating effective quality assurance and Continuous Quality Improvement (CQI) practices into site and program management. CQI is supported by IP work plans, Agency agreements, and national policy	Partial	Not yet reviewed	Not yet reviewed	Not yet reviewed	partial	Not yet reviewed	Not yet reviewed	Not yet reviewed	partial	Not yet reviewed	partial	This is a new MPR for ROP 20. Some countries already have active CQI programs; others will need further evaluation and refinement.
11. Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and health care providers regarding U = U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.	Not yet reviewed	Not yet reviewed	partial	Not yet reviewed	Partial	Not yet reviewed	Not yet reviewed	Not yet reviewed	Not yet reviewed	Not yet reviewed	Not yet reviewed	This is a new MPR for ROP 20, and will need thorough review during March meeting in Bangkok.
12. Clear evidence of agency progress toward local, indigenous partner prime funding.	None	Partial	None	Partial	National	Partial	None	Partial	None	None	National	A number of countries and agencies do not yet have local partners as primes.
13. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended.	National	Partial	National	Partial	National	National	Partial	National	National	Partial	National	All countries have made some progress in this domain.
14. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	Partial	National	National	National	Partial	National	Partial	National	Partial	Partial	Partial	All countries have made some progress in this domain.
15. Scale-up of case-based surveillance and unique identifiers for patients across all sites.	Partial	Not yet reviewed	partial	Not yet reviewed	Partial	Partial	Partial	National	Partial	Partial	Partial	All countries have either scaled UICs or will do so in ROP 19. However, CBS planning and implementation should be a major focus going forward, especially in Tier 1 countries.

Note: late-breaking update to COP guidance halts index testing among key populations. S/GAC chairs and PPM will work with you on this guidance for Asia.

COP/ROP 2020 (FY 2021) Technical Directives
Regional Directives:

Tier 1: Sustain the Gains

Countries are at or near epidemic control and 90-90-90, or expected to be by the end of ROP 19; need to close remaining gaps, sustain epidemic control, distill lessons learned, and take on a leadership role in the region

- Work with UNAIDS and GFATM to develop sustainability plan
- Scale-up recency, PrEP, and CBS

- Support and/or institutionalize CSOs to become social enterprises in order to deliver quality HIV/AIDS services, including KP-friendly services.
- Empower these countries to become regional TA providers
- Ensure adherence to PEPFAR's COP 20 Guidance (Section 2.3.2) on Case-Finding Approaches, though considering halt on index testing noted above; countries in this Tier are anticipated to reach 80% treatment coverage by the beginning of ROP 20
- Re-evaluate strategy and performance in FY 20 Q2, considering ROP 19 acceleration funds

***Countries*: Burma, Cambodia, Kyrgyz Republic, Nepal, Tajikistan, Thailand**

Tier 2: Accelerate and Achieve
Countries are not at epidemic control, but opportunities exist to make progress in ROP 20

- Strengthen national systems and services for KP case management, SDART, 6 MMD, and VL coverage
- Ensure high yield KP case finding strategies, including social network and self-testing
- Institutionalize MPRs, including PrEP, recency, and CBS
- Support KP CSO-led service delivery and monitoring mechanisms
- Re-evaluate strategy and performance in FY 20 Q2

***Countries*: India, Laos**

Tier 3: Maintenance/Protect the Investment
Despite substantial investments by PEPFAR and others, historical challenges in achieving UNAIDS 90-90-90 benchmarks

- Develop sustainability plan
- Service delivery focuses on retention
- Re-evaluate strategy and performance with ASAP in FY 20 Q2

***Countries:* Kazakhstan, Indonesia, and PNG**

Country-Specific Directives
Burma

- Significantly reduce PITC and ensure PITC testing is targeted and risk-based; should achieve minimum 10% yield
- Recency in infant stages; ROP 19 is focused on advocacy, TA, and training; scale in only 1 SNU; ROP 20 should ensure further scale
- National TA focus for ROP 19 is on MMS; need to further scale and focus on MMD
- VLC still largest gap; acceleration planned in ROP 19; ROP 20 activities should aim for 100% coverage and 95% VLS nationally
- Along with UIC scaling, ensure there is a robust partner-wide patient case/management/support/tracking strategy and associated SOPs

- Multilateral deep dive country: need to ensure coordinated planning and messaging with GFATM and UNAIDS
- Ensure completion of PLHIV Stigma Index 2.0 (1.0 last done in 2016)
- Continue to monitor site performance where HCW sensitization is rolled out; scale at national level
- Deep dive on declining SID scores in Laboratory and Supply Chain given PEPFAR investments

Cambodia:

- Immediately approve recency testing and initiate rapid implementation
- Case based surveillance should be implemented in ROP19 and scaled up in ROP20.
- Strengthen CSO-led service delivery by capacitating CSOs to become social enterprises.
- Working closely with Government of Cambodia and GFATM, strengthen budget execution at the national and sub-national levels.
- Develop and implement a plan to sustain the gains made towards epidemic control.

India:

- Same day ART initiation and 6-month dispensing should be scaled up in FY20 with monthly benchmarks and monitoring of commodity distribution.
- PrEP and Community dispensing of ARVs should be initiated in ROP19 with scale-up in ROP20
- Surge activities in Andhra Pradesh and Telangana should be managed with clear weekly/ monthly benchmarks. A phased/ tiered strategy should be adopted based on TX_CURR
- Scale-up VL coverage with a target of at least 80% coverage for the surge states by ROP19 and achieve 100% coverage in ROP20.
- Agencies should strive for one agency/ partner per SNU strategy by the end of ROP19/ FY20
- The OVC_SERV achievement for OVC beneficiaries under age 18 was 31% in India for FY19. All agencies and implementing partners should work to improve the OVC_SERV achievement to 90% or higher

Indonesia

- Need for more aggressive site-level TX milestones (from 19% to 50% in 12 months and 80% by 2022)
- Expand partnerships with civil society/greater community-based engagement
- Sustained and coordinated high-level engagement with GOI, multilaterals (GFATM) and USG agencies to address key barriers to HIV services in Jakarta.
- Work aggressively to scale VL coverage
- Develop sustainability plan
- Institutionalize MPRs

Kazakhstan

- TA to MOH to develop guidelines and SOPs for self-testing, and PrEP
- TA to improve and decentralize commodities planning, and support access to lower-cost commodities
- Support policy change to prioritize social contracting for KP HIV services
- Provide TA to the govt. to implement SDART at scale
- TA to develop guidelines and SOPs for peer navigator and community-based linkage and adherence approaches, including formalizing roles for community providers
- TA to MoH to ensure full adoption and management of 6 MMD
- TA to MOH to implement LTFU approaches through community and facility-based interventions

Kyrgyz Republic

- Establish weekly/monthly targets with IPs to meet ROP 19 acceleration goals
- Analysis presented at March Bangkok meeting should detail needed revisions to ROP 19 targets given target achievement challenges in ROP 18 and
- Rigorous and frequent review of partner performance – link outlays to performance metrics
- MAT: focus on take home dosing, low-threshold intervention, referrals and coordination between AIDS Center and MAT sites
- Set benchmarks for government purchase of ART, with necessary support and provide TA to support supply chain forecasting and management
- Full implementation of SDART
- Strengthen nurse initiated and managed ART and peer consultant interventions to support linkage, ART retention and adherence
- Execute transition to TLD by FY20 Q4

Laos:

- Support recency testing policy and implementation
- Advocate for institutionalization and implementation of community-based screening and community-based ART dispensation
- Address linkage and retention; enhance case management training and coordination
- Institutionalize differentiated service delivery models with MMD for stable patients/PLHIV
- Integrate recency in high burden provinces.
- Support MMD implementation and monitoring; strengthen TLD transition nationally
- Support KP CSO-led service delivery and monitoring mechanisms

Nepal

- PrEP policy progress and commitments in F-OP 18 and continuing in ROP 19; PEPFAR has limited targets: need to ensure PrEP is saturating most at risk populations
- Improved yields since joining the region but need to eliminate lower yield strategies now and in ROP 20; eliminate the “general” modality. Further improve yields through KP-network based testing modalities

- ROP 19 features PEPFAR-supported Community-based ART as part of the surge, a new activity for USAID/PEPFAR; team + partners need to ensure adequate processes are in place for tracking/documenting/remediating retention continuing in ROP 19 and for ROP 20
- Team reports 91% VLS among those tested, but testing coverage remains low. ROP 19: TA to optimize VL testing network & address bottlenecks including shortage of machines (purchase, coordinate w/TB Genexpert machines in isolated areas, repair/maintain, advocate to address sub-optimal use); ROP 20 benchmark is for all eligible PLHIV to have access to VL test
- Nepal has shown high collaboration with GF in jointly developing service packages; concur with agency recommendation to support harmonized UIC, DHIS2 system; focus on CBS. Identify appropriate partner as necessary.

PNG

- ROP 20 funds to focus on supporting ASAP with critical above site and M&O, further focus on retention
- Support national scale of index and recency
- Close monitoring of TLD transition and commodities
- Deep dive on ongoing above site LTFU activity (significant retention issues despite Table 6 investments)
- Develop game-changing VLC strategy

Tajikistan:

- Categorize the undiagnosed PLHIV
- Integration of community-based ART and HIV self-testing into supply chain
- TA to MOH to expand VLS approaches beyond PEPFAR SNUs (Q4 Results for PEPFAR SNUs is 83% VLS; National Results 51%)
- Establish weekly/monthly targets with IPs to meet ROP 19 acceleration goals
- Analysis presented at March Bangkok meeting should detail needed revisions to ROP 19 targets given target achievement challenges in ROP 18
- Develop a provider training package for advanced HIV
- In collaboration with GFATM, strengthen supply chain systems to improve quantification and forecasting
- Strengthen NIMART training and mentoring to improve nurse initiated and managed ART

Thailand:

- Strengthen case-based surveillance system for HIV performance, morbidity & mortality surveillance
- Accelerate PrEP services for the highest risk populations
- Institutionalize KP-led health services
- Continue to serve as regional resource providing technical expertise and support through targeted TA from local KP competent local organizations

- Expand index and recency testing in the 4 high burden provinces and BKK and leverage index testing to reengage long-term lost to follow-up.
- Enhance linkage to ART through scaling SDART
- Given achievements at local site levels, have CSOs take on direct program implementation and become primes
- Integrate HIV-self testing into current strategies
- Pivot to MMD for ROP20
- Monitor TLD transition nationally as well as scale up and monitor the 1 month short course TPT implementation

PARCU budget ($3M) should include:

- CODB costs for PARCU
- Travel and TA budget for regional distributed assets

COP/ROP 2020 Technical Priorities

Client Centered Treatment Services

ROP20 planning must specifically and thoroughly address the challenge of interrupted antiretroviral treatment and client loss, especially among young adults. Maintaining epidemic control, as measured by the proportion of PLHIV with viral suppression, will require long-term, continuous ART for a population that is often young and asymptomatic— and for whom HIV treatment is easily interrupted by drug side effects, inconvenience, lack of time, poor customer service, stigma and discrimination, or life circumstances. Maintaining long-term viral suppression necessitates planning and implementing services that are convenient and fit the lives of the clients, and make it easy for patients on ART to continue treatment. PEPFAR requires development and full implementation of key client-centered policies and practices at the site-level, including optimized treatment (dolutegravir-based therapy) and multi-month dispensing, convenient ARV pick-up arrangements, and community and client participation in design and evaluation of services.

Community-led Monitoring

In ROP 20, all PEPFAR programs are required to develop and support and fund a community-led monitoring activity through State Department Ambassador's small grants as the preferred mechanism in close collaboration with independent, local civil society organizations and host country governments. Collaboration with community groups, civil society organizations and patients/beneficiaries can help PEPFAR programs and health institutions diagnose and pinpoint persistent problems, challenges, and barriers to effective service and client outcomes at the site level.

Pre-Exposure Prophylaxis (PrEP)

Groups to be prioritized for PrEP include those testing negative but remaining at increased risk of HIV acquisition by virtue of unprotected exposure to a PLHIV with unsuppressed viral load, key populations including sex workers, men who have sex with men, transgender persons, people who use drugs, adolescent girls and young women, including pregnant and breastfeeding women,

in areas with high HIV incidence or with high risk partners, and other identified serodiscordant couples. (Groups will be tailored to country context).

TB Preventive Treatment (TPT)
TPT is considered routine HIV care, and all country programs must have offered TPT to all PLHIV on treatment by the end of ROP20.

OVC
To support the Minimum Program Requirement described above, in ROP 20 clinical sites and OVC implementing partners should jointly develop formal relationships, such as a memoranda of understanding (MOU), outlining the roles and responsibilities of each member of the multi-disciplinary care team and addressing key issues such as bi-directional referral protocols, case conferencing, shared confidentiality, and joint case identification. PEPFAR-supported treatment clinicians should play a key role in training OVC community case workers to build their knowledge in areas such as adherence, retention, and disclosure.

PLHIV Stigma Index 2.0
PEPFAR teams are required to either fund host country PLHIV network-led implementation of the revised Stigma Index 2.0, or complement Global Fund or other donors financing implementation of the Stigma Index 2.0, if it has not already been implemented in the OU. This revised U.S. government compliant version can begin the process of baseline data collection for evaluating the future impact of interventions on reducing stigma, and can inform future HIV program planning. If the revised Stigma Index 2.0 has not been previously conducted in the OU, then PEPFAR teams must work with UNAIDS, Global Fund or other donors to ensure its implementation during ROP 20, whether supported by PEPFAR or other resources.

ROP 2020 Stakeholder Engagement (see section 2.5.3 of COP Guidance)

Sustained control of the HIV/AIDS epidemic necessitates that PEPFAR teams actively and routinely coordinate and communicate with all partners, including local, regional and international civil society and community stakeholders, multilateral partners and the host country government. With your leadership, PEPFAR is leading the way in facilitating transparent processes and in sharing data and results. Continued meaningful engagement with these groups throughout the development and implementation of ROP 2020 remains a requirement for all PEPFAR programs, and as such the ROP 2020 process will engage with stakeholders early and frequently. This engagement specifically includes the sharing of FY 2019 Q4 and FY 2019 APR results and analyses and the convening of an in-country planning retreat with local stakeholders during the last two weeks of January 2020 in order to introduce and discuss all ROP 2020 tools, guidance, results and targets as well as the proposed trajectory and strategy for ROP 2020. It is critical that meaningful involvement of civil society and community input is solicited and incorporated in every step of the process. In alignment with sustained control of the epidemic, the intentional outreach and inclusion throughout this process of civil society and community organizations that directly work with key and priority populations should be a priority of the PEPFAR field team. The PEPFAR investments to support the national response must be planned intentionally with the Global Fund New Funding requests with teams demonstrating how

complementarity was achieved to ensure maximal impact on the HIV/AIDS epidemic is achieved.

In February and March 2020, PEPFAR will convene in-person meetings in Johannesburg, South Africa, Bangkok, Thailand, and Atlanta, GA where outstanding decisions will be discussed and finalized. In addition to host-country representatives, the meetings will also include representatives from local and international civil society and community organizations and multilateral partners. Specific guidance for the 2020 meeting delegations will be provided elsewhere. Engagement with all stakeholders is required beyond the meetings and throughout the ROP 2020 development and finalization process. As in ROP 2019, the draft Strategic Direction Summary (SDS) and Data Pack are required to be shared with stakeholders for their input and comments at least 72 hours prior to submission of these materials to the Embassy Front Office. Please refer to the ROP 2020 Guidance for a full list of requirements and engagement timelines.

APPENDIX 1: Detailed Budgetary Requirements

Table 9: Acceleration 20 Applied Pipeline

	COP 20
Total	$ 25,000,000

Table 10: Acceleration 20 (FY21) Applied Pipeline

COP 20	FY 2019		
	HHS/CDC	HHS/HRSA	USAID
Total	$ 7,965,954	$ 1,550,000	$ 15,484,046
India	$ 4,450,000	$ 1,550,000	$ 5,000,000
Indonesia	$ -	$ -	$ 8,595,000
Philippines	$ 3,515,954	$ -	$ 994,046
PNG	$ -	$ -	$ 895,000

ASAP YR 1 Funds (for reference only)

COP 19	FY 2019		
	HHS/CDC	HHS/HRSA	USAID
Total	$ 2,250,000	$ 4,226,546	$ 23,523,454
India	$ 2,250,000	$ 4,226,546	$ 6,023,454
Indonesia	$ -	$ -	$ 8,405,000
Philippines	$ -	$ -	$ 8,000,000
PNG	$ -	$ -	$ 1,095,000

Table 11: KPIF Central Applied Pipeline

COP 20	Unspecified
	USAID
Total	$ 3,497,427
Burma	$ 1,000,000
Thailand	$ 1,500,000
Asia Regional Program	$ 997,427

Table 12: Bilateral and Central Applied Pipeline

COP 20	Unspecified Applied Pipeline				Central Applied Pipeline
	DoD	HHS/CDC	HHS/HRSA	USAID	USAID
Total	**$ -**	**$ 2,657,187**	**$ 55,485**	**$ 7,203,383**	**$ 3,497,427**
Burma	$ -	$ -	$ -	$ 874,392	$ 1,000,000
Cambodia	$ -	$ 470,722	$ -	$ 452,221	$ -
India	$ -		$ 55,485	$ 1,257,038	$ -
Indonesia	$ -	$ -	$ -	$ 983,206	$ -
Kazakhstan	$ -	$ -	$ -	$ 563,635	$ -
Kyrgyzstan	$ -	$ -	$ -	$ 291,506	$ -
Laos	$ -	$ -	$ -	$ -	$ -
Nepal	$ -	$ -	$ -	$ 899,486	$ -
Papua New Guinea (PNG)	$ -	$ 254,152	$ -	$ 1,121,676	$ -
Philippines	$ -	$ -	$ -	$ -	$ -
Tajikistan	$ -	$ -	$ -	$ 760,223	$ -
Thailand	$ -	$ -	$ -	$ -	$ 1,500,000
Asia Regional Program	$ -	$ 1,932,313	$ -	$ -	$ 997,427

+++CDC Asia Regional Program unspecified applied pipeline can only be used for activities in Thailand or at the regional level

++DREAMS countries with GHP-USAID funding can use FY20 GHP-USAID funding to meet their FY20 HKID Requirement. These countries include: Kenya; Nigeria; South Africa; Tanzania; Uganda; and Zambia

<u>Care and Treatment</u>: If there is no adjustment to the COP/ROP 2020 new funding level due to an adjustment in applied pipeline, countries must program to the full Care and Treatment amount from Part 1 of the planning level letter across all funding sources. Additionally, due to Congressional earmarks, some of the care and treatment requirement must be programmed from specific funding sources, as indicated above in Table 2. Your care and treatment requirement for the purposes of Congressional earmarks is calculated as the sum of total new FY 2020 funding programmed to the HTXS, HTXD, HVTB, HBHC, PDTX, PDCS, HLAB budget codes, 80% of the total funding programmed to the MTCT budget code, and 50% of the total funding programmed to the HVCT budget code.

<u>Orphans and Vulnerable Children (OVC)</u>: Countries must program to the full OVC amount from Part 1 of the planning across all funding sources. Your OVC requirement is made up of the HKID Requirement (see details below) and 85% of the DREAMS non-HKID programmed funds for all new FY 2020 funds. Additionally, due to Congressional earmarks, some of the OVC requirement must be programmed from specific funding sources, as indicated above in Table 2. The COP 2020 planned level of new funds for the OVC earmark can be above this amount; however, it cannot fall below it.

Transitioning HIV Services to Local Partners: To sustain epidemic control, it is critical that the full range of HIV prevention and treatment services are owned and operated by local institutions, governments, and organizations – regardless of current ARV coverage levels. The intent of the transitioning to local partners is to increase the delivery of direct HIV services, along with non-direct services provided at the site, and establish sufficient capacity, capability, and durability of these local partners to ensure successful, long-term local partner engagement and impact. This action is a priority for all OUs, Regional Programs and Country Pairs.

*PEPFAR has set a 70% goal **by agency** by the end of FY20 and must meet 40% by FY19. Each country has to contribute to this goal based on the context of the local partner mix and types of public and private partners available to provide essential services. Therefore, each OU agency should work with their respective agency HQ in determining their contribution in meeting the agency level local partner requirement for FY20 as appropriate through their COP/ROP 2019 submission.*

COP/ROP 2020 Applied Pipeline (See Section 9.1.2 Applied Pipeline of COP Guidance)

All agencies in the Asia Region should hold a 4 month pipeline at the end of ROP 2020 implementation in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays (special notification countries should hold a 4 month pipeline). Any agency that anticipates ending ROP 2019 implementation (end of FY 2020) with a pipeline in excess of 3 months is required to apply this excessive pipeline to ROP 2020, decreasing the new funding amount to stay within the planning level.