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April 15, 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: Malawi Country Operational Plan 2019 Approval

Recommendations

Approve the Malawi Country Operational Plan (COP) 2019 with a total budget of \$159,039,935 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. Funding Table			
Malawi	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
Total Budget	143,859,620	15,180,315	159,039,935
COP 19 Bilateral	143,859,620	15,180,315	159,039,935

* 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 \$159,039,935. **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 Malawi PEPFAR program of up to \$843,713 in central funding for the procurement of condoms and lubricants.

PEPFAR Malawi 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.

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 04-08 2019 in-person planning meetings; the final COP 2019 submission, including all data submitted via official PEPFAR systems or within supplemental documents; and Malawi's virtual COP 2019 approval with Ambassador Birx on April 16, 2019.

Program Summary

Funding and targets for Malawi's Country Operational Plan 2019 support PEPFAR Malawi's vision to achieve epidemic control by 2020 in partnership with the Government of Malawi (GOM) and community. FY 2019 GHP-State funding included in this memo will support PEPFAR Malawi's work to scale up and implement policies to ensure all Malawians living with HIV/AIDS, regardless of age and sex, are reached with appropriate testing, receive antiretroviral treatment (ART), and are virally suppressed (VS). During COP 2019, PEPFAR Malawi will accelerate progress to 95-95-95, ensuring that of the estimated 1,101,928 people living with HIV (PLHIV), the country will achieve its goal of 95% of PLHIV diagnosed (1,046,832), on treatment (994,490), and virally suppressed by 2020 (944,766).

The PEPFAR Malawi strategy in FY 2020 will be implemented in a completely transparent manner and is based on a thorough review of programmatic data and discussions with host government, civil society, community organizations, and implementing partners. With COP 2019 funding, PEPFAR Malawi will improve case finding through evidence-based strategies to include index testing, self-testing, and eligibility screening to reduce over testing through provider-initiated testing and counseling. PEPFAR Malawi will continue community

index, social, and sexual network testing for key populations (KP). In addition, HIV self-testing will be scaled up and adopted as a key component of critical efforts to improve outreach to men and as an effective arm of contact tracing. The distribution of self-test kits via door to door delivery is an ineffective and cost prohibitive approach and is disallowed. As part of the scale-up of index testing, PEPFAR Malawi will ensure gender-based violence (GBV) services are available onsite or by referral and can be tracked to identify any increases in violence associated with index testing contact tracing. PEPFAR Malawi is commended for advances in recency testing which will be scaled up in an additional 15 districts in COP 2019.

In FY 2020, PEPFAR Malawi will scale-up the transition to tenofovir/lamivudine/dolutegravir (TLD) of over 500,000 clients by December 2019 and provide stable clients with a six-month supply of medication to improve retention rates. The transition to TLD will ensure that the provision of treatment literacy materials and quality counseling for each client is embedded in the ART transition standard operating procedures at all points of care. The GOM and PEPFAR Malawi will also ensure barriers faced by women and children in accessing TLD are removed, including unnecessary written informed consent forms for women and the prerequisite of long-acting contraceptives.

The program will address declining viral suppression (VS) among children by ensuring optimal treatment regimens and adherence, and will continue its efforts to eliminate mother-to-child transmission of HIV. Additionally, as agreed to with the GOM and stakeholders, in COP 2019 PEPFAR Malawi will support the national scale up of annual viral load (VL) testing and other priority interventions to address poor VL coverage and VS levels, especially among pediatric clients, and improve “Back to Care” efforts.

The Global Fund, Ministry of Health (MOH), PEPFAR, and the Gates Foundation will agree on the needed commodities, reagents, and equipment rentals – including required quantities and appropriate timeline – and provide this to the Global Fund by April 1st, 2019 to ensure that the needed pediatric and VL commodities are purchased and available when clients are ready to be switched. By January 2020, Malawi will have transitioned 91% of clients to TLD.

PEPFAR Malawi will also utilize community networks to promote successful retention and adherence efforts, scaling up functional and quality community pick-up spots and adherence clubs. The T=T (*Tizilombo tochepa = thanzi la bwino*, or less virus = better health) campaign to incorporate comprehensive adherence counseling and treatment literacy in annual VL scale-up will also continue to be supported to ensure everyone is aware that undetectable virus is

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equal to untransmittable virus. Faith-based organizations and traditional leaders will be a critical means of ensuring HIV prevention, testing, and treatment adherence, with a particular focus on men. PEPFAR Malawi will use COP 2019 funds to find and retain men through a “reaching men strategy” using the MenStar findings across the cascade.

PEPFAR Malawi will work with the GOM to determine optimal alignment of their respective human resources for health (HRH) investments to reduce HRH gaps. Currently PEPFAR Malawi supports 13,066 health care workers. In response to feedback from civil society, PEPFAR Malawi committed to funding 550 additional health care workers in COP 2019. The program will focus on HIV diagnostic assistants and supportive supervision and critical health system inputs for a robust MOH-led and inclusive response. Expert clients continue to play a key role in ensuring the effectiveness of HRH activities related to linkage, retention, and returning clients to care, and the program will ensure that they are compensated per the GOM guidelines for their vital work.

Along with ensuring PLHIV are linked to, and retained on, treatment and other services, PEPFAR Malawi will enhance activities to prevent new infections. One priority is the identification and immediate linkage of high-risk groups to targeted prevention services. To fight continued high HIV incidence in girls and women ages 15 to 24, the program has established a target of reaching 35,000 new enrollees in DREAMS in COP 2019, focusing on the most vulnerable. DREAMS and orphans and vulnerable children programming will also shift to focus on young girls ages 9 to 14 and ensure a comprehensive package of services to prevent sexual violence. DREAMS programming will include new pre-fabricated schools, provision of youth-friendly health services, and community sensitization. Clinical interventions will include intensified evidence-based interventions, such as pre-exposure prophylaxis (PrEP) and GBV services. Other priority prevention areas supported in COP 2019 include expanding the availability of voluntary medical male circumcision (VMMC), including approaches for boys over age 15, and scaled PrEP provision for at-risk groups such as serodiscordant couples and KPs in all scale-up districts particularly Blantyre. Together these focused and highly effective prevention activities will ensure robust and long term control of the HIV pandemic in Malawi.

Effective immediately, and as proposed by the GOM Director of HIV/AIDS and PEPFAR Malawi, a biweekly update on progress toward achieving benchmarks and the implementation of minimum requirements will be provided to the Secretary of Health, MOH, the S/GAC Chair, and the U.S. Global AIDS Coordinator, who will review progress made across all targets and sites during COP 2018 and COP 2019 implementation to ensure PEPFAR Malawi is on

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track in executing policies and program strategies to ensure epidemic control by 2020. In addition, CDC will implement a surge activity and deploy a new partner with competency to install electronic medical records systems in all 747 sites with more than 50 patients on ART by September of 2019. Details on the granular partner management strategy and surge plan will be provided to OGAC. All innovations implemented by PEPFAR IP's must be continually evaluated for impact and cost-effectiveness, validated, and recommendations for scale up made to the GOM.

In sum, for FY 2020 funds to be disbursed, COP 2019 plans must meet all of PEPFAR's minimum program and policy requirements. By September 30, 2019, the team must assure the immediate implementation of Test and Start across all age, sex, and risk groups, and the national scale up of index testing, self-testing, and recency testing. By December of 2019, all eligible PLHIV in Malawi must transition to a DTG regimen, including women of child-bearing age and pediatric clients, and stable patients must have access to six-month refills by the FY2019 Q3 reporting cycle. Already provided funding must be deployed to ensure annual VL for all patients currently on ART, and PrEP must be made available to KPs. To support the control of both the TB and HIV pandemics, PEPFAR Malawi must support the GOM to expand tuberculosis (TB) preventive therapy (TPT) in 5 districts, preparing for scale-up of the TB drug 3HP and the expansion of TPT for all ART clients by the end of FY 2019.

To achieve these minimum requirements, the GOM agreed to release a circular consolidating all policy directives in one document, enabling the implementation of approaches to improve case finding, treatment regimens, and retention and improving access to viral load (VL) monitoring. The circular also identifies approaches to return clients to care. The GOM will maintain its existing policy of not permitting any user fees, formal or informal, to ensure access to health services by all. This will ensure that Malawi not only reaches epidemic control, but sustains the control attained.

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.

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Malawi	FY 2019 New			Total New Funds	Applied Pipeline*	Total COP 19 Bilateral Budget
	GHP-State	GHP-USAID	GAP			
DOD TOTAL	1,357,042	-	-	1,357,042	1,461,019	2,818,061
<i>of which, FBO Surge</i>	500,000	-	-	500,000	-	500,000
<i>of which, VMMC</i>	-	-	-	-	498,032	498,032
HHS TOTAL	68,639,425	-	1,512,500	70,151,925	10,193,957	80,345,882
HHS/CDC	68,639,425	-	1,512,500	70,151,925	10,193,957	80,345,882
<i>of which, Cervical Cancer</i>	1,305,502	-	-	1,305,502	-	1,305,502
<i>of which, DREAMS</i>	1,600,000	-	-	1,600,000	-	1,600,000
<i>of which, FBO Surge</i>	7,105,050	-	-	7,105,050	-	7,105,050
<i>of which, Surveillance and Public Health Response</i>	1,560,000	-	-	1,560,000	-	1,560,000
<i>of which, VMMC</i>	13,933	-	-	13,933	6,809,050	6,822,983
PEACE CORPS TOTAL	1,926,498	-	-	1,926,498	81,074	2,007,572
STATE TOTAL	866,582	-	-	866,582	576,243	1,442,825
State	666,582	-	-	666,582	-	666,582
State/AF	200,000	-	-	200,000	576,243	776,243
USAID TOTAL	69,557,573	-	-	69,557,573	2,868,022	72,425,595
USAID, non-WCF	65,520,172	-	-	65,520,172	2,868,022	68,388,194
<i>of which, Cervical Cancer</i>	894,433	-	-	894,433	-	894,433
<i>of which, DREAMS</i>	6,867,740	-	-	6,867,740	50,000	6,917,740
<i>of which, FBO Surge</i>	6,394,950	-	-	6,394,950	-	6,394,950
<i>of which, USAID LES</i>	560,000	-	-	560,000	-	560,000
<i>of which, VMMC</i>	8,056,241	-	-	8,056,241	1,189,841	9,246,082
USAID, WCF	4,037,401	-	-	4,037,401	-	4,037,401
<i>of which, VMMC</i>	1,656,603	-	-	1,656,603	-	1,656,603
TOTAL	142,347,120	-	1,512,500	143,859,620	15,180,315	159,039,935
<i>of which, Cervical Cancer</i>	2,199,935	-	-	2,199,935	-	2,199,935
<i>of which, DREAMS</i>	8,467,740	-	-	8,467,740	50,000	8,517,740
<i>of which, FBO Surge</i>	14,000,000	-	-	14,000,000	-	14,000,000
<i>of which, Surveillance and Public Health Response</i>	1,560,000	-	-	1,560,000	-	1,560,000
<i>of which, USAID LES</i>	560,000	-	-	560,000	-	560,000
<i>of which, VMMC</i>	9,726,777	-	-	9,726,777	8,496,923	18,223,700

* 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

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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.

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

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Malawi		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15		32,710	889	6,538		40,137
	15+		132,129	3,318	24,797		161,343
	Total	-	164,839	4,207	31,335	-	201,480
HTS_TST	<15		231,037	14,807	96,196		344,622
	15+		1,539,350	56,368	763,212		2,390,412
	Total	-	1,770,387	71,175	859,408	-	2,735,034
HTS_TST_POS	<15		7,751	296	1,925		10,042
	15+		92,397	3,388	25,355		123,749
	Total	-	100,148	3,684	27,280	-	133,791
TX_NEW	<15		8,189	293	2,226		10,747
	15+		86,740	3,191	24,611		116,750
	Total	-	94,929	3,484	26,837	-	127,497
TX_CURR	<15		42,767	2,211	17,289		62,721
	15+		652,246	28,099	237,751		928,641
	Total	-	695,013	30,310	255,040	-	991,362
TX_PVLS	<15		40,834	2,153	16,809		60,204
	15+		635,324	27,465	232,839		905,420
	Total	-	676,158	29,618	249,648	-	965,624
CXCA_SCRN	Total (15+)		80,485	-	21,022		101,507
OVC_SERV	<18		89,863	-	45		89,908
	18+		36,643	-	45		36,688
	Total	-	126,506	-	90	-	126,596
OVC_HIVSTAT	Total (<18)		89,864	-	45		89,909
PMTCT_STAT	<15		825	29	533		1,400
	15+		378,022	12,431	248,725		640,308
	Total	-	378,847	12,460	249,258	-	641,708
PMTCT_STAT_POS	<15		11	1	2		22
	15+		31,438	1,483	11,907		45,620
	Total	-	31,449	1,484	11,909	-	45,642
PMTCT_ART	<15		11	1	2		22
	15+		30,992	1,469	11,786		45,039
	Total	-	31,003	1,470	11,788	-	45,061
PMTCT_EID	Total		30,363	1,429	11,661		44,001
PP_PREV	<15		33,229	-	1,156		34,760
	15+		153,013	433	2,565		159,787
	Total	-	186,242	433	3,721	-	194,547
KP_PREV	Total		26,257	486	2,597		29,340
KP_MAT	Total		-	-	-		-
VMMC_CIRC	<15		56,712	1,812	7,313		68,095
	15+		110,570	3,532	14,255		132,202
	Total	-	167,282	5,344	21,568	-	200,297
HTS_SELF	Total	-	463,468	-	-	-	463,468
PrEP_NEW	Total		6,245	212	92		6,549
PrEP_CURR	Total		4,376	137	60		4,573
TB_STAT (N)	<15		1,151	48	427		1,626
	15+		10,501	456	3,713		14,670
	Total	-	11,652	504	4,140	-	16,296
TB_ART (N)	<15		744	28	260		1,032
	15+		3,850	172	1,395		5,417
	Total	-	4,594	200	1,655	-	6,449
TB_PREV (N)	<15		3,385	191	-		3,576
	15+		40,942	2,378	-		43,320
	Total	-	44,327	2,569	-	-	46,896
TX_TB (N)	<15		43,180	2,237	17,441		63,316
	15+		661,415	28,424	240,253		941,008
	Total	-	704,595	30,661	257,694	-	1,004,324
GEND_GBV	Total		2,710	-	-		2,710

* 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

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

Earmarks	FY 2019 COP19 Funding Level*
Care & Treatment	86,527,098
HKID Requirement	6,038,923
Preventing and Responding to Gender-based Violence	1,397,159
Water	200,000
* 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 Malawi's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.