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May 29, 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: Nigeria Country Operational Plan 2019 Approval

Recommendations

Approve the Nigeria Country Operational Plan (COP) 2019 with a total budget of \$392,154,670 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:

Nigeria	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
Total Budget	339,948,398	52,206,272	392,154,670
COP 19 Bilateral	339,948,398	52,206,272	392,154,670

* 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 \$392,154,670. **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.

Nigeria 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, \$65,431,381 of FY 2019 GHP-State funding will also be notified and transferred to implementing agencies in support of the second year of the surge plan in the States of Akwa Ibom and Rivers. This funding is to be held at agency headquarters (\$1,140,184 at DOD; \$29,420,700 at HHS/CDC; \$34,870,497 at USAID) until approved for release by S/GAC. These funds are intended for implementation with COP 2020 in FY 2021; S/GAC may approve early release of a portion of the funds for additional first year surge support, as required.

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 Nigeria's virtual COP 2019 approval with Ambassador Birx on Tuesday, April 23, 2019.

Program Summary

Funding and targets for Nigeria's Country Operational Plan 2019 support PEPFAR Nigeria's vision for a program that will scale up activities in key states with the highest burden and highest unmet need, targeting interventions and investments where the impact is greatest. With the release of the Nigeria AIDS Indicator and Impact Survey (NAIIS) results, PEPFAR Nigeria understands the country's burden and distribution of HIV at specific age and sex categories. Additionally, the NAIIS data now allows Nigeria to pivot efforts to address key programmatic gaps to achieve epidemic control, especially in key states where PEPFAR's efforts and investments will increase, and result in immediate impact.

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The NAIIS data showed the Nigeria epidemic was approximately half the HIV prevalence and burden of disease as was historically measured, allowing PEPFAR and the Government of Nigeria (GoN) to focus on getting to 95-95-95 in the next twenty-four months. COP 2019 will therefore accelerate progress to 95-95-95, ensuring that of the estimated 1,996,103 people living with HIV (PLHIV), the country will achieve its first 95 goal by diagnosing an additional 388,631, and putting 370,019 on treatment, (1,260,522 are current on treatment), and virally suppressing 1,103,460 by 2020.

In COP 2019, PEPFAR Nigeria will intensify interventions across the clinical cascade including the optimization of index testing, patient retention and linkage, and reducing barriers to accessing viral load (VL) services. Nigeria's COP 2019 strategy will ensure U.S. investments are impactful and increase the capacity of the Government of Nigeria, ensuring policies such as optimization of tenofovir/lamivudine/dolutegravir (TLD) as the preferred first line regimen for antiretroviral treatment (ART) and eliminate user fees thus increasing patient access to life saving treatment.

The PEPFAR Nigeria strategy to be implemented in FY 2020 is based on a thorough review of programmatic data, and discussions with the GoN, civil society and community organizations, and implementing partners which occurred in Johannesburg in March of 2019. COP 2019 supports strategies to achieve the PEPFAR minimum requirements while addressing gaps in implementation of programming with fidelity, particularly those interventions targeting adult men, key populations (KP), orphans and vulnerable children (OVC), and adolescent girls and young women (AGYW).

As a priority for COP 2019, PEPFAR Nigeria will implement a surge plan in two States (Akwa Ibom and Rivers) and accelerate the response in four additional States (Imo, Delta, Lagos, and Enugu) based on the NAIIS data. Funding for program and commodities will be focused on highly urban and dense areas of the two surge states. These states account for more than 50% of the unmet need and the highest number of people living with HIV (PLHIV) in Nigeria. During FY 2020, PEPFAR Nigeria will reach treatment saturation in four other States (Benue, Nasarawa, Gombe, and Kaduna) by intensifying efforts and aggressively targeting specific age and sex categories based on those with the highest unmet need within each State. PEPFAR support will remain in a sustained mode in the remaining twenty-two States while ensuring all sites are meeting PEPFAR's minimum requirements.

PEPFAR Nigeria is on track to achieve PEPFAR's thirteen minimum requirements by the end of FY 2020. An enhanced site management approach will be used to ensure sites are implementing critical policies such as index

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testing, differentiated service delivery models and six-month dispensing of prescriptions, same day initiation of ART, and TLD optimization. Additionally, as part of a model for sustained epidemic control, GHP-State funds notified in this CN will also support the expansion of evidence-based interventions across the clinical cascade. These include the use of risk stratification tools for testing, case-based surveillance, flexible clinic hours especially for reaching men and adolescents, and rapid scale up of the Nigeria Sample Referral Network (NiSRN) for viral load. Reinforcing these strategies, COP 2019 programming will utilize the newly operational National Data Repository (NDR), a real time performance monitoring structure utilized at the national level by PEPFAR and the GoN.

Key systems-level investments in the Strategic Information domains have been developed since the last reporting cycle. The NAIIS survey provides a more reliable picture of the national HIV/AIDS epidemic, including at subnational levels. The NDR now has de-duplicated patient-level data from all U.S. government implementing agencies for more than 75% of people living with HIV receiving treatment in PEPFAR-supported facilities, allowing for real-time assessments of the clinical experiences and outcomes of these clients. The ongoing introduction of Patient Biometrics Solutions (PBS) in the electronic medical records (EMR) systems of most of high-volume facilities (i.e., those with more than 400 persons on ART) and improvements to the NDR will further help to ensure timely interventions to improve patient service activities at key facilities. Additionally, lab strengthening efforts have resulted in the National Integrated Sample Referral System (NiSRN) leading to improved coordination and an almost 700% increase in the total number of laboratory samples being processed by the reference labs and the laboratory strengthening is ensuring full health security. This improvement in efficiency and coordination is supported by local third-party logistics agents and is perceived to contribute to the sustainability of these investments. Collectively, these investments will ensure COP 2019 funds will have maximum impact opportunity.

The current TLD guidance in Nigeria requires women of childbearing age to use long-term contraceptive methods in order to access TLD. This has resulted in slow uptake of TLD accompanied by poor viral suppression among women. As part of ensuring TLD optimization in Nigeria, PEPFAR Nigeria will work with GoN to issue a circular that removes long-term contraception as a requirement for women of child-bearing age to access TLD, thereby improving TLD uptake and viral suppression. In conjunction with removing the policy barrier, PEPFAR Nigeria will work with GoN to improve treatment literacy among women of child-bearing age and enable informed decision-making regarding pregnancy and TLD.

Along with ensuring PLHIV are linked to, and retained on, treatment and other services, PEPFAR Nigeria will enhance activities to prevent new infections, especially among adolescents. Prevention activities for children and adolescents will be driven mainly through the OVC program using a DREAMS-like approach to decrease HIV risk among AGYW. All children enrolled in the OVC program will be offered HIV screening and testing, while families of HIV positive OVC will be targeted through the PEPFAR program. Through education and empowerment community programs, adolescents and their parents will receive information and support for HIV prevention, sexual risk reduction, and sexual violence awareness/reduction.

The country program will prioritize the expansion of viral load and early infant diagnosis (EID) for all PLHIV and HIV Exposed infants especially in the two states of Akwa Ibom and Rivers which have the highest treatment unmet needs, as well as in all other scale-up states. To meet the needs of the aggressive treatment scale-up required in these prioritized geographic regions, the viral load testing targets for COP19 have been set to ensure that at least 95% of all eligible patients on treatment are tested and their results documented and shared with clients.

PEPFAR Nigeria will continue to focus efforts on TB/HIV activities to combat the dual infection of HIV and TB. The core activities will include TB screening, timely TB diagnosis and treatment completion, scale up of TB Preventive Therapy (TPT), and sustained joint TB/HIV programming and monitoring. Furthermore, TB intensified case-finding will be strengthened in PLHIV, using chest x-rays for TB screening and diagnostic evaluation. In addition, PEPFAR will continue to support TB services that aim to reduce morbidity and mortality, optimize retention in care, improve quality of life, and prevent ongoing HIV transmission.

Over FY 2020, in collaboration with the GoN, PEPFAR Nigeria will work at the federal, state, and facility level to eliminate all patient fees, formal and informal, that present significant barriers in accessing HIV services for the poorest and most at-risk populations. At the federal level, the GoN will provide a signed Memorandum of Understanding (MOU) by May 1, 2019 to all State governments within Nigeria, requiring these fees be eliminated. Sites that do not comply will risk immediate withdrawal of PEPFAR support inclusive of funding for human resources for health. At the State and facility level, individualized MOUs will be distributed and signed at all levels, raising accountability standards, reducing stigma and discrimination, supporting patient rights and education, and ensuring a high level of quality management.

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PEPFAR Nigeria will support the completion of NAIIS data analysis, which will provide granular data regarding HIV prevalence disaggregated by age and sex at the state level. This data is critical for PEPFAR planning for epidemic control. PEPFAR Nigeria will also provide TA to the state health departments through a governance-strengthening model to improve allocative efficiencies to implement the PEPFAR program. Finally, PEPFAR Nigeria will improve the data timeliness, quality, and reporting by strengthening the national data reporting systems.

The PEPFAR Nigeria program will continue to utilize the recent NAIIS data and the COP 2019 funds to execute a targeted and well-informed program, implementing evidence-based interventions with fidelity to address gaps in coverage to support Nigeria in reaching epidemic control. Increased engagement with the Ministry of Health (MOH) has been and will continue to be critical in providing a supportive policy environment to maintain gains made as PEPFAR Nigeria works towards increased funding allocations to indigenous partners, ensuring sustainable programming into the future.

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.

Nigeria	FY 2019 New			Total New Funds	Applied Pipeline*	Total COP 19 Bilateral Budget
	GHP-State	GHP-USAID	GAP			
DOD TOTAL	10,286,601	-	-	10,286,601	1,704,808	11,991,409
<i>of which, Acceleration</i>	1,473,663	-	-	1,473,663	-	1,473,663
HHS TOTAL	107,544,815	-	1,962,500	109,507,315	12,037,458	121,544,773
HHS/CDC	107,544,815	-	1,962,500	109,507,315	12,037,458	121,544,773
<i>of which, Surveillance and Public Health Response</i>	2,200,000	-	-	2,200,000	-	2,200,000
<i>of which, Acceleration</i>	38,025,607	-	-	38,025,607	-	38,025,607
STATE TOTAL	738,028	-	-	738,028	169,066	907,094
State	588,028	-	-	588,028	169,066	757,094
State/AF	150,000	-	-	150,000	-	150,000
USAID TOTAL	169,416,454	50,000,000	-	219,416,454	38,294,940	257,711,394
USAID, non-WCF	44,959,224	-	-	44,959,224	38,294,940	83,254,164
<i>of which, Acceleration</i>	17,321,399	-	-	17,321,399	-	17,321,399
USAID, WCF	124,457,230	50,000,000	-	174,457,230	-	174,457,230
<i>of which, Surveillance and Public Health Response</i>	100,806	-	-	100,806	-	100,806
<i>of which, Acceleration</i>	27,747,950	-	-	27,747,950	-	27,747,950
TOTAL	287,985,898	50,000,000	1,962,500	339,948,398	52,206,272	392,154,670
<i>of which, Surveillance and Public Health Response</i>	2,300,806	-	-	2,300,806	-	2,300,806
<i>of which, Acceleration</i>	84,568,619	-	-	84,568,619	-	84,568,619

* 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 Nigeria, \$150,000,000 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 Nigeria achieve critical epidemic control targets through the end of FY 2021. Of the \$150,000,000, approximately \$84,568,620 is expected to be used

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during the FY 2020 implementation period. The remaining \$65,431,380 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.

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 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, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 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.

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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Nigeria		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15		78,890	6,393	15,911		101,194
	15+		361,555	93,069	141,551		596,175
	Total	-	440,445	99,462	157,462	-	697,369
HTS_TST	<15		459,366	46,620	122,638		628,624
	15+		3,194,319	1,317,128	2,505,642		7,017,089
	Total	-	3,653,685	1,363,748	2,628,280	-	7,645,713
HTS_TST_POS	<15		21,645	2,547	5,556		29,748
	15+		194,244	61,836	108,414		364,494
	Total	-	215,889	64,383	113,970	-	394,242
TX_NEW	<15		21,605	2,683	5,518		29,806
	15+		192,521	64,072	98,196		354,789
	Total	-	214,126	66,755	103,714	-	384,595
TX_CURR	<15		27,250	8,735	39,680		75,665
	15+		278,102	176,685	738,084		1,192,871
	Total	-	305,352	185,420	777,764	-	1,268,536
TX_PVLS	<15		17,640	8,241	39,098		64,979
	15+		207,832	165,453	730,309		1,103,594
	Total	-	225,472	173,694	769,407	-	1,168,573
OVC_SERV	<18		197,104	197,934	428,958		823,996
	18+		65,692	65,955	142,974		274,621
	Total	-	262,796	263,889	571,932	-	1,098,617
OVC_HIVSTAT	Total (<18)		197,097	197,898	428,867		823,862
PMTCT_STAT	<15		139	132	24,568		24,839
	15+		110,793	374,653	1,064,607		1,550,053
	Total	-	110,932	374,785	1,089,175	-	1,574,892
PMTCT_STAT_POS	<15		3	3	275		281
	15+		2,638	9,228	25,634		37,500
	Total	-	2,641	9,231	25,909	-	37,781
PMTCT_ART	<15		3	4	284		291
	15+		2,452	8,887	24,356		35,695
	Total	-	2,455	8,891	24,640	-	35,986
PMTCT_EID	Total		2,546	8,446	24,579		35,571
KP_PREV	Total		178,299	134,082	180,639		493,020
HTS_SELF	Total	-	1,358	2,440	5,502	-	9,300
PrEP_NEW	Total		3,628	3,308	7,494		14,430
PrEP_CURR	Total		4,322	3,802	9,235		17,359
TB_STAT (N)	<15		416	882	3,645		4,943
	15+		3,827	7,665	31,750		43,242
	Total	-	4,243	8,547	35,395	-	48,185
TB_ART (N)	<15		159	343	1,499		2,001
	15+		731	1,536	6,609		8,876
	Total	-	890	1,879	8,108	-	10,877
TB_PREV (N)	<15		25,474	6,989	36,077		68,540
	15+		267,152	119,946	668,570		1,055,668
	Total	-	292,626	126,935	704,647	-	1,124,208
TX_TB (N)	<15		30,213	7,561	42,001		79,775
	15+		316,335	121,973	787,791		1,226,099
	Total	-	346,548	129,534	829,792	-	1,305,874
GEND_GBV	Total		4,249	7,569	18,296		30,114

* 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

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

Earmarks	FY 2019 COP19 Funding Level*
Care & Treatment	254,227,846
HKID Requirement	25,707,314
Preventing and Responding to Gender-based Violence	6,746,055
Water	437,000

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