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FROM: S/GAC – Ambassador Deborah L. Birx, MD

SUBJECT: FY 2019 PEPFAR Planned Allocation and Strategic Direction

We are grateful to each of you, Ambassadors, Chargés, and your Deputy Chiefs of Mission, for your engagement in planning, review and implementation, and with the community and Government to enhance PEPFAR program impact. We are grateful for your attention to core policy adoption and holding partners to account and performance for improved outcomes and greater impact. Finally we are grateful to your incredible PEPFAR staff in country, working together across agencies to ensure the most effective and efficient use of taxpayer dollars.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) total planning level for the Asia Region for the 2019 Regional Operational Plan (ROP) 2019 is **$90,000,000**, inclusive of all new funding accounts and applied pipeline. We are entrusting the region with this increase to accelerate impact on the key population pandemic in the region. We know some countries have recognized the unique prevention and treatment needs tailored to each key population but we also know others are still not programming with evidence based interventions that have been demonstrated to have an impact. We also know some countries have not generated sufficient political will to address the epidemic that they do have and program with effectiveness.

ROP 2019 will be a pivotal year, as we regionalize the former STAR (Strategic and Technical Alignment for Results) operating units (OUs) and one F-Op (Foreign Assistance Operational Plan) country in Asia into one unified Asia Region, with the aim of increasing efficiency and consolidating expertise and technical assistance across the region, and preserving and increasing programmatic funding for effective activities.

During the Asia Regionalization meeting in November 2018, PEPFAR field-based and headquarters-based agency leadership came together to create a joint understanding of current

program implementation, discuss optimal staffing for the regional program, plan for the ROP 2019 transition to a unified region, and determine how to operate as a regional program. We commend the hard-work, innovation, and "can-do" spirit all your teams exhibited during this meeting, which resulted in a strong proposal for regionalization.

Recognizing the need to prioritize PEPFAR investments to where they can make the most impact and the most significant contribution to epidemic control and attainment of 90/90/90 goals, this planning level letter assigns countries within the newly consolidated Asia Region in to the three tiers, and provides planning levels and specific technical guidance.This aligns with the outcomes of the Asia Regionalization meeting, which resulted in an approach that recognized countries would need to be organized into three tiers. The entire region shares similar issues around ineffective over testing due to unclear understanding of the most at risk and vulnerable that need to be reached and how to reach them. Yet, there are high performing sites throughout that all can learn from and adjust programming to increase impact.

Accelerate and Achieve Epidemic Control: Burma, India, Nepal, and Thailand should work aggressively to achieve UNAIDS 90/90/90 goals among select key populations (KP) groups in priority SNUs, close remaining gaps within the TIP restrictions, and drive host countries to epidemic control recognizing the important leadership role of direct implementation by local peer-led NGOs. Countries should continue to support impactful interventions that effectly targets gaps in the treatment cascade among KP groups.

Protect the Investment (Maintenance): Indonesia, Laos, Kazakhstan, Kyrgyz Republic, Papua New Guinea, and Tajikistan should focus on PEPFAR activities that support PLHIV currently on treatment, any OVC and GBV activities, and closing out programs that will not continue into ROP 2019. These countries either have small epidemics, the ability to pay or the lack of political will to address policies and programming that ensure the most at risk are reached with the most effective prevention and treatment interventions.

Sustain Epidemic Control (Limited Technical Assistance (TA)) : Cambodia should continue its focus on sutainable financing and strengthening national sysems to identify and respond to new infections, adapting or shifting activities as needed to ensure PEPFAR's investment are maximally directed to the key barriers to epidemic control. Cambodia should move to full maintenance program.

If you have questions about the priorities and guidance laid out in this letter, please contact your S/GAC Chairs and Program Manager. My office is continually grateful for your team's work on the PEPFAR program, helping us to move towards an AIDS-free generation by supporting the HIV response in the Asia region.

APPENDICES:

1. **ROP 2019 PLANNING LEVEL**
2. **ROP 2019 BUDGETARY REQUIREMENTS & GUIDANCE**
3. **PAST PERFORMANCE**
4. **ROP 2019 DIRECTIVES**

APPENDIX 1: ROP 2019 PLANNING LEVEL

Based upon current analysis of spend levels, information submitted for the FY 2018 Q4 POART and performance information, the total ROP 2019 planning level is estimated to be comprised as follows:

Table 1. ROP 2019 Budget

Asia Region TOTAL ROP 2019 PLANNING LEVEL: $90,000,000		
Total Base Budget for ROP 2019 Implementation		**$ 90,000,000**
Total ROP 19 New Funding	$ 61,453,408	
of which, VMMC	*$ -*	
Total Applied Pipeline	$ 28,546,592	
Total Faith Based Organization (FBO) Initiative Funding (FY 18 Funds)		**$ -**

**Funding for the VMMC program must be at least the amount noted here, however, this total can come from both new and pipeline funds.*

Table 2. Applied Pipeline*

Asia Region ROP 2019 Applied Pipeline by OU and Agency				$ 28,546,592
OU	**DOD**	**HHS/CDC**	**USAID**	**Total**
Asia Regional Program	$ -	$ 1,017,744	$ 926,489	$ 1,944,233
Burma	$ -	$ 1,701,575	$ 1,335,674	$ 3,037,249
Cambodia	$ -	$ 2,644,866	$ 4,167,517	$ 6,812,383
Central Asia Region	$ -	$ 2,587,689	$ 530,842	$ 3,118,531
India	$ -	$ 3,975,394	$ 6,033,456	$ 10,008,850
Indonesia	$ 172,514	$ -	$ 2,854,020	$ 3,026,534
PNG	$ -	$ 28,405	$ 570,407	$ 589,812
Agency Totals	**$ 172,514**	**$ 11,955,673**	**$ 16,418,405**	**$ 28,546,592**

**Based on agency reported available pipeline from EOFY.*

All planning levels are subject to further adjustment, **based upon appropriations**, further analysis determining the availability of excessive pipeline, and other developments during the course of COP/ROP 2018 implementation and the ROP 2019 review process. The total spend in the implementation of ROP 2019 (FY 2020) may not exceed the total ROP 2019 planning level of **$90,000,000**.

APPENDIX 2: ROP 2019 BUDGETARY REQUIREMENTS

Table 3a. ROP 2019 Earmarks

Asia Region ROP 2019 EARMARK REQUIREMENTS		
Care and Treatment (C&T)	**$**	**12,905,216**
% of base funds allocated to C&T		*21%*
HKID	**$**	**239,668**
Gender Based Violence (GBV)	**$**	**2,780,647**
of which, Cambodia	*$*	*47,000*
Of which, India	*$*	*150,000*
Of which, Indonesia	*$*	*782,427*
Of which, Papua New Guinea	*$*	*1,663,720*
Of which, remaining ARP	*$*	*137,500*
Water	**$**	**-**

Care and Treatment: If there is no adjustment to the ROP 2019 new funding level due to an adjustment in applied pipeline, The Asia Region's minimum requirement for the care and treatment earmark is reflected in the chart above. Your care and treatment requirement is calculated as the sum of total new FY 2019 funding programmed to the HTXS, HTXD, HVTB, HBHC, PDTX, PDCS budget codes, 30% of the total funding programmed to the MTCT budget code, 80% of the total funding programmed to the HLAB budget code, and 30% of the total funding programmed to the HVCT budget code. This minimum care and treatment earmark has been derived based upon a requirement that the Asia Region program a minimum of 21% of all **new FY 2019 Base Funds** to care and treatment of people living with HIV.

HKID Requirement: The Asia Region's ROP 2019 minimum requirement for the HKID budget code is reflected in the chart above. Your ROP 2019 HKID requirement is derived based upon the approved ROP 2018 HKID level. The ROP 2019 planned level of new funds for HKID can be above this amount; however, it cannot fall below it. Based on COP/ROP 2018 allocations, this should be implemented by India.

Gender-Based Violence (GBV): The Asia Region's ROP 2019 minimum requirement for the GBV earmark is reflected in the chart above. Your GBV earmark requirement is calculated as the total **new FY 2019** funding programmed to the GBV cross-cutting code. Your ROP 2019 earmark is derived by using the final COP/ROP 2018 GBV earmark allocations as a baseline. The ROP 2019 planned level of new FY 2019 funds for GBV can be above this amount; however, it cannot fall below it. Based on COP/ROP 2018 allocations, this should be implemented by Cambodia, India, Indonesia, Papua New Guinea (PNG), and the former Central Asia Region.

Water: The Asia Region's ROP 2019 minimum requirement for the water earmark is reflected in the chart above. Your water earmark requirement is calculated as the total **new FY 2019 funding** programmed to the water cross-cutting code. Your ROP 2019 earmark is derived by using the final COP/ROP 2018 water earmark allocations as a baseline. The ROP 2019 planned level of new FY 2019 funds for water can be above this amount; however, it cannot fall below it.

Transitioning HIV Services to Local Partners: To sustain epidemic control, it is critical that the full range of HIV prevention and treatment services are owned and operated by local institutions, governments, and organizations – regardless of current anti-retroviral (ARV) coverage levels. The intent of the transitioning to local partners is to increase the delivery of direct HIV services, along with non-direct services provided at the site, and establish sufficient capacity, capability, and durability of these local partners to ensure successful, long-term local partner engagement and impact. This action is a priority for all OUs, Regional Programs and Country Pairs. PEPFAR has set a 70% goal **by agency** by the end of FY 2020, and must meet 40% by FY 2019. Each country has to contribute to this goal based on the context of the local partner mix and types of public and private partners available to provide essential services. Therefore, each Asia Region agency should work with their respective agency HQ in determining their contribution in meeting the agency level local partner requirement for FY 2020 as appropriate through their ROP 2019 submission.

Table 3b. ROP 2019 Country Planning Levels

	COP/ROP 2017	COP/ROP 2018	ROP 2019 COUNTRY ALLOCATION			
COUNTRY			PROTECTING THE INVESTMENT: MINIMUM ALLOCATION	ACCELERATE & ACHIEVE	SUSTAINED EPIDEMIC CONTROL	GRAND TOTAL ROP 2019 ALLOCATION
Asia Regional Program (Laos, Thailand)	$15,030,000	$16,075,286	$ 9,539,176	$ 7,442,275		$ 16,981,451
Burma	$10,000,000	$ 9,912,070	$ 4,937,744	$ 6,549,202		$ 11,486,946
India	$26,700,000	$22,404,726	$ 10,477,857	$ 14,586,859		$ 25,064,717
Nepal	N/A	$ 3,486,000	$ 3,486,000	$ 1,190,764		$ 4,676,764
Central Asia Region (Kazakhstan, Kyrgyz Republic, Tajikistan)	$15,800,000	$15,275,547	$ 11,873,378			$ 11,873,378
Indonesia	$10,000,000	$ 8,962,218	$ 5,622,503			$ 5,622,503
Papua New Guinea	$ 6,752,450	$ 5,900,105	$ 5,899,535			$ 5,899,535
Cambodia	$11,093,782	$ 9,946,026	$ 7,394,706		$1,000,000	$ 8,394,706
TOTAL	$95,376,232	$91,961,978	$ 59,230,899	$ 29,769,100	1,000,000	$ 90,000,000

Country Planning Levels:
In alignment with the broader goals of regionalization articulated above, the newly consolidated Asia Region will need to focus and prioritize resources for ROP 2019 and beyond. Based on outcomes of the November regionalization meeting, FY 2018 Q4 POART review and calls, and other data sources, S/GAC recommends a tailored and tiered approach for programming across the newly formed region. S/GAC used the following consideration to determine which countries have the most potential for achieving epidemic control and UNAIDS 90/90/90 goals. The considerations included: overall HIV burden, partner country progress toward identifying and treating PLHIV, trends in new HIV infections, partner country income status, implementing partner MER performance and the broader legal and HIV policy environment. The countries are classified into the three tiers mentioned above: Accelerate and Achieve, Protect the Investment (Maintenance), and Sustain Epidemic Control.

S/GAC has assigned a planning level to each of the countries, corresponding to the three tiers. The first funding component is a minimum allocation for each country, constructed by adding: 1)

COP/ROP 2018 care and treatment earmark, 2) COP/ROP 2018 OVC Earmark, 3) COP/ROP 2018 GBV earmark, 4) COP/ROP 2018 Management and Operations budget, and 5) consideration of the need for closeout funding for COP/ROP 2018 activities that will not be continued in ROP 2019, where applicable.

The second funding component is for countries determined to be Accelerate and Achieve countries that have the most potential for achieving epidemic control and UNAIDS 90/90/90 goals.

The third funding component is directed toward Cambodia to support its status as a country that has already achieved and should sustain epidemic control. It is important that Cambodia initiate planning for sustainable epidemic control to ensure that the host country are able to maintain and achieve further reductions in new HIV infections. The ROP 2019 Guidance Section 2.3.2 provides further direction on sustaining epidemic control.

Former Regional Programs:

For Asia Regional Program, the current team should determine the funding allocation for Laos. This allocation should be appropriate for a Protecting the Investment (Maintenance) country. The allocation should be constructed utilizing the process outlined above for a minimum allocation. In addition, ARP's allocation assumes Thailand will support some of the regional infrastructure for the newly formed Asia Region.

For Central Asia Region, the current team should determine the funding allocations for Kazakhstan, Kyrgyz Republic, and Tajikistan. The allocation should be constructed utilizing the process outlined above for a "Protecting the investment" minimum allocation.

ROP 2019 Applied Pipeline

All agencies in the Asia Region should hold a 4 month pipeline at the end of ROP 2019 implementation in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. Any agency that anticipates ending COP/ROP 2018 implementation (end of FY 2019) with a pipeline in excess of 4 months is required to apply this excessive pipeline to ROP 2019, decreasing the new funding amount to stay within the planning level.

The Applied Pipeline amount of **$28,546,592** given by S/GAC as a part of the ROP 2019 planning level has been calculated to reflect the projected excessive pipeline as of the beginning of the ROP 2019 implementation cycle (FY 2020), and is the minimum amount that the Asia Region must apply as pipeline in the ROP 2019 submission. The distribution of new base funds and Applied Pipeline was calculated to ensure 4 months of pipeline remains with mechanisms, based upon the financial data submitted for the FY 2018 Q4 Obligation and Outlay and FY 2018 End of Fiscal Year (EOFY) reports. Expired funds, funds on expired mechanisms and projected FY 2019 outlays as submitted in the EOFY report were all taken into consideration to inform the projected excessive pipeline and the required ROP 2019 applied pipeline amount.

Unliquidated obligations on closed mechanisms identified in the FY 2018 EOFY report should be de-obligated in a timely manner. This will continue to be monitored throughout FY 2019 (COP/ROP 2018 implementation) and into ROP 2019.

APPENDIX 3: PAST PERFORMANCE TRENDS

Table 4. COP/ROP 2017/ FY 2018 Outlays versus Approved Budget*

OU, Agency	Sum of Approved COP/ROP 2017 Planning Level	Sum of Total FY 2018 Outlays	Sum of Over/Under Outlays
Asia Regional Program	**$ 15,030,000**	**$ 9,732,987**	**$ (5,297,013)**
HHS	$ 10,260,500	$ 8,521,561	$ (1,738,939)
USAID	$ 4,769,500	$ 1,211,427	$ (3,558,073)
Burma	**$ 10,000,000**	**$ 6,656,743**	**$ (3,343,257)**
HHS	$ 3,500,000	$ 2,556,430	$ (943,570)
USAID	$ 6,500,000	$ 4,100,313	$ (2,399,687)
Cambodia	**$ 11,093,782**	**$ 6,390,819**	**$ (4,702,963)**
HHS	$ 5,243,989	$ 3,274,486	$ (1,969,503)
USAID	$ 5,849,793	$ 3,116,333	$ (2,733,460)
Central Asia Region	**$ 15,800,000**	**$ 16,673,565**	**$ 873,565**
HHS	$ 7,885,000	$ 8,409,955	$ 524,955
Peace Corps	$ -	$ 115,002	$ 115,002
State	$ 160,000	$ (11,528)	$ (171,528)
USAID	$ 7,755,000	$ 8,160,136	$ 405,136
India	**$ 26,700,000**	**$ 22,312,887**	**$ (4,387,113)**
DOD	$ -	$ (27,209)	$ (27,209)
HHS	$ 13,200,000	$ 11,469,206	$ (1,730,794)
USAID	$ 13,500,000	$ 10,870,890	$ (2,629,110)
Indonesia	**$ 10,000,000**	**$ 8,634,634**	**$ (1,365,366)**
DOD	$ 300,000	$ 311,398	$ 11,398
USAID	$ 9,700,000	$ 8,323,236	$ (1,376,764)
Papua New Guinea	**$ 6,762,450**	**$ 5,738,391**	**$ (861,609)**
HHS	$ 2,308,569	$ 1,955,139	$ (353,430)
State	$ 45,000	$ (73)	$ (45,073)
USAID	$ 4,408,881	$ 3,783,325	$ (625,556)
Total	**$ 95,386,232**	**$ 76,140,026**	**$ (19,246,206)**

** State obligations and outlays have not yet been reconciled and the numbers in this table may change based on reconciliation.*

Overall, the Asia Region's total FY 2018 outlay level of $76,140,026 is $19,246,206 under the approved spend level of $95,386,232 (COP/ROP 2017 budget).

Within that total, Central Asia Region spent above their approved FY 2018 budgets. In terms of agencies, HHS in Central Asia Region, Peace Corps in Central Asia Region, USAID in Central Asia Region, and DOD in Indonesia spent above their approved spend levels.

Table 5. Implementing Partner FY 2018 Outlays*

***** *This table was based off the FY18 EOFY submissions, but edited to reflect OPUs as of January 15th, 2019. Agencies outlaid to the following Implementing Mechanisms 125% or more in excess of their COP17 approved planning level.*

OU	Mech ID	Prime Partner	Funding Agency	COP17/FY18 Budget (New funding + Pipeline)	Actual FY18 Outlays ($)	Over/Under FY18 Outlays (Actual $ - Total COP17 Budget $)
Asia Regional Program	17035	University of Washington	HHS/HRSA	$ 50,000	$80,679	$ 30,679
Asia Regional Program	17059	Research Triangle International	USAID	$ -	$56,471	$ 56,471
Burma	18191	University of California at San Francisco	HHS/CDC	$ 200,000	$315,841	$ 115,841
Cambodia	14179	Khmer HIV/AIDS NGO Alliance	USAID	$ 1,400,000	$2,523,792	$ 1,123,792
Cambodia	14263	Ministry of Health (MOH)	HHS/CDC	$ 48,469	$68,163	$ 19,694
Cambodia	18574	Ministry of Health (MOH)	HHS/CDC	$ 151,738	$193,899	$ 42,161
Central Asia Region	13970	Clinical and Laboratory Standards Institute	HHS/CDC	$ 204,730	$451,074	$ 246,344
Central Asia Region	13974	Management Sciences for Health	USAID	$ -	$174,886	$ 174,886
Central Asia Region	17050	UNAIDS - Joint United Nations Programme on HIV/AIDS	USAID	$ 75,000	$120,401	$ 45,401
Central Asia Region	17777	Ministry of Health/ Republican Narcology Center	HHS/CDC	$ 50,000	$85,000	$ 35,000
Central Asia Region	17813	FHI 360	USAID	$ 100,000	$200,000	$ 100,000
Central Asia Region	18124	United Nations Office on Drug and Crime (UNODC)	USAID	$ 125,000	$415,813	$ 290,813
India	13453	FHI 360	HHS/CDC	$ -	$118,728	$ 118,728
India	14841	Public Health Foundation of India (PHFI)	USAID	$ -	$94,622	$ 94,622
India	17806	Program for Appropriate Technology in Health	USAID	$ -	$393,099	$ 393,099
Indonesia	17854	Abt Associates	USAID	$ -	$524,809	$ 524,809

It is recognized that a number of the above over-outlays are related to procurement issues. Agencies should closely monitor outlays and work to reduce the occurrence of over-outlay issues. Agencies and implementing mechanisms are required by S/GAC guidance to stay within their 12-month budget limit approved in their COP/ROP, even though agency/partner agreements may be multi-year.

Table 6. COP/ROP 2017/ FY 2018 Results versus Targets*

** Financial and target performance data not a one-to-one correlation as program classification expenditures encompass more than those towards indicator/target presented.*

OU	Indicator	FY18 Target	FY18 Result	% Achieved	Program * Classification	FY18 Expenditure	% Service Delivery
Asia Regional Program (China, Laos, Thailand)	HTS_TST	111,768	103,367	92.5%			
	HTS_TST_POS	11,976	6,649	55.5%	HIV Testing	$ 2,822,485	88.8%
	TX_NEW	10,989	6,178	56.2%			
	TX_CURR	21,717	38,615	177.8%	Care & Treatment	$ 2,250,745	42.9%
	KP_PREV	148,082	139,910	94.5%			
	PREP_NEW	1,815	2,540	139.9%	Prevention	$ 2,677,524	91.4%
				Above Site Programs		$ 4,113,734	
				Program Management		$ 3,037,395	
Burma	HTS_TST	25,249	30,290	120.0%			
	HTS_TST_POS	3,458	4,572	132.2%	HIV Testing	$ 932,026	34.7%
	TX_NEW	2,747	2,651	96.5%			
	TX_CURR	5,596	7,569	135.3%	Care & Treatment	$ 925,565	31.3%
	KP_PREV	26,368	26,722	101.3%	Prevention	$ 2,108,392	57.0%
				Above Site Programs		$ 2,688,535	
				Program Management		$ 1,320,933	
Cambodia	HTS_TST	n/a	n/a	n/a			
	HTS_TST_POS	n/a	n/a	n/a	HIV Testing	$ 833,722	19.0%
	TX_NEW	n/a	n/a	n/a			
	TX_CURR	n/a	n/a	n/a	Care & Treatment	$ 848,495	0.0%
	KP_PREV	n/a	n/a	n/a	Prevention	$ 532,119	100.0%
				Above Site Programs		$ 2,145,711	
				Program Management		$ 2,003,040	
Central Asia (Kazakhstan, Kyrgyz Republic, Tajikistan)	HTS_TST	85,348	346,361	405.8%			
	HTS_TST_POS	3,438	2,234	65.0%	HIV Testing	$ 2,038,224	80.4%
	TX_NEW	5,714	2,144	37.5%			
	TX_CURR	11,323	8,183	72.3%	Care & Treatment	$ 2,400,316	65.6%
	KP_PREV	19,483	29,530	151.6%			
	KP_MAT	2,290	1,381	60.3%	Prevention	$ 836,658	57.5%
				Above Site Programs		$ 2,817,351	
				Program Management		$ 3,895,563	

India	HTS_TST	102,897	242,885	236.0%			
	HTS_TST_POS	4,151	2,904	70.0%	HIV Testing	$ 931,234	48.8%
	TX_NEW	26,343	27,671	105.0%			
	TX_CURR	172,610	179,434	104.0%	Care & Treatment	$ 3,638,972	2.6%
	KP_PREV	101,319	171,335	169.1%			
	KP_MAT	5,509	4,291	77.9%	Prevention	$ 2,817,311	15.8%
				Above Site Programs		$ 2,527,263	
				Program Management		$ 3,174,996	
Indonesia	HTS_TST	61,939	88,633	143.1%			
	HTS_TST_POS	6,534	3,529	54.0%	HIV Testing	$ 1,401,636	98.3%
	TX_NEW	6,688	3,396	50.8%			
	TX_CURR	12,225	12,610	103.1%	Care & Treatment	$ 1,937,039	85.2%
	KP_PREV	51,684	90,191	174.5%	Prevention	$ 1,145,853	99.8%
				Above Site Programs		$ 2,466,820	
				Program Management		$ 3,244,087	
PNG	HTS_TST	8,258	25,580	309.8%			
	HTS_TST_POS	534	1,108	207.5%	HIV Testing	$ 169,039	4.0%
	TX_NEW	748	1,216	162.6%			
	TX_CURR	7,941	5,239	66.0%	Care & Treatment	$ 933,697	25.3%
	KP_PREV	2,800	4,314	154.1%	Prevention	$ 315,928	40.0%
				Above Site Programs		$ 1,808,092	
				Program Management		$ 1,138,060	

COP 2017/ FY 2018 Review

S/GAC considered a number of factors in arraying the countries in the newly formed Asia Region according to the three tiers of Accelerate and Achieve, Protect the Investment (Maintenance), and Sustain Epidemic Control. A review of the countries by these factors is outlined below.

Disease Burden: S/GAC examined the HIV disease burden (national estimates of PLHIV), utilizing epidemiological data presented at the November regionalization meeting derived from the UNAIDS AIDSinfo portal and in a few cases Ministry of Health data furnished by field teams. India and Indonesia have the highest disease burden and Kyrgyz Republic and Laos have the lowest burden.

ART Coverage: S/GAC examined the percentage of PLHIV on ART, utilizing epidemiological data presented at the November regionalization meeting derived from the UNAIDS AIDSinfo portal and in a few cases Ministry of Health data furnished by field teams. Cambodia and Thailand have the greatest percentage of PLHIV on ART, 87% and 72% respectively. Tajikistan and Indonesia have the lowest percentage of PLHIV on ART, 34% and 15% respectively.

Known Status: For Known Status, S/GAC considered the percentage of PLHIV that know their status utilizing epidemiological data presented at the November regionalization meeting derived from the UNAIDS AIDSinfo portal and in a few cases Ministry of Health data furnished by field teams. Thailand and Cambodia have the greatest percentage of PLHIV that know their status, 98% and 88% respectively. Tajikistan and Indonesia have the lowest percentage of PLHIV that know their status, 48% and 42% respectively.

Infection Trend: For most countries, the number of new HIV infections is decreasing. The number in Tajikistan is flat and the infection rate is increasing in Kazakhstan and PNG.

Performance Indicators: S/GAC developed a composite score based on FY 2018 performance across four key indicators – KP_PREV, HTS_TST_POS, TX_NEW, and TX_CURR. Overall, Laos and PNG performed the best against targets, while Kazakhstan's and Kyrgyz Republic's performance was the weakest.

In terms of Accelerate and Achieve countries, Burma reached or exceeded targets for key indicators. For Thailand, there were challenges in reaching HTS_TST_POS and TX_NEW targets (including when disaggregated from Laos/China in the previous Asia Regional Program). For India, there were challenges in reaching HTS_TST_POS targets.

Legal, Policy and Social Environment: Utilizing UNAIDS, AIDS Data Hub and KP Atlas policy indicators, S/GAC created a score. India and Indonesia scored the highest and PNG and Tajikistan scored the lowest.

PEPFAR Policy Table: Kyrgyz Republic and PNG have the most PEPFAR policies in place and fully implemented, while Tajikistan and Indonesia have the least.

Country Income Status: According to the World Bank income classification Thailand and Kazakhstan are Upper Middle Income Countries and Tajikistan and Nepal are Low Income Countries. The remaining countries are Lower Middle Income Countries.

APPENDIX 4: COP 2019 DIRECTIVES

S/GAC has classified countries in the newly formed Asia region as below:

1. Accelerate and Achieve
    - Burma
    - India
    - Nepal
    - Thailand

2. Protect the Investment (Maintenance)
    - Indonesia
    - Laos
    - Kazakhstan
    - Kyrgyz Republic
    - Papua New Guinea
    - Tajikistan

3. Sustain Epidemic Control
    - Cambodia

Countries in the **Accelerate and Achieve** category should work aggressively to achieve UNAIDS 90/90/90 goals among select key population (KP) groups in priority SNUs, closing remaining gaps, and driving the host countries to epidemic control. In addition, countries should continue to support impactful interventions that effectively target gaps in the treatment cascade in order to reach, test, link, and achieve viral suppression among KP groups. Specifically, programs should:

- Promote scale-up of index testing with fidelity;
- Ensure they are investing in and promoting within national programs KP differentiated case finding strategies;
- Where testing yields seem low, ensure they are able to reach deeper in to KP networks and consider social network strategies or the Enhanced Peer Outreach Approach and prepare to shift programs as necessary;
- Support linkage strategies that ensure and document that at least 95% of KP who test positive are linked to anti-retroviral treatment (ART), and reduce the time to treatment initiation;
- Articulate measurable goals for how PEPFAR support will impact national, sub-national, and/or specific KP cascades;
- Promote development and scale of differentiated service delivery models, including multi-month scripting (MMS) and decentralization for stable patients with a focus on models specific to KPs;
- Include clear strategies for taking service delivery models to scale with national governments if successful, or clear plans for discontinuation if not;
- Assess need for PrEP implementation, and promote relevant policies;
- Maintain focus on provinces/districts with highest HIV prevalence, burden, number of new infections, and unmet ART needs, reassessing and potentially consolidating for ROP

2019 as needed. Nepal, as a former F-Op country, should review and reconsider its geographic spread.

Countries in the **Protect the Investment (Maintenance)** category are provided a minimum budget allocation to protect PEPFAR activities that support PLHIV currently on treatment and any OVC and GBV activities. In addition, funds are provided for closeout costs associated with programs that are not continuing in ROP 2019.

Cambodia is the only country in the **Sustain Epidemic Control** category. The Cambodia PEPFAR program should continue its focus on sustainable financing and strengthening of national systems to identify and respond to new infections, adapting or shifting activities as needed to ensure PEPFAR's investment are maximally directed to the key barriers to epidemic control. The Cambodia PEPFAR program should develop well-defined benchmarks to measure PEPFAR's specific impact on the national response during ROP 2019. Additionally, in conjunction with ECT I, the Cambodia PEPFAR program should adapt the broader sustainable epidemic control framework to local context, defining goals and indicators, and monitoring progress.

Recommendations applicable to the entire region:

- In preparing to "transfer" FOIT activities to Table 6, identify and prioritize key systems barriers, and ensure development of clear, measurable benchmarks and outcomes of above site activities;
- Ensure ROP 2019 budget allocations support the leadership and administrative infrastructure of the newly formed region, including coordination structures, funds for multi-country meetings, funds for needed within-region TA, and other needs. The allocation above to the former Asia Regional Program assumes Thailand will support some of this regional infrastructure;
- Ensure strong communication and collaboration with the Global Fund at the country-level. HQ coordination and communication will also be essential.

Table 7. ROP 2019 (FY 2020) Targets

Based on current progress towards epidemic control and funding level, the following FY 2020 minimum treatment targets are recommended for the Asia Region:

COP/ROP 2017 (FY 2018) TX_CURR Results	
Asia Regional Program	38,615
Burma	7,569
Cambodia	N/A
Central Asia Region	8,183
India	179,434
Indonesia	12,610
Papua New Guinea	5,239
ROP 2019 (FY 2020) TX_CURR Targets	
Consolidated Asia Region	*250,945*
Asia Regional Program	39,139
Burma	7,569
Cambodia	N/A
Central Asia Region	8,183
India	179,428
Indonesia	12,610
Papua New Guinea	4,016

**Targets should be further allocated by age and sex based on disaggregated PLHIV estimates and unmet need for ART.*

These targets were developed based on the following assumption:

- TX_CURR: The newly formed Asia Region has a per-country minimum target that reflects their COP/ROP 2017 (FY 2018) Results. As the previous OUs align into the Asia Region, countries should continue to support PLHIV currently receiving ART with PEPFAR support.

For Accelerate and Achieve countries – Thailand, India, Burma, and Nepal – these are to be considered minimum targets. These countries are expected to increase their treatment targets in line with their increased funding levels.

Table 8. Minimum Requirements

Given the tiered approach for the countries within the Asia region, the minimum requirements below are prioritized for the four countries in the Accelerate and Achieve tier (India, Thailand, Burma, and Nepal), except where noted.

Minimum Requirement	Asia Region Specific Guidance (if applicable in COP/ROP 2018 or ROP 2019)
1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	Nine of 11 countries in the Asia Region report that Test and Start has been adopted and implemented across all age, sex and risk groups. Indonesia reported that Test and Start has been adopted as national policy, but not fully implemented, with PEPFAR supporting implementation in Jakarta, and providing support for national implementation. Tajikistan reported that while the Test and Start protocol has not yet been formally approved, approval is imminent and Test and Start has been implemented in practice, more than doubling the number of PLHIV on treatment since 2015. Expectation for continued funding is that by the beginning of FY 2020, Tajikistan will have formally adopted a test and start policy and Indonesia will have fully implemented in Jakarta.
2. Adoption and implementation of differentiated service delivery models, including six month multi-month scripting (MMS) and delivery models to improve identification and ARV coverage of men and adolescents.	PEPFAR teams in all countries throughout the region should continue to promote the adoption of needed policies for differentiated service delivery. Burma, India, Nepal, and Thailand should develop, implement and scale successful differentiated service delivery models, with a particular focus on models optimized for different KP groups. In the case of MMS, relevant policies are reported to be in place throughout most of the region, though not necessarily fully implemented. However, PEPFAR programs should continue to track implementation, including documenting barriers, and work with national partners and systems to promote scale and develop guidelines and tools.

3. Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	No country in the region has reported that TLD is being made available across the entire country, though different countries are at various stages of considering new guidelines, registering formulas, or implementing a transition. Completion of a TLD transition will not be required by FY 2019. However, PEPFAR programs in all countries in the Asia Region should participate in planning and support advancement of the transition and should describe this in their ROP 2019 submission. For example, PEPFAR Thailand should work with the Thai authorities to get TLD registered and begin the transition to TLD. India is currently in process of initiating procurement of TLD and approving a policy which recommends use of TLD for all new patients, and allows women and adolescent girls of childbearing potential to have an informed choice.
4. Scale up of index testing and self-testing, and enhanced pediatric and adolescent case finding, ensuring consent procedures and confidentiality are protected and monitoring of intimate partner violence (IPV) is established.	PEPFAR programs in Burma, India, Nepal, and Thailand all report index testing as an approved national policy, but not yet fully implemented. These PEPFAR programs should continue to support scale up of index testing, focused on KPs and their partners, and that these programs are implemented with fidelity. For self-testing, PEPFAR programs in Burma, India, Nepal, and Thailand should support scale-up of this testing approach, including promoting a supportive policy environment (e.g. national policy in Burma, product approval in Thailand). Other countries in the region should promote the development of needed policies, and should promote the scale of successful pilots/demonstrations projects at national and regional level, as well as dissemination of best practices and lessons learned.
5. Tuberculosis (TB) preventive treatment (TPT) for all PLHIV must be scaled up as an integral and routine part of the HIV clinical care package.	All countries in the region report TPT adopted as national policy. India reports full implementation, but low coverage. Thailand and Burma do not report full implementation. PEPFAR programs in Burma, India, Nepal, and Thailand should work to ensure patients at PEPFAR-supported sites have access to TPT, and continue to support scale of previously-supported pilots and other technical assistance.

6. Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	All PEPFAR programs in the region should strengthen linkage of HIV-positive KP to treatment. Strategies for improving linkage may include addressing challenges between the community and facility interface, for example by addressing stigma and discrimination, utilizing peer approaches, and addressing measurement challenges.
7. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and related services, such as antenatal care (ANC) and TB services, affecting access to HIV testing and treatment and prevention.	This minimum requirement is not applicable to the Asia Region.
8. Completion of viral load (VL)/ early infant diagnoses (EID) optimization activities and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups.	This minimum requirement is not applicable to the Asia Region.
9. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	This requirement is applicable to all countries in the Asia Region that report MER indicators.
10. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on adolescent girls in high HIV-burden areas, 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV, and children and adolescents living with HIV who require socioeconomic support, including integrated case management.	For India, the OVC program should continue to focus on children of KPs and their partners, providing a minimum package of services (at minimum meeting OVC_SERV requirements) and linking to ART. This requirement is not applicable to the rest of the region.
11. Evidence of resource commitments by host governments with year after year increases.	Countries within the Asia Region should critically analyze the return on investment for activities that support increased domestic resource mobilization activities. The Asia region should also explore collaboration with (Association of Southeast Asian Nations) ASEAN and other regional bodies to promote increased domestic resource mobilization.

12. Clear evidence of agency progress toward local, indigenous partner prime funding.	All programs within the Asia Region should work with their agencies to define how Asia programs will contribute to broader agency goals.
13. Scale up of unique identifier codes (UICs) for patients across all sites.	During ROP 2019, all countries in the region should ensure utilization of UIC's in PEPFAR-supported sites, and/or promote integration or scale within national systems. The PEPFAR program in Cambodia should continue its work with the national government on this system. PEPFAR India should continue to track the government of India's existing plans to develop such a system.

COP 2019 Stakeholder Engagement

Sustained control of the HIV/AIDS epidemic necessitates that PEPFAR teams actively and routinely coordinate and communicate with all partners, including local, regional and international civil society and community stakeholders, multilateral partners and the host country government. With your leadership, PEPFAR is leading the way in facilitating transparent processes and in sharing data and results. Continued meaningful engagement with these groups throughout the development and implementation of ROP 2019 remains a requirement for all PEPFAR programs, and as such the ROP 2019 process will engage with stakeholders early and frequently. This engagement specifically includes the sharing of FY 2018 Q4 and FY 2018 APR results and analyses and the convening of an in-country planning retreats with local stakeholders no later than the week of January 28, 2019 in order to introduce and discuss all ROP 2019 tools, guidance, results and targets as well as the proposed trajectory and strategy for ROP 2019. In February, initial ROP tools will be submitted to S/GAC for review and feedback. S/GAC will provide feedback prior to the in-person meetings in April, and teams should reflect the feedback with their revised submissions. It is critical that meaningful involvement of civil society and community input is solicited and incorporated in every step of the process. In alignment with sustained control of the epidemic, the intentional outreach and inclusion throughout this process of civil society and community organizations that directly work with key and priority populations should be a priority of the PEPFAR field team.

In March and April 2019, PEPFAR will convene in-person meetings in Johannesburg, South Africa, Bangkok, Thailand, and Washington, DC where outstanding decisions will be discussed and finalized. In addition to host-country representatives, the meetings will also include representatives from local and international civil society and community organizations and multilateral partners. Engagement with all stakeholders is required beyond the meetings and throughout the ROP 2019 development and finalization process. As in COP/ROP 2018, the draft Strategic Direction Summary (SDS) and Data Pack are required to be shared with stakeholders for their input and comments at least 72 hours prior to submission of these materials to the Embassy Front Office. Please refer to the COP/ROP 2019 Guidance for a full list of requirements and engagement timelines (Section 2.5.3).