



United States Department of State

Washington, D.C. 20520

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April 3, 2020

MEMO FOR LISA PETERSON; U.S. AMBASSADOR TO ESWATINI

SUBJECT: PEPFAR Eswatini Country Operational Plan 2020 Approval

This memo represents the successful completion of the PEPFAR Eswatini Country Operational Plan (COP) 2020 planning, development and submission. PEPFAR Eswatini 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 Eswatini Country Operational Plan (COP) 2020 with a total approved budget of **\$77,658,155**, 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 FY 2021 Implementation
Total Budget	75,658,149	2,000,006	77,658,155
Bilateral	75,658,149	1,072,571	76,730,720
Central	-	927,435	927,435

Approve a total FY 2021 outlay for COP 2020 implementation that does not exceed the total approved COP 2020 budget of **\$77,658,155**. 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.

Approve access for PEPFAR Eswatini of up to **\$776,427** in central funding for the procurement of condoms and lubricants.

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.

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 24-28, 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

With the support of PEPFAR, Eswatini has achieved high HIV treatment coverage and advanced strong HIV prevention services. In partnership with the Government of the Kingdom of Eswatini (GKoE), funding for PEPFAR Eswatini's Country Operational Plan (COP) 2020 will support a vision to sustain epidemic control by interrupting HIV transmission through targeted HIV prevention interventions and providing quality care and treatment services across a coordinated set of community and facility-based services. PEPFAR funding and technical support covers ~90% of the national treatment program and equally high percentages of core HIV prevention programs. The country has an estimated 202,608 persons living with HIV (PLHIV) with 191,307 persons receiving antiretrovirals (ART) as of the end of December 2019. The COP 2020 HIV treatment target to be achieved by the end of FY2021 is 201,699, which represents 99% of all PLHIV with an accepted 97% viral load suppression rate. To maintain high treatment coverage of >95% in all age groups and across males and females, people must be retained in care, receiving quality services, and HIV positive people not yet diagnosed must be reached and linked to treatment. To address persistently high HIV incidence, COP 2020 focus on prioritized and expanded prevention activities specifically for adolescent girls and young women (AGYW) 10-29 years and men 25-39 years who are most at risk of acquiring HIV as determined through HIV testing surveillance activities. Sustaining epidemic control will be supported by continuous improvements in crucial systems for capturing patient data, disease surveillance, and laboratory diagnostics.

In COP 2020, the PEPFAR Eswatini strategy for sustaining high quality treatment coverage focuses on developing a continuum of client centered services delivered through community and facility access points. With high treatment coverage, PEPFAR will continue to refine and expand services to: ensure 95% of clients are retained on treatment; reduce mortality among men through advanced HIV care protocols; and reduce HIV co-morbidities, namely cervical cancer, tuberculosis (TB) and sexually transmitted diseases (STIs). Implementation of these services will: (1) differentiate retention strategies among subpopulations found to be difficult to retain in treatment programs including six-month ARV dispensing, introducing convenient ART refills sites, and effective use of expert clients; (2) implementing an aggressive advanced package of care for men 35+ years who present with mid and late stage HIV disease; and (3) expand cervical cancer screening and treatment, and ensure 57,000 HIV+/TB negative clients complete a course of preventative TB therapy while introducing 3HP (short course TB therapy) as the new and preferred drug regimen.

New HIV infections are estimated at approximately 8,000 per year with significant variability among different populations and critical increases in HIV acquisition in younger women and men. The PEPFAR Eswatini strategy to stop transmission of new HIV infections in COP 2020 will be implemented by: (1) reaching 77% of vulnerable AGYW ages 15-29 with a robust HIV prevention package in 30 of the most HIV burdened tinkhundla (districts); (2) utilizing PrEP (pre-exposure prophylaxis) to stop HIV acquisition among AGYW and key populations; (3) introducing (STI) screening and treatment among AGYW and their partners;

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(4) engaging traditional and faith leaders in HIV incidence and stigma and reduction efforts; and (5) focusing voluntary medical male circumcision (VMMC) services for men aged 15 to 29 years.

As Eswatini reaches epidemic control, tracking and understanding patterns of new HIV infection among sub-populations is essential. In COP 2020, surveillance of HIV positive tests - recency testing - will be implemented across the country. Recency will allow for the identification of those positive tests that are 'recent infections' of less than 12 months thereby providing data on truly new infections versus persons who are late to access testing and care, have dropped out of care, or are re-testers. This form of case-based surveillance will allow for defining geographic hotspots and testing entry points to guide targeted case identification. Recency testing – combined with PEPFAR investments in the national electronic client medical record system, laboratory testing capacity, quality assurance, and results communication systems – places Eswatini in a position to closely monitor the effectiveness of its national HIV/AIDS program and client health outcomes. The GKoE's continued commitment to address the epidemic as evidenced by its funding for ARVs and increasing domestic HIV funding despite financial challenges are significant sustainability milestones. PEPFAR Eswatini will work with GKoE on continued resource mobilization for HIV services, human resources for health (HRH), lab optimization, commodity security, and robust data utilization systems. Continued collaboration with the Global Fund and UNAIDS will ensure the full range of PEPFAR's investments are maximized.

COP 2019 focuses on targeted HIV testing strategies – including index/partner testing – to find unidentified, untreated, or clients lost to follow-up from HIV treatment programs. COP 2019 'surge' activities have seen many clients return to care and increases in viral load suppression to >90%, particularly among men 25-39 years. COP 2020 will focus on a stringent case-based HIV testing approach using index testing among specific at-risk populations. Facility-based testing will focus only on AGYW ages 15-29 and men ages 25-39 where there are known treatment gaps in these populations. With a robust prevention of mother-to-child-transmission (MTCT) program, the focus will be on eliminating MTC transmission and ensuring all children born to HIV positive women have a confirmed HIV status. VMMC will be performed only on men ages 15 and older to maximize the HIV preventative effect of this intervention. PrEP will be scaled aggressively with the COP 2019 introductory phase completed. Attention to ensuring strong client support as they initiate HIV treatment will see improved retention in the 0-6 months period, and children and adolescents will be a focus for treatment retention to realize viral load suppression rates of greater than 95% across all age categories. In COP 2020, community-led monitoring activities will be launched and accelerated to continue to utilize civil society and the wider community in Eswatini to ensure that services are delivered with fidelity and quality to see epidemic control in Eswatini sustained.

Funding Summary

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.

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Eswatini	Bilateral			Central			Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Bilateral - New Funding	Total COP 20 Budget
	New Funding			Applied Pipeline						
	FY20			FY 19	Unspecified	Unspecified				
Total	GHP-State	GAP	Total	Total	Total					
DOD TOTAL	2,346,092	2,346,092	-	-	-	-	-	-	2,346,092	2,346,092
HHS TOTAL	27,667,170	27,179,670	487,500	-	1,000,381	-	-	1,000,381	27,667,170	28,667,551
HHS/CDC	27,667,170	27,179,670	487,500	-	1,000,381	-	-	1,000,381	27,667,170	28,667,551
PEACE CORPS TOTAL	1,546,710	1,546,710	-	-	72,190	-	-	72,190	1,546,710	1,618,900
STATE TOTAL	1,192,675	1,192,675	-	-	-	-	-	-	1,192,675	1,192,675
State (State, S/EUR, S/EAP, and S/WHIA)	962,634	962,634	-	-	-	-	-	-	962,634	962,634
State/AF	230,041	230,041	-	-	-	-	-	-	230,041	230,041
USAID TOTAL	42,905,502	42,905,502	-	-	-	927,435	927,435	927,435	42,905,502	43,832,937
USAID, non-WCF	33,768,415	33,768,415	-	-	-	927,435	927,435	927,435	33,768,415	34,695,850
USAID, WCF	9,137,087	9,137,087	-	-	-	-	-	-	9,137,087	9,137,087
TOTAL	75,658,149	75,170,649	487,500	-	1,072,571	-	927,435	927,435	1,072,571	76,658,159

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

GHP-State Funds: Upon the clearance of a FY 2020 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 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. 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 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 outlayed without written approval from S/GAC.

Earmarks: PEPFAR Eswatini 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 Eswatini. Upon approval of this memo, the amounts below will become the new earmark controls for the Eswatini program. 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	39,212,413	39,212,413
Orphans and Vulnerable Children	18,866,701	18,866,701
Preventing and Responding to Gender-ba	1,140,888	1,140,888
Water	150,000	150,000

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Initiatives By Agency

	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Bilateral - New Funding	Total COP 20 Budget
Eswatini				
TOTAL	927,435	1,072,571	75,658,149	77,658,155
<i>of which, Ambition</i>	-	-	5,000,000	5,000,000
<i>of which, Cervical Cancer</i>	-	-	3,019,062	3,019,062
<i>of which, COP19 Performance</i>	-	-	4,000,000	4,000,000
<i>of which, Core Program</i>	-	972,571	41,000,542	41,973,113
<i>of which, DREAMS</i>	-	-	14,219,584	14,219,584
<i>of which, HKID Requirement</i>	-	-	6,780,055	6,780,055
<i>of which, KPIF</i>	927,435	-	-	927,435
<i>of which, VMMC</i>	-	100,000	1,638,906	1,738,906
DOD TOTAL	-	-	2,346,092	2,346,092
<i>of which, Ambition</i>	-	-	223,496	223,496
<i>of which, Cervical Cancer</i>	-	-	44,500	44,500
<i>of which, COP19 Performance</i>	-	-	69,458	69,458
<i>of which, Core Program</i>	-	-	1,957,392	1,957,392
<i>of which, VMMC</i>	-	-	51,246	51,246
HHS TOTAL	-	1,000,381	27,667,170	28,667,551
HHS/CDC	-	1,000,381	27,667,170	28,667,551
<i>of which, Ambition</i>	-	-	1,748,987	1,748,987
<i>of which, Cervical Cancer</i>	-	-	830,958	830,958
<i>of which, COP19 Performance</i>	-	-	2,190,922	2,190,922
<i>of which, Core Program</i>	-	900,381	15,843,491	16,743,872
<i>of which, DREAMS</i>	-	-	6,002,583	6,002,583
<i>of which, VMMC</i>	-	100,000	1,050,229	1,150,229
PEACE CORPS TOTAL	-	72,190	1,546,710	1,618,900
<i>of which, Core Program</i>	-	72,190	1,145,710	1,217,900
<i>of which, DREAMS</i>	-	-	401,000	401,000
STATE TOTAL	-	-	1,192,675	1,192,675
State (State, S/EUR, S/EAP, and S/WHA)	-	-	962,634	962,634
<i>of which, Core Program</i>	-	-	904,929	904,929
<i>of which, DREAMS</i>	-	-	57,705	57,705
State/AF	-	-	230,041	230,041
<i>of which, Core Program</i>	-	-	230,041	230,041
USAID TOTAL	927,435	-	42,905,502	43,832,937
USAID, non-WCF	927,435	-	33,768,415	34,695,850
<i>of which, Ambition</i>	-	-	2,548,076	2,548,076
<i>of which, Cervical Cancer</i>	-	-	2,143,604	2,143,604
<i>of which, COP19 Performance</i>	-	-	1,739,620	1,739,620
<i>of which, Core Program</i>	-	-	12,407,746	12,407,746
<i>of which, DREAMS</i>	-	-	7,641,883	7,641,883
<i>of which, HKID Requirement</i>	-	-	6,780,055	6,780,055
<i>of which, KPIF</i>	927,435	-	-	927,435
<i>of which, VMMC</i>	-	-	507,431	507,431
USAID, WCF	-	-	9,137,087	9,137,087
<i>of which, Ambition</i>	-	-	479,441	479,441
<i>of which, Core Program</i>	-	-	8,511,233	8,511,233
<i>of which, DREAMS</i>	-	-	116,413	116,413
<i>of which, VMMC</i>	-	-	30,000	30,000
<i>of which, Year 2 South Africa Surge</i>	-	-	-	-
TOTAL	927,435	1,072,571	75,658,149	77,658,155

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

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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.

Eswatini		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15						43,267
	15+						25,140
	Total	-	-	-	-	-	68,407
HTS_TST	<15						43,692
	15+						74,764
	Total	-	-	-	-	-	118,456
HTS_TST_POS	<15						477
	15+						6,920
	Total	-	-	-	-	-	7,397
TX_NEW	<15						556
	15+						6,725
	Total	-	-	-	-	-	7,281
TX_CURR	<15						9,233
	15+						181,507
	Total	-	-	-	-	-	190,740
TX_PVLS	<15						8,668
	15+						172,140
	Total	-	-	-	-	-	180,808
CXCA_SCRN	Total (15+)						43,024
OVC_SERV	<18						56,141
	18+						11,224
	Total	-	-	-	-	-	67,365
OVC_HIVSTAT	Total (<18)						56,139
PMTCT_STAT	<15						238
	15+						25,690
	Total	-	-	-	-	-	25,928
PMTCT_STAT_POS	<15						77
	15+						7,623
	Total	-	-	-	-	-	7,700
PMTCT_ART	<15						77
	15+						7,581
	Total	-	-	-	-	-	7,658
PMTCT_EID	Total						7,424
PP_PREV	<15						4,188
	15+						84,952
	Total	-	-	-	-	-	89,140
KP_PREV	Total						13,710
KP_MAT	Total						-
VMMC_CIRC	Total						7,351
HTS_SELF	<15						-
	15+						70,001
	Total	-	-	-	-	-	70,001
PrEP_NEW	Total						11,760
PrEP_CURR	Total						17,636
TB_STAT (N)	<15						121
	15+						2,600
	Total	-	-	-	-	-	2,721
TB_ART (N)	<15						77
	15+						1,634
	Total	-	-	-	-	-	1,711
TB_PREV (N)	<15						1,893
	15+						45,372
	Total	-	-	-	-	-	47,265
TX_TB (D)	<15						9,980
	15+						195,793
	Total	-	-	-	-	-	205,773
GEND_GBV	Total						3,940

* 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 20. This communication will come through the S/GAC Chair and POART process.

Faith and Communities Initiative (FCI) / Faith Based Organization (FBO) Surge Programming:

In light of the delays in FCI programming associated with delayed arrival of funds for FCI and/or new subs for FCI funding received in COP 2019, FCI funds from COP 19 will be protected and can be outlayed in COP 2020, in excess of the new COP 2020 total budget amount indicated in this memo, without being considered an over-outlay. Activities related to FCI/FBO surge activities must be fully implemented in COP 2020/FY 2021.

Partner Management and Stakeholder Engagement:

Agreements made during COP 2020 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. 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 Eswatini's progress and help

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identify any strategic changes to be made to more efficiently and effectively reach epidemic control.

Pending Congressional Approval

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