



United States Department of State

Washington, D.C. 20520

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04/01/2020

**MEMO FOR MICHAEL A. HAMMER; U.S. AMBASSADOR TO THE
DEMOCRATIC REPUBLIC OF THE CONGO**

SUBJECT: PEPFAR Democratic Republic of the Congo Country Operational Plan 2020
Approval

This memo represents the successful completion of the PEPFAR Democratic Republic of the Congo (DRC) Country Operational Plan (COP) 2020 planning, development, and submission. PEPFAR DRC, together with the partner government, civil society, and multilateral partners, has planned and submitted a COP 2020 in alignment with the directives from the COP 2020 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval memo for the PEPFAR DRC Country Operational Plan (COP) 2020 with a total approved budget of \$86,918,048, 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:

DRC	New Funding (all accounts)	Pipeline	Total Budget FY 2021 Implementation
Total Budget	82,965,577	3,952,471	86,918,048
Bilateral	82,965,577	3,952,471	86,918,048

Approve a total fiscal year (FY) 2021 outlay for COP 2020 implementation that does not exceed the total approved COP 2020 budget of \$86,918,048. Any prior year funds that are not included within this COP 2020 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 2021 without additional written approval. The new FY 2020 funding and prior year funds approved within this memo as a part of the total COP 2020 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 2021 – must be submitted to and approved by S/GAC.

Approved funding will be made available to agencies for allocation to country platform to implement COP 2020 programming and priorities as outlined below and in the appendix.

Approved access will be made available for the DRC PEPFAR program of up to \$344,649 in central funding for the procurement of condoms and lubricants.

Background

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This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, indigenous and international stakeholders and implementing partners during the February 17 - 21, 2020 in-person planning meetings and participants in the virtual approval meeting; the final COP 2020 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

Funding and targets for PEPFAR DRC's Country Operational Plan 2020 will support PEPFAR DRC's vision to continue to scale up its HIV/AIDS program by enhancing several initiatives through increased collaboration with civil society, implementing partners, and the DRC Ministry of Health (MOH). PEPFAR DRC is fully committed to active partner management and accountability, engagement at all spheres of government, and mobilizing all stakeholders to achieving these goals. The HIV/AIDS epidemic in DRC is dynamic, and despite the unique challenges this program faces, PEPFAR DRC will continue to shift its approach appropriately. There is renewed optimism in the country, as the health care system has become a priority for the Administration led via the special advisory committee under the Presidency and in alignment with the MOH, to improve governance, human resources, and quality service delivery. DRC will continue to implement the programmatic priorities implemented in COP 2019, such as strategically expanding and strengthening client-centered activities to attain epidemic control, while addressing new challenges and implementing innovative programmatic solutions. The program for COP 2020 will focus intensely on enrolling an additional 47,119 PLHIV on treatment in FY 2021 and ensuring viral load suppression in 181,615 patients in FY 2021.

The PEPFAR DRC strategy for programming to be implemented in FY 2021 will build on programmatic success to date and is based on a thorough review of available epidemic data, programmatic data, discussions with civil society and community organizations, DRC's MOH, and implementing partners. PEPFAR DRC has made impressive progress in FY 2019 and at the start of FY 2020. The COP 2018 priorities for PEPFAR DRC were: (1) continuing to push for index testing, particularly among male sexual partners; (2) improving retention, in addition to improving the viral load suppression (VLS) with intense data monitoring; (3) focusing on partner performance, with a push to enhance performance and monitoring down to the facility level; and (4) an urgent effort in correcting overspending at the agency level, particularly in light of USAID's overspending on OVC programming without an increase in results. Progress was made in several of these key programmatic priorities; nonetheless, the program strategy will evolve to direct PEPFAR's investment towards better retention, VLS and viral load testing coverage (VLC), and surveillance data to better understand the dynamics of the epidemic and identify the remaining gaps. As the program moves towards the goal of epidemic control, PEPFAR DRC will work with civil society, implementing partners, and MOH to address programmatic gaps in case finding of males, children, and key populations. Additionally, COP 2020 will support the effort to achieve epidemic control through targeted strategies, such as reinvigorating programmatic efforts in early infant diagnosis (EID) and pediatric care and treatment, making a concerted effort to intelligently case find, and harnessing a renewed determination to use data in addressing low viral suppression and coverage rates across the cascade. Furthermore, PEPFAR DRC is continuing to work towards improving retention, in general, while strengthening service delivery across all PEPFAR supported sites

For COP 2020, PEPFAR DRC will work to improve the pediatric cascade by identifying efficient strategies for pediatric case finding, linking all the positive children with treatment using optimized ARV regimens, and retaining them on treatment for VL. This will be achieved by maximizing the OVC and Children Living with HIV (CLHIV) services and enrollment contribution to the clinical cascade, which will assign newly enrolled HIV positive patients to OVC case managers to assist with disclosure counseling, partner notification services, and index testing. Additionally, activities will include disclosure support for caregivers and children as well as linkage to peer support programs, OVC programs, and teen clubs, to prevent and address barriers to adherence among CLHIV, adolescents living with HIV (ALHIV,) and their caregivers. Clinical partners will build the capacity of OVC case managers to refer case for HIV testing and provide linkage, adherence, and retention support to all community members living with HIV and promote and leverage the OVC platform shown to improve VL coverage and VL suppression. Further, PEPFAR DRC will maintain the successful key populations program (including PrEP) and engage with civil society to enhance quality improvement initiatives.

During COP 2020, PEPFAR DRC will focus on several important prevention and treatment strategies. Differentiated service delivery (DSD) models using multi-month dispensing (MMD) and Community ARV Distribution Points (PODI+) will be fast tracked to accommodate patient needs and help maintain the high retention rates that DRC has achieved. In addition, partner management by the U.S. Government team will be conducted through quarterly data analysis to identify the gaps in retention performance and discussions with partners on remediation plans generated by a root cause analysis from gap statements and monitoring of performances through monthly reports. Finally, granular site management (GSM) in high volume sites and course correction during visits will continue as part of the COP 2020 strategies. PEPFAR programmatic data indicates substantial potential for progress in identifying and linking individuals to treatment in PEPFAR-supported health zones and continued investment is essential. Performance data demonstrates that high yields, upwards of 25 percent, with index testing are possible and the increased use of risk assessment tools in other entry points is providing valuable testing efficiencies. PEPFAR DRC investments in HIV-related commodities will continue to increase annually in alignment with the increasing numbers of PLHIV on treatment in PEPFAR-supported health zones.

During COP 2020, PEPFAR DRC will focus on and implement several new priorities for accelerating toward epidemic control. To achieve a sustainable response, PEPFAR will continue to work with other national-level donors to advocate for progressive increases in domestic resources for health and HIV. This is challenging due to competing priorities for the Government of DRC (GDRC) resources, volatility in mineral prices, and fluctuations in economic growth that has resulted in a slowdown of government revenues. During COP 2020, PEPFAR DRC will work to improve retention, viral load coverage, case finding for hard to reach populations (particularly children and men), early infant diagnosis (EID), and pediatric care and treatment cascade with support from OVC programs. Another significant change from COP 2019 is significant increased community-led monitoring activities carried out through close collaboration with the GDRC, UNAIDS, and Civil Society to ensure high-quality, client-centered HIV services. Strengthening the integration of HIV and TB services is also a new priority for COP 2020 and will significantly aid DRC in its push towards epidemic control.

Funding Summary

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All COP 2020 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.

2a. Bilateral COP20 Table (by Agency)

DRC	Bilateral				Total Bilateral Applied Pipeline	Total Bilateral - New Funding	Total COP 20 Budget
	New Funding			Applied Pipeline			
	FY20			Unspecified			
	Total	GHP-State	GAP	Total			
DOD TOTAL	1,213,802	1,213,802	-	2,665,971	2,665,971	1,213,802	3,879,773
HHS TOTAL	26,459,056	25,634,056	825,000	-	-	26,459,056	26,459,056
HHS/CDC	26,459,056	25,634,056	825,000	-	-	26,459,056	26,459,056
STATE TOTAL	1,489,774	1,489,774	-	-	-	1,489,774	1,489,774
State (State, S/EUR, S/EAP, and S/WHA)	989,774	989,774	-	-	-	989,774	989,774
State/AF	500,000	500,000	-	-	-	500,000	500,000
USAID TOTAL	53,802,945	53,802,945	-	1,286,500	1,286,500	53,802,945	55,089,445
USAID, non-WCF	22,637,366	22,637,366	-	1,286,500	1,286,500	22,637,366	23,923,866
USAID, WCF	31,165,579	31,165,579	-	-	-	31,165,579	31,165,579
TOTAL	82,965,577	82,140,577	825,000	3,952,471	3,952,471	82,965,577	86,918,048

* Pipeline refers to funding allocated in prior years, approved for implementation in FY 2021

2b. Bilateral COP20 Table (by Agency and Initiative)

DRC	Total Bilateral Applied Pipeline	Total Bilateral - New Funding	Total COP 20 Budget
TOTAL	3,952,471	82,965,577	86,918,048
of which, Ambition	-	9,598,048	9,598,048
of which, COP19 Performance	-	10,000,000	10,000,000
of which, Core Program	3,952,471	57,667,529	61,620,000
of which, HKID Requirement	-	5,700,000	5,700,000
DOD TOTAL	2,665,971	1,213,802	3,879,773
of which, Ambition	-	237,067	237,067
of which, Core Program	2,665,971	729,479	3,395,450
of which, HKID Requirement	-	247,256	247,256
HHS TOTAL	-	26,459,056	26,459,056
HHS/CDC	-	26,459,056	26,459,056
of which, Ambition	-	2,293,825	2,293,825
of which, COP19 Performance	-	1,000,000	1,000,000
of which, Core Program	-	20,396,508	20,396,508
of which, HKID Requirement	-	2,768,723	2,768,723
STATE TOTAL	-	1,489,774	1,489,774
State (State, S/EUR, S/EAP, and S/WHA)	-	989,774	989,774
of which, Core Program	-	989,774	989,774
State/AF	-	500,000	500,000
of which, Core Program	-	500,000	500,000
USAID TOTAL	1,286,500	53,802,945	55,089,445
USAID, non-WCF	1,286,500	22,637,366	23,923,866
of which, Ambition	-	2,706,366	2,706,366
of which, COP19 Performance	-	1,534,579	1,534,579
of which, Core Program	1,286,500	15,712,400	16,998,900
of which, HKID Requirement	-	2,684,021	2,684,021
USAID, WCF	-	31,165,579	31,165,579
of which, Ambition	-	4,360,790	4,360,790
of which, COP19 Performance	-	7,465,421	7,465,421
of which, Core Program	-	19,339,368	19,339,368
TOTAL	3,952,471	82,965,577	86,918,048

* Pipeline refers to funding allocated in prior years, approved for implementation in FY 2021

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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 2021 at approved COP 2020 partner budget levels to achieve FY 2021 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 2021 at approved COP 2020 partner budget levels to achieve FY 2021 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 2020 total budget level and documented within COP 2020 partner budgets are not to be executed or outplayed without written approval from S/GAC.

Earmarks: The OU has planned for programming for FY 2020, FY 2019 or/or FY 2017 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 the OU. Upon approval of this memo, the amounts below will become the new earmark controls for the OU/Agency. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP20 Funding Level	
	FY20	Total
Care & Treatment	60,400,578	60,400,578
Orphans and Vulnerable Children	5,700,000	5,700,000
Preventing and Responding to Gender-based Violence	450,000	450,000
Water	100,000	100,000

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FY 2021 Target Summary

FY 2020 funds are released and COP 2020 applied pipeline is approved to achieve the following results in FY 2021.

Democratic Republic of the Congo		SNU Prioritizations				Total *
		Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15	19,127.00				19,181.00
	15+	56,988.00				57,871.00
	Total	76,115.00	-	-	-	77,052.00
HTS_TST	<15	123,934.00				124,802.00
	15+	915,921.00				957,729.00
	Total	1,039,855.00	-	-	-	1,082,531.00
HTS_TST_POS	<15	4,729.00				4,766.00
	15+	43,639.00				44,589.00
	Total	48,368.00	-	-	-	49,355.00
TX_NEW	<15	4,740.00				4,778.00
	15+	41,428.00				42,341.00
	Total	46,168.00	-	-	-	47,119.00
TX_CURR	<15	19,878.00				21,654.00
	15+	172,290.00				180,482.00
	Total	192,168.00	-	-	-	202,136.00
TX_PVLS	<15	17,946.00				19,659.00
	15+	155,274.00				162,956.00
	Total	173,220.00	-	-	-	182,615.00
OVC_SERV	<18	48,406.00				51,017.00
	18+	6,743.00				7,076.00
	Total	55,149.00	-	-	-	58,093.00
OVC_HIVSTAT	Total (<18)	48,406.00				51,017.00
PMTCT_STAT	<15	463.00				463.00
	15+	239,800.00				251,331.00
	Total	240,263.00	-	-	-	251,794.00
PMTCT_STAT_POS	<15	222.00				222.00
	15+	8,705.00				8,777.00
	Total	8,927.00	-	-	-	8,999.00
PMTCT_ART	<15	222.00				222.00
	15+	8,650.00				8,721.00
	Total	8,872.00	-	-	-	8,943.00
PMTCT_EID	Total	8,779.00				8,853.00
PP_PREV	<15	255.00				255.00
	15+	4,651.00				64,067.00
	Total	4,906.00	-	-	-	64,322.00
KP_PREV	Total	34,120.00				34,120.00
HTS_SELF	<15	1.00				1.00
	15+	1,375.00				1,375.00
	Total	1,376.00	-	-	-	1,376.00
PrEP_NEW	Total	10,711.00				11,012.00
PrEP_CURR	Total	12,966.00				13,267.00
TB_STAT (N)	<15	1,584.00				1,760.00
	15+	20,566.00				21,414.00
	Total	22,150.00	-	-	-	23,174.00
TB_ART (N)	<15	1,148.00				1,324.00
	15+	9,208.00				9,421.00
	Total	10,356.00	-	-	-	10,745.00
TB_PREV (N)	<15	16,444.00				17,916.00
	15+	138,389.00				145,244.00
	Total	154,833.00	-	-	-	163,160.00
TX_TB (D)	<15	20,266.00				22,080.00
	15+	175,772.00				184,133.00
	Total	196,038.00	-	-	-	206,213.00
GEND_GBV	Total	406.00				406.00

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

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COP 2019 Performance Funds:

All partners must be managed throughout the implementation year as indicated in the COP guidance. Overall performance including activities tied to COP 2019 performance will be reviewed at Q3 FY 2020 to determine if the programs are on track to access all funds at the start of COP 2020. This communication will come through the S/GAC Chair and POART process.

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 this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15% of target achievement at 3 months or (2) less than 40% 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% and 100% 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% 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% 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%. If the issue is retention it should be net new on treatment equal to 90% 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 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 DRC's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.