



UNCLASSIFIED

February 28, 2020

MEMO FOR LANA MARKS; U.S. AMBASSADOR TO SOUTH AFRICA

SUBJECT: PEPFAR South Africa Country Operational Plan 2020 Approval

This memo represents the successful completion of the PEPFAR South Africa Country Operational Plan (COP) 2020 planning, development and submission. PEPFAR South Africa, together with the Government of South Africa (GoSA), 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 (January 2020), and agreements made during the in-country planning meeting (February 24-28, 2020).

This memo serves as the approval memo for the PEPFAR South Africa Country Operational Plan (COP) 2020 with a total approved budget of \$528,910,056, 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:

South Africa	New Funding (all accounts)	Pipeline	Total Budget FY 2021 Implementation
Total Budget	467,832,915	61,077,141	528,910,056
Bilateral	467,832,915	50,842,299	518,675,214
Central	-	10,234,842	10,234,842

Approves a total FY 2021 outlay for COP 2020 implementation that does not exceed the total approved COP 2020 budget of \$528,910,056. 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.

South Africa must fully achieve approved COP 2019 (FY 2020) treatment current (TX_CURR) targets in order to execute the COP 2020 strategy. South Africa must immediately move to three-month dispensing and pilot six-month dispensing and increase the rate at which clients are initiated on Tenofovir Lamivudine Dolutegravir (TLD).

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, the GoSA, indigenous and international stakeholders and

implementing partners during the February 24-28, 2020 in-person planning meetings and participants in the March 4, 2020 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 South Africa's Country Operational Plan (COP) 2020 will support PEPFAR South Africa's vision in partnership with the Government and people of South Africa to work towards epidemic control by targeting testing to efficiently identify people living with HIV (PLHIV), ensuring all newly diagnosed PLHIV are immediately linked to treatment, and all PLHIV are retained on treatment and remain virally suppressed. COP 2020 will work to maintain epidemic control by the end of FY 2021, across all ages and sexes, working toward the ultimate goal across the country that 5,006,355 are on life-saving treatment by the end of FY 2021. The program for COP 2020 will focus intensely on the 27 highest burdened geographic areas and facilities by enrolling an additional 550,541 PLHIV on treatment in FY2021 and ensuring viral load suppression in 4,507,095 patients in these areas.

The PEPFAR South Africa strategy for programming/funding to be implemented during FY 2021 will focus on retaining PLHIV on ART and continuing to prevent new HIV infections through: (1) Enhanced community-led, site-level monitoring; (2) Improving pediatric treatment and continuing to provide support for Orphans and Vulnerable Children (OVC); (3) Expanding the DREAMS program and increasing funding to community grants to reduce HIV risk for adolescent girls and young women (AGYW); (4) Saturation of voluntary medical male circumcision (VMMC) for men over age 15; (5) Further enhanced collaboration with the Department of Health (DOH) across all levels – national, provincial, district and site, as well as with other stakeholders; and (6) Continuing to improve partner management through improved data use to sustain gains and retain patients in care in COP 2020.

PEPFAR funds for South Africa will focus heavily on retention and viral suppression through expanding access to patient-centered retention strategies, including appointment systems and decanting stable patients to adherence clubs, case-management, peer-to-peer support, external pick up points, and spaced and fast-laned appointments. PEPFAR funds will support the national roll out of Multi-Month Dispensing (MMD) from the current 2 months to 6 months. Pediatric focused approaches will include scale-up of post-natal clubs and pediatric focused case managers/facilitators. PEPFAR funds for South Africa will use HIV rapid recency testing (confirmed by VL test) in select districts. Data will be collected on demographics (e.g., age, sex, residence, risk profile, and HIV testing history) to help identify hot-spots, and results can be used to prioritize tracing of partners of persons with recent infection. Prevention shifts will include DREAMS expansion to 24 total districts, increasing VMMC coverage among >15-year old's, and surging the pre-exposure prophylaxis (PrEP) services for key populations and AGYW. All interventions will be aligned with the 2017-2022 South Africa National Strategic Plan for HIV, TB and STIs, the UNAIDS 90-90-90 goals, WHO guidelines and global best practices, and with the PEPFAR Strategy for Accelerating HIV/AIDS Epidemic Control (2017-2020) and in close collaboration with GoSA and other stakeholders.

During COP 2020, PEPFAR South Africa will continue to invest in South Africa's 27 highest HIV burden districts—accounting for 80.4% of PLHIV. Within these districts, COP 2020 will further focus on the four largest metropolitan districts and the City of Cape Town

(accounting for 35 % of PLHIV) and populations with largest treatment gaps. A few notable changes from COP19 to COP20 include that expansion of the DREAMS program from 4 to 24 districts and PrEP scale-up as well as limit VMMC to only those above 15 years of age. PEPFAR South Africa is fully committed to active partner management and accountability, engagement at all spheres of government, and mobilizing all stakeholders to achieving these goals. Another significant change from COP19 is significant increased community-led monitoring activities carried out through close collaboration with the Government of South Africa and Civil Society to ensure high-quality, client-centered HIV services.

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.

South Africa	Bilateral				Central		Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Bilateral - New Funding	Total COP 20 Budget
	New Funding				Applied Pipeline	Applied Pipeline				
	Total	GHP-State	GHP-USAID	GAP	Unspecified	Unspecified				
DOO TOTAL	-	-	-	-	-	-	-	-	-	-
HHS TOTAL	213,437,398	209,987,398	-	3,450,000	43,902,467	7,235,342	7,235,342	43,902,467	213,437,398	264,575,207
HHS/CDC	213,437,398	209,987,398	-	3,450,000	43,902,467	7,235,342	7,235,342	43,902,467	213,437,398	264,575,207
HHS/RHSA	-	-	-	-	-	-	-	-	-	-
HHS/SAMHSA	-	-	-	-	-	-	-	-	-	-
PEACE CORPS TOTAL	2,452,912	2,452,912	-	-	656,979	-	-	656,979	2,452,912	3,109,891
STATE TOTAL	6,438,016	6,438,016	-	-	-	-	-	-	6,438,016	6,438,016
State (State, S/EUR, S/EAP, and S/WNA)	4,113,490	4,113,490	-	-	-	-	-	-	4,113,490	4,113,490
State/AF	2,324,526	2,324,526	-	-	-	-	-	-	2,324,526	2,324,526
State/PRM	-	-	-	-	-	-	-	-	-	-
State/SGAC	-	-	-	-	-	-	-	-	-	-
USAID TOTAL	245,504,589	195,504,589	50,000,000	-	6,282,853	2,999,500	2,999,500	6,282,853	245,504,589	254,786,942
USAID, non-WCF	245,504,589	195,504,589	50,000,000	-	6,282,853	2,999,500	2,999,500	6,282,853	245,504,589	254,786,942
USAID, WCF	-	-	-	-	-	-	-	-	-	-
TOTAL	467,832,915	414,382,915	50,000,000	3,450,000	50,942,299	10,234,842	10,234,842	50,942,299	467,832,915	528,910,056

* 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.

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 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, 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

UNCLASSIFIED

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/ROP 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: The OU has planned for programming for FY2020, FY2019 and/or FY2017 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			Total
	FY20	FY19	FY17	
Care & Treatment	303,067,908	-	-	303,067,908
Orphans and Vulnerable Children	91,554,914	-	-	91,554,914
Preventing and Responding to Gender-based Violence	13,127,632	-	-	13,127,632
Water	2,639,000	-	-	2,639,000

Initiatives by Agency:

	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Bilateral - New Funding	Total COP 20 Budget
South Africa				
TOTAL	10,234,842	50,842,299	467,832,915	528,910,056
<i>of which, Core Program</i>	4,764,786	21,486,449	342,688,765	368,940,000
<i>of which, DREAMS</i>	-	15,229,513	74,770,487	90,000,000
<i>of which, HKID Requirement</i>	-	-	28,000,000	28,000,000
<i>of which, KPIF</i>	5,470,056	-	-	5,470,056
<i>of which, VMMC</i>	-	14,126,337	22,373,663	36,500,000
HHS TOTAL	7,235,342	43,902,467	213,437,398	264,575,207
HHS/CDC	7,235,342	43,902,467	213,437,398	264,575,207
<i>of which, Core Program</i>	4,764,786	14,546,617	172,994,831	192,306,234
<i>of which, DREAMS</i>	-	15,229,513	17,068,904	32,298,417
<i>of which, HKID Requirement</i>	-	-	1,000,000	1,000,000
<i>of which, KPIF</i>	2,470,556	-	-	2,470,556
<i>of which, VMMC</i>	-	14,126,337	22,373,663	36,500,000
PEACE CORPS TOTAL	-	656,979	2,452,912	3,109,891
<i>of which, Core Program</i>	-	656,979	2,327,912	2,984,891
<i>of which, HKID Requirement</i>	-	-	125,000	125,000
STATE TOTAL	-	-	6,438,016	6,438,016
State (State, S/EUR, S/EAP, and S/WHA)	-	-	4,113,490	4,113,490
<i>of which, Core Program</i>	-	-	3,463,490	3,463,490
<i>of which, DREAMS</i>	-	-	650,000	650,000
State/AF	-	-	2,324,526	2,324,526
<i>of which, Core Program</i>	-	-	1,814,470	1,814,470
<i>of which, DREAMS</i>	-	-	422,305	422,305
<i>of which, HKID Requirement</i>	-	-	87,751	87,751
USAID TOTAL	2,999,500	6,282,853	245,504,589	254,786,942
USAID, non-WCF	2,999,500	6,282,853	245,504,589	254,786,942
<i>of which, Core Program</i>	-	6,282,853	162,088,062	168,370,915
<i>of which, DREAMS</i>	-	-	56,629,278	56,629,278
<i>of which, HKID Requirement</i>	-	-	26,787,249	26,787,249
<i>of which, KPIF</i>	2,999,500	-	-	2,999,500
TOTAL	10,234,842	50,842,299	467,832,915	528,910,056

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

FY 2021 Target Summary

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

UNCLASSIFIED

- 5 -

South Africa, Oct 2020 to Sep 2021		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15		45,485	93,641			139,126
	15+		104,630	310,262			414,892
	Total	-	150,115	403,903	-	-	554,018
HTS_TST	<15		380,842	1,202,858		80	1,583,780
	15+		1,977,539	5,804,902		21,933	7,804,374
	Total	-	2,358,381	7,007,760	-	22,013	9,388,154
HTS_TST_POS	<15		9,143	19,183		8	28,334
	15+		170,242	348,387		2,519	521,148
	Total	-	179,385	367,570	-	2,527	549,482
TX_NEW	<15		9,720	20,213		-	29,941
	15+		169,967	348,224		-	520,600
	Total	-	179,687	368,437	-	-	550,541
TX_CURR	<15		47,142	116,140		16	163,298
	15+		1,791,228	3,048,961		2,868	4,843,057
	Total	-	1,838,370	3,165,101	-	2,884	5,006,355
TX_PVLS	<15		40,398	101,217		12	141,627
	15+		1,624,514	2,739,378		1,576	4,365,468
	Total	-	1,664,912	2,840,595	-	1,588	4,507,095
CXCA_SCRN	Total (15+)						-
OVC_SERV	<18		271,750	337,085		5,320	614,155
	18+		28,832	43,437		6,695	78,964
	Total	-	300,582	380,522	-	12,015	693,119
OVC_HIVSTAT	Total (<18)		271,750	337,091		5,320	614,161
PMTCT_STAT	<15		509	2,743			3,252
	15+		287,186	466,614			753,800
	Total	-	287,695	469,357	-	-	757,052
PMTCT_STAT_POS	<15		89	430			519
	15+		54,125	103,622			157,747
	Total	-	54,214	104,052	-	-	158,266
PMTCT_ART	<15		89	420			509
	15+		54,466	101,991			156,457
	Total	-	54,555	102,411	-	-	156,966
PMTCT_EID	Total		101,133	194,925			296,058
PP_PREV	<15		157,956	205,322		5,354	368,632
	15+		248,547	383,436		43,898	675,881
	Total	-	406,503	588,758	-	49,252	1,044,513
KP_PREV	Total		103,479	77,580		64,406	245,465
KP_MAT	Total		229	70			299
VMMC_CIRC	Total		93,808	219,762		1,461	315,031
HTS_SELF	<15		680	318		40	1,038
	15+		265,213	537,813		10,646	813,672
	Total	-	265,893	538,131	-	10,686	814,710
PrEP_NEW	Total		68,629	178,052		3,339	250,020
PrEP_CURR	Total		71,126	180,377		3,453	254,956
TB_STAT (N)	<15		3,746	7,821			11,567
	15+		37,081	77,108			114,189
	Total	-	40,827	84,929	-	-	125,756
TB_ART (N)	<15		397	515			912
	15+		8,973	17,155			26,128
	Total	-	9,370	17,670	-	-	27,040
TB_PREV (N)	<15		9,437	21,097			30,534
	15+		209,696	401,025			610,721
	Total	-	219,133	422,122	-	-	641,255
TX_TB (D)	<15		48,478	118,415			166,893
	15+		1,382,950	2,490,286			3,873,236
	Total	-	1,431,428	2,608,701	-	-	4,040,129
GEND_GBV	Total		13,020	19,623			32,643

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

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 COP19 performance will be reviewed at Q3FY20 to determine if the programs are on track to access all funds at the start of COP20. This communication will come through the S/GAC Chair and POART process.

UNCLASSIFIED

Faith and Communities Initiative (FCI) / Faith Based Organization (FBO) Surge Programming (applicable to Malawi, Eswatini, Lesotho, Haiti, Botswana, Zimbabwe, Zambia, Uganda, Tanzania, Kenya):

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 COP19, FCI funds from COP19 will be protected and can be outlayed in COP20, in excess of the new COP20 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 COP20/FY21.

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