



UNCLASSIFIED - USG Internal

May 20, 2021

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

**SUBJECT:** PEPFAR DRC Country Operational Plan 2021 Approval

This memo represents the successful completion of the PEPFAR DRC Country Operational Plan (COP) 2021 planning, development and submission. PEPFAR DRC, 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 DRC Country Operational Plan (COP) 2021 with a total approved budget of \$105,339,550, 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 |
|------------------|----------------------------|------------------|-------------------------------------|
| <b>TOTAL</b>     | <b>102,652,238</b>         | <b>2,687,312</b> | <b>105,339,550</b>                  |
| <b>Bilateral</b> | <b>102,127,238</b>         | <b>2,687,312</b> | <b>104,814,550</b>                  |
| <b>Central</b>   | <b>525,000</b>             |                  | <b>525,000</b>                      |

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of \$105,339,550 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 22-23, 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 DRC's Country Operational Plan (COP) 2021 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). COP 2021 will work to progress 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. DRC will continue to implement the programmatic priorities implemented in COP 2020, such as strategically expanding and strengthening client-centered activities to attain epidemic control, while addressing new challenges and implementing innovative programmatic solutions working toward the goal across the country that 249,722 are on life-saving treatment by the end of FY 2022. The program for COP 2021 will focus intensely on the 3 highest burdened geographic areas enrolling an additional 53,368 PLHIV on treatment in FY 2022 and ensuring viral load suppression in 238,712 clients in FY 2022.

The PEPFAR DRC strategy for programming to be implemented in FY 2022 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, stakeholders, and implementing partners. PEPFAR DRC has made impressive progress in FY 2020 and at the start of FY 2021. The COP 21 priorities for PEPFAR DRC are: (1) Improving case-finding, continuity of treatment and viral load suppression across the pediatric cascade with support from the Orphans and Vulnerable Children (OVC) program; (2) Expanding and improving index testing fidelity for children and adults; (3) Scaling up pre-exposure prophylaxis (PrEP) for Key Populations and serodiscordant couples; (4) Improving VLC and early infant diagnosis (EID) coverage with scale up of point of care (POC) testing and improvements to conventional testing for VLC and EID coverage; (5) Intensive monitoring and management of HIV commodities down to the facility level; (6) Continued roll out of TB prophylaxis therapy (TPT) to cover 100% of PLHIV.

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 2021 will support the effort to achieve epidemic control through targeted strategies, such as reinvigorating programmatic efforts in EID and pediatric care and treatment, harnessing a renewed determination to use data in addressing low viral load testing coverage rates across the cascade. For COP 2021, PEPFAR DRC will work to improve the pediatric cascade by identifying efficient strategies for pediatric case finding, linking all positive children to treatment using optimized ARV regimens including pediatric DTG 10mg, and retaining them on treatment to achieve VLS. Furthermore, PEPFAR DRC will maintain the successful key populations program and engage with civil society to enhance quality improvement initiatives. Prevention activities will include the expansion of PrEP for key populations and serodiscordant couples. PEPFAR DRC will fund HIV recency testing (confirmed by VL test) in select districts. Demographic data will be collected to help identify hot-spots, and results can be used to prioritize tracing of partners of persons with recent infection. During COP 2021, PEPFAR DRC will focus on several important prevention and treatment strategies. Differentiated service delivery (DSD) models using multi-month dispensing (6+MMD) and Community ARV Distribution Points (PODI+) will be used 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 performance and discussions with partners on remediation plans generated by a root cause analysis from gap statements and monitoring of performance through monthly reports. 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. Strengthening the integration of HIV and TB services is also a priority for COP 2021 focusing on improving tuberculosis screening and ensuring all PLHIV complete a course of TPT, to aid DRC in its push towards epidemic control.

During COP 2021, PEPFAR DRC will continue to invest in DRC's 3 highest HIV burden provinces of Kinshasa, Haut Katanga and Lualaba —accounting for approximately 50% of PLHIV, strengthening the treatment cascade and ensuring high-quality, client-centered HIV services. The program will also focus on and implement several new priorities for accelerating toward epidemic control. A few notable changes from COP20 to COP21 include the scale-up of PrEP for prevention and renewed efforts to improve viral load testing coverage and early infant diagnosis coverage through the diagnostic network optimization. During COP 2021, PEPFAR DRC will work to improve case finding for hard-to-reach populations (particularly children and KPs) and pediatric care and treatment cascade with support from OVC programs. Another significant change from COP 2020 is improved monitoring of HIV commodities with stock visibility to the facility level to ensure proper stock management and better forecasting ability. Additionally, recency testing will be scaled up to identify hot-spots and facilitate contact tracing through index testing. PEPFAR DRC will prioritize the pediatric DTG transition to optimize children's treatment regimens for improved viral load suppression. Finally, PEPFAR DRC will provide an advanced disease package of care which will be fully integrated into clinical care and includes diagnostics and therapeutics for tuberculosis and cryptococcal meningitis as well as cotrimoxazole.

## American Rescue Plan Act of 2021 Summary Description

This memo approves \$3,614,550 in ARPA funds in the Economic Support Fund (ESF) account to be implemented for activities during COP 2020 and COP 2021. Of the total \$3,614,550 in ARPA funds, \$3,614,550 is expected to be implemented in COP 2021; these funds are included in the other tables found in this memo. The remaining \$0 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   |
|--------------|--|--|--------------------|
| <b>TOTAL</b> | <b>\$3,614,550</b>                                   | <b>\$0</b>                                       | <b>\$3,614,550</b> |
| DOD          | \$312,515  | \$0  | \$312,515          |
| HHS/CDC      | \$2,005,115  | \$0  | \$2,005,115        |
| HHS/HRSA     | \$0  | \$0  | \$0                |
| PC           | \$0  | \$0  | \$0                |
| USAID        | \$1,096,920  | \$0  | \$1,096,920        |
| USAID/WCF    | \$200,000  | \$0  | \$200,000          |

Any ARPA funds not outlayed 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 outlayed 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.

The PEPFAR/DRC program has been impacted by the current COVID-19 pandemic. To date, there have been COVID-related fatalities among lay workers, an increase in absenteeism and over 30 confirmed cases of COVID-19 among clinical health providers. Kinshasa has suffered a serious reduction in its clinical HIV activities because of decreased attendance at facilities. The DRC government has set up a national response structure but is also facing other priorities such as the concurrent Ebola, measles, and cholera outbreaks. This has created enormous stress on the government's ability to properly engage in preparedness and response efforts. Over the course of COP20 and COP21, the ARP funds will support:

- Limit disruption of HIV and Tuberculosis services through improved safety at more than 600 PEPFAR-supported facilities in Kinshasa, Haut Katanga and Lualaba provinces by providing sanitization, hand washing stations, waste management, isolation rooms and infection prevention and control materials;

- Increase awareness concerning safe vaccine availability and reliability by disseminating information, education and communication materials conveying messages on vaccination at PEPFAR-supported facilities;
- Provide resuscitation capabilities at ten high volume facilities selected to serve as COVID-19 treatment centers in PEPFAR areas;
- Ensure patients have sufficient supplies of antiretroviral drugs to decongest health facilities by providing additional training and supervision at patient level to ensure the drugs are safely stored and utilized;
- Procure 15,000 GeneXpert cartridges and Biosafety/biosecurity materials to promote the rapid, dual diagnosis of HIV and COVID-19 to inform clinical management of patients;
- Procure three high temperature/ high performance incinerators for the PEPFAR supported molecular laboratories and standard waste disposal systems facilities to control the increasing volume of waste generated by GeneXpert cartridges and infection control materials.

PEPFAR/DRC will undertake activities to support its HIV prevention, care, and treatment program to prevent, prepare for, and respond to the coronavirus and recover from its impacts. These activities will help to retain patients in HIV care and ensure viral load suppression is achieved and maintained. Efforts will lessen the exposure of people living with HIV (PLHIV) to COVID-19. Health facilities will be better prepared to treat COVID-19 and vaccination will be encouraged among patients and healthcare providers. PEPFAR/DRC's efforts will complement those of the DRC government and other donors and are in alignment with the government's COVID-19 coordination structures.

### **Recency**

The implementation of the Recency activities has also been significantly delayed by COVID. Accordingly, any remaining Recency funds at the end of COP20 will be allowed to carry over into COP21. After exact amounts of carryover are determined during the End of Fiscal Year process in fall of 2021, COP 21 envelopes will be updated to account for this carryover.

## 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.

|                       | of which, Bilateral |             |             |            |           |         |           |         |     |                  | Total COP21 Budget<br>(Bilateral + Central) |
|-----------------------|---------------------|-------------|-------------|------------|-----------|---------|-----------|---------|-----|------------------|---|
|                       | Total               | New Funding |             |            |           |         |           |         |     | Applied Pipeline |   |
|                       |                     | Total       | FY 2021     |            |           |         | FY 2020   | FY 2019 |     |                  |   |
|                       |                     |             | Total       | GHP-State  | GHP-USAID | GAP     |           |         | ESF |                  |   |
| <b>TOTAL</b>          | 104,814,550         | 102,127,238 | 102,127,238 | 97,687,688 | -         | 825,000 | 3,614,550 | -       | -   | 2,687,312        | 105,339,550                                 |
| <b>DOD Total</b>      | 4,537,453           | 4,537,453   | 4,537,453   | 4,224,938  | -         | -       | 312,515   | -       | -   | -                | 4,537,453                                   |
| <b>DOD</b>            | 4,537,453           | 4,537,453   | 4,537,453   | 4,224,938  | -         | -       | 312,515   | -       | -   | -                | 4,537,453                                   |
| <b>HHS Total</b>      | 31,657,463          | 31,657,463  | 31,657,463  | 28,827,348 | -         | 825,000 | 2,005,115 | -       | -   | -                | 31,657,463                                  |
| <b>HHS/CDC</b>        | 31,657,463          | 31,657,463  | 31,657,463  | 28,827,348 | -         | 825,000 | 2,005,115 | -       | -   | -                | 31,657,463                                  |
| <b>STATE Total</b>    | 1,584,589           | 653,903     | 653,903     | 653,903    | -         | -       | -         | -       | -   | 930,686          | 1,584,589                                   |
| <b>State</b>          | 653,903             | 653,903     | 653,903     | 653,903    | -         | -       | -         | -       | -   | -                | 653,903                                     |
| <b>State/AF</b>       | 930,686             | -           | -           | -          | -         | -       | -         | -       | -   | 930,686          | 930,686                                     |
| <b>USAID Total</b>    | 67,035,045          | 65,278,419  | 65,278,419  | 63,981,499 | -         | -       | 1,296,920 | -       | -   | 1,756,626        | 67,560,045                                  |
| <b>USAID, non-WCF</b> | 26,159,270          | 24,402,644  | 24,402,644  | 23,305,724 | -         | -       | 1,096,920 | -       | -   | 1,756,626        | 26,159,270                                  |
| <b>USAID/WCF</b>      | 40,875,775          | 40,875,775  | 40,875,775  | 40,675,775 | -         | -       | 200,000   | -       | -   | -                | 41,400,775                                  |

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.

|                    | 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 |                  |  |
| <b>TOTAL</b>       | 525,000           | 525,000     | 525,000 | -         | 525,000   | -   | -       | -         | -         | -                | 105,339,550                              |
| DOD Total          | -                 | -           | -       | -         | -         | -   | -       | -         | -         | -                | 4,537,453                                |
| DOD                | -                 | -           | -       | -         | -         | -   | -       | -         | -         | -                | 4,537,453                                |
| HHS Total          | -                 | -           | -       | -         | -         | -   | -       | -         | -         | -                | 31,657,463                               |
| HHS/CDC            | -                 | -           | -       | -         | -         | -   | -       | -         | -         | -                | 31,657,463                               |
| STATE Total        | -                 | -           | -       | -         | -         | -   | -       | -         | -         | -                | 1,584,589                                |
| State              | -                 | -           | -       | -         | -         | -   | -       | -         | -         | -                | 653,903                                  |
| State/AF           | -                 | -           | -       | -         | -         | -   | -       | -         | -         | -                | 930,686                                  |
| <b>USAID Total</b> | 525,000           | 525,000     | 525,000 | -         | 525,000   | -   | -       | -         | -         | -                | 67,560,045                               |
| USAID, non-WCF     | -                 | -           | -       | -         | -         | -   | -       | -         | -         | -                | 26,159,270                               |
| USAID/WCF          | 525,000           | 525,000     | 525,000 | -         | 525,000   | -   | -       | -         | -         | -                | 41,400,775                               |

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.

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**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:** DRC 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 DRC. Upon approval of this memo, the amounts below will become the new earmark controls for the DRC. 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                                   | 69,512,271          | 69,512,271 | -       | -       |
| Orphans and Vulnerable Children                    | 9,367,952           | 9,367,952  | -       | -       |
| Preventing and Responding to Gender-based Violence | 450,000             | 450,000    | -       | -       |
| Water  | 100,000             | 100,000    | -       | -       |

\* Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks

\*\* Only GHP-State will count towards the GBV and Water earmarks

| AB/Y Earmark                                  | COP21 Funding Level |           |         |         | Applied Pipeline |
|---|---------------------|-----------|---------|---------|------------------|
|   | TOTAL               | FY 2021   | FY 2020 | FY 2019 |                  |
| TOTAL Prevention Programming                  | 1,312,744           | 1,312,744 | -       | -       | -                |
| Of which, AB/Y                                | 143,806             | 143,806   | -       | -       | -                |
| % AB/Y of TOTAL Sexual Prevention Programming | 11.0%               | 11.0%     | 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

The HIV epidemic in the DRC is generalized, with a prevalence of 1.20 percent based on the 2013/2014 DHS, with 505,468 people living with HIV out of an estimated population of 106 million (calculated based on UNAIDS estimates [version 6.06]). Prevalence is higher in urban areas (1.6 percent) versus rural areas (0.9 percent) and the burden of HIV is higher among women than men 25 years and older (268,824 female PLHIV v. 101,408 male PLHIV). According to UNAIDS, a majority of HIV transmission in DRC is through heterosexual contact, exacerbated by high-risk sexual practices (such as having multiple concurrent partners) and low or inconsistent condom use. Although there is insufficient data on the location, typology, and dynamics of key populations and high-risk groups, prevalence among female sex workers (FSWs) is estimated at 5.4 percent in Kinshasa, 7.4 percent in Lualaba and 4.6 percent in Katanga (IBBS 2018-2019). TB incidence in the DRC is 324 per 100,000 and nationwide only 50 percent of TB patients know their HIV status, making TB the primary cause of death among HIV-positive patients. Of the 12 percent of TB patients co-infected with HIV, approximately 67 percent are on ART (World Health Organization (WHO), Global Tuberculosis Report, 2016).

Of the estimated 505,468 people living with HIV, approximately a third does not know their HIV status, albeit an excellent linkage to treatment for those diagnosed. Of those on treatment, two thirds could not access viral load testing in a timely manner.

Relentlessly compelled by the epidemiological needs, PEPFAR DRC focuses -In priority- on client-centered direct service delivery and substantial technical assistance to DRC government for HIV care and treatment; priority and key population prevention; socioeconomic interventions for orphans and vulnerable children (OVC); supply chain, laboratory and strategic information system strengthening; and community-led monitoring activities. Driven by the UNAIDS' fast-track combination prevention global goals, PEPFAR DRC remains committed to all activities contributing to prevention of new infections, including treatment as prevention. In this strategic vision, PEPFAR DRC will continue to roll out prevention through condoms and lubricants, Pre-exposure prophylaxis (PrEP) for key and priority populations and adolescents. Community outreach and enhanced peer outreach for key and priority population are effective, yet not commensurate to needs. If PEPFAR DRC were to commit 50% of Prevention interventions to AB/Y, the completion of this combined prevention would be challenged and the hope of attainment of epidemic control further rolled back. Yet, AB/Y is not neglected and is highly integrated through socioeconomic primary prevention interventions for OVC, adolescent girls and young women. Different models aiming the same goal -of reducing vulnerability of youth- are effectively implemented through PEPFAR agencies. Case management and family support reinforce the competence acquired by youth during primary prevention sessions. In 2019, 84% of the condom and lubricant program and 43% of prevention-not disaggregated investments in DRC, were spent by PEPFAR DRC while the remaining was spent by Global Fund. Endeavors will be sustained to maintain prevention interventions for all ages and at-risk populations including youth.

**Initiatives by Agency**

|  | <b>Total Central Applied Pipeline</b> | <b>Total Bilateral Applied Pipeline</b> | <b>Total Central - New Funding</b> | <b>Total Bilateral - New Funding</b> | <b>Total COP21 Budget</b> |
|--|---------------------------------------|---|------------------------------------|--------------------------------------|---------------------------|
| <b>TOTAL</b>   | -                                     | 2,687,312                               | 525,000                            | 102,127,238                          | 105,339,550               |
| <i>of which, Community-Led Monitoring</i>                      | -                                     | 500,000                                 | -                                  | -                                    | 500,000                   |
| <i>of which, Condoms (GHP-USAID Central Funding) (Central)</i> | -                                     | -                                       | 525,000                            | -                                    | 525,000                   |
| <i>of which, Core Program</i>                                  | -                                     | 2,187,312                               | -                                  | 102,127,238                          | 104,314,550               |
| <b>DOD Total</b>   | -                                     | -                                       | -                                  | 4,537,453                            | 4,537,453                 |
| <i>of which, Core Program</i>                                  | -                                     | -                                       | -                                  | 4,537,453                            | 4,537,453                 |
| <b>HHS Total</b>   | -                                     | -                                       | -                                  | 31,657,463                           | 31,657,463                |
| <i>of which, Core Program</i>                                  | -                                     | -                                       | -                                  | 31,657,463                           | 31,657,463                |
| <b>STATE Total</b>   | -                                     | 930,686                                 | -                                  | 653,903                              | 1,584,589                 |
| <i>of which, Community-Led Monitoring</i>                      | -                                     | 500,000                                 | -                                  | -                                    | 500,000                   |
| <i>of which, Core Program</i>                                  | -                                     | 430,686                                 | -                                  | 653,903                              | 1,084,589                 |
| <b>USAID Total</b>   | -                                     | 1,756,626                               | 525,000                            | 65,278,419                           | 67,560,045                |
| <i>of which, Condoms (GHP-USAID Central Funding) (Central)</i> | -                                     | -                                       | 525,000                            | -                                    | 525,000                   |
| <i>of which, Core Program</i>                                  | -                                     | 1,756,626                               | -                                  | 65,278,419                           | 67,035,045                |

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## FY 2022 Target Summary

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

| Democratic Republic of the Congo |              | SNU Prioritizations |                      |                      |           |                     |                   | Total            |
|----------------------------------|--------------|---------------------|----------------------|----------------------|-----------|---------------------|-------------------|------------------|
|                                  |              | Attained            | Scale-Up: Saturation | Scale-Up: Aggressive | Sustained | Centrally Supported | No Prioritization |                  |
| HTS_INDEX                        | <15          | -                   | 19,580               | -                    | -         | -                   | 106               | 19,686           |
|                                  | 15+          | -                   | 57,178               | -                    | -         | -                   | 3,565             | 60,743           |
|                                  | <b>Total</b> | -                   | <b>76,758</b>        | -                    | -         | -                   | <b>3,671</b>      | <b>80,429</b>    |
| HTS_TST                          | <15          | -                   | 110,707              | -                    | -         | -                   | 601               | 111,308          |
|                                  | 15+          | -                   | 920,501              | -                    | -         | -                   | 52,218            | 972,719          |
|                                  | <b>Total</b> | -                   | <b>1,031,208</b>     | -                    | -         | -                   | <b>52,819</b>     | <b>1,084,027</b> |
| HTS_TST_POS                      | <15          | -                   | 4,438                | -                    | -         | -                   | 36                | 4,474            |
|                                  | 15+          | -                   | 48,082               | -                    | -         | -                   | 3,332             | 51,414           |
|                                  | <b>Total</b> | -                   | <b>52,520</b>        | -                    | -         | -                   | <b>3,368</b>      | <b>55,888</b>    |
| TX_NEW                           | <15          | -                   | 4,471                | -                    | -         | -                   | 44                | 4,515            |
|                                  | 15+          | -                   | 45,688               | -                    | -         | -                   | 3,165             | 48,853           |
|                                  | <b>Total</b> | -                   | <b>50,159</b>        | -                    | -         | -                   | <b>3,209</b>      | <b>53,368</b>    |
| TX_CURR                          | <15          | -                   | 23,145               | -                    | -         | -                   | 1,733             | 24,878           |
|                                  | 15+          | -                   | 213,712              | -                    | -         | -                   | 11,132            | 224,844          |
|                                  | <b>Total</b> | -                   | <b>236,857</b>       | -                    | -         | -                   | <b>12,865</b>     | <b>249,722</b>   |
| TX_PVLS                          | <15          | -                   | 21,158               | -                    | -         | -                   | 1,668             | 22,826           |
|                                  | 15+          | -                   | 194,113              | -                    | -         | -                   | 9,888             | 204,001          |
|                                  | <b>Total</b> | -                   | <b>215,271</b>       | -                    | -         | -                   | <b>11,556</b>     | <b>226,827</b>   |
| CXCA_SCRN                        | <b>Total</b> | -                   | -                    | -                    | -         | -                   | -                 | -                |
| OVC_SERV                         | <18          | -                   | 48,658               | -                    | -         | -                   | 2,637             | 51,295           |
|                                  | 18+          | -                   | 6,931                | -                    | -         | -                   | 333               | 7,264            |
|                                  | <b>Total</b> | -                   | <b>55,589</b>        | -                    | -         | -                   | <b>2,970</b>      | <b>58,559</b>    |
| OVC_HIVSTAT                      | <b>Total</b> | -                   | <b>48,658</b>        | -                    | -         | -                   | <b>2,637</b>      | <b>51,295</b>    |
| PMTCT_STAT                       | <15          | -                   | 463                  | -                    | -         | -                   | -                 | 463              |
|                                  | 15+          | -                   | 239,800              | -                    | -         | -                   | 11,531            | 251,331          |
|                                  | <b>Total</b> | -                   | <b>240,263</b>       | -                    | -         | -                   | <b>11,531</b>     | <b>251,794</b>   |

|                |              |   |                |   |   |               |                |
|----------------|--------------|---|----------------|---|---|---------------|----------------|
| PMTCT_STAT_POS | <15          | - | 2              | - | - | -             | 2              |
|                | 15+          | - | 3,311          | - | - | 171           | 3,482          |
|                | <b>Total</b> | - | <b>3,313</b>   | - | - | <b>171</b>    | <b>3,484</b>   |
| PMTCT_ART      | <15          | - | 2              | - | - | -             | 2              |
|                | 15+          | - | 3,240          | - | - | 164           | 3,404          |
|                | <b>Total</b> | - | <b>3,242</b>   | - | - | <b>164</b>    | <b>3,406</b>   |
| PMTCT_EID      | <b>Total</b> | - | <b>5,146</b>   | - | - | <b>273</b>    | <b>5,419</b>   |
| PP_PREV        | <15          | - | 255            | - | - | -             | 255            |
|                | 15+          | - | 4,651          | - | - | 61,003        | 65,654         |
|                | <b>Total</b> | - | <b>4,906</b>   | - | - | <b>61,003</b> | <b>65,909</b>  |
| KP_PREV        | <b>Total</b> | - | <b>37,379</b>  | - | - | -             | <b>37,379</b>  |
| KP_MAT         | <b>Total</b> | - | -              | - | - | -             | -              |
| VMMC_CIRC      | <b>Total</b> | - | -              | - | - | -             | -              |
| HTS_SELF       | <15          | - | 2              | - | - | -             | 2              |
|                | 15+          | - | 20,000         | - | - | -             | 20,000         |
|                | <b>Total</b> | - | <b>20,002</b>  | - | - | -             | <b>20,002</b>  |
| PrEP_NEW       | <b>Total</b> | - | <b>15,658</b>  | - | - | <b>418</b>    | <b>16,076</b>  |
| PrEP_CURR      | <b>Total</b> | - | <b>22,114</b>  | - | - | <b>495</b>    | <b>22,609</b>  |
| TB_STAT        | <15          | - | 1,584          | - | - | 176           | 1,760          |
|                | 15+          | - | 27,584         | - | - | 848           | 28,432         |
|                | <b>Total</b> | - | <b>29,168</b>  | - | - | <b>1,024</b>  | <b>30,192</b>  |
| TB_ART         | <15          | - | 75             | - | - | 20            | 95             |
|                | 15+          | - | 2,712          | - | - | 104           | 2,816          |
|                | <b>Total</b> | - | <b>2,787</b>   | - | - | <b>124</b>    | <b>2,911</b>   |
| TB_PREV        | <15          | - | 8,201          | - | - | 264           | 8,465          |
|                | 15+          | - | 70,105         | - | - | 3,778         | 73,883         |
|                | <b>Total</b> | - | <b>78,306</b>  | - | - | <b>4,042</b>  | <b>82,348</b>  |
| TX_TB          | <15          | - | 23,485         | - | - | 1,820         | 25,305         |
|                | 15+          | - | 210,500        | - | - | 11,357        | 221,857        |
|                | <b>Total</b> | - | <b>233,985</b> | - | - | <b>13,177</b> | <b>247,162</b> |
| GEND_GBV       | <b>Total</b> | - | <b>406</b>     | - | - | -             | <b>406</b>     |
| AGYW_PREV      | <b>Total</b> | - | -              | - | - | -             | -              |

\* 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 the 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. For key populations programming, per MER Guidance and program requirements, HIV testing is a required element of the KP\_PREV indicator. HIV testing services (HTS) or referring an individual to HTS is required to be offered (at least once during the reporting period and/or in accordance with WHO/national guidance) unless the individual had previously been tested positive for HIV. HIV prevention services must be tailored to individual risks. If the individual is self-identified as HIV positive, then HTS provision or referral to HTS will not be a required element of this indicator. Workplans for IPs should reflect these HTS requirements for key populations programming. Additionally, where referral to HTS is made, IP workplans and program design should incorporate measures to follow through on HTS with KP clients to ensure referral completion. 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 DRC's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

Pending Congressional Approval

