United States Department of State

Washington, D.C. 20520

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INFORMATION MEMO FOR AMBASSADOR ANNE CASPER, BURUNDI

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

SUBJECT: FY 2019 PEPFAR Planned Allocation and Strategic Direction

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

The U.S. government, through PEPFAR, is proud to partner with the people and Government of Burundi in accelerating Burundi's progress towards achieving HIV/AIDS epidemic control. Through a bilateral investment of $88,574,753 from FY 2012 – 2019, PEPFAR's results include supporting 38,273 people on antiretroviral treatment (ART). In FY18 specifically, PEPFAR supported targeted HIV testing services for 678,339 people; care and support for 7,122 orphans, vulnerable children (OVC), and their caregivers; and ART for nearly all HIV+ pregnant women in PEPFAR supported provinces. Additionally, while viral load access is not currently available nationally, the PEPFAR Burundi team oversaw the expansion of viral load access in PEPFAR-supported provinces dramatically increase from coverage of 67% in FY 2017 to 77% in FY 2018.

Policy and programmatic achievements include full implementation of the government endorsed Test and Start policy in all PEPFAR supported provinces and the roll-out of multi-month scripting (MMS) (3 months) in 27 sites, with new sites being added based on a planned phased implementation approach. The program has increased HIV case finding due to the positive uptake of index testing in all PEPFAR supported sites with high overall linkage rates to treatment services of 92% on ART achieved and adult viral load suppressions rates of 90%.

While the overall PEPFAR Burundi focus in 2018 has been on a more targeted approach to testing and treatment quality strategies, near term and COP 2019 efforts must be directed at implementing a case finding approach to HIV testing and access to quality services across the cascade in high volume sites in all provinces. Burundi has achieved high treatment coverage rates; the PEPFAR response must align with this success and ensure that the most effective approaches to index testing, linkage, retention and viral load suppressions are afforded to all

Burundians. Burundi is now moving towards case finding and sustaining the epidemic control it has achieved.
Specifically PEPFAR Burundi should:

- Eliminate non-targeted HIV testing and scale index testing to fully establish a case-finding approach with particular attention to transport corridors and key population hotspots. As the central partner for key population program efforts, Linkages must markedly increase the volume of key populations tested and linked to treatment. While index testing strategies deployed in 2018 showed improvement in HIV positive persons identified, the absolute numbers are small.
- Implement differentiated service delivery at scale and with rigor in PEPFAR supported provinces and in high volumes sites in non-PEPFAR supported provinces. Aggressive targets for retention in under 3 months and over 12 month cohorts should be set along with targets for expansion of viral load access in non-PEPFAR supported provinces.
- Increase focus on patient data systems at high volume clinics and district levels to capture issues of patient mobility and validate retention rates.
- More tightly manage partner financial reporting and projection of future close out costs to avoid over outlays experienced in FY18. Failure to find savings to fill the FY18 over outlay could potentially lead to a cut in funding.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) total planning level for Burundi for the 2019 Country Operational Plan (COP 2019) is **$18,000,000**, inclusive of all new funding accounts and applied pipeline.

If you have questions about the priorities and guidance laid out in this letter, please contact your Chair 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 Burundi.

APPENDICES:

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

APPENDIX 1: COP 2019 PLANNING LEVEL

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

Table 1. COP 2019 Budget**

Burundi TOTAL COP 2019 PLANNING LEVEL: $18,000,000		
Total Base Budget for COP 2019 Implementation		**$18,000,000**
Total COP 2019 New Funding	$16,409,557	
of which, VMMC	-	
of which, DREAMS	-	
Total Applied Pipeline**	$1,590,443	
Total Faith Based Organization (FBO) Initiative Funding (FY 18 Funds)		**$0**

Table 2. Applied Pipeline**

Burundi COP 2019 APPLIED PIPELINE BY AGENCY	
TOTAL APPLIED PIPELINE	**$1,590,443**
DOD	$60,819
USAID	$1,529,624

**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 2018 implementation and the COP 2019 review process. The total spend in the implementation of COP 2019 (FY 2020) may not exceed the total COP 2019 planning level of $18,000,000.

APPENDIX 2: COP 2019 BUDGETARY REQUIREMENTS

Table 3. COP 2019 Earmarks

Burundi COP 2019 EARMARK REQUIREMENTS	
Care and Treatment (C&T)	**$ 3,117,816**
% of base funds allocated to C&T	*19%*
HKID	**$ 1,312,765**
Gender Based Violence (GBV)	**$ 967,425**
Water	**$ -**

Care and Treatment: If there is no adjustment to the COP 2019 new funding level due to an adjustment in applied pipeline, Burundi'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 your country programs a minimum of 19% of all **new FY 2019 Base Funds** to care and treatment of people living with HIV.

HKID Requirement: Burundi's COP 2019 minimum requirement for the HKID budget code is reflected in the chart above. Your COP 2019 HKID requirement is derived based upon the approved COP 2018 HKID level. The COP 2019 planned level of new funds for HKID can be above this amount; however, it cannot fall below it.

Gender Based Violence (GBV): Burundi's COP 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 COP 2019 earmark is derived by using the final COP 2018 GBV earmark allocation as a baseline. The COP 2019 planned level of new FY 2019 funds for GBV can be above this amount; however, it cannot fall below it.

Water: Burundi's COP 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 COP 2019 earmark is derived by using the final COP 2018 water earmark allocation as a baseline. The COP 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 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 FY20, and must meet 40% by FY19. 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 Burundi agency should work with their respective agency HQ in determining their contribution in meeting the agency level local partner requirement for FY20 as appropriate through their COP 2019 submission.

COP 2019 Applied Pipeline

All agencies in Burundi should hold a 3 month pipeline at the end of COP 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 2018 implementation (end of FY 2019) with a pipeline in excess of 3 months is required to apply this excessive pipeline to COP 2019, decreasing the new funding amount to stay within the planning level.

The Applied Pipeline amount of $1,590,443 given by S/GAC as a part of the COP 2019 planning level has been calculated to reflect the projected excessive pipeline as of the beginning of the COP 2019 implementation cycle (FY 2020), and is the minimum amount that Burundi must apply as pipeline in the COP 2019 submission. The distribution of new base funds and Applied Pipeline was calculated to ensure 3 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 COP 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 2018 implementation) and into COP 2019.

APPENDIX 3: PAST PERFORMANCE TRENDS

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

Row Labels	Sum of Approved COP 2017 Planning Level	Sum of Total FY 2018 Outlays	Sum of Over/Under Outlays
Burundi	**$ 17,360,000**	**$ 12,444,294**	**$ (4,915,706)**
DOD	$ 1,442,409	$ 1,022,043	$ (420,366)
USAID	$ 15,917,591	$ 11,319,621	$ (4,597,970)
State	$ -	$ 102,630	$ 102,630
Grand Total	**$ 17,360,000**	**$ 12,444,294**	**$ (4,915,706)**

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

Burundi's total FY 2018 outlay level of $12,444,294 is under your approved spend level of $17,360,000 (COP 2017 budget). Within this total, both USAID and DOD spent below their approved level. Agencies outlaid to the following Implementing Mechanisms 125% or more in excess of their COP2017 approved planning level.

Table 5. IP FY18 Outlays

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

Mech ID	Prime Partner	Funding Agency	COP17/FY18 Budget (New funding + Pipeline + Central)	Actual FY18 Outlays ($)	Over/Under FY18 Outlays (Actual $ - Total COP17 Budget $)
16664	FHI 360	USAID	$ 953,842	$ 1,419,705	$ 465,863
18409	Right to Care	USAID	$ 432,629	$ 671,165	$ 238,536

Table 6. COP 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.*

Agency	Indicator	FY18 Target	FY18 Result	% Achievement	Program Classification	FY18 Expenditure	% Service Delivery
DOD	HTS_TST	24,310	21,912	90.00%	HTS	$18,508	19%
	HTS_TST_POS	569	573	101.00%			
	TX_NEW	509	556	109.00%	C&T	$178,147	43%
	TX_CURR	1,739	1,701	98.00%			
					Above Site Programs	$102,783	
					Program Management	$310,466	
USAID	HTS_TST	358,407	656,427	183.00%	HTS	$2,544,349	72%
	HTS_TST_POS	7,079	7,688	109.00%			
	TX_NEW	7,558	7,010	93.00%	C&T	$8,875,671	79
	TX_CURR	69,021	36,572	53.00%			
	OVC_SERV	8,000	7,122	89.00%	SE for OVC	$4,228,018	91%
					Above Site Programs	$1,154,400	
					Program Management	$3,418,868	

COP 2017/ FY 2018 Performance and COP19 Recommendations

The overall performance of PEPFAR Burundi program in FY18 was positive in both policy implementation and achievement of results. There remain some areas of effort that need continued and enhanced attention.

- Testing and test positive targets were surpassed at 177.3% and 108% respectively though positive yield remains low, even among key populations.
- While PEPFAR Burundi has been consistently improving index testing by quarter, the results for Bujumbura Maire and Bujumbura Rural have some of the poorest performance. Possible reasons could be partners of persons testing positive do not live in Marie and follow up is difficult, sex workers partners are unwilling to disclose, and key population partner index challenges.
- PEPFAR Burundi had improved success in initiating new patients on antiretroviral treatment, reaching 101% of treatment new targets in FY18, but the 87.5% achievement of the current on treatment target is lower than anticipated and suggests high loss-to-follow up and a low 12-month retention of (58%). The provinces of Kayanza and Kirundo achieved 74% and 79% of their annual current on treatment targets. Both provinces have considerable patient mobility.

- While all PEPFAR supported provinces need to show improvement in retention, the province of Kayanza has the most significant retention challenges with 68.4% retention rate.
- FHI 360 is the large clinical partner in Burundi, supported through multiple mechanisms across USAID and DoD. While performance is sufficiently high across the testing part of the clinical cascade (number tested, number of HIV positive patients identified) compared to targets, there are significant issues with lost-to-follow up, and the expected vs. achieved current on treatment. Patient mobility is a possible issue as PEPFAR is present in only five provinces in Burundi and is only able to account for approximately 50% of the results of TX_CURR in the country. The mobility of clients to provinces not supported by PEPFAR may account for the retention issues. This problem was identified in COP17 preparation and the field team has not made sufficient progress in addressing these issues with FHI 360.
- In the COP17 outlays, Burundi had small over-outlays in several mechanisms due to unexpected closeout costs and the timing of accounts received.

APPENDIX 4: COP 2019 DIRECTIVES

Table 7. COP 2019 (FY 2020) Targets

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

Indicator	Pediatric (<15) Treatment Target	Adult Women (15+) Treatment Target	Adult Men (15+) Treatment Target	Treatment Target Total[a]
COP 18 (FY 19 Targets)				
TX_NEW	208	6,110	2,914	9,232
TX_CURR	4,012	28,620	18,677	51,309
TB_PREV	NA	NA	NA	NA
COP 19 (FY 20 Targets)				
TX_NEW	5,274	16,582	8,771	30,627
TX_CURR	9,085	43,771	26,515	79,371
TB_PREV	NA	NA	NA	28,922
National Treatment Coverage				
Treatment Coverage	90%	90%	90%	90%

[a]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 assumptions:

- TX_NEW: Targets for TX_NEW assume that 95% of TX_CURR patients are retained from year to year, and that 90% of the TX_NEW target will be retained and thus contribute to the required TX_NET_NEW to achieve the TX_CURR target. Burundi should consider has they move to Epidemic Control how they can exceed these minimum requirements.
- TX_CURR: TX_CURR targets were generated to move Burundi to 95-95-95 at the country-level based on preliminary 2018 PLHIV estimates and ART coverage estimates. In order to achieve this target, the team needs accurate reporting and minimization of loss and mortality.
- For Burundi this means not only reaching 95-95-95 with service delivery at the sites with site level PEPFAR support, but working to assure that 95-95-95 is achieved at a national level.
- TB_PREV: Targets for TB_PREV were calculated using an Excel-based tool that utilized (among other considerations) estimated number of patients expected to be on

ART at the start of COP 2019 who would screen negative for TB symptoms, the proportion likely to be ineligible for clinical reasons, the estimated number who would have already received TPT by the start of COP 2019 and projected enrollment and completion rates.

As Burundi nears epidemic control, PEPFAR's investment will shift to focus on supporting the host country government to sustain its control of the epidemic. Sustained epidemic control will require case-based disease surveillance. Including an exclusive focus on index and self-testing and increased effort to scale key population programs. PEPFAR Burundi must take the strategies deployed in PEPFAR supported provinces that have seen improvements in linkages and quality treatment with high rates of viral load suppression to high volume sites in non-PEPFAR supported provinces. Viral load access and patient tracking systems support must be envisioned at a national level to align with the sustained epidemic control approach.

COP 2019 Minimum Requirements

All PEPFAR programs – bilateral, regional, and country pairs – are expected to have the following minimum program requirements no later than the beginning of COP19 implementation (FY 2020). Adherence to these policies and practices are essential to the success of all PEPFAR programs at the national, subnational, community, and service delivery levels. Evidence demonstrates that lack of any one of these policies/practices significantly undermines progress to reaching epidemic control and results in inefficient and ineffective programs. Failure to meet any of these requirements by FY 2020 will result in reductions to the Burundi budget.

Table 8. Minimum Requirements

Minimum Requirement	OU Specific Guidance (if applicable in COP18 or COP19)
1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	Burundi has adopted a Test & Start policy in all PEPFAR supported provinces and sites; Test and Start has not been rolled out nationally. As part of PEPFAR Burundi's broadened focus on national epidemic control, this policy must be implemented in all provinces.
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.	MMS has been implemented in only 15% of PEPFAR sites due to the PNLS concern of stock-outs. The Burundi team will have to work with the GoB and Global Fund to ensure sufficient ART stock so patients can acquire 3-month ART refills at distribution points. Burundi should strengthen the Community ART Distribution Points through collaboration between health providers and patients

3. Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	PEPFAR/Burundi will need to place increased emphasis on collaboration with the GOB and GFATM on commodity procurement for the successful transition to TLD as the primary first line ARV. The Burundi team plans to transition all eligible patients, including pregnant women and co-infected HIV/TB patients to TLD by November 2019. There is a NVP cohort of 15% of first line that must transition to TLD or TLE; transition plan to eliminate NVP by mid-2020 must be accelerated.
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.	Index testing is the primary case-finding strategy for all PEPFAR supported sites. The quality and scale of index testing must improve and increase with an elimination of non-targeted testing. Self-testing implemented in PEPFAR-supported sites for key populations case-finding should continue to be scaled in COP18.
5. TB preventive treatment (TPT) for all PLHIVs must be scaled-up as an integral and routine part of the HIV clinical care package	TPT pilot implementation in place, but dependent on Global Fund financing for Isoniazid stock for scale up. Stock-outs have been challenging; the team will need to work with the GF to resolve the stock out issues and expand TPT nationally.
6. Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	Current linkage rate is 92% but the lost to follow-up is high. The field team will need to develop a plan to improve retention. Client mobility and tracking must be part of the solution to understand retention.
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 ANC and TB services, affecting access to HIV testing and treatment and prevention.	No user fees applied in Burundi.
8. Completion of VL/EID optimization activities and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups.	The field team will need to develop and implement a plan of work with the National AIDS Program to develop an adequate and functional QM/QI system to scale up lab services, including VL/EID scale up.
9. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	As Burundi reaches sustained epidemic control, PEPFAR funding should support a strong public health response. The objective of the shift is to establish an active public

	health surveillance system capable of identifying new outbreaks as they develop and accurately tracking quality of care and subpopulation morbidity and mortality 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.	To improve upon OVC, the Burundi team will need to focus on key areas: • Testing of all children and adolescents receiving OVC services (cohort monitoring); • Robust bi-directional referral network to support pediatric adherence and retention and comprehensive OVC service package; • Optimized use of HIV+ teen peer networks & teen clubs; and • Use of AYP peers trained as patient navigators to help newly diagnosed AYPs with the processes of being enrolled into care.
11. Evidence of resource commitments by host governments with year after year increases.	The Burundi team should work with the GF to encourage the GoB to commit more resources to HIV/AIDS programming and commodity purchases.
12. Clear evidence of agency progress toward local, indigenous partner prime funding.	PEPFAR Burundi works with local, indigenous partners During COP18 implementation, an assessment of capacity for increasing the work plan and financial support to these local partners should be explored and planned for COP19.
13. Scale up of unique identifier for patients across all sites.	Currently, there is a lack of HMIS capacity and infrastructure, as well as political will. There is no national identification system. The field team should continue to work with the GoB and respective partners to develop a unique identifier.

COP 2019 Technical Priorities

Tuberculosis

PEPFAR OUs are expected to offer Tuberculosis Preventive Treatment (TPT) as a routine part of HIV care, which means that all care and treatment partners are expected to offer TPT and report on it. Programs are expected to fully scale TPT over the next two years, such that all PLHIV who are on treatment and are eligible for TPT have received a course by the end of COP

2020. Therefore, the TB_PREV targets included in this letter were set as described above under the target table. For COP 2019, the number of patients that are expected to complete a course of TPT in Burundi is 28,922, approximately half the total number of eligible PLHIV, per the mandate from S/GAC to fully scale TPT over the next two years. COP 2020 TB_PREV targets will cover the remaining 50% of the eligible PLHIV on ART, adjusted upward for those that will be newly enrolled in ART during the COP 2019 implementation period. In order to ensure successful programming, it is expected that, at a minimum, $ 161,963.20 will be budgeted for TPT commodities.

Technical and programmatic priorities for Burundi

- The team will need to improve not only the quality and fidelity of index testing by improving sexual partner testing but also pediatric testing of biological index clients and key population partner testing along with improved data collection.
- Should the absolute numbers of key populations identified not increase to more closely match the population size estimations, a re-evaluation of the key population program will be necessary with the possibility of eliminating any non-productive or inefficient components.
- The team should assess where possible loss within the index testing cascade in Bujumbura Maire and Bujumbura Rural (poorest performing) is occurring and develop appropriate remediation strategies in COP18 implementation that will continue in COP19.
- PEPFAR Burundi must focus on improving patient tracking data systems to quantify the issue around low TX_CURR performance and the impact of low 12-month retention (58%) to ensure that significant patient populations are not being lost to follow-up.
- The field team will need to access the challenges in Kayanza and develop a strategy to improve retention and increase overall TX_CURR percentage for COP19.
- The field team will need to work more closely with FHI 360 to ensure improvement of lost to follow up and enrollment on treatment.
- PEPFAR Burundi will need to find unexpended funds in other mechanisms to fill the gap in funding due to over-outlays in several mechanisms or could potentially receive a reduction in funding for COP19. Moving forward, PEPFAR Burundi will need to tightly manage partner financial reporting and projection of future close out costs.

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 COP 2019 remains a requirement for all PEPFAR programs, and as such the COP 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 retreat with local stakeholders no later than the week of January 28, 2019 in order to introduce and discuss all COP 2019 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP 2019. In February, initial COP tools will be submitted to S/GAC for review and feedback. S/GAC will provide feedback prior to the in-person meetings in March and 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, PEPFAR will convene in-person meetings in Johannesburg, 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 COP 2019 development and finalization process. As in COP 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 2019 Guidance for a full list of requirements and engagement timelines (Section 2.5.3).