



United States Department of State

Washington, D.C. 20520

UNCLASSIFIED

May 27, 2021

MEMO FOR NINA FITE, U.S. AMBASSADOR TO ANGOLA

SUBJECT: PEPFAR Angola Country Operational Plan 2021 Approval

This memo represents the successful completion of the PEPFAR Angola Country Operational Plan (COP) 2021 planning, development and submission. PEPFAR Angola, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2021 in alignment with the directives from the COP 2021 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR Angola Country Operational Plan (COP) 2021 with a total approved budget of \$12,834,000, 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:

	New Funding (All Accounts)	Pipeline	Total Budget FY 2022 Implementation
TOTAL	12,701,465	132,535	12,834,000
Bilateral	12,301,465	132,535	12,434,000
Central	400,000		400,000

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of \$12,834,000 without additional written approval. Any prior year funds that are not included within this COP 2021 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 2022 without additional written approval. The new FY 2021 funding and prior year funds approved within this memo as a part of the total COP 2021 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 2022– must be submitted to and approved by S/GAC.

UNCLASSIFIED

Approved funding will be made available to agencies for allocation to country platform to implement COP 2021 programming and priorities as outlined below and in the appendix.

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, local and global stakeholders and partners during the April 21-22, 2021 virtual planning meetings and participants in the virtual approval meeting; the final COP 2021 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

Funding and targets for Angola's Country Operational Plan (COP) 2021 will support PEPFAR Angola's vision in partnership with the Government and people of Angola to work towards epidemic control by focusing on testing to efficiently identify people living with HIV (PLHIV), ensuring all newly diagnosed PLHIV are immediately linked to treatment, retained on treatment, and remain virally suppressed. While PEPFAR Angola intends to reach PLHIV across all ages and sexes, the program for COP 2021 will center on pregnant women, their children, and their sexual partners in four provinces. According to the UNAIDS 2017 estimate, Angola's mother-to-child transmission (MTCT) rate is 21%, the second highest in the world. Furthermore, the 2016 Demographic and Health Survey (DHS) found that fewer than half of all pregnant women needing HIV treatment to prevent MTCT received anti-retroviral therapy (ART). With COP 2021 funding, PEPFAR Angola will work toward ensuring 27,100 people are on life-saving treatment by the end of COP 2021, that an additional 6,249 people are enrolled on treatment, and that 16,530 patients are virally suppressed.

The PEPFAR Angola strategy and program implementation for COP 2021 will focus on retaining PLHIV on ART and continuing to prevent new HIV infections through: (1) Continued technical assistance (TA) with testing and linking to treatment for all pregnant women living with HIV, and their children and sexual partners, if positive; (2) Continued TA with supply chain quantification, forecasting, and distribution; (3) Continued TA for the implementation of policies like modernizing the ART regimen, rolling out multi-month dispensing (MMD), and ensuring test and start so that all PLHIV in the four provinces can begin ART as soon as they are diagnosed; (4) Further enhanced collaboration between facility and community effort; And (5) continued lab, viral load (VL) and early infant diagnosis (EID) scale up and diagnostic network optimization through point-of-care (POC) testing, regional training, and expanding the sample transport system.

The PEPFAR Angola program will continue implementing the integrated facility/community based PMTCT approach first initiated in COP 2019, in partnership with the First Lady's Born Free to Shine Initiative. Through this partnership, PEPFAR Angola will continue its family-focused approach that relies on finding and treating pregnant women living with HIV, testing and treating all of their children and sexual partners. In COP 2021, funds will aim to strengthen the link between facility and community testing, and treatment, and ensure technical capacity for monitoring and evaluation at provincial and facility levels. PEPFAR Angola will continue to assist the Government of Angola (GRA) with quantification, forecasting, supply chain planning,

distribution, and planned procurement of key commodities from the national to the sub-national levels. TA will also focus on scaling up viral load testing at the GRA lab to increase coverage and monitor viral load suppression. Implementation of key national policies at all sub-national levels and provinces will demonstrate the success of PEPFAR Angola's TA. COP 2021 will focus on policy implementation, building upon movement in modernizing the ART regimen to Tenofovir Lamivudine Dolutegravir (TLD) and MMD implementation for all eligible PLHIV. Additionally, COP 2021 will focus on the introduction and uptake of DTG-based regimens for all children at least four weeks of age. A successful PMTCT program in Angola requires both facility and community components. With 53% of women giving birth at home in Angola, pregnant women must be supported at the community level, and tested and linked to the facility for treatment. PEPFAR Angola will engage with community outside of facilities to train and mentor PLHIV, most especially pregnant and breastfeeding women (PBFW), through the cascade of care, thereby increasing linkage to treatment, promoting adherence, and furthering retention.

The COP 2021 program will focus on re-engaging patients who had an interruption in treatment during COP 2020. To improve retention, PEPFAR Angola will continue to identify all HIV-positive persons who failed to successfully link from testing to ART and those who missed appointments or experienced an interruption in treatment due to ARV stockouts during COP20. A few notable changes from COP 2020 to COP 2021 include: (1) A Memorandum of Understanding (MOU) between PEPFAR and the GRA providing guidelines for the procurement of ARVs and other HIV-related commodities to support PEPFAR programming. Upon the GRA's completion of terms of understanding, PEPFAR will procure TLD for the first time, to be distributed to PEPFAR-supported facilities in three provinces. In order for COP21 approval to be valid, the MOU must be finalized and signed; (2) PEPFAR Angola will introduce a "lighter touch" approach with facility partners and community programming. PEPFAR Angola will remain in all twenty-two PEPFAR-supported clinical sites across four provinces from COP20. Community programming will remain in the three PEPFAR supported provinces from COP20, however there will be a reduction from fourteen high volume community sites to nine for COP21. The military program will continue to support the same sites as in COP20.

American Rescue Plan Act of 2021 Summary Description

This memo approves \$620,000 in ARPA funds in the Economic Support Fund (ESF) account to be implemented for activities during COP 2020 and COP 2021. Of the total \$620,000 in ARPA funds, \$434,000 is expected to be implemented in COP 2021; these funds are included in the other tables found in this memo. The remaining \$186,000 is expected to be implemented in COP 2020. The table below shows the estimated breakout of outlays in COP 2021 versus COP 2020 by implementing agency and operational division.

Agency/OPDIV	ARPA Funds Programmed in COP21 FAST for COP21 Outlay	ARPA Funds To be Added to COP20 for COP20 Outlay	TOTAL ARPA Funds
TOTAL	\$434,000	\$186,000	\$620,000
DOD	\$0	\$0	\$0
HHS/CDC	\$310,000	\$0	\$310,000
HHS/HRSA	\$0	\$0	\$0
PC	\$0	\$0	\$0
USAID	\$124,000	\$186,000	\$310,000
USAID/WCF	\$0	\$0	\$0

Any ARPA funds not outlayed in COP 2020 will be allowed to outlay in COP 2021, and this will be accounted for in the End of Fiscal Year exercise in the Fall of 2021. The entire ARPA amount must be obligated by September 30, 2022 and should, except in extraordinary circumstances, be outlayed during COP 2021.

These ARPA funds are being provided specifically to address the intersection of HIV and COVID to prevent, prepare for, and respond to coronavirus (including prevention of COVID-19 infection, illness, and death among PEPFAR beneficiaries and staff); and mitigate COVID-19 impact on PEPFAR programs and beneficiaries and support PEPFAR program recovery from the impacts of coronavirus. Over the course of COP 2020 and COP 2021, the ARPA funds will support the following:

The first COVID-19 case was detected in Angola in March 2020, and 28,740 cases have been reported to date. The Government of Angola (GRA) immediately implemented movement restrictions to mitigate the spread of the disease. These restrictions included the closure of several health facilities countrywide. The GRA only allowed emergency cases to be treated at hospitals and health facilities. The treatment of HIV was not prioritized. Many Angolan people living with HIV (PLHIV), fearful of getting COVID-19, did not seek medical care; consequently, the number of PLHIV currently on treatment in PEPFAR supported sites fell by over 1,000 patients at the beginning of this year. As of March 2021, Angola is in a second wave of COVID-19 with cases rising in the past four weeks. Due to shortages of COVID-19 vaccines, the Health Minister announced that the GRA will only administer AstraZeneca for those who need second doses.

PEPFAR Angola requested \$620,000 (5% of the total Planning Level Letter budget of \$12,400,000) under the American Rescue Plan Act (ARPA) to mitigate the impact of COVID-19 on the PEPFAR Angola program and its beneficiaries. The ARPA request specifically responds to COVID-19 via initiatives to address infection prevention and control, bolster laboratory capacity, and repair programmatic setbacks related to the pandemic. These activities build on existing PEPFAR programming in country and leverage existing implementing partners with experience to address identified gaps.

Specifically, PEPFAR Angola will support essential hygiene infrastructure and conduct pragmatic, skills-based trainings on infection prevention for staff in all PEPFAR-supported

health facilities. PEPFAR Angola will also expand point-of-care testing for early infant diagnosis and viral load testing and will provide temporary support to expand working hours for laboratory personnel, many of whom are also responsible for managing COVID-19 testing. Additionally, funding will be used for short-term surge support to hire additional community mentor mothers and engage patients lost, impacted by COVID-19 and return them to HIV care. With this ARPA funding, PEPFAR Angola looks forward to expanding HIV prevention, treatment, and care and mitigating programmatic impacts due to the COVID-19 pandemic.

Pending Congressional Approval

Funding Summary

All COP 2021 funding summarized in the charts 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.

	of which, Bilateral									Total COP21 Budget (Bilateral + Central)	
	Total	New Funding									Applied Pipeline
		FY 2021				FY 2020	FY 2019				
		Total	GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State			
TOTAL	12,434,000	12,301,465	12,301,465	11,466,215	-	401,250	434,000	-	-	132,535	12,834,000
DOD Total	1,785,000	1,652,465	1,652,465	1,652,465	-	-	-	-	-	132,535	1,785,000
DOD	1,785,000	1,652,465	1,652,465	1,652,465	-	-	-	-	-	132,535	1,785,000
HHS Total	5,585,001	5,585,001	5,585,001	4,873,751	-	401,250	310,000	-	-	-	5,585,001
HHS/CDC	5,585,001	5,585,001	5,585,001	4,873,751	-	401,250	310,000	-	-	-	5,585,001
STATE Total	10,000	10,000	10,000	10,000	-	-	-	-	-	-	10,000
State/AF	10,000	10,000	10,000	10,000	-	-	-	-	-	-	10,000
USAID Total	5,053,999	5,053,999	5,053,999	4,929,999	-	-	124,000	-	-	-	5,453,999
USAID, non-WCF	2,614,137	2,614,137	2,614,137	2,490,137	-	-	124,000	-	-	-	2,614,137
USAID/WCF	2,439,862	2,439,862	2,439,862	2,439,862	-	-	-	-	-	-	2,839,862

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

2/Economic Support Fund (ESF) funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.

	of which, Central									Total COP21 Budget (Bilateral + Central)	
	Total	New Funding									Applied Pipeline
		FY 2021				FY 2020	FY 2019				
		Total	GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State			
TOTAL	400,000	400,000	400,000	-	400,000	-	-	-	-	-	12,834,000
DOD Total	-	-	-	-	-	-	-	-	-	-	1,785,000
DOD	-	-	-	-	-	-	-	-	-	-	1,785,000
HHS Total	-	-	-	-	-	-	-	-	-	-	5,585,001
HHS/CDC	-	-	-	-	-	-	-	-	-	-	5,585,001
STATE Total	-	-	-	-	-	-	-	-	-	-	10,000
State/AF	-	-	-	-	-	-	-	-	-	-	10,000
USAID Total	400,000	400,000	400,000	-	400,000	-	-	-	-	-	5,453,999
USAID, non-WCF	-	-	-	-	-	-	-	-	-	-	2,614,137
USAID/WCF	400,000	400,000	400,000	-	400,000	-	-	-	-	-	2,839,862

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

2/Economic Support Fund (ESF) funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.

GHP-State Funds: Upon the clearance of a FY 2021 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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 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.

ARP ESF Funds: ESF funds must have both an HIV and COVID related purpose as laid out in relevant S/GAC guidance. Upon the clearance of a FY 2021 PEPFAR ESF 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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt, agency headquarters will move the funds to the country platform via each agency's internal process.

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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 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 2021 total budget level and documented within COP 2021 partner budgets are not to be executed or outlayed without written approval from S/GAC.

Earmarks: Angola has planned for programming for FY 2021, FY 2020, and/or FY 2019 GHP-State 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 Angola. Upon approval of this memo, the amounts below will become the new earmark controls for Angola. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP21 Funding Level			
	TOTAL	FY 2021	FY 2020	FY 2019
Care & Treatment	6,210,914	6,210,914	-	-
Orphans and Vulnerable Children	-	-	-	-
Preventing and Responding to Gender-based Violence	-	-	-	-
Water	-	-	-	-

AB/Y Earmark	COP21 Funding Level				
	TOTAL	FY 2021	FY 2020	FY 2019	Applied Pipeline
TOTAL Prevention Programming	29,500	29,500	-	-	-
Of which, AB/Y	-	-	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	0.0%	N/A	N/A	N/A	N/A

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

AB/Y Earmark Budget Justification

The AB/Y requirement is not applicable to Angola since the PEPFAR program serves a targeted population. While Angola has a generalized epidemic, PEPFAR Angola’s program and patient population is focused on serving pregnant and breastfeeding women, and their families. The national HIV prevalence rate for the total population is 1%, however there is 4% HIV prevalence rate among females ages 20-29 in the four PEPFAR supported provinces. PEPFAR Angola remains focused on PMTCT and family-based care through ANC facilities.

Angola is thought to have a generalized, heterosexually-driven, HIV/AIDS epidemic with an adult prevalence rate of 1 percent. The 2021 UNAIDS Spectrum country data shows there are 334,990 (302,884 adults and 32,106 children) people living with HIV (PLHIV). Of that number, there are an estimated 221,107 (66 percent) of PLHIV in need of antiretroviral treatment (ART). The ART coverage rate for adults and children is estimated at 34 percent (113,883 adults and children on treatment). Coverage for HIV-infected adults was 35.3 percent (106,920 adults receiving ART) and pediatrics was 21.7 percent (6,963 children receiving ART).

PEPFAR Angola’s budget is focused on a technical assistance approach rather than a service delivery model. While the program will support the procurement and distribution of \$400,000 worth of condoms, Angola does not have any other earmarked prevention/sexual prevention funding. The costs of doing business in Angola are high, therefore, the country team will strategically invest PEPFAR resources into program areas that achieve the highest impact. USG core areas of investment are PMTCT, index testing, lab strengthening, and care/treatment continuum. The PEPFAR Angola HIV combination prevention portfolio has pivoted to focus more on the cascade of care and is driven by the HIV epidemiological context. If 50 percent of the Angola budget were used for AB prevention, the entire cascade could not be addressed and epidemic control would not be possible.

Initiatives by Agency

	Applied Pipeline	Bilateral Applied	Total Central New Funding	- New Funding	Total COP21 Budget
TOTAL	-	132,535	400,000	12,301,465	12,834,000
<i>of which, Community-Led Monitoring</i>	-	-	-	10,000	10,000
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	400,000	-	400,000
<i>of which, Core Program</i>	-	132,535	-	12,291,465	12,424,000
DOD Total	-	132,535	-	1,652,465	1,785,000
<i>of which, Core Program</i>	-	132,535	-	1,652,465	1,785,000
HHS Total	-	-	-	5,585,001	5,585,001
<i>of which, Core Program</i>	-	-	-	5,585,001	5,585,001
STATE Total	-	-	-	10,000	10,000
<i>of which, Community-Led Monitoring</i>	-	-	-	10,000	10,000
USAID Total	-	-	400,000	5,053,999	5,453,999
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	400,000	-	400,000
<i>of which, Core Program</i>	-	-	-	5,053,999	5,053,999

Pending Congressional Review

FY 2022 Target Summary

FY 2021 funds are released and COP 2021 applied pipeline is approved to achieve the following results in FY 2022.

Angola		SNU Prioritizations						
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	No Prioritization	Total
HTS_INDEX	<15	-	-	-	-	3,208	-	3,208
	15+	-	-	-	-	3,507	1,248	4,755
	Total	-	-	-	-	6,715	1,248	7,963
HTS_TST	<15	-	-	-	-	17,214	-	17,214
	15+	-	-	-	-	151,758	11,943	163,701
	Total	-	-	-	-	168,972	11,943	180,915
HTS_TST_POS	<15	-	-	-	-	976	-	976
	15+	-	-	-	-	3,836	1,757	5,593
	Total	-	-	-	-	4,812	1,757	6,569
TX_NEW	<15	-	-	-	-	926	-	926
	15+	-	-	-	-	3,648	1,675	5,323
	Total	-	-	-	-	4,574	1,675	6,249
TX_CURR	<15	-	-	-	-	1,660	-	1,660
	15+	-	-	-	-	15,163	10,277	25,440
	Total	-	-	-	-	16,823	10,277	27,100
TX_PVLS	<15	-	-	-	-	423	-	423
	15+	-	-	-	-	6,621	9,486	16,107
	Total	-	-	-	-	7,044	9,486	16,530
PMTCT_STAT	<15	-	-	-	-	167	-	167
	15+	-	-	-	-	34,634	-	34,634
	Total	-	-	-	-	34,801	-	34,801
MTCT_STAT_PO	<15	-	-	-	-	1	-	1
	15+	-	-	-	-	4,085	-	4,085
	Total	-	-	-	-	4,086	-	4,086
PMTCT_ART	<15	-	-	-	-	1	-	1
	15+	-	-	-	-	4,059	-	4,059
	Total	-	-	-	-	4,060	-	4,060
PMTCT_EID	Total	-	-	-	-	2,495	-	2,495
PP_PREV	<15	-	-	-	-	-	215	215
	15+	-	-	-	-	-	21,262	21,262
	Total	-	-	-	-	-	21,477	21,477
TB_STAT	<15	-	-	-	-	-	-	-
	15+	-	-	-	-	2,475	679	3,154
	Total	-	-	-	-	2,475	679	3,154
TB_ART	<15	-	-	-	-	-	-	-
	15+	-	-	-	-	196	194	390
	Total	-	-	-	-	196	194	390
TB_PREV	<15	-	-	-	-	820	-	820
	15+	-	-	-	-	5,124	9,533	14,657
	Total	-	-	-	-	5,944	9,533	15,477
TX_TB	<15	-	-	-	-	1,712	-	1,712
	15+	-	-	-	-	11,050	11,952	23,002
	Total	-	-	-	-	12,762	11,952	24,714

Partner Management and Stakeholder Engagement:

Agreements made during COP 2021 discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with the this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent 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 percent and 100 percent 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 percent 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 percent 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 percent. If the issue is retention it should be net new on treatment equal to 90 percent 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 continue throughout COP 2021 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Angola's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

Pending Congressional Approval