



UNCLASSIFIED

June 3, 2021

MEMO FOR VERNELLE TRIM FITZPATRICK, U.S. CHARGÉ D’AFFAIRES TO CAMEROON

SUBJECT: PEPFAR Cameroon Operational Plan 2021 Approval

This memo represents the successful completion of the PEPFAR Cameroon Country Operational Plan (COP) 2021 planning, development and submission. PEPFAR Cameroon, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2021 in alignment with the directives from the COP 2021 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR Cameroon Country Operational Plan (COP) 2021 with a total approved budget of \$89,135,035, 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:

	New Funding (All Accounts)	Pipeline	Total Budget FY 2022 Implementation
TOTAL	86,405,806	2,729,229	89,135,035
Bilateral	85,905,806	2,729,229	88,635,035
Central	500,000	-	500,000

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of \$89,135,035 without additional written approval. Any prior year funds that are not included within this COP 2021 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 2022 without additional written approval. The new FY 2021 funding and prior year funds approved within this memo as a part of the total COP 2021 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 2022– 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 2021 programming and priorities as outlined below and in the appendix.

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, local and global stakeholders and partners during the April 27-28, 2021 virtual planning meetings and participants in the virtual approval meeting; the final COP 2021

submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

Funding and targets for Cameroon's COP 2021 are approved to support PEPFAR Cameroon's vision to work with the Government and people of Cameroon to achieve epidemic control by the end of FY2022. The vision to achieve epidemic control in Cameroon builds on the COP19 policy that eliminated all informal and formal user fees for patients at health facilities in Cameroon, which resulted in the PEPFAR program expanding into all ten regions of Cameroon. The COP21 strategy in Cameroon seeks to achieve epidemic control by 1) strengthening the clinical cascade, focusing especially on diversified case finding strategies, linking and retaining all patient on treatment, and ensuring viral load testing and suppression in 95% of patients; 2) ensuring that 80-85% of all patients-children, adolescents and adults - are placed on dolutegravir(DTG)-based treatment regimens by the end of COP21 (TLD for all who weigh at least 30kg and other DTG-containing regimens for those weighing <30kg) 3) resolving challenges in the Cameroonian supply chain 4) prioritizing pediatric patients and outcomes and 5) focusing on prevention activities especially among key and priority populations. The COP21 strategy will leverage differentiated strategies by region given that ART coverage in the ten regions of Cameroon varies significantly- from 53% in the Far North to 89% in the West region. The COP21 program includes a target of 403,854 people on treatment and a targeted viral load suppression rate of 95%. The PEPFAR program for COP 2021 will continue to work in all 10 regions of Cameroon, adding 86,273 to treatment across all 10 regions and in military facilities.

Case-finding targets in COP21 will be achieved through scaling up index case testing (ICT) and self-testing, optimizing provider initiated testing and counseling (PITC), and improving case-finding within the community. ICT will be scaled up in low coverage regions and in facilities that have low performance metrics by having sites undergo continuous quality improvement (CQI) projects and by pairing testers with more experienced staff. In high coverage regions, index testing will be emphasized, though due to limited Monitoring & Evaluation (M&E) systems, as well as strong stigma, some clients may still prefer PITC and Voluntary counseling and testing (VCT) rather than index, so high coverage regions will still receive these targets. Clinical partners will optimize PITC in all regions by increasing screening tool usage and retraining providers. In the northern zone, which holds the largest number of testing targets in COP21 and which has some of the lowest levels of ART coverage in Cameroon, a novel testing strategy known as chefferie testing will be implemented that engages traditional authorities to offer testing and other health services to local populations.

To achieve COP21 treatment and viral load targets, the program will focus on scaling up key client-centered treatment approaches, focusing especially on multi-month dispensing (MMD), decentralized drug distribution (DDD), and transitioning 80-85% of all adult and adolescent men and women to a (tenofovir/lamivudine/dolutegravir) TLD treatment regimen. By allowing patients to access better drugs in more convenient ways, the team will support treatment adherence and viral load suppression. Additional retention support will be offered at health facilities for all populations, but targeted strategies for young adult men and adolescents will be prioritized, as these groups have typically shown the greatest rates of interruption in treatment.

To improve linkage to treatment, COP21's strategy will focus on strengthening the process by which key populations are referred to clinics and initiated on ART, which is known as the handshake model. In order to do this, the PEPFAR team will: 1) Apply the findings of the February interagency site assessments to refresh data sharing processes and revise tools to strengthen the handshake model heading into COP21, 2) Complete a data investigation of the KP community partner and apply findings to ensure high-fidelity data quality practices going forward, and 3) Initiate plans for a comprehensive assessment of the handshake model, identifying weaknesses and areas of improvement that will be strengthened in COP21. This will involve a review of both KP sites and clinical sites. Finally, to improve viral load coverage, health care workers will receive continuous mentorship in the use of VL management tools and will be trained in demand creation and U=U messaging.

Improvements to the clinical cascade detailed above will require supply chain optimization in COP 21, which will be achieved by improved supply chain coordination among key actors, eliminating commodities shortages and stock outs, optimizing national procurement strategies, improving site-level order fulfillment, promoting appropriate demand creation for commodities, and correcting distribution inefficiencies, especially last mile inefficiencies. In COP21, last mile delivery services will begin to transition to local partners in support of PEPFAR's global strategy to allocate 70% of budgets to local partners. To improve coordination, PEPFAR will continue to participate in the supply chain transformation steering committee with the Global Fund and monthly review meetings will be held for stock monitoring at the national level. At the regional level monthly meetings will be held between implementing partners and strategic committee points of contact. Additional supply chain technical assistance will be provided in COP21 at the regional level to assist with order fulfillment. Finally, diagnostic laboratory optimization (DLO) will be conducted in COP21 to close the gaps found in VL laboratory capacity, VL and EID testing coverage, and protracted turnaround time for results.

COP21 will also have a special focus on pediatrics which will prioritize early infant diagnosis (EID) coverage, specialized pediatric case-finding strategies, pediatric VL coverage and suppression, and transitioning 80-85% of all children to dolutegravir (including pDTG or DTG10 for infants and children weighing <20kg). DTG transition for children should not be delayed or extended to mitigate LPV/r waste. Cameroon must proceed with the rapid introduction of pDTG to CLHIV who weigh < 20 kg in FY21 and achieve full transition to 80% of CLHIV on pDTG by the end of COP21. Optimized testing strategies of HIV-exposed infants (HEI) and pediatrics will be utilized to ensure active linkage of infants and children to antiretroviral treatment (ART). For infants, this will be done by improving care for HEI by targeting 90% EID testing at 2 months. Additionally, the orphans and vulnerable children (OVC) program will be leveraged to support pediatric outcomes across the cascade in all 10 regions in Cameroon. The OVC program will continue to strengthen its alignment with existing clinical programs and will add at least 4 new districts, focusing on high burden cities and highly burdened districts. HEI and (children living with HIV) CLHIV will be monitored and referred for HIV testing services via case management through the OVC program and linkage assistants at each community-based organization (CBO) site.

Prevention activities in COP21 will include an emphasis on the scale-up of pre-exposure prophylaxis (PrEP) and an overall increase in prevention funding in COP21, which will primarily

be directed at key populations and priority populations with heightened risk of infection. PEPFAR continues to strive for PrEP access for all populations with an increased risk for HIV, especially adolescent girls and young women. COP21 also will include \$500,000 of new funding for condom programming, one of the most effective prevention strategies. The OVC program will also engage in prevention activities among those enrolled in its program, as will Peace Corps, providing prevention services to both OVC and to adolescent girls and young women. Prevention activities in the key populations program will continue in COP21, though the KP partner is currently under investigation by a 3rd party contracted by PEPFAR, since some data that was reported by the KP community partner was shown to have been falsified in a recent interagency assessment. The outcome of this investigation will guide the finalization of COP21 targets and budget for KP program including the prevention and testing targets.

While COP21 represents a continuation of the strategy from prior years to scale-up to achieve epidemic control in Cameroon, there are a few key differences between COP20 and COP21. COP21 places much greater emphasis on pediatric outcomes, redirecting additional pieces of the OVC program to support pediatric clinical outcomes. Additionally, COP21 increases supply chain support and provides new goals for specific treatment regimens, including the critical goal that 80-85% of all patients: pediatrics, adolescents and adults are placed on dolutegravir-based treatment regimens (TLD for all who weigh at least 30kg and other DTG-containing regimens for those weighing <30kg). Finally, COP21 includes condom programming for the first time, to support the overall prevention focus of the COP21 plan.

American Rescue Plan Act of 2021 Summary Description

This memo approves \$4,275,000 in ARPA funds in the Economic Support Fund (ESF) account to be implemented for activities during COP 2020 and COP 2021. Of the total \$4,275,000 in ARPA funds, \$3,502,190 is expected to be implemented in COP 2021; these funds are included in the other tables found in this memo. The remaining \$772,810 is expected to be implemented in COP 2020. The table below shows the estimated breakout of outlays in COP 2021 versus COP 2020 by implementing agency and operational division.

Agency/OPDIV	ARPA Funds Programmed in COP21 FAST for COP21 Outlay	ARPA Funds To be Added to COP20 for COP20 Outlay	TOTAL ARPA Funds
TOTAL	\$3,502,190	\$772,810	\$4,275,000
DOD	\$195,000	\$0	\$195,000
HHS/CDC	\$2,657,190	\$672,810	\$3,330,000
HHS/HRSA	\$0	\$0	\$0
PC	\$0	\$0	\$0
USAID	\$400,000	\$100,000	\$500,000
USAID/WCF	250,000	\$0	\$250,000

Any ARPA funds not outlaid in COP 2020 will be allowed to outlay in COP 2021, and this will be accounted for in the End of Fiscal Year exercise in the Fall of 2021. The entire ARPA amount must be obligated by September 30, 2022 and should, except in extraordinary circumstances, be outlaid during COP 2021.

These ARPA funds are being provided specifically to address the intersection of HIV and COVID to prevent, prepare for, and respond to coronavirus (including prevention of COVID-19 infection, illness, and death among PEPFAR beneficiaries and staff) and mitigate COVID-19 impact on PEPFAR programs and beneficiaries and support PEPFAR program recovery from the impacts of coronavirus. Over the course of COP 2020 and COP 2021, the ARPA funds will support:

- Restoration of targeted community testing in the general population (particularly for men and adolescents).
- Retention patients in care; IPC in health facilities so patients can safely access services.
 - Track patients who missed appointments
 - Community dispensation for enhanced access to treatment
- VL coverage activities and scale-up of EID
 - Restore viral load services in facilities that were repurposed for COVID-19
 - Fill gaps in sample transport and timely results transmission
- Community level interventions
 - IPC at community level to ensure maximal safety for staff and beneficiaries
 - Program repair for supply chain, OVC and KP programs, surveillance, and support to local partners.

On March 18, 2020, the Cameroonian Prime Minister announced that all land, sea, and air borders would be closed until further notice due to COVID-19. Cameroon's Ministry of Public Health has been responding to the COVID-19 outbreak through active surveillance, screening at points of entry, laboratory testing, and case management at designated isolation and treatment centers. The U.S. Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) are providing technical support to control the outbreak in Cameroon. The COVID-19 pandemic significantly impacted Cameroon's PEPFAR program, slowing progress toward epidemic control. Through ARPA funding, Cameroon has been allocated \$4,275,000 million USD to repair program injuries, with \$772,810 to be expended during Country Operational Plan 20 and \$3,502,190 to for Country Operational Plan 21. PEPFAR Cameroon will use the funds for restoration of targeted community testing in the general population, particularly for men and adolescents, retain patients in care, support infection prevention and control in health facilities so patients can safely access services, and reach a viral load coverage and scale up of early infant diagnosis of HIV of 90%. At the community level, infection prevention and control will be implemented for maximal safety for staff and beneficiaries, and enhancement of services to orphans and vulnerable children and key populations. Additionally, ARPA funds will support program repair of the supply chain systems in country as well as surveillance activities.

Funding Summary

All COP 2021 funding summarized in the charts 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.

COP 2021 Budget Table by Agency - Bilateral

	of which, Bilateral									Total COP21 Budget (Bilateral + Central)	
	Total	New Funding									Applied Pipeline
		Total	FY 2021				FY 2020	FY 2019			
			Total	GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State		
TOTAL	88,635,035	85,905,806	85,905,806	81,828,497	-	575,119	3,502,190	-	-	2,729,229	89,135,035
DOD Total	2,162,363	2,076,890	2,076,890	1,881,890	-	-	195,000	-	-	85,473	2,162,363
DOD	2,162,363	2,076,890	2,076,890	1,881,890	-	-	195,000	-	-	85,473	2,162,363
HHS Total	61,830,378	61,830,378	61,830,378	58,598,069	-	575,119	2,657,190	-	-	-	61,830,378
HHS/CDC	61,830,378	61,830,378	61,830,378	58,598,069	-	575,119	2,657,190	-	-	-	61,830,378
PC Total	954,290	-	-	-	-	-	-	-	-	954,290	954,290
PC	954,290	-	-	-	-	-	-	-	-	954,290	954,290
STATE Total	1,005,103	838,806	838,806	838,806	-	-	-	-	-	166,297	1,005,103
State	747,103	747,103	747,103	747,103	-	-	-	-	-	-	747,103
State/AF	258,000	91,703	91,703	91,703	-	-	-	-	-	166,297	258,000
USAID Total	22,682,901	21,159,732	21,159,732	20,509,732	-	-	650,000	-	-	1,523,169	23,182,901
USAID, non-WCF	15,500,739	13,977,570	13,977,570	13,577,570	-	-	400,000	-	-	1,523,169	15,500,739
USAID/WCF	7,182,162	7,182,162	7,182,162	6,932,162	-	-	250,000	-	-	-	7,682,162

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

2/Economic Support Fund (ESF) funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.

COP 2021 Budget Table by Agency - Central

	of which, Central									Total COP21 Budget (Bilateral + Central)	
	Total	New Funding									Applied Pipeline
		Total	FY 2021					FY 2020	FY 2019		
			Total	GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State		
TOTAL	500,000	500,000	500,000	-	500,000	-	-	-	-	-	89,135,035
DOD Total	-	-	-	-	-	-	-	-	-	-	2,162,363
DOD	-	-	-	-	-	-	-	-	-	-	2,162,363
HHS Total	-	-	-	-	-	-	-	-	-	-	61,830,378
HHS/CDC	-	-	-	-	-	-	-	-	-	-	61,830,378
PC Total	-	-	-	-	-	-	-	-	-	-	954,290
PC	-	-	-	-	-	-	-	-	-	-	954,290
STATE Total	-	-	-	-	-	-	-	-	-	-	1,005,103
State	-	-	-	-	-	-	-	-	-	-	747,103
State/AF	-	-	-	-	-	-	-	-	-	-	258,000
USAID Total	500,000	500,000	500,000	-	500,000	-	-	-	-	-	23,182,901
USAID, non-WCF	-	-	-	-	-	-	-	-	-	-	15,500,739
USAID/WCF	500,000	500,000	500,000	-	500,000	-	-	-	-	-	7,682,162

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

2/Economic Support Fund (ESF) funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.

GHP-State Funds: Upon the clearance of a FY 2021 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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 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.

ARP ESF Funds: ESF funds must have both an HIV and COVID related purpose as laid out in relevant S/GAC guidance. Upon the clearance of a FY 2021 PEPFAR ESF 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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt, agency headquarters will move the funds to the country platform via each agency's internal process.

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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 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 2021 total budget level and documented within COP 2021 partner budgets are not to be executed or outlayed without written approval from S/GAC.

Earmarks: Cameroon has planned for programming for FY 2021, FY 2020, and/or FY 2019 GHP-State 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 Cameroon. Upon approval of this memo, the amounts below will become the new earmark controls for Cameroon. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP21 Funding Level			
	TOTAL	FY 2021	FY 2020	FY 2019
Care & Treatment	59,439,581	59,439,581	-	-
Orphans and Vulnerable Children	5,670,141	5,670,141	-	-
Preventing and Responding to Gender-based Violence	337,000	337,000	-	-
Water	306,803	306,803	-	-

AB/Y Earmark	COP21 Funding Level				
	TOTAL	FY 2021	FY 2020	FY 2019	Applied Pipeline
TOTAL Prevention Programming	785,275	785,275	-	-	-
Of which, AB/Y	201,773	201,773	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	25.7%	25.7%	N/A	N/A	N/A

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

AB/Y Earmark Budget Justification

Total %AB/Y < 50% AND Cameroon does have a generalized epidemic: Cameroon is thought to have a generalized, heterosexually-driven, HIV/AIDS epidemic with an adult prevalence rate of 2.7%. Cameroon's prevention program primarily targets key and other priority populations (e.g. clients of female sex workers, long distance truck drivers, prisoners, and military populations). Primary prevention activities for adolescents and youth make up 25.7% of all prevention programming, below the minimum amount that must be programmed. The Peace Corps' temporary suspension of volunteer operations due to the COVID-19 pandemic has affected the OU's ability to meet the AB/Y earmark as volunteers played an important role in providing primary prevention services to adolescent girls and young women. As volunteers gradually return to post, the OU will leverage the OVC platform to reach 9-14 year olds with primary prevention activities

Initiatives by Agency

	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Bilateral - New Funding	Total COP21 Budget
TOTAL	-	2,729,229	500,000	85,905,806	89,135,035
<i>of which, Community-Led Monitoring</i>	-	-	-	1,020,000	1,020,000
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	500,000	-	500,000
<i>of which, Core Program</i>	-	2,729,229	-	84,885,806	87,615,035
DOD Total	-	85,473	-	2,076,890	2,162,363
<i>of which, Community-Led Monitoring</i>	-	-	-	20,000	20,000
<i>of which, Core Program</i>	-	85,473	-	2,056,890	2,142,363
HHS Total	-	-	-	61,830,378	61,830,378
<i>of which, Community-Led Monitoring</i>	-	-	-	600,000	600,000
<i>of which, Core Program</i>	-	-	-	61,230,378	61,230,378
PC Total	-	954,290	-	-	954,290
<i>of which, Core Program</i>	-	954,290	-	-	954,290
STATE Total	-	166,297	-	838,806	1,005,103
<i>of which, Community-Led Monitoring</i>	-	-	-	50,000	50,000
<i>of which, Core Program</i>	-	166,297	-	788,806	955,103
USAID Total	-	1,523,169	500,000	21,159,732	23,182,901
<i>of which, Community-Led Monitoring</i>	-	-	-	350,000	350,000
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	500,000	-	500,000
<i>of which, Core Program</i>	-	1,523,169	-	20,809,732	22,332,901

FY 2022 Target Summary

FY 2021 funds are released and COP 2021 applied pipeline is approved to achieve the following results in FY 2022.

Cameroon		SNU Prioritizations						Total
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	No Prioritization	
HTS_INDEX	<15	-	16,570	-	-	-	359	16,929
	15+	-	130,712	-	-	-	2,160	132,872
	Total	-	147,282	-	-	-	2,519	149,801
HTS_TST	<15	-	191,381	-	-	-	3,258	194,639
	15+	-	1,363,762	2,100	-	-	26,663	1,392,525
	Total	-	1,555,143	2,100	-	-	29,921	1,587,164
HTS_TST_POS	<15	-	3,394	-	-	-	76	3,470
	15+	-	85,388	210	-	-	1,444	87,042
	Total	-	88,782	210	-	-	1,520	90,512
TX_NEW	<15	-	3,558	-	-	-	77	3,635
	15+	-	81,265	-	-	-	1,373	82,638
	Total	-	84,823	-	-	-	1,450	86,273
TX_CURR	<15	-	16,353	-	-	-	215	16,568
	15+	-	377,815	-	-	-	9,471	387,286
	Total	-	394,168	-	-	-	9,686	403,854
TX_PVLS	<15	-	13,734	-	-	-	165	13,899
	15+	-	318,381	-	-	-	8,319	326,700
	Total	-	332,115	-	-	-	8,484	340,599
CXCA_SCRN	Total	-	-	-	-	-	-	-
OVC_SERV	<18	-	46,149	79	-	151	-	46,379
	18+	-	18,643	33	-	-	-	18,676
	Total	-	64,792	112	-	151	-	65,055
OVC_HIVSTAT	Total	-	41,937	74	-	-	-	42,011
PMTCT_STAT	<15	-	2,444	-	-	-	-	2,444
	15+	-	110,517	-	-	-	3,055	113,572
	Total	-	112,961	-	-	-	3,055	116,016
PMTCT_STAT_POS	<15	-	37	-	-	-	-	37
	15+	-	3,937	-	-	-	214	4,151
	Total	-	3,974	-	-	-	214	4,188
PMTCT_ART	<15	-	37	-	-	-	-	37
	15+	-	3,915	-	-	-	213	4,128
	Total	-	3,952	-	-	-	213	4,165
PMTCT_EID	Total	-	4,641	-	-	203	4,844	
PP_PREV	<15	-	888	-	-	24	-	912
	15+	-	29,982	70	-	591	-	30,643
	Total	-	30,870	70	-	615	-	31,555
KP_PREV	Total	-	88,366	1,171	-	-	-	89,537
KP_MAT	Total	-	-	-	-	-	-	-
VMMC_CIRC	Total	-	-	-	-	-	-	-
HTS_SELF	<15	-	823	13	-	-	-	836
	15+	-	32,019	231	-	-	-	32,250
	Total	-	32,842	244	-	-	-	33,086
PrEP_NEW	Total	-	8,164	62	-	-	-	8,226
PrEP_CURR	Total	-	9,667	78	-	-	-	9,745
TB_STAT	<15	-	292	-	-	-	209	501
	15+	-	34,137	-	-	-	994	35,131
	Total	-	34,429	-	-	-	1,203	35,632
TB_ART	<15	-	19	-	-	-	88	107
	15+	-	12,093	-	-	-	384	12,477
	Total	-	12,112	-	-	-	472	12,584
TB_PREV	<15	-	16,008	-	-	-	116	16,124
	15+	-	367,230	-	-	-	3,256	370,486
	Total	-	383,238	-	-	-	3,372	386,610
TX_TB	<15	-	19,911	-	-	-	292	20,203
	15+	-	459,080	-	-	-	10,844	469,924
	Total	-	478,991	-	-	-	11,136	490,127
GEND_GBV	Total	-	462	-	-	-	-	462
AGYW_PREV	Total	-	-	-	-	-	-	-

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

Partner Management and Stakeholder Engagement:

Agreements made during COP 2021 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 percent of target achievement at 3 months or (2) less than 40 percent 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 percent and 100 percent 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 percent 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 percent 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 percent. If the issue is retention it should be net new on treatment equal to 90 percent 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 2021 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 Cameroon's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.