SENSITIVE BUT UNCLASSIFIED January 16, 2019

INFORMATION MEMO FOR CHARGÉ D'AFFAIRES KATHERINE BRUCKER, CÔTE D'IVOIRE

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

SUBJECT: FY 2019 PEPFAR Planned Allocation and Strategic Direction

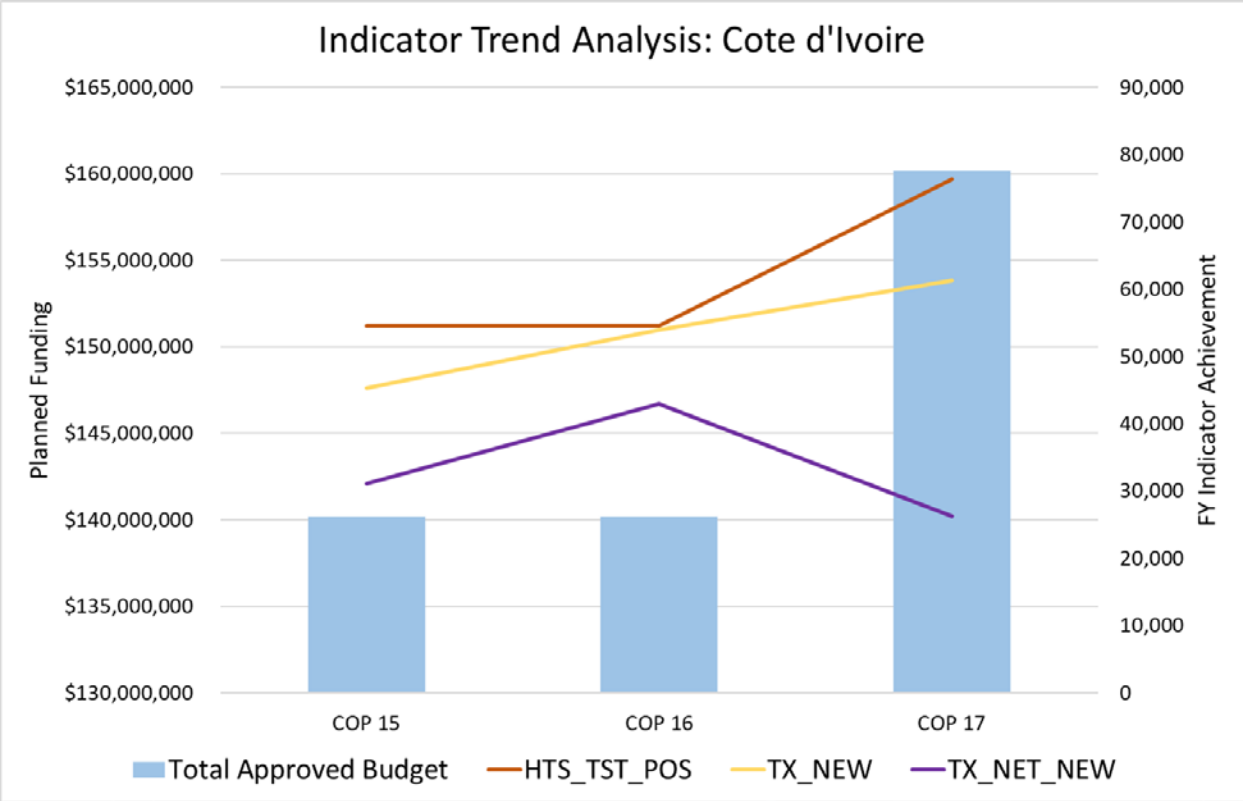
We are grateful to you, Chargé d'Affaires Brucker, and your Acting Deputy Chief of Mission Paul Yeskoo, for your engagement with key governmental and community stakeholders in the planning, review, and implementation of the PEPFAR Côte d'Ivoire program. We are grateful for your attention to core policy adoption and to holding partners to account for improved outcomes and greater impact. Finally, we are grateful to your incredible PEPFAR staff in country, working together across agencies, to ensure efficient use of taxpayer dollars.

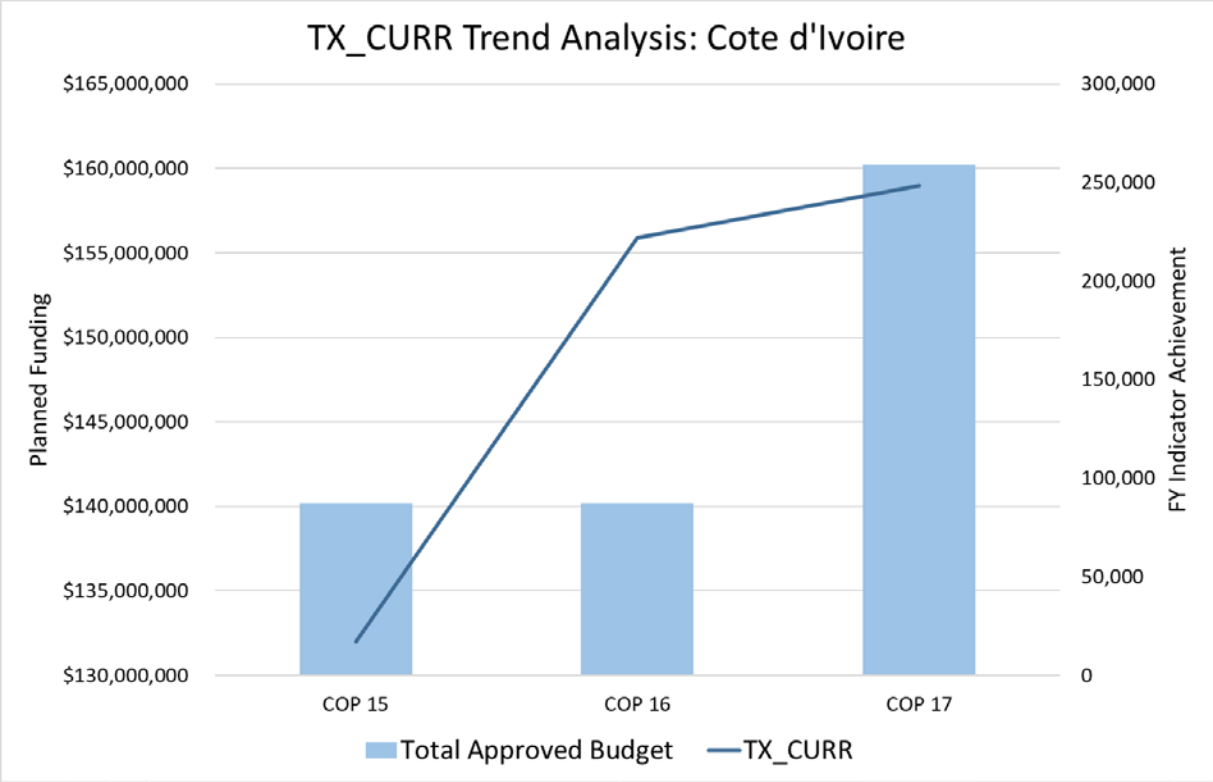
The U.S. government, through PEPFAR, is proud to partner with the people and Government of Côte d'Ivoire in accelerating Côte d'Ivoire's progress towards achieving HIV/AIDS epidemic control. Since FY 2004, PEPFAR has invested $1,535,141,350 in Côte d'Ivoire. PEPFAR's FY18 results include providing antiretroviral treatment for 248,190 people, including 14,422 pregnant women; HIV testing services for 2,300,758 people; and care and support for 267,813 orphans, vulnerable children, and their caregivers. FY18 also brought the completion of the Côte d'Ivoire Population-Based HIV Impact Assessment (CIPHIA) which yielded important new data that allows us to understand the current state of the epidemic. We commend the Government of Côte d'Ivoire on its recent implementation of district health reform and improved accountability for high priority diseases including HIV/AIDS.

Despite these accomplishments, the CIPHIA results highlight substantial gaps toward reaching epidemic control, pointing to the depth and breadth of barriers to HIV service uptake. As you can see below, despite a 14% increase in budget for FY18 implementation overall results declined or did not commensurately increase. Our investments are not working and results are not improving. All major care and treatment partners underperformed and retention of clients on treatment is poor. It is clear that policy barriers and quality issues remain that are impeding the success of Côte d'Ivoire's HIV/AIDS response program. Specific policy and contextual barriers that must be addressed include the lack of a policy for TLD including women of childbearing potential and adolescents, insufficient implementation of differentiated service delivery including six-month drug dispensation, the unrelenting impact of informal and non-HIV user fees on HIV service access and uptake by the poor and vulnerable, and entrenched stigma and discrimination that keeps Ivoirians away from life-saving services.

S/GAC wishes to see success in Côte d'Ivoire; however, it is clear at this time that this is not possible. As such, PEPFAR Côte d'Ivoire is receiving maintenance funding until an enabling environment is in place that will allow effective and rapid scaling of HIV prevention and treatment programs. More resources are not the answer as evidenced by the lack of recent impact, and the team must look at all aspects of implementation and define and correct all barriers. PEPFAR Côte d'Ivoire should transition current COP18 and future COP19 implementation to a maintenance approach, focusing on improving linkage and retention of all currently diagnosed PLHIV. Current patients on treatment, viral load testing, orphans and vulnerable children, and key populations activities should be maintained at current levels. In order to focus attention and resources on resolving policy barriers and treatment performance issues, S/GAC expects that all HIV testing be paused other than targeted testing in facility contexts where individuals have been screened for clinical symptoms that suggest risk of HIV, index testing of these newly diagnosed patients, and ANC and KP programs. DREAMS activities must be rapidly scaled to reach targets. To improve program performance and quality, partner performance and spending must be monitored closely, at least monthly and more frequently for partners that are underperforming. Finally, work to engage the private sector should not continue as FY18 results do not support PEPFAR presence in the private health sector as cost effective.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) total planning level for Côte d'Ivoire for the 2019 Country Operational Plan (COP 2019) is **$100,000,000**, 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 Côte d'Ivoire.

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

Côte d'Ivoire TOTAL COP 2019 PLANNING LEVEL: $100,000,000			
Total Base Budget for COP 2018 Implementation			**$ 100,000,000**
Total COP 19 New Funding	$	45,578,664	
of which, VMMC	*$*	*-*	
of which, DREAMS	*$*	*10,000,000*	
Total Applied Pipeline*	$	54,421,337	
Total Faith Based Organization (FBO) Initiative Funding (FY 18 Funds)			**$ -**

**Applied pipeline by agency is provided in the chart below.*
***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

Côte d'Ivoire COP 2019 APPLIED PIPELINE BY AGENCY		
Total Applied Pipeline	**$**	**54,421,337**
HHS/CDC	$	41,684,501
HHS/HRSA	$	185,606
USAID	$	12,551,230

***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 $100,000,000.

APPENDIX 2: COP 2019 BUDGETARY REQUIREMENTS

Table 3. COP 2019 Earmarks

Côte d'Ivoire COP 2019 EARMARK REQUIREMENTS		
Care and Treatment (C&T)	**$**	**25,979,838**
% of base funds allocated to C&T		*57%*
HKID	**$**	**6,836,800**
Gender Based Violence (GBV)	**$**	**1,305,075**
Water	**$**	**205,750**

Care and Treatment: If there is no adjustment to the COP 2019 new funding level due to an adjustment in applied pipeline, Côte d'Ivoire'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 57% of all **new FY 2019 Base Funds** to care and treatment of people living with HIV.

HKID Requirement: Côte d'Ivoire'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): Côte d'Ivoire'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: Côte d'Ivoire'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 agency in Côte d'Ivoire 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 Côte d'Ivoire 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 $54,421,337 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 Côte d'Ivoire 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
Côte d'Ivoire	**$160,180,310**	**$135,203,406**	**$(24,976,904)**
DOD	$1,696,902	$1,537,120	$(159,782)
HHS	$112,212,924	$91,016,577	$(21,196,347)
State	$316,782	$(229,404)	$(546,186)
USAID	$45,953,702	$42,879,113	$(3,074,589)
Grand Total	**$160,180,310**	**$135,203,406**	**$(24,976,904)**

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

Côte d'Ivoire's total FY 2018 outlay level of $135,203,406 is under your approved spend level of $160,180,310 (COP 2017 budget). Within this total, all agencies spent below their approved FY 2018 budgets.

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 $)
13602	Management Sciences for Health	USAID	$0	$33,624	$33,624
16685	Abt Associates	USAID	$350,000	$1,349,641	$999,641
16747	Johns Hopkins University Bloomberg School of Public Health	USAID	$0	$579,523	$579,523
16861	University Research Corporation, LLC	USAID	$105,000	$690,242	$585,242
17014	FHI 360	HHS/CDC	$1,225,000	$1,760,489	$535,489
17610	Aga Khan Foundation	USAID	$0	$88,267	$88,267
17872	FHI 360	USAID	$210,000	$279,929	$69,929

Table 6. COP 2017/ FY 2018 Results versus Targets

**Financial and target performance data is 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
HHS/CDC	HTS_TST	2,812,784	2,049,106	73%	HTS	$11,031,358	51%
	HTS_TST_POS	119,277	59,042	49%			
	TX_NEW	119,145	57,930	49%	C&T	$24,698,532	56%
	TX_CURR	294,964	242,842	82%			
	VMMC_CIRC	N/A	N/A	N/A	PREV:CIRC	N/A	N/A
	OVC_SERV	220,032	196,833	89%	SE for OVC	$2,011,452	60%
					Above Site Programs	$8,581,753	
					Program Management	$18,429,616	
DoD	HTS_TST	16,588	15,350	93%	HTS	$310,264	100%
	HTS_TST_POS	694	911	131%			
	TX_NEW	457	518	113%	C&T	$312,590	100%
	TX_CURR	1,253	839	67%			
	VMMC_CIRC	N/A	N/A	N/A	PREV:CIRC	N/A	N/A
	OVC_SERV	N/A	N/A	N/A	SE for OVC	N/A	N/A
					Above Site Programs	$312,649	
					Program Management	$567,505	
USAID	HTS_TST	516,801	236,302	46%	HTS	$6,149,152	82%
	HTS_TST_POS	24,426	16,323	67%			
	TX_NEW	10,240	2,898	28%	C&T	$12,693,062	92%
	TX_CURR	12,771	4,513	35%			
	VMMC_CIRC	N/A	N/A	N/A	PREV:CIRC	N/A	N/A
	OVC_SERV	79,250	70,980	90%	SE for OVC	$2,495,065	100%
					Above Site Programs	$8,218,331	
					Program Management	$7,942,083	
HHS/HRSA	HTS_TST	N/A	N/A	N/A	HTS	N/A	N/A
	HTS_TST_POS	N/A	N/A	N/A			
	TX_NEW	N/A	N/A	N/A	C&T	N/A	N/A
	TX_CURR	N/A	N/A	N/A			
	VMMC_CIRC	N/A	N/A	N/A	PREV:CIRC	N/A	N/A
	OVC_SERV	N/A	N/A	N/A	SE for OVC	N/A	N/A
					Above Site Programs	N/A	
					Program Management	$14,401	

COP 2017/ FY 2018 Performance

- Overall, PEPFAR Côte d'Ivoire under-outlayed its COP17 budget; however, seven implementing mechanisms over-outlayed their budgets by more than 125%. Most of these over-outlays are attributable to adjustments on closed awards or billing delays.
- FY18 expenditure reporting showed high program management costs, contributing over 30% of some implementing partner budgets.
- PEPFAR Côte d'Ivoire underperformed on all clinical cascade indicators, particularly HTS_TST_POS (53%) and TX_NEW (47%) achievements.
- Only four implementing partners achieved or exceeded their HTS_TST_POS target, showing widespread underperformance of HIV case finding. The preliminary CIPHIA results emphasize this case-finding gap, as only 35% of PLHIV know their HIV status. The following partners achieved <80% of their target: Health Alliance International (61%), Sante Espoir Vie – Côte d'Ivoire (53%), ACONDA (53%), Save the Children (51%), Fondation Ariel (51%), EGPAF (38%), ICAP (36%), Abt Associates (26%). The partners with the largest targets, all funded by CDC, all achieved ≤ 60% of their HTS_TS_POS target. Of these partners, Health Alliance International and Sante Espoir Vie – Côte d'Ivoire were identified as poor performers for this indicator in the COP 2018 Planning Level Letter.
- JHPIEGO and FHI 360, funded by USAID; Population Services International, funded by DOD; and International Rescue Committee, funded by CDC, have met or exceeded their HTS_TST_POS targets and are performing well in case finding.
- Seven out of eight treatment partners underperformed their TX_NEW targets. The following partners achieved <80% of their target: Health Alliance International (70%), Fondation Ariel (58%), ACONDA (56%), Sante Espoir Vie – Côte d'Ivoire (48%), ICAP (39%), EGPAF (32%), Abt Associates (28%). Of these partners, Health Alliance International, Fondation Ariel, ACONDA, and Sante Espoir Vie - Côte d'Ivoire, all funded by CDC, were identified as poor performers for this indicator in the COP 2018 Planning Level Letter.
- Overall viral suppression according to program data was 78%, highlighting a gap of ensuring retention and viral suppression of all PLHIV once identified. CIPHIA data show a similar viral suppression rate of 76%. Only two implementing partners reached a viral load suppression rate of over 80%: Population Services International (85%) and Fondation Ariel (82%).
- Underperformance in pediatrics (<15) continued, including low performance on case finding, treatment initiation, and viral suppression with 23%, 45%, and 54% achievement respectively.
- Côte d'Ivoire's PMTCT program continues to be strong with 99% coverage of HIV testing in ANC and 99% of HIV positive pregnant women receiving treatment.
- FHI 360 Linkages, funded by USAID, continued to exceed their KP_PREV target and perform well on case finding.
- DREAMS enrollment lagged with only 36% of the targeted AGYW receiving comprehensive prevention services. At the end of FY18, JHPIEGO and EGPAF had enrolled <50% of their DREAMS target.
- Côte d'Ivoire over-achieved its OVC_SERV 18+ target with 109% achievement, but under-achieved its <18 target with 75% achievement. Of the <18 OVC beneficiaries served in FY18, 50% were ages 1-9. OVC_HIVSTAT data was missing for 19% of <18 OVC beneficiaries.

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 Côte d'Ivoire – the targets are flat and will not increase along with funding until the underlying structural issues are addressed and evidence of progress is seen during COP18 execution.

Indicator	Pediatric (<15) Treatment Target	Adult (15+) Treatment Target	Treatment Target Total[a]
COP 18 (FY 19 Targets)			
TX_NEW (New on Treatment)	2,457	50,421	52,878
TX_CURR (Current on Treatment)	13,289	287,784	301,073
COP 19 (FY 20 Targets)			
TX_NEW (New on Treatment)	2,457	50,421	52,878
TX_CURR (Current on Treatment)	15,746	338,205	353,951
TB_PREV	N/A	N/A	81,178

[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: 90% of facility based HTS_TST_POS results from FY2018 were used as a baseline target for FY2019 and FY2020.
- TX_CURR: These revised COP18 TX_NEW targets were added to TX_CURR to generate revised COP18 TX_CURR targets. The COP19 TX_NEW target was then added to the revised COP18 TX_CURR target to generate a COP19 TX_CURR target.
- TB_PREV: Targets for TB_PREV were calculated by: 1) estimating the number of patients expected to be on ART at the start of COP 2019 who would screen negative for TB symptoms; (2) subtracting the proportion likely to be ineligible for clinical reasons; and (3) subtracting the number who would have already received TPT by the start of COP 2019.

Given the lack of linking and retaining new and current ART patients, some COP 2018 funds will need to be preserved by not scaling during the improvement period. Accordingly, FY 2019 treatment targets have been temporarily adjusted downward. The expectation is that only facility-based testing will continue during the improvement period. As fewer positives will now need to be diagnosed during COP 2018 implementation, a minimum of 30% of the testing budget from COP 2018 should be saved and applied as pipeline to use in COP 2019. This should be incorporated into pipeline amount determinations for the implementing partners who conduct testing in COP 2018 and COP 2019.

In COP 2019, Côte d'Ivoire will be funded at a maintenance level for the majority of program areas until retention at one and three months in high volume sites exceeds 90% for all age, sex, and risk groups. We expect you to limit testing to targeted testing in facility contexts where individuals have been screened for clinical symptoms that suggest risk of HIV, index testing of these newly diagnosed patients, and ANC. Efforts in the remainder of COP18 and for COP19 need to focus on linkage and retention of all currently diagnosed PLHIV.

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 Côte d'Ivoire budget.

Table 8. Minimum Requirements

Minimum Requirement	Côte d'Ivoire Specific Guidance
1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	Full implementation of Test and Start across all geographies, age, sex and risk groups should occur by the end of COP18.
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.	Outline a plan describing the barriers to full implementation of differentiated service delivery models, including six month MMS, and their resolution by FY20.
3. Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	Côte d'Ivoire must transition patients to TLD beyond newly initiating men by FY20. Without a comprehensive TLD transition plan and progress toward transition, PEPFAR cannot be successful in Côte d'Ivoire. The team should continue to work with the Global Fund and other multilateral organizations to advocate for a broad TLD policy and transition.
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.	The COP19 maintenance strategy is comprised of only passive case finding at facilities, to include index testing of newly identified HIV+ patients found at facilities.
5. TB preventive treatment (TPT) for all PLHIVs must be scaled-up as an integral and routine part of the HIV clinical care package.	Develop a plan for scale-up of TPT at all treatment sites by FY20 as part of a quality treatment strategy.
6. Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	Outline a plan for improving linkage, especially between community testing (once reinstituted) and facility treatment partners.

	COP19 IP work plans needs to reflect fidelity to this minimum requirement.
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.	The team should evaluate the impact of informal user fees on access to HIV services and related services across geographies and all population groups. If determined to be a barrier, develop and immediately implement a plan to address this service delivery barrier.
8. Completion of VL/EID optimization activities and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups.	Ensure that at least 90% of PLHIV are retained in care and are virally suppressed. Ensure the timely return of viral load results to providers in order to guide clinical care.
9. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	Develop a plan for implementing and monitoring the TX_ML MER indicator.
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.	OVC_SERV targeting should reflect a focus on 9-17 year olds. Ensure that all OVC know their HIV status and that all HIV+ OVC are on ART. The team should ensure that COP19 targeting and COP18-19 implementation aligns with the updated OVC_SERV indicator, including minimum graduation benchmark requirements.
11. Evidence of resource commitments by host governments with year after year increases.	
12. Clear evidence of agency progress toward local, indigenous partner prime funding.	Working with agency headquarters, outline a strategy for increasing local, indigenous partners across all agencies.
13. Scale up of unique identifier for patients across all sites.	Outline a plan to expedite the development and implementation of a unique identifier system to help facilitate linkage and improve data quality.

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 Côte d'Ivoire is 81,178, 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, $ 454,597 will be budgeted for TPT commodities.

DREAMS

Côte d'Ivoire is allocated $10,000,000 funding for DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) programming in COP 2019, of which, $2,040,495 of your COP 19 HVAB budget code needs to be part of your DREAMS programming. This funding is allocated within your COP 2019 planning level and must be used exclusively for the goal of HIV Prevention among adolescent girls and young women (AGYW) in DREAMS SNUs in accordance with all DREAMS and COP 2019 Guidance. All new funding allocated to AGYW prevention programming, including DREAMS, must be allocated to the AGYW Prevention cross-cutting budget code.

Côte d'Ivoire needs to accelerate DREAMS enrollment while ensuring all AGYW enrolled receive multiple, layered services according to their needs and vulnerability. The DREAMS and OVC platforms in Côte d'Ivoire need a detailed plan to strengthen HIV and violence prevention programming for 9-14 year-olds, including through coordination and co-planning between the platforms. Côte d'Ivoire must ensure that all curricula and interventions reaching DREAMS beneficiaries align to DREAMS and COP 2019 Guidance and are implemented with fidelity to the original programming.

Cervical Cancer Screening and Treatment

All PEPFAR OUs that are offering cervical cancer screening and treatment services should ensure that activities planned are in line with the PEPFAR clinical guidance (issued June 2018). A detailed description of implementation status and scale-up plans is requested within the Strategic Direction Summary for COP 2019. All funding allocated from your COP 2019 budget must be used exclusively to reduce morbidity and mortality of women on ART in Côte d'Ivoire.

Other Technical and Programmatic Priorities for Côte d'Ivoire

In line with the maintenance approach described in this letter, the following directives and programmatic priorities must be reflected in Côte d'Ivoire's COP19 submission:

- Retain current patients on treatment, while ensuring retention and viral suppression of at least 90% of PLHIV on treatment across age, sex, and risk groups. TB preventive therapy should be scaled as part of a quality treatment program.
- Ensure immediate linkage to treatment of at least 90% of patients newly identified as HIV-positive across age, sex, and risk groups.

- Implement targeted testing in facility contexts where individuals have been screened for clinical symptoms that suggest risk of HIV, index testing of these newly diagnosed patients, and ANC and KP programs. No other modalities should be funded.
- Evaluate the highest volume sites accounting for 50% of patients in care and treatment and PMTCT to understand the reasons for poor retention and remedy the situation.
- Maintain current PMTCT program levels, while ensuring linkage to ART of at least 95% of pregnant women living with HIV and testing of at least 95% of HIV-exposed infants within 12 months of delivery.
- Maintain current key population prevention and treatment programming while ensuring at least 90% linkage and viral suppression rates for those living with HIV.
- Maintain current OVC_SERV levels while emphasizing 9-17 year olds. All OVC beneficiaries <18 should be assessed for HIV testing and all OVC living with HIV should be linked to treatment.
- Maintain current DREAMS enrollment targets while accelerating programming to reach these numbers while implementing quality, layered programming in line with the DREAMS guidance.
- Performance on DREAMS enrollment for JHPIEGO and EGPAF should be closely monitored and these partners should be put on performance plans if enrollment does not substantially increase by Q2 of FY19.
- The M&O budget should be reduced proportionally to the COP19 budget reduction.
- The total budget for Table 6 activities should decrease. Table 6 activities should directly address the barriers to success in Côte d'Ivoire, particularly policy barriers and stigma and discrimination at the facility level.
- Closely monitor partner performance and expenditures on at least a monthly basis, and more frequently for partners that are underperforming. Data from these analyses should be used to inform discussions that can improve achievement against targets, scale successful strategies across partners, and monitor partner spending. Share lessons from partners that met or exceeded FY18 targets with partners that under-achieved.
- Partners identified in Appendix 3 as having underperformed in FY18 should be closely monitored and put on performance plans, particularly Health Alliance International, Fondation Ariel, ACONDA, and Sante-Espoir Vie Côte d'Ivoire who were also identified as underperformers in the COP18 Planning Letter.
- Given the underperformance and over-outlaying of Abt Associates, it is unclear if PEPFAR can be successful in Côte d'Ivoire's private health sector. COP19 should not fund any private health sector implementation.
- Due to the lack of sufficient progress on adoption and implementation of key policies, the Government of Côte d'Ivoire should not receive COP19 funding.

The team should come to the COP19 meeting in Johannesburg prepared to discuss the barriers to success in Côte d'Ivoire. This discussion should include a plan to overcome these barriers during current COP18 and future COP19 implementation. This plan should address the following:

- Enabling a policy environment for epidemic control by resolving key issues highlighted in Table 8 of this letter.
- Supporting a HRH strategy to improve linkage and retention, targeted to geographies and populations identified as the largest gaps by CIPHIA data.
- Integrating community health workers into the Ivorian health system.

- Improving the integration of HIV services into broader health services.
- Performing site-level retention and linkage assessments to diagnose quality of care problems, including the impact of informal and non-HIV user fees, stigma, and discrimination on the patient experience.

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 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 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).

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