



United States Department of State

Washington, D.C. 20520

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April 1, 2020

MEMO FOR CHARGE D’AFFAIRES DAVID YOUNG, U.S. ACTING CHIEF OF MISSION TO ZAMBIA

SUBJECT: PEPFAR Zambia Operational Plan 2020 Approval

This memo represents the successful completion of the PEPFAR Zambia Country Operational Plan (COP) 2020 planning, development and submission. PEPFAR Zambia, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2020 in alignment with the directives from the COP 2020 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval memo for the PEPFAR Zambia Country Operational Plan (COP) 2020 with a total approved budget of **\$438,658,883**, 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:

1. Overall Funding Table

Zambia	New Funding (all accounts)	Pipeline	Total Budget FY 2021 Implementation
Total Budget	414,855,015	23,803,868	438,658,883
Bilateral	414,855,015	23,803,868	438,658,883
Central	-	-	-

Approve a total FY 2021 outlay for COP 2020 implementation that does not exceed the total approved COP 2020 budget of **\$438,658,883**. Any prior year funds that are not included within this COP 2020 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 2021 without additional written approval. The new FY 2020 funding and prior year funds approved within this memo as a part of the total COP 2020 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 2021– must be submitted to and approved by S/GAC.

Approved funding will be made available to agencies for allocation to country platform to implement COP 2020 programming and priorities as outlined below and in the appendix.

Approved access will be made available for the Zambia PEPFAR program of up to \$2,056,018 in central funding for the procurement of condoms and lubricants.

Background

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This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, indigenous and international stakeholders during the February 24 - 28, 2020 in-person planning meetings and participants in the virtual approval meeting; the final COP 2020 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

Funding and targets for PEPFAR Zambia's Country Operational Plan 2020 will support Zambia's vision to sustain epidemic control achieved in 2020. By the end of COP 2019, Zambia's national program will have a treatment current (TX_CURR) population of 1,051,624 people of which 1,008,298 will be supported by PEPFAR. COP 2020 resources are provided to maintain 1,163,262 including 53,493 children living with HIV on antiretroviral therapy. PEPFAR has positioned its investments to support the Government of Zambia and civil society to provide excellent care at service delivery sites so that PLHIV are virally suppressed and can thrive; civil society can support monitoring of the quality of care provided to PLHIV; asymptomatic 15 – 35 year old's can receive testing services and enter into care; and high risk HIV negative individuals can stay negative.

The PEPFAR Zambia strategy for programming to be implemented in FY 2021 will focus on retaining PLHIV on ART and continue to prevent new HIV infections through: 1) Improving testing efficiencies, reducing inefficient provider-initiated and voluntary counseling and testing and increasing targeted case finding amongst males 20 – 34 and females 15 - 24; 2) Growing understanding of why patients are lost to follow up and deploying mitigation strategies while learning from service delivery points with strong retention programs; 3) Effectively collaborating with the community to improve treatment literacy and benefit from the Undetectable = Untransmittable (U=U) campaign to continue to scale up demand and use of viral load testing.

PEPFAR funds for Zambia will ensure that over 95 percent of the PLHIV (1,163,262) population is on ART, virally suppressed and not engaging in ongoing transmission. The Zambia program showed exceptional rigor in understanding their program for COP 2020, paying significant attention to concerning trends that threaten epidemic control in 2020. Beyond the knowledge that finding and putting men on treatment was a key to interrupting the transmission cycle, they used different sources of data to learn that the majority of new infections came from males, from new patients, and from patients who were in and out of treatment. They also determined that these gaps were in Lusaka, Copperbelt and Southern provinces. Therefore, in COP 2020, PEPFAR Zambia is being funded to scale up an effective "community post model" leveraging male-friendly services, case management for their audience embedded in HIV literacy at sites far away from health services where men conduct their trade.

To reach adolescent girls and young women (AGYW) with treatment services, top performing facilities were found to have deployed adolescent strategies including youth friendly spaces, pregnant adolescent support groups, viral load champions and adolescent support groups to attain viral suppression rates of 92 percent. Therefore, in COP 2020, funding will scale up such approaches in the target provinces, including using a partnership with the historically black colleges and universities to further promote safe spaces in the community for AGYW and promote empowerment and prevention interventions.

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Building on COP 2019 findings, in COP 2020, PEPFAR Zambia will conduct a pediatric surge to provide pediatric-focused mentorship at all facilities to ensure pediatric initiation on ART can be implemented with support and confidence by service providers and enable family centered care to improve pediatric retention. PEPFAR Zambia will apply tested approaches to link the OVC program and the pediatric surge, maximizing the expertise of different partners to meet the needs of children living with HIV.

In COP 2020, Zambia will continue to focus on preventing deaths in PLHIV by increasing TB preventative therapy initiation and completion; partnering with key private sector partners to bring desperately needed cervical cancer treatment services, the leading cause of cancer deaths for women living with HIV and preventing deaths from cryptococcus infection.

Through COP 2020 funding, PEPFAR Zambia will expand its prevention work for high risk AGYW, men and key populations including female sex workers (FSW) and men who have sex with men (MSM). Voluntary medical male circumcision coverage in 15 – 29-year olds will expand from 66 percent in COP 2019 to 80 percent in COP 2020. DREAMS will expand from 8 to 14 high burden districts, working closely with efforts funded by the Global Fund for AIDS, TB and Malaria (GFATM) to maximize a suite of services for as many vulnerable high-risk girls as possible. HIV pre-exposure prophylaxis (PrEP) uptake will increase, with a target goal of 110,000 clients receiving PrEP services amongst AGYW, sero-discordant couples, FSW and MSM and pregnant and breast-feeding women (PBFW).

Building off lessons learned in FY 2019, PEPFAR Zambia has utilized a granular analysis of its expenditure reporting to address resource allocation in COP 2020. PEPFAR Zambia improved cost-effectiveness and sustainability goals of PEPFAR in the mixed use of government-to-government (G2G), local, and international agreements, increasing local partnerships and expanding G2G agreements; they have worked closely with the Government of Zambia, GFATM to access commodity needs, negotiate funding sources and timing of use of funding sources to predict a zero commodity gap if all parties abide by their pledges; they have reformed their approach to the provision of health care workers, increasing by 240 the government cadre of community health assistants (CHAs) and 140 HIV nurse prescribers who will be critical to the pediatric surge efforts; they have strong partnership with the Ministry of Health to implement at the site level key policy agreements including transitioning up to 80 percent of eligible patients to TLD by December 2021 and forward leaning policy such that PBFW are monitored with VL every 3 months rather than every 6 months. Lastly, community-led monitoring was formally introduced in COP 20 to independently track the quality of HIV services provided to clients receiving PEPFAR-supported HIV services in Government of Zambia and private facilities.

Funding Summary

All COP 2020 funding summarized in the chart below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in all PEPFAR systems and summarized in the appendix.

2. Bilateral COP 2020 Funding Table by Agency

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Zambia	Bilateral										Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Bilateral New Funding	Total COP 20 Budget					
	New Funding					Applied Pipeline													
	FY20					FY19									FY17				
	Total	GHP-State	GHP-USAID	GAP	Total	Total	GHP-State	Total	Unspecified	Unspecified					Total				
DOD TOTAL	10,319,281	10,319,281	-	-	-	-	-	-	-	-	2,438,428	-	2,438,428	10,319,281	12,757,709				
HHS TOTAL	156,157,365	153,744,834	-	2,412,531	-	-	-	-	-	-	3,051,963	-	3,051,963	156,157,365	159,209,328				
HHS/CDC	145,218,848	142,806,317	-	2,412,531	-	-	-	-	-	-	2,638,916	-	2,638,916	145,218,848	147,857,764				
HHS/HRSA	10,938,517	10,938,517	-	-	-	-	-	-	-	-	413,047	-	413,047	10,938,517	11,351,564				
HHS/SAMHSA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
PEACE CORPS TOTAL	4,410,782	4,410,782	-	-	-	-	-	-	-	-	909,839	-	909,839	4,410,782	5,320,621				
STATE TOTAL	2,982,160	2,982,160	-	-	-	-	-	-	-	-	-	-	2,982,160	2,982,160	2,982,160				
State (State, S/EUR, S/EAP, and S/WHA)	1,127,162	1,127,162	-	-	-	-	-	-	-	-	-	-	-	1,127,162	1,127,162				
State/AF	1,854,998	1,854,998	-	-	-	-	-	-	-	-	-	-	-	1,854,998	1,854,998				
State/PRM	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
State/SG AC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
USAID TOTAL	200,985,427	175,985,427	25,000,000	-	-	40,000,000	40,000,000	-	-	-	17,403,638	-	17,403,638	240,985,427	258,389,065				
USAID, non-WCF	152,390,909	127,390,909	25,000,000	-	-	-	-	-	-	-	15,905,833	-	15,905,833	152,390,909	168,296,742				
USAID, WCF	48,594,518	48,594,518	-	-	-	40,000,000	40,000,000	-	-	-	1,497,805	-	1,497,805	88,594,518	90,092,323				
TOTAL	374,855,015	347,442,484	25,000,000	2,412,531	-	40,000,000	40,000,000	-	-	-	23,803,868	-	23,803,868	414,855,015	438,658,883				

GHP-State Funds: Upon the clearance of a FY 2020 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 2021 at approved COP 2020 partner budget levels to achieve FY 2021 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo’s appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency’s internal process.

CDC GAP Funds: With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2021 at approved COP/ROP 2020 partner budget levels to achieve FY 2021 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 2021 at approved COP/ROP 2020 partner budget levels to achieve FY 2021 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 2021 at approved COP 2020 partner budget levels to achieve FY 2021 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 2020 total budget level and documented within COP 2020 partner budgets are not to be executed or outlaid without written approval from S/GAC.

Earmarks: The Zambia has planned for programming for FY 2020, FY 2019 or/or FY 2017 funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to the OU. Upon approval of this memo, the amounts below will become the new earmark controls for the OU/Agency. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

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3. Earmark Funding Table

Earmarks	COP20 Funding		
	FY20	FY19	FY17
Care & Treatment	233,088,898	-	40,000,000
Orphans and Vulnerable Children	45,528,247	-	-
Preventing and Responding to Gender-based Violence	3,400,000	-	-
Water	614,000	-	-

4. Bilateral COP 2020 Funding Table of Initiatives by Agency

	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Bilateral - New Funding	Total COP 20 Budget
Zambia				
DOD TOTAL	-	2,438,428	10,319,281	12,757,709
<i>of which, Ambition</i>	-	-	1,500,000	1,500,000
<i>of which, Cervical Cancer</i>	-	-	300,000	300,000
<i>of which, Core Program</i>	-	1,938,428	7,469,281	9,407,709
<i>of which, HKID Requirement</i>	-	-	1,000,000	1,000,000
<i>of which, Surveillance and Public Health Response</i>	-	-	50,000	50,000
<i>of which, VMMC</i>	-	500,000	-	500,000
HHS TOTAL	-	3,051,963	156,157,365	159,209,328
HHS/CDC	-	2,638,916	145,218,848	147,857,764
<i>of which, Ambition</i>	-	-	13,521,170	13,521,170
<i>of which, Cervical Cancer</i>	-	-	1,988,720	1,988,720
<i>of which, COP19 Performance</i>	-	-	13,500,000	13,500,000
<i>of which, Core Program</i>	-	2,638,916	99,497,363	102,136,279
<i>of which, DREAMS</i>	-	-	9,827,745	9,827,745
<i>of which, Surveillance and Public Health Response</i>	-	-	2,478,350	2,478,350
<i>of which, VMMC</i>	-	-	4,405,500	4,405,500
HHS/HRSA	-	413,047	10,938,517	11,351,564
<i>of which, Core Program</i>	-	413,047	1,938,517	2,351,564
<i>of which, HBCU Tx</i>	-	-	9,000,000	9,000,000
HHS/SAMHSA	-	-	-	-
PEACE CORPS TOTAL	-	909,839	4,410,782	5,320,621
<i>of which, Core Program</i>	-	909,839	3,258,999	4,168,838
<i>of which, DREAMS</i>	-	-	1,151,783	1,151,783
STATE TOTAL	-	-	2,982,160	2,982,160
State (State, S/EUR, S/EAP, and S/WHA)	-	-	1,127,162	1,127,162
<i>of which, Core Program</i>	-	-	1,127,162	1,127,162
State/AF	-	-	1,854,998	1,854,998
<i>of which, Core Program</i>	-	-	1,748,804	1,748,804
<i>of which, HKID Requirement</i>	-	-	106,194	106,194
State/PRM	-	-	-	-
State/SGAC	-	-	-	-
USAID TOTAL	-	17,403,638	240,985,427	258,389,065
USAID, non-WCF	-	15,905,833	152,390,909	168,296,742
<i>of which, Ambition</i>	-	-	6,835,618	6,835,618
<i>of which, Cervical Cancer</i>	-	-	2,750,000	2,750,000
<i>of which, COP19 Performance</i>	-	-	13,500,000	13,500,000
<i>of which, Core Program</i>	-	15,505,833	86,739,258	102,245,091
<i>of which, DREAMS</i>	-	-	19,177,195	19,177,195
<i>of which, HKID Requirement</i>	-	200,000	18,788,838	18,988,838
<i>of which, VMMC</i>	-	200,000	4,600,000	4,800,000
USAID, WCF	-	1,497,805	88,594,518	90,092,323
<i>of which, Ambition</i>	-	-	402,095	402,095
<i>of which, Cervical Cancer</i>	-	-	968,757	968,757
<i>of which, Core Program</i>	-	1,497,805	87,050,071	88,547,876
<i>of which, Surveillance and Public Health Response</i>	-	-	173,595	173,595
TOTAL	-	23,803,868	414,855,015	438,658,883

*Pipeline refers to funding allocated in prior years, approved for implementation in FY 2021

5. Bilateral COP 2020 Funding Table of Initiatives by OU

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	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Bilateral - New Funding	Total COP 20 Budget
Zambia				
TOTAL	-	23,803,868	414,855,015	438,658,883
<i>of which, Ambition</i>	-	-	22,258,883	22,258,883
<i>of which, Cervical Cancer</i>	-	-	6,007,477	6,007,477
<i>of which, COP19 Performance</i>	-	-	27,000,000	27,000,000
<i>of which, Core Program</i>	-	22,903,868	288,829,455	311,733,323
<i>of which, DREAMS</i>	-	-	30,156,723	30,156,723
<i>of which, HBCU Tx</i>	-	-	9,000,000	9,000,000
<i>of which, HKID Requirement</i>	-	200,000	19,895,032	20,095,032
<i>of which, Surveillance and Public Health Response</i>	-	-	2,701,945	2,701,945
<i>of which, VMMC</i>	-	700,000	9,005,500	9,705,500

FY 2021 Target Summary

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FY 2020 funds are released, and COP 2020 applied pipeline is approved to achieve the following results in FY 2021.

Zambia		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15	51,834	25,912	2,171	1,422		82,146
	15+	144,087	71,306	7,166	4,811	30	235,573
	Total	195,921	97,218	9,337	6,233	30	317,719
HTS_TST	<15	60,674	30,968	2,588	1,801	15	97,117
	15+	633,205	370,142	28,764	27,255	1,478	1,101,833
	Total	693,879	401,110	31,352	29,056	1,493	1,198,950
HTS_TST_POS	<15	2,847	1,559	146	126		4,774
	15+	60,146	29,763	3,001	2,006	10	98,451
	Total	62,993	31,322	3,147	2,132	10	103,225
TX_NEW	<15	2,784	1,534	165	131		4,701
	15+	57,085	28,257	2,846	1,906	10	93,435
	Total	59,869	29,791	3,011	2,037	10	98,136
TX_CURR	<15	33,182	15,558	1,920	1,202	52	53,493
	15+	733,873	289,279	21,559	17,775	461	1,109,769
	Total	767,055	304,837	23,479	18,977	513	1,163,262
TX_PVLS	<15	30,886	14,421	1,795	1,105	50	49,749
	15+	684,392	267,172	19,580	16,364	449	1,031,769
	Total	715,278	281,593	21,375	17,469	499	1,081,518
CXCA_SCRN	Total (15+)	172,658	65,375	4,782	4,100	88	258,351
OVC_SERV	<18	385,392	61,521	462	132	880	461,101
	18+	85,613	13,147				98,760
	Total	471,005	74,668	462	132	880	559,861
OVC_HIVSTAT	Total (<18)	385,392	61,521	462	132	880	461,101
PMTCT_STAT	<15						-
	15+	291,167	213,721	15,071	18,142	932	550,336
	Total	291,167	213,721	15,071	18,142	932	550,336
PMTCT_STAT_POS	<15						-
	15+	35,386	15,298	1,004	1,232	24	54,250
	Total	35,386	15,298	1,004	1,232	24	54,250
PMTCT_ART	<15						-
	15+	35,039	15,138	992	1,227	24	53,702
	Total	35,039	15,138	992	1,227	24	53,702
PMTCT_EID	Total	33,904	14,654	961	1,171	23	51,967
PP_PREV	<15	131,580	10,470	1,883			144,184
	15+	284,629	34,560	3,449	4,979	720	331,086
	Total	416,209	45,030	5,332	4,979	720	475,270
KP_PREV	Total	69,847	5,860				75,707
KP_MAT	Total						-
VMMC_CIRC	Total	241,357	92,261	4,418	3,919	321	375,608
HTS_SELF	<15	3,121	1,872	377	114		5,520
	15+	56,674	52,510	8,606	2,879		121,537
	Total	59,795	54,382	8,983	2,993	-	127,057
PrEP_NEW	Total	61,687	21,300	1,328	1,391	58	86,694
PrEP_CURR	Total	77,678	27,655	1,726	1,808	71	110,104
TB_STAT (N)	<15	790	292	7	9	15	1,195
	15+	23,076	5,578	266	180	377	30,664
	Total	23,866	5,870	273	189	392	31,859
TB_ART (N)	<15	248	17				329
	15+	12,381	1,350	46	13		14,756
	Total	12,629	1,367	46	13	-	15,085
TB_PREV (N)	<15	13,809	6,586	806	511	20	22,966
	15+	303,820	121,622	9,304	7,536	185	479,096
	Total	317,629	128,208	10,110	8,047	205	502,062
TX_TB (D)	<15	33,184	15,556	1,920	1,197	51	53,487
	15+	733,883	289,269	21,558	17,776	462	1,109,769
	Total	767,067	304,825	23,478	18,973	513	1,163,256
GEND_GBV	Total	15,016	1,389	126			16,531

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

COP 2019 Performance Funds:

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All partners must be managed throughout the implementation year as indicated in the COP guidance. Overall performance including activities tied to COP 2019 performance will be reviewed at Q3FY2020 to determine if the programs are on track to access all funds at the start of COP 2020. This communication will come through the S/GAC Chair and POART process.

Faith and Communities Initiative (FCI) / Faith Based Organization (FBO) Surge Programming (applicable to Zambia, Eswatini, Lesotho, Haiti, Botswana, Zimbabwe, Zambia, Uganda, Tanzania, Kenya):

In light of the delays in FCI programming associated with delayed arrival of funds for FCI and/or new subs for FCI funding received in COP 2019, FCI funds from COP 2019 will be protected and can be outlayed in COP 2020, in excess of the new COP 2020 total budget amount indicated in this memo, without being considered an over-outlay. Activities related to FCI/FBO surge activities must be fully implemented in COP 2020/FY 2021.

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 this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15% of target achievement at 3 months or (2) less than 40% of target achievement at 6 months must have a complete review of performance data (including trends in performance) and expenditures to date by program area, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX_CURR) performance should be between 98% and 100% of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10% of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80% of their target at Q2 performance review should be triggered. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85%. If the issue is retention it should be net new on treatment equal to 90% of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. 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 be maintained throughout COP implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This

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continued engagement will ensure all parties' understanding of Zambia's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

Pending Congressional Approval

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