



UNCLASSIFIED

May 30, 2019

**ACTION MEMO FOR DEBORAH L. BIRX, AMBASSADOR-AT-LARGE;
COORDINATOR OF THE UNITED STATES GOVERNMENT
ACTIVITIES TO COMBAT HIV/AIDS AND U.S. SPECIAL
REPRESENTATIVE FOR GLOBAL HEALTH DIPLOMACY**

SUBJECT: Cameroon Country Operational Plan 2019 Approval

Recommendations

Approve the Cameroon Country Operational Plan (COP) 2019 with a total budget of \$97,182,787 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:

Cameroon	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
Total Budget	86,732,008	10,450,779	97,182,787
COP 19 Bilateral	86,732,008	10,450,779	97,182,787

* New Funding may refer to FY 2019 or other FY appropriations newly allocated for implementation in FY 2020 with COP 2019; accounts indicated in detailed tables.

** Pipeline refers to funding allocated in prior years and approved for implementation in FY 2020 with COP 2019

Approve a total FY 2020 outlay for COP 2019 implementation that does not exceed the total approved COP 2019 budget of \$97,182,787. **Any prior year funds that are not included within this COP 2019 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 2020 without additional written approval.** The new FY 2019 funding and prior year funds approved within this memo as a part of the total COP 2019 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 2020– must be submitted to and approved by S/GAC.

UNCLASSIFIED

Approved funding will be made available to agency headquarters for allocation to country platform to implement COP 2019 programming and priorities as outlined below and in the appendix.

Approve access for the Cameroon PEPFAR program of up to \$763,322 in central funding for the procurement of condoms and lubricants.

Cameroon must fully achieve approved COP 2018 (FY 2019) treatment current (TX_CURR) targets in order to execute the COP 2019 strategy. Suboptimal COP 2018 performance jeopardizes COP 2019 funding and may result in updates to this approval and a decrease to the COP 2019 funding.

In addition to the COP 2019 funding approved for implementation in FY 2020 described in this memo, \$53,570,911 of FY 2019 GHP-State funding will be also be notified and transferred to implementing agencies in support of the second year of acceleration. This funding is to be held at agency headquarters (\$258,725 at Peace Corps; \$632,586 at DOD; \$36,255,024 at HHS/CDC and \$16,424,576 at USAID) until approved for release by S/GAC and will be implemented with COP 2020 in FY 2021.

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, indigenous and international stakeholders and implementing partners in Johannesburg, South Africa during the March 18-22, 2019 in-person planning meetings; the final COP 2019 submission, including all data submitted via official PEPFAR systems or within supplemental documents; and Cameroon's virtual COP 2019 approval with Ambassador Birx on May 23, 2019.

Program Summary

Funding and targets for Cameroon's Country Operational Plan 2019 (COP 2019) are approved to support PEPFAR Cameroon's vision to achieve epidemic control in Cameroon by the end of FY 2021 (COP 2020). The COP 2019 program marks the first year of this two-year plan and builds on previous programmatic accomplishments, data from the 2018 Cameroon Population-based HIV Impact Assessment (CAMPHIA), and recent policy breakthroughs by the Cameroonian government. The program for COP 2019 envisions an aggressive scale up of a

patient-centered clinical program and an expansion of the PEPFAR footprint to all ten regions of Cameroon. COP 2019 will accelerate progress to achieving epidemic control, ensuring that of the estimated 528,490 people living with HIV (PLHIV), treatment coverage is increased from the current 57% to 77% in COP 2019 and 91% in COP 2020, by enrolling an additional 180,965 PLHIV on treatment (totaling 480,926 on treatment), and ensuring viral load suppression in 432,833 patients.

On April 4, 2019, the Minister of Health of Cameroon signed a decision to eliminate all user fees for HIV services in health facilities. The elimination of formal and informal user fees included fees for consultations, ANC care, HIV testing, viral load testing and drug pick-up. The elimination of the informal fee collection will begin immediately, significantly decreasing out of pocket expenses and increasing access for the poor and vulnerable. While this decision was signed on April 4, 2019, the implementation of this decision will not take place until January 1, 2020. Though this decision represented a renewed commitment by the Government of Cameroon to provide HIV treatment access to the Cameroonian people, the effectiveness of the implementation of the decision is still to be determined. Ensuring that the decision is respected and implemented with fidelity will be critically important to the PEPFAR commitment in Cameroon moving forward. In order to ensure effective implementation, PEPFAR has received agreement from the Government of Cameroon that this decision will be incorporated into the 2020 budget for Cameroon, which will begin to be negotiated in October 2019. PEPFAR's COP 2019 and COP 2020 support will be dependent on the successful inclusion of user fee elimination in the Government of Cameroon budget as well as the successful elimination of user fees at the site level starting on January 1, 2020.

Building on the momentum of the Government of Cameroon's decision, PEPFAR will expand its clinical program beyond the four regions currently being served (the Northwest, Southwest, Centre and Littoral) into six additional regions (South, East, Adamawa, North, Far North and West). Within these ten regions, the clinical program will focus on 298 high-volume facilities which together represent 91% of the current treatment population. In these 298 sites, PEPFAR will increase investment in direct service delivery to patients and in the clinical cadre of human resources for health (HRH), who provide clinical services directly to patients. Additionally, the expanded clinical program will be supported by a comprehensive Orphans and Vulnerable Children (OVC) program which will integrate with the clinical health facilities to support mothers, families and children living with HIV (CLHIV) and preventing HIV infection in girls and adolescents. The key

populations program will also expand in COP 2019 from its current footprint in Yaoundé, Douala and Bamenda to add three additional hotspots to serve key populations in Cameroon.

PEPFAR Cameroon's strategy to be implemented in FY 2020 is based on a thorough review of programmatic data, and discussions with the Government of Cameroon, civil society, and implementing partners which occurred in Johannesburg in March of 2019 and in Washington DC in April of 2019. In addition to the new COP 2019 strategy to scale up for epidemic control, COP 2019 supports strategies to achieve the PEPFAR minimum requirements while addressing programmatic gaps and weaknesses, particularly around patient retention, viral load coverage and suppression, poor index testing results, the transition to tenofovir/lamivudine/dolutegravir (TLD) as the preferred first line regimen for antiretroviral treatment (ART), and the enforcement of user fee elimination in sites across Cameroon.

PEPFAR Cameroon will work to improve its poor performance in retaining patients and improve its ability to track patients once initiated on treatment and support them after treatment initiation. This will be accomplished by retraining clinical staff in patient tracking methodologies and data capture best practices, implementing improved standard operating procedures (SOPs) for following up with lost patients, increasing access to differentiated service delivery options to patients for whom long distance travel is a barrier to access, including multi-month scripting and community dispensation, and improving site and partner management by the PEPFAR Cameroon team.

A critical component of both achieving epidemic control and of providing differentiated models of care to patients is access to viral load testing. PEPFAR Cameroon will prioritize viral load coverage in COP 2019, targeting 70% of new patients to receive a viral load test, and 90% of existing patients. Viral load testing will enable facilities to identify patients who are virally suppressed, and thus able to access differentiated service delivery options like multi month scripting (MMS) and community dispensation of ART. These two treatment options will be scaled alongside the expansion of the clinical program, and PEPFAR Cameroon will work to ensure their availability at all 298 facilities by COP 2020. To ensure effective implementation of multi-month scripting, commodity procurement in COP 2019 of ARVs both through PEPFAR procurement and Global Fund procurement will incorporate increased procurement of 120 days ART scripting in anticipation of the increased demand as a result of the viral load coverage scale up. Finally, viral load

testing will also enable retention agents at facilities to identify those patients who are not virally suppressed who may require additional adherence support.

Another critical element to achieving epidemic control by COP 2020 is case-finding. PEPFAR Cameroon will focus testing strategies in COP 2019 around improving the implementation and scale of index testing, reducing over testing in the provider initiated testing modality (Other PITC), curtailing costly over testing, utilizing behavioral risk screening tools, and conducting testing at hotspots and among key populations. The 2018 CAMPHIA metabolite data indicated that only 56% of people living with HIV in Cameroon were aware of their status. Programmatic and Government of Cameroon DHIS2 data suggests that today, that percentage is closer to 68%, however, case finding will be a critical component of the push toward epidemic control as it is currently the weakest aspect of Cameroon's 95-95-95 achievement. To accomplish this, clinical partners will be retrained in index testing SOPs, with special consideration given to screening the children of index clients and sensitization around eliciting sexual partner references to improve index testing yields. PEPFAR Cameroon will make use of a screening tool in all sites and modalities, and will halt any practices of universal testing.

Upon identifying new positives, PEPFAR Cameroon will link them immediately to high quality ART services. This goal demands a full transition to tenofovir/lamivudine/dolutegravir (TLD) as a first-line regimen for all eligible populations, and the elimination of nevirapine-based regimens. This transition, in partnership with the Government of Cameroon and the Global Fund, will be complete by September 2020. The transition does not currently plan to transition women of childbearing age (CBA) to TLD, but instead to TLE 600 or TLE 400. The PEPFAR team will continue to advocate for the ability of women of CBA to have access to TLD as a treatment option, as well as for the rapid transition of any patients currently on Nevirapine-based formulations to be transitioned to TLD.

In COP 2019, PEPFAR Cameroon will engage a community partner to assist in the enforcement and monitoring of user fee elimination at the facility level. This partner will examine current patient flow in urban, peri-urban, and rural facilities to determine where and how much patients are actually paying in formal and informal fees, educate patients around their treatment access rights, educate facility staff in the fees that were eliminated in the April 4 decision, and engage additional human resources to bolster the implementation in clinics. PEPFAR Cameroon will also enlist the National AIDS Control Committee (NACC), which will provide enforcement of the user fee elimination as well as corrective action through

Regional Delegation Anti-corruption committees. Finally, PEPFAR Cameroon will engage its clinical partners to further strengthen the implementation of user fee elimination at the site level.

Coinciding with the scale up of the clinical program and the commitment to put 91% of the HIV positive population on treatment by the end of COP 2020, PEPFAR Cameroon will also implement full coverage of tuberculosis (TB) preventive therapy (TPT) for ART clients over the next two years by scaling QI initiatives, improving diagnostics, strengthening monitoring and evaluation, and introducing short-course formulations for TPT. PEPFAR will actively case find for TB, ensure effective treatment of all active TB cases and ensure TPT for all those without active TB, thereby ensuring control of both the TB and HIV pandemics.

PEPFAR Cameroon's above site/systematic investments will be limited in COP 2019 since the focus will be on the clinical treatment program. However, to ensure that there is an adequate supply chain to procure and distribute the commodities required to implement the clinical scale up, PEPFAR Cameroon will implement supply chain and laboratory technical assistance that will ensure accurate forecasting and stock quantification, proper product selection and packaging, adequate and timely data reporting, and continuous capacity building with MOH to track commodity movements from manufacturer to labs and clinical sites and between labs and clinical sites. This work will also be essential to track progress towards improved MMS offerings and in the roll out of the TLD transition, the majority of which will take place during the COP 2019 cycle. Finally, PEPFAR Cameroon will conduct a legal environment assessment in COP 2019 to identify the legal and policy barriers that limit access to care and treatment and contribute to stigma and discrimination.

In the remainder of COP 2018 PEPFAR Cameroon will continue its work in rapid patient tracking and the retraining of staff in retention best practices and will ensure that retraining of index tracers in the facilities is done quickly and effectively. PEPFAR Cameroon will continue to hold its own staff to account for the performance of its sites, and will begin to prepare for the implementation of a scaled up patient-centric treatment model. The participation of the Government of Cameroon is also critical as the PEPFAR funding for COP 2019 is contingent on the inclusion of user fee elimination in the 2020 budget for Cameroon, as well as on the successful implementation of user fee elimination at the sites, starting on January 1, 2020.

Funding Summary

All COP 2019 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.

Cameroon	FY 2019 New			Total New Funds	Applied Pipeline*	Total COP 19 Bilateral Budget
	GHP-State	GHP-USAID	GAP			
DOD TOTAL	1,574,942	-	-	1,574,942	253,831	1,828,773
<i>of which, Acceleration</i>	783,830	-	-	783,830	-	783,830
HHS TOTAL	55,710,330	-	575,119	56,285,449	8,489,788	64,775,237
HHS/CDC	55,710,330	-	575,119	56,285,449	8,489,788	64,775,237
<i>of which, Acceleration</i>	44,923,176	-	-	44,923,176	-	44,923,176
<i>of which, CDC Positions</i>	593,698	-	-	593,698	-	593,698
PEACE CORPS TOTAL	880,028	-	-	880,028	374,263	1,254,291
<i>of which, Acceleration</i>	320,583	-	-	320,583	-	320,583
STATE TOTAL	584,347	-	-	584,347	115,653	700,000
State	584,347	-	-	584,347	115,653	650,000
State/AF	50,000	-	-	50,000	-	50,000
<i>of which, Acceleration</i>	50,000	-	-	50,000	-	50,000
USAID TOTAL	27,407,242	-	-	27,407,242	1,217,244	28,624,486
USAID, non-WCF	14,099,090	-	-	14,099,090	872,317	14,971,407
<i>of which, Acceleration</i>	8,464,143	-	-	8,464,143	-	8,464,143
<i>of which, USAID LES</i>	160,000	-	-	160,000	-	160,000
USAID, WCF	13,308,152	-	-	13,308,152	344,927	13,653,079
<i>of which, Acceleration</i>	11,887,357	-	-	11,887,357	-	11,887,357
TOTAL	86,156,889	-	575,119	86,732,008	10,450,779	97,182,787
<i>of which, Acceleration</i>	66,429,089	-	-	66,429,089	-	66,429,089
<i>of which, CDC Positions</i>	593,698	-	-	593,698	-	593,698
<i>of which, USAID LES</i>	160,000	-	-	160,000	-	160,000

* Pipeline refers to funding allocated in prior years, approved for implementation in FY 2020

**The budget table above reflects all approved funding for COP 2019 for FY 2020 implementation only. Please note that during the COP 2019 planning process, of the total FY 2019 GHP-State funding approved for PEPFAR Cameroon, \$120,000,000 will be funded out of resources designated by S/GAC for Performance-based Acceleration Towards Epidemic Control in various countries. Specifically, these funds are targeted to surge assistance to help Cameroon achieve critical epidemic control targets through the end of FY 2021. Of the \$120,000,000, approximately \$66,429,089 is expected to be used during the FY 2020 implementation period. The remaining \$53,570,911 is expected to be used during the FY 2021 implementation period and will be documented in the COP20 approval memo.

GHP-State Funds: Upon the clearance of a FY 2019 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 2020 at approved COP 2019 partner budget levels to achieve FY 2020 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 2020 at approved COP 2019 partner budget levels to achieve FY 2020 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.

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 2020 at approved COP 2019 partner budget levels to achieve FY 2020 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 2019 total budget level and documented within COP 2019 partner budgets are not to be executed or outlaid without written approval from the Global AIDS Coordinator.

FY 2020 Target Summary

FY 2019 funds are released and COP 2019 applied pipeline is approved to achieve the following results in FY 2020.

Pending Congressional Approval

UNCLASSIFIED

- 9 -

Cameroon		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15		8,302				8,412
	15+		190,172				193,213
	Total	-	198,474	-	-	-	201,625
HTS_TST	<15		57,512				58,575
	15+		1,924,450				1,955,994
	Total	-	1,981,962	-	-	-	2,014,569
HTS_TST_POS	<15		5,180				5,209
	15+		126,321				128,482
	Total	-	131,501	-	-	-	133,691
TX_NEW	<15		5,616				5,647
	15+		120,226				122,288
	Total	-	125,842	-	-	-	127,935
TX_CURR	<15		16,434				16,577
	15+		356,245				365,015
	Total	-	372,679	-	-	-	381,592
TX_PVLS	<15		13,906				14,030
	15+		303,081				310,833
	Total	-	316,987	-	-	-	324,863
CXCA_SCRN	Total (15+)		-				-
OVC_SERV	<18		37,931				37,931
	18+		16,386				16,386
	Total	-	54,317	-	-	-	54,317
OVC_HIVSTAT	Total (<18)		36,029				36,029
PMTCT_STAT	<15		1,492				1,492
	15+		649,377				651,805
	Total	-	650,869	-	-	-	653,297
PMTCT_STAT_POS	<15		16				16
	15+		17,065				17,173
	Total	-	17,081	-	-	-	17,189
PMTCT_ART	<15		16				16
	15+		16,308				16,412
	Total	-	16,324	-	-	-	16,428
PMTCT_EID	Total		16,241				16,344
PP_PREV	<15		7,138				7,138
	15+		28,519				28,519
	Total	-	35,657	-	-	-	35,657
KP_PREV	Total		66,660				66,660
KP_MAT	Total		-				-
VMMC_CIRC	<15		-				-
	15+		-				-
	Total	-	-	-	-	-	-
HTS_SELF	Total	-	4,041	-	-	-	4,041
PrEP_NEW	Total		1,083				1,083
PrEP_CURR	Total		1,851				1,851
TB_STAT (N)	<15		1,309				1,333
	15+		25,663				26,299
	Total	-	26,972	-	-	-	27,632
TB_ART (N)	<15		659				697
	15+		3,454				3,682
	Total	-	4,113	-	-	-	4,379
TB_PREV (N)	<15		6,554				6,612
	15+		141,637				145,263
	Total	-	148,191	-	-	-	151,875
TX_TB (N)	<15		7,910				7,978
	15+		172,942				177,225
	Total	-	180,852	-	-	-	185,203
GEND_GBV	Total		462				462

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

Budgetary Requirements

Cameroon has programmed FY 2019 funding in support of required earmarks as follows:

Earmarks	FY 2019 COP19 Funding Level*
Care & Treatment	67,672,667
HKID Requirement	5,900,438
Preventing and Responding to Gender-based Violence	501,680
Water	241,694
* Does not include central funds	

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 the this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner found not to be on track to achieve 80% of its approved targets or outcomes by the end of the second quarter must be placed on an improvement plan with clear benchmarks to measure improvement. 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 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement. This continued engagement will ensure all parties' understanding of Cameroon's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.