United States Department of State

Washington, D.C. 20520

UNCLASSIFIED May 7, 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: Eswatini Country Operational Plan 2019 Approval

Recommendations

Approve the Eswatini Country Operational Plan (COP) 2019 with a total budget of $79,629,228 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:

Eswatini	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
Total Budget	**69,515,085**	**10,114,143**	**79,629,228**
COP 19 Bilateral	69,515,085	10,114,143	79,629,228

* 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 $79,629,228. **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.

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 Eswatini PEPFAR program of up to $584,160 in central funding for the procurement of condoms and lubricants.

Eswatini must fully achieve approved COP 2018 (FY 2019) treatment current (TX_CURR) targets 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.

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 11-15, 2019 in-person planning meetings; the final COP 2019 submission, including all data submitted via official PEPFAR systems or within supplemental documents; and Eswatini's virtual COP 2019 approval with Ambassador Birx on May 7, 2019.

Program Summary

Funding and targets for Eswatini's Country Operational Plan 2019 are approved to support PEPFAR Eswatini's vision to achieve 95-95-95 by 2020 with full control of the HIV pandemic and full access to critical prevention interventions in partnership with the Kingdom of Eswatini. Reaching and sustaining epidemic control requires a highly focused and highly performing strategic program using targeted, micro-data-driven strategies to find the remaining, hardest-to-reach people living with HIV (PLHIV). These strategies include: risk-based case identification and case-based surveillance; ensuring greater than 95% linkage, retention (90% for 12 month cohort) and viral suppression through intensive patient tracking; and patient-centered service delivery. According to 2018 Spectrum estimates for Eswatini, 92% of PLHIV are aware of their status and 89% of those aware of their status are on antiretrovial treatment (ART). Of PLHIV aware on their status and on ART, 93% are virally suppressed and thus healthy and not transmitting the virus to others. The greatest gains in closing the ART gap will be by finding men ages 25-39 and women ages 15-24, initiating treatment and ensuring retention and viral load suppression. In addition, the program will continue to invest in highly effective prevention interventions including risk avoidance and reduction activities, full Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) programming, voluntary medical male circumcision (VMMC) and condoms.

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Working to prevent new HIV infections among girls and young women, in the face of a growing youth bulge, as well as among older women ages 30-39 is also a key focus for FY 2020, under the COP 2019 strategy.

The PEPFAR Eswatini strategy to be implemented in FY 2020 is based on a thorough review of programmatic data and discussions with civil society, community organizations and implementing partners in an all-inclusive, transparent approach where both current results and future planning are both comprehensively addressed. In COP 2019, PEPFAR Eswatini will support national efforts to strengthen Eswatini's HIV response to close known program gaps, sustain achievements, and implement case-based disease surveillance interventions to ensure epidemic control can be monitored and rapid changes implemented as required and create the platform of health security.

In addition, in COP 2019 PEPFAR Eswatini will implement index testing at scale and with fidelity, focusing on men 25-39 years and young women using maternal health platforms. Highly targeted facility-based testing through use of a screening tool and sexual partner and network tracing through these outlets will also be a focus. Male focused efforts will be executed through: universal testing of all males in sexually transmitted diseases clinics; testing presumptive TB cases; and distribution of self-test kits inclusive of execution through communities of faith and faith-based organizations.

The requirement for COP 2019 (FY 2020) is for 50 percent of new positives to be found via index testing optimized by a Ministry of Health (MoH) directive to implement index testing, eliminate non-targeted testing, and revise the rapid testing algorithm to allow testing in parallel versus in series. Recency testing will become the second test in the HIV testing algorithm used to confirm all HIV positive tests and allowing for identification of new HIV infections simultaneously. This information will be used to offer testing to sexual partners of newly infected individuals and all children of HIV positive women as well as allow for monitoring of possible new hot spots of HIV transmission.

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During COP 2019, PEPFAR Eswatini will work to improve linkage to treatment rates from 76% to 95% by more closely matching HIV testing centers to treatment facilities, through treatment literacy encourage clients to accept same day treatment to obtain viral suppression as quickly as possible, and focusing community and counseling messages on the importance of treatment. Program improvements will include a complete transition to tenofovir/lamivudine/dolutegravir (TLD) as the first line antiretroviral (ARV) regimen in FY 2020, including for women of reproductive age, and the elimination of Nevirapine regimens by October 1, 2019, a known inferior treatment regimen. These interventions will reduce drug side effects and drug

resistance and support improvement of already high retention rates. New ARV regimens for children will also be scaled with the aim to markedly improve retention and viral load suppression among children and adolescents.

Comprehensive HIV treatment services for males will include support for diagnosis of non-communicable diseases, specific hypertension as part of MenStar and public private partnerships (PPP), extended clinic hours, and expanded community ART initiation to increase access to services and improve linkage. For HIV positive women, cervical cancer screening and treatment will be scaled as part of HIV clinical services given the markedly high rates of cervical cancer in Eswatini.

Viral load access is high in Eswatini but operational challenges persist. This includes equipment downtime and slow turn-around time for reporting patient results. During COP 2019, PEPFAR Eswatini will support change-out of lab equipment for newer and more appropriate instruments, along with a focus on electronic interoperability of lab results to patient clinical records, reducing the dependency on the return of paper results. The target is to reach 95% viral load suppression through these operational changes. As of December 2018, the viral suppression rate of people on ART is 93%.

Eswatini has one of the highest tuberculosis (TB)/HIV burdens in the world. PEPFAR Eswatini will support the MoH to implement an aggressive TB preventative therapy (TPT) program to all HIV positives persons screened and diagnosed negative for TB. In FY 2020, TPT will move to the fixed dose treatment INH/B6/cotrimoxazole, or to the new 3HP drug, should a viable price for the latter be secured. Barriers to scaling this effort will be addressed, including increasing provider confidence in prescribing and creating better client understanding of the benefits of TPT, therefore increasing demand. Through this approach both the TB and HIV pandemics will be controlled.

In addition, PEPFAR is fully focused on full implementation of effective HIV prevention programming from access to condoms, VMMC, DREAMS and supportive girls and boy through the orphans and vulnerable children (OVC) platform for full HIV risk avoidance.

PEPFAR Eswatini's estimated coverage with DREAMS interventions for adolescent girls and young women (AGYW) is 76% among identified high-risk 10-19 year olds but only 44% for those ages 20-29. In FY 2020, DREAMS programming will implement a multi-pronged approach including teen clubs/ART clubs, multi-month scripting for stable clients, and immediate loss to follow-up tracking. There will also be an increased focus on prevention of

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sexual violence and full HIV risk avoidance among girls and boys aged 9-14 implemented through faith-based partnerships.

Prevention efforts for men, including youth aged 10-14, will continue to focus on the delivery of VMMC. Working to achieve high coverage in the men 15-29 years, PEPFAR Eswatini will support the MoH in implementing a re-visioned VMMC program with a combination of fixed and mobile sites and a new demand creation strategy.

Utilizing COP 2019 funding, the key population (KP) program will expand in FY 2020 to reach more female sex workers and men-who-have-sex-with-men working to find the most at risk through targeted outreach events and age appropriate peer navigators to implement index testing. An integrated behavioral and biological survey (IBBS) will also be conducted to update the size estimates for KP.

To support direct service delivery, COP 2019 funding will support above site activities largely focusing on data visibility and use and disease surveillance. In addition, PEPFAR Eswatini will provide support to district health teams for the roll-out of HIV related policies including Test and Start and multi-month scripting and create strong systems for domestic commodity procurement, inclusive of quantification and forecasting, to ensure efficiencies are achieved.

The HIV recent infection surveillance system rapidly detects, monitors, interrupts transmission patterns, and intervenes on HIV infection during the acute and early chronic infection stage when HIV-infected individuals are at highest risk of transmitting to others. Results from HIV recent infection surveillance will be used to prioritize and target geographical areas for index testing, equitable distribution for test and start activities, and deployment of prevention interventions such as condoms, VMMC and pre-exposure prophylaxis (PrEP). The results provides an opportunity for real-time monitoring of the trajectory of the epidemic. In COP 2019, recency testing will be introduced in 100% of new positives over age 15 as per the approved CDC surveillance protocol. The rapid test for recent infection will be done in parallel to the second test of the current national HIV testing algorithm. This information will allow monitoring of potential hot spots of HIV transmission to help inform prevention, testing and treatment programs. The MoH epidemiology unit will receive support through PEPFAR to collate, analyze and report recency testing results on a quarterly basis in line with routine HIV testing services reporting. PEPFAR will also implementing another PHIA to document control of the pandemic.

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The GKoE, with the support of the Global Fund, has initiated a Committee on Sustainable financing for the epidemic and PEPFAR is part of both the Steering and Technical Committees. PEPFAR is the largest financial contributor to the HIV response at 59%, followed by GKoE at 26% and Global Fund at 11%. By program area, the greatest total PEPFAR investments are in clinical care, treatment and support, HIV case identification and above site support. This investment represents both direct service delivery and technical support. The largest contribution from GKoE is in clinical care, treatment and support, predominantly through the funding of adult ARVs while Global Fund focuses support in test kits, viral load and lab reagents.

To increase efficiencies in the use of resources, PEPFAR has worked with Global Fund to divide investment in supporting the laboratory system, primarily around commodity support to ensure there are no testing interruptions due to reagent unavailability. The role of other stakeholders, especially community and civil society, is to promote demand creation among PLHIV for viral load testing.

The implementation plan for lab services and equipment optimization will be fully implemented in COP 2019. PEPFAR will continue supporting implementation of QMS in all labs including testing sites that do not have laboratory support. During the third week of March 2019, two laboratories received SADCAS recommendation for ISO accreditation. A phased approach to strengthen QMS activities for other labs towards accreditation is being implemented where labs are segregated to different cohorts depending on their achievement during baseline assessments. These activities support the global health security agenda.

PEPFAR Eswatini is expected to ensure the following minimum program and policy requirements continue or are in place by the beginning of COP 2019 implementation (FY 2020) for funds to be disbursed. These include: continued implementation of Test and Start across all PEPFAR-supported sites; implementation of differentiated service delivery models, including roll out of six-month multi-month scripting; aggressive transition of TLD, ideally pushing before September 2019 and ensuring women of childbearing potential and adolescents are eligible with informed consent; scale up of index testing across all clinical partners and self-testing; aggressive scale up of TB preventive treatment for all PLHIV; immediate linkage of clients from testing to treatment across age, sex, and risk groups; scale up access to VL/EID to greater than 90% in all regions; monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity; continue OVC service package alignment; scale up unique identifier to at least 85% registered ART

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clients; and continue to engage with local, indigenous partners as sub-awardees while strengthening local organizational and technical capacity.

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.

	FY 2019 New			Total New Funds	Applied Pipeline*	Total COP 19
Eswatini	GHP-State	GHP-USAID	GAP			Bilateral Budget
DOD TOTAL	**2,047,366**	**-**	**-**	**2,047,366**	**320,710**	**2,368,076**
of which, Cervical Cancer	88,938	-	-	88,938	-	88,938
of which, FBO Surge	500,000	-	-	500,000	-	500,000
of which, VMMC	55,600	-	-	55,600	-	55,600
HHS TOTAL	**26,245,514**	**-**	**487,500**	**26,733,014**	**4,984,789**	**31,717,803**
HHS/CDC	26,245,514	-	487,500	26,733,014	4,984,789	31,717,803
of which, Cervical Cancer	779,893	-	-	779,893	-	779,893
of which, FBO Surge	3,947,250	-	-	3,947,250	-	3,947,250
of which, Surveillance and Public Health Response	2,764,555	-	-	2,764,555	-	2,764,555
of which, VMMC	3,255,881	-	-	3,255,881	-	3,255,881
PEACE CORPS TOTAL	**828,144**	**-**	**-**	**828,144**	**412,756**	**1,240,900**
STATE TOTAL	**931,854**	**-**	**-**	**931,854**	**230,453**	**1,162,307**
State	848,986	-	-	848,986	189,882	1,038,868
State/AF	82,868	-	-	82,868	40,571	123,439
USAID TOTAL	**38,974,707**	**-**	**-**	**38,974,707**	**4,165,435**	**43,140,142**
USAID, non-WCF	32,848,506	-	-	32,848,506	3,032,840	35,881,346
of which, Cervical Cancer	149,874	-	-	149,874	-	149,874
of which, DREAMS	5,232,339	-	-	5,232,339	-	5,232,339
of which, FBO Surge	3,033,273	-	-	3,033,273	-	3,033,273
of which, USAID LES	380,000	-	-	380,000	-	380,000
of which, VMMC	1,400,425	-	-	1,400,425	-	1,400,425
USAID, WCF	6,126,201	-	-	6,126,201	1,132,595	7,258,796
of which, Surveillance and Public Health Response	165,750	-	-	165,750	-	165,750
of which, VMMC	457,046	-	-	457,046	-	457,046
TOTAL	**69,027,585**	**-**	**487,500**	**69,515,085**	**10,114,143**	**79,629,228**
of which, Cervical Cancer	1,018,705	-	-	1,018,705	-	1,018,705
of which, DREAMS	5,232,339	-	-	5,232,339	-	5,232,339
of which, FBO Surge	7,480,523	-	-	7,480,523	-	7,480,523
of which, Surveillance and Public Health Response	2,930,305	-	-	2,930,305	-	2,930,305
of which, USAID LES	380,000	-	-	380,000	-	380,000
of which, VMMC	5,168,952	-	-	5,168,952	-	5,168,952

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

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 outlayed without written approval from the Global AIDS Coordinator.

Global Fund Technical Assistance Resources in Working Capital Fund: In Eswatini, the shift to 6 months scripting is a policy change the GKoE is willing to take, but neither the Global Fund grant nor domestic funds available for commodities are sufficient to front-load the change. The Global Fund is the main donor support for commodities in Eswatini and ARVs (along with a robust domestic budget). The shift to TLD 6 months is needed, as the country struggles with high rates of resistance. Eswatini's quantification for TLD is based on the FY 2020 TX_Curr target of 199,784. The TLD quantification is 85% of TX_Curr for 3 months (90 count bottles). Eswatini is approved to receive Global Fund Technical Assistance resources in the Working Capital Fund to purchase 2 three-month supplies (90 count bottles) of TLD to jump start the transition to 6 month scripting.

FY 2020 Target Summary

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

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Eswatini		SNU Prioritizations					
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	Total *
HTS_INDEX	<15	1,246					1,246
	15+	55,851					55,851
	Total	**57,097**	-	-	-	-	**57,097**
HTS_TST	<15	45,355					45,355
	15+	200,180					200,180
	Total	**245,535**	-	-	-	-	**245,535**
HTS_TST_POS	<15	1,842					1,842
	15+	26,134					26,134
	Total	**27,976**	-	-	-	-	**27,976**
TX_NEW	<15	1,049					1,049
	15+	23,251					23,251
	Total	**24,300**	-	-	-	-	**24,300**
TX_CURR	<15	9,398					9,398
	15+	188,759					188,759
	Total	**198,157**	-	-	-	-	**198,157**
TX_PVLS	<15	9,658					9,658
	15+	190,534					190,534
	Total	**200,192**	-	-	-	-	**200,192**
CXCA_SCRN	**Total (15+)**	**38,713**					**38,713**
OVC_SERV	<18	56,631					56,631
	18+	9,406					9,406
	Total	**66,037**	-	-	-	-	**66,037**
OVC_HIVSTAT	**Total (<18)**	**56,646**					**56,646**
PMTCT_STAT	<15	240					240
	15+	25,672					25,672
	Total	**25,912**	-	-	-	-	**25,912**
PMTCT_STAT_POS	<15	13					13
	15+	8,919					8,919
	Total	**8,932**	-	-	-	-	**8,932**
PMTCT_ART	<15	7					7
	15+	8,483					8,483
	Total	**8,490**	-	-	-	-	**8,490**
PMTCT_EID	**Total**	**8,489**					**8,489**
PP_PREV	<15	13,459					13,459
	15+	46,286					46,286
	Total	**59,745**	-	-	-	-	**59,745**
KP_PREV	**Total**	**12,959**					**12,959**
KP_MAT	**Total**	-					-
VMMC_CIRC	<15	8,955					8,955
	15+	21,034					21,034
	Total	**29,989**	-	-	-	-	**29,989**
HTS_SELF	**Total**	**67,991**	-	-	-	-	**67,991**
PrEP_NEW	**Total**	**4,479**					**4,479**
PrEP_CURR	**Total**	**5,861**					**5,861**
TB_STAT (N)	<15	156					156
	15+	2,378					2,378
	Total	**2,534**	-	-	-	-	**2,534**
TB_ART (N)	<15	271					271
	15+	1,434					1,434
	Total	**1,705**	-	-	-	-	**1,705**
TB_PREV (N)	<15	2,088					2,088
	15+	46,906					46,906
	Total	**48,994**	-	-	-	-	**48,994**
TX_TB (N)	<15	10,018					10,018
	15+	203,068					203,068
	Total	**213,086**	-	-	-	-	**213,086**
GEND_GBV	**Total**	**3,962**					**3,962**

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

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Budgetary Requirements

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

Earmarks	FY 2019 COP19 Funding Level*
Care & Treatment	33,685,889
HKID Requirement	6,700,848
Preventing and Responding to Gender-based Violence	1,140,888
Water	150,000

* 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 Eswatini's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

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