



UNCLASSIFIED

May 25, 2021

MEMO FOR TODD HASKELL, CHARGÉ D'AFFAIRES TO SOUTH AFRICA

SUBJECT: PEPFAR South Africa Country Operational Plan 2021 Approval

This memo represents the successful completion of the PEPFAR South Africa Country Operational Plan (COP) 2021 planning, development and submission. PEPFAR South Africa, 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 South Africa Country Operational Plan (COP) 2021 with a total approved budget of \$465,945,196, 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:

Overall COP 2021 Budget Table

	New Funding (All Accounts)	Pipeline	Total Budget FY 2022 Implementation
TOTAL	423,904,317	42,040,879	465,945,196
Bilateral	423,904,317	41,840,879	465,745,196
Central		200,000	200,000

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of \$465,945,196 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 the country platform to implement COP 2021 programming and priorities as outlined below and in the appendix.

Background

This approval is based upon: The discussions between the country team, agency headquarters, S/GAC, local and global stakeholders and partners during the April 21 – 22, 2021 virtual planning meetings and participants in the virtual approval meeting; and the final COP 2021 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

Funding and targets for South Africa's COP 2021 are approved to support PEPFAR South Africa's (SA) 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. In COP 2021, PEPFAR SA will work toward achieving HIV epidemic control by the end of COP 2021, across all ages and sexes, with the ultimate goal of ensuring that 5,006,917 people living with HIV (PLHIV) are on life-saving treatment in PEPFAR-supported geographies and sites by the end of COP 2021. The program for COP 2021 will continue to focus intensely on the 27 highest burdened geographic areas and facilities and will enroll an additional 689,141 PLHIV on treatment in COP 2021 and ensure viral load suppression among 4,392,943 PLHIV.

The PEPFAR SA strategy for programming/funding to be implemented during COP 2021 will continue the COP 2020 focus on case finding, retaining PLHIV on ART, continuing to prevent new HIV infections, and patient-centered activities through: (1) Community-led, site-level monitoring and implementation of patient-led solutions; (2) Enhanced collaboration with the Department of Health (DOH) across all levels – national, provincial, district and site, as well as with other stakeholders; (3) Continuing to improve partner management through improved data use and accountability to sustain gains and retain patients in care in COP 2021; (4) Refining the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program to reduce HIV risk for adolescent girls and young women (AGYW) and address gender-based violence more broadly; and (5) Accelerating comprehensive services for key populations (KP), including those tailored for sex workers, men who have sex with men, transgender people, people who inject drugs, and people in prisons.

PEPFAR SA will focus heavily on repairing program disruptions caused by COVID-19, accelerating innovations that were introduced and further optimizing case finding approaches, returning clients to care, linkage and retention on ART, and viral suppression through expanding access to patient-centered retention strategies such as: peer-driven case management, specialized messaging, linkage officers, external pick up points, case management for all patients with unsuppressed viral loads, and the pilot of Multi-Month Dispensing (MMD) at 6 months. The roll-out of Tenofovir Lamivudine Dolutegravir (TLD), including DTG 10mg for children, will

continue to scale during COP21 and is expected to provide an additional boost to both ART coverage and viral load suppression rates. Pediatric-focused approaches to improve care and treatment across the clinical cascade, including achieving viral load suppression, will leverage the Orphans and Vulnerable Children (OVC) program and include dedicated health care workers and tailored adherence counseling for caregivers, adolescents, and children.

In COP 2021, PEPFAR SA will incorporate increased efficiencies across the program while continuing to progress toward the 95-95-95 goals. Another notable change from COP 2020 to COP 2021 includes a focus on optimized testing to improve case finding by leveraging strategies such as HIV self-screening/HIV self-testing, implementing HIV risk screening tools at facilities, community outreach, and safe and ethical index testing. PEPFAR SA will support HIV rapid recency testing 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 will be used to prioritize tracing of partners of persons with recent infection. HIV prevention efforts will continue through DREAMS support to adolescent girls and young women (AGYW) in 24 districts, increasing focus on voluntary medical male circumcision (VMMC) coverage and saturation among men aged 15 years and older, and scale up of pre-exposure prophylaxis (PrEP) services. The Key Populations (KP) program will prioritize continuity of treatment among all KP groups, closely monitor early interruption in treatment, and provide enhanced adherence counseling to ensure viral load suppression. PEPFAR SA will also strengthen its TB/HIV program to ensure that individuals with TB know their HIV status, ensure that PLHIV are screened and tested for TB with WHO approved molecular tests, effectively link HIV-infected TB patients to appropriate HIV and TB treatment, and scale up Tuberculosis Preventive Therapy (TPT) initiation and completion among eligible PLHIV. Programs will also ensure effective integration of TB-HIV services and ensure that TB services for PLHIV, including TPT, are included in CCMDD models. Strengthening of TB infection prevention and control practices will be supported across all district support partners. All interventions will be aligned with the 2017–2022 South Africa National Strategic Plan for HIV, Tuberculosis (TB) and Sexually Transmitted Infections (STIs) (NSP), the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95–95–95 goals, World Health Organization (WHO) guidelines and global best practices, and in close collaboration with GoSA and other stakeholders.

As the GoSA manages its own procurements, PEPFAR SA worked closely with the National Department of Health (NDoH) to complete the COP 2021 Supply Plan Tool. Due to the level of effort required to complete the tool while responding to COVID-19, NDoH was not able to provide all commodities data but shared the majority of HIV commodity plans in detail with the PEPFAR team. Barring further disruptions in API and finished ART preparations supplies, South Africa's current supply plans for ARVs and related medicines are sufficient to maintain and support growth of the current TX_CURR numbers and accommodate all other planned activities.

During COP 2021, PEPFAR South Africa will continue to invest in South Africa's 27 highest HIV burden districts—accounting for nearly 80% of PLHIV. Within these districts, COP 2021 will further focus on the four largest metropolitan districts, the City of Cape Town, and populations with largest treatment gaps. Due to significant challenges in COP 2019 and COP 2020 from the impact of COVID-19, in COP 2021 PEPFAR South Africa will maintain the COP 2020 focus on finding PLHIV and linking them to treatment, and maintaining high levels of

retention, with increased focus to improve outcomes for groups such as children living with HIV and KPs. American Rescue Plan Act of 2021 funds will also be leveraged to repair and mitigate the impact of COVID-19 on PLHIV and the program more broadly.

PEPFAR SA is fully committed to active partner management and accountability, engagement at all spheres of government, and mobilizing all stakeholders to achieve these goals. Despite planned declines in HR support under PEPFAR resources, PEPFAR SA is particularly committed to working closely with GoSA and Civil Society to optimize available resources, ensure high-quality, client-centered HIV services, and meet program goals.

American Rescue Plan Act of 2021 Summary Description

This memo approves \$22,500,000 in ARPA funds in the Economic Support Fund (ESF) account to be implemented for activities during COP 2020 and COP 2021. Of the total \$22,500,000 in ARPA funds, \$15,643,975 is expected to be implemented in COP 2021; these funds are included in the other tables found in this memo. The remaining \$6,856,025 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.

<u>Agency/OPDIV</u>	<u>ARPA Funds Programmed in COP21 FAST for COP21 Outlay</u>	<u>ARPA Funds To be Added to COP20 for COP20 Outlay</u>	<u>TOTAL ARPA Funds</u>
TOTAL	\$15,643,975	\$6,856,025	\$22,500,000
DOD	\$0	\$0	\$0
HHS/CDC	\$7,666,500	\$3,583,500	\$11,250,000
HHS/HRSA	\$0	\$0	\$0
PC	\$0	\$0	\$0
USAID	\$7,977,475	\$3,272,525	\$11,250,000
USAID/WCF	\$0	\$0	\$0

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); 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:

- Care and treatment program injury repair through focused interventions such as active case management, out-of-facility approaches for case finding and linkage, and recruitment of professional nurses to support decanting of stable patients.

- Infection prevention control and program injury repair for prevention activities, including supporting infection prevention and control services for VMMC, client support for retention on PrEP for key populations and AGYW, and supporting virtual deployment of services for layering of DREAMS services. Above site activities, including supporting the HIV and TB supply chain and program management to support MMD, systems to monitor human resources for health in a changing management environment, and updates to laboratory systems.

Recency

The implementation of the Recency activities has 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.

Pending Congressional Approval

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	465,745,196	423,904,317	372,204,317	303,110,342	50,000,000	3,450,000	15,643,975	1,700,000	50,000,000	41,840,879	465,945,196
HHS Total	228,725,525	193,370,851	167,520,851	156,404,351	-	3,450,000	7,666,500	850,000	25,000,000	35,354,674	228,725,525
HHS/CDC	228,725,525	193,370,851	167,520,851	156,404,351	-	3,450,000	7,666,500	850,000	25,000,000	35,354,674	228,725,525
PC Total	3,143,407	643,635	643,635	643,635	-	-	-	-	-	2,499,772	3,143,407
PC	3,143,407	643,635	643,635	643,635	-	-	-	-	-	2,499,772	3,143,407
STATE Total	4,942,920	956,487	956,487	956,487	-	-	-	-	-	3,986,433	4,942,920
State	428,180	428,180	428,180	428,180	-	-	-	-	-	-	428,180
State/AF	4,514,740	528,307	528,307	528,307	-	-	-	-	-	3,986,433	4,514,740
USAID Total	228,933,344	228,933,344	203,083,344	145,105,869	50,000,000	-	7,977,475	850,000	25,000,000	-	229,133,344
USAID, non-WCF	228,933,344	228,933,344	203,083,344	145,105,869	50,000,000	-	7,977,475	850,000	25,000,000	-	229,133,344

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

***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	200,000	-	-	-	-	-	-	-	-	200,000	465,945,196
HHS Total	-	-	-	-	-	-	-	-	-	-	228,725,525
HHS/CDC	-	-	-	-	-	-	-	-	-	-	228,725,525
PC Total	-	-	-	-	-	-	-	-	-	-	3,143,407
PC	-	-	-	-	-	-	-	-	-	-	3,143,407
STATE Total	-	-	-	-	-	-	-	-	-	-	4,942,920
State	-	-	-	-	-	-	-	-	-	-	428,180
State/AF	-	-	-	-	-	-	-	-	-	-	4,514,740
USAID Total	200,000	-	-	-	-	-	-	-	-	200,000	229,133,344
USAID, non-WCF	200,000	-	-	-	-	-	-	-	-	200,000	229,133,344

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

***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.*

Pending Congress

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: South Africa 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 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.

Earmark Budget Table

Earmarks	COP21 Funding Level			
	TOTAL	FY 2021 GHP-State	FY 2020 GHP-State	FY 2019 GHP-State
Care & Treatment	241,010,401	240,146,820	850,000	13,581
Orphans and Vulnerable Children	87,334,062	81,247,884	798,880	5,287,298
Preventing and Responding to Gender-based Violence	14,215,438	13,874,639	340,799	-
Water	3,208,500	1,508,500	1,700,000	-

** 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*

Earmark Budget Table – AB/Y

AB/Y Earmark	COP21 Funding Level				
	TOTAL	FY 2021	FY 2020	FY 2019	Applied Pipeline
TOTAL Prevention Programming	41,428,300	40,469,707	179,906	778,688	-
Of which, AB/Y	11,920,812	11,920,812	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	28.8%	29.5%	N/A	N/A	N/A

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

AB/Y Earmark Budget Justification

According to mid-year population estimates, South Africa has a population size of approximately 59.5 million. The total number of persons living with HIV was estimated to be 8 million (Thembeisa 4.3, 2020), of which more than 4.6 million were women over the age of 25 years. Although the estimated number of new infections among adults have declined by 28% from 2001 to 2021, the incidence of HIV has remained stubbornly high (especially amongst adolescent girls and young women), with an estimated 157,145 new infections in 2021 (Thembeisa 4.3, 2020). South Africa’s HIV epidemic is generalized, largely driven by heterosexual transmission, with underlying behavioral, socio-cultural, economic, and structural factors influencing HIV transmission risk. These factors include national and regional population mobility and migration; economic and educational status; limited or erroneous knowledge of HIV; alcohol and drug use; early sexual debut; sexual and gender-based violence (GBV); incomplete coverage of male circumcision; intergenerational sex; multiple and concurrent sexual partners; inconsistent condom use, especially in longer-term relationships and during pregnancy/post-partum; discrimination and stigmatization; and gender dynamics, including unequal power relations between men and women.

Of the estimated 8 million people living with HIV, approximately 7.4 million have a known HIV status. Of those with a known HIV status, approximately 5.5 million are on treatment, and of those on treatment, approximately 5.1 million are virally suppressed. Stated differently, of the

estimated 8 million people living with HIV, approximately 600,000 do not know their HIV status, 2.5 million are not on HIV treatment, and 2.9 million are not virally suppressed.

There are limited donors supporting HIV Prevention, Care and Treatment and violence prevention programs in South Africa.

Driven by the epidemiological context, PEPFAR USG core areas of investment are direct service delivery and technical assistance in terms of HIV care and treatment, priority and key population prevention, orphans and vulnerable children, as well as health system strengthening and strategic information. In terms of priority and key population prevention, PEPFAR South Africa is aligned with UNAIDS' fast-track combination prevention goals to reduce new HIV infections globally. If 50 percent of the PEPFAR South Africa budget were used for AB/Y prevention, the entire package of combination prevention interventions could not be implemented, and epidemic control would not be possible.

Specifically, PEPFAR SA is funding primary prevention of HIV and sexual violence for orphans and vulnerable children and adolescent girls and young women, as well as their caregivers, parents and communities to surround them with support, protection and education. HIV sexual prevention programs focus on school-based interventions to reduce the vulnerability and risk to acquiring HIV, and creates age appropriate awareness and knowledge about HIV for the younger beneficiaries. In addition to the AB/Y prevention programming, PEPFAR SA also funds other sexual prevention programming under OVC Comprehensive, focusing on case management, working with families and direct linkages to prevention services for children and adolescents based on individual need. For DREAMS, other sexual prevention programming also targets older beneficiaries with PrEP, post-violence care services, and other sexual risk reduction interventions. Other prevention programming targeting key populations include peer-led outreach and mobilization, targeted strategic communication and demand creation, and dedicated key population mobile and drop-in centers.

Initiatives by Agency

	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Bilateral - New Funding	Total COP21 Budget
TOTAL					
<i>of which, Community-Led Monitoring</i>	-	-	-	2,000,000	2,000,000
<i>of which, Core Program</i>	-	38,380,900	-	306,858,099	345,238,999
<i>of which, Core Program (Central)</i>	200,000	-	-	-	200,000
<i>of which, DREAMS</i>	-	3,405,939	-	78,087,758	81,493,697
<i>of which, VMMC</i>	-	54,040	-	36,958,460	37,012,500
HHS Total	-	35,354,674	-	193,370,851	228,725,525
<i>of which, Community-Led Monitoring</i>	-	-	-	1,000,000	1,000,000
<i>of which, Core Program</i>	-	32,467,000	-	130,819,930	163,286,930

of which, DREAMS	-	2,833,634	-	24,592,461	27,426,095
of which, VMCC	-	54,040	-	36,958,460	37,012,500
PC Total	-	2,499,772	-	643,635	3,143,407
of which, Core Program	-	2,499,772	-	143,635	2,643,407
of which, DREAMS	-	-	-	500,000	500,000
STATE Total	-	3,986,433	-	956,487	4,942,920
of which, Core Program	-	3,414,128	-	956,487	4,370,615
of which, DREAMS	-	572,305	-	-	572,305
USAID Total	200,000	-	-	228,933,344	229,133,344
of which, Community-Led Monitoring	-	-	-	1,000,000	1,000,000
of which, Core Program	-	-	-	174,938,047	174,938,047
of which, Core Program (Central)	200,000	-	-	-	200,000
of which, DREAMS	-	-	-	52,995,297	52,995,297

FY 2022 Target Summary

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

South Africa		SNU Prioritizations					Total	
		Attained	Scale-Up: Sustained	Scale-Up: Aggressive	Sustained	Centrally Supported		No Prioritization
HTS_INDEX	<15	-	70,389	138,900	-	3	-	209,292
	15+	-	297,918	584,990	-	485	-	883,393
	Total	-	368,307	723,890	-	488	-	1,092,685
HTS_TST	<15	-	217,444	424,400	-	71	-	641,915
	15+	-	3,749,592	5,940,652	-	8,617	-	9,698,861
	Total	-	3,967,036	6,365,052	-	8,688	-	10,340,776
HTS_TST_POS	<15	-	10,050	19,827	-	7	-	29,884
	15+	-	264,472	413,542	-	1,004	-	679,018
	Total	-	274,522	433,369	-	1,011	-	708,902
TX_NEW	<15	-	10,514	20,669	-	6	-	31,189
	15+	-	256,379	400,721	-	852	-	657,952
	Total	-	266,893	421,390	-	858	-	689,141
TX_CURR	<15	-	45,647	105,831	-	21	-	151,499
	15+	-	1,778,499	3,074,607	-	2,312	-	4,855,418
	Total	-	1,824,146	3,180,438	-	2,333	-	5,006,917
TX_PVLS	<15	-	37,351	89,069	-	18	-	126,438
	15+	-	1,552,412	2,712,269	-	1,824	-	4,266,505
	Total	-	1,589,763	2,801,338	-	1,842	-	4,392,943
CXCA_SCRN	Total	-	-	-	-	-	-	-
OVC_SERV	<18	-	200,230	320,469	-	6,591	-	527,290
	18+	-	15,673	30,747	-	785	-	47,205
	Total	-	215,903	351,216	-	7,376	-	574,495
OVC_HIVSTAT	Total	-	105,427	176,796	-	2,452	-	284,675
PMTCT_STAT	<15	-	509	2,746	-	-	-	3,255
	15+	-	287,189	466,658	-	-	-	753,847
	Total	-	287,698	469,404	-	-	-	757,102
PMTCT_STAT_P OS	<15	-	41	235	-	-	-	276
	15+	-	64,160	112,319	-	-	-	176,479

South Africa		SNU Prioritizations					Total	
		Attained	Scale-Up: Sustainment	Scale-Up: Aggressive	Sustained	Centrally Supported		No Prioritization
	Total	-	64,201	112,554	-	-	-	176,755
	<15	-	40	234	-	-	-	274
PMTCT_ART	15+	-	63,302	111,272	-	-	-	174,574
	Total	-	63,342	111,506	-	-	-	174,848
PMTCT_EID	Total	-	122,385	214,546	-	-	-	336,931
	<15	-	104,685	182,942	-	2,222	-	289,849
PP_PREV	15+	-	205,448	346,202	-	18,154	-	569,804
	Total	-	310,133	529,144	-	20,376	-	859,653
KP_PREV	Total	-	90,030	57,528	-	16,246	-	163,804
KP_MAT	Total	-	206	78	-	-	-	284
VMMC_CIRC	Total	-	93,823	219,876	-	1,309	-	315,008
	<15	-	734	299	-	44	-	1,077
HTS_SELF	15+	-	420,069	827,436	-	5,396	-	1,252,901
	Total	-	420,803	827,735	-	5,440	-	1,253,978
PrEP_NEW	Total	-	72,008	151,364	-	1,534	-	224,906
PrEP_CURR	Total	-	77,481	158,079	-	1,900	-	237,460
	<15	-	3,616	7,704	-	-	-	11,320
TB_STAT	15+	-	39,618	84,778	-	-	-	124,396
	Total	-	43,234	92,482	-	-	-	135,716
	<15	-	802	2,008	-	-	-	2,810
TB_ART	15+	-	24,692	49,799	-	-	-	74,491
	Total	-	25,494	51,807	-	-	-	77,301
	<15	-	9,961	18,759	-	-	-	28,720
TB_PREV	15+	-	271,744	395,832	-	-	-	667,576
	Total	-	281,705	414,591	-	-	-	696,296
	<15	-	56,154	126,493	-	-	-	182,647
TX_TB	15+	-	2,034,875	3,475,307	-	-	-	5,510,182
	Total	-	2,091,029	3,601,800	-	-	-	5,692,829
GEND_GBV	Total	-	12,332	26,039	-	-	-	38,371
AGYW_PREV	Total	-	139,925	253,938	-	-	-	393,863

* 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 implementing partner (IP) 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 South Africa's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

Pending Congressional Approval