SENSITIVE BUT UNCLASSIFIED January 16, 2019

INFORMATION MEMO FOR AMBASSADOR HAMMER, DEMOCRATIC REPUBLIC OF THE CONGO

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

SUBJECT: FY 2019 PEPFAR Planned Allocation and Strategic Direction

We are grateful to you, Ambassador Hammer, and your Deputy Chief 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.

As a part of DRC's Annual Program Results (APR) for FY 2018, we were pleased to continue to see significant achievement at the country level against several targets along the cascade, despite the many difficulties face by the team this year. We were pleased with the significant improvements in the identification of new patients (HTS_TST_POS), particularly through index testing (HTS_TST_INDEX). We are also very pleased with the notably strong linkage rates for positives. In general, testing was an area in which we saw outstanding performance. With 24% of positives identified by index testing in FY 2018 Q40, you are well on your way to our stated goal of 30% positives identified by index testing. While there is a need for key population case finding numbers to improve, overall testing yields are encouraging. Specifically, the increase in adult male index testing, centering on the number in FY 2018 Q4, is a very positive trend – with a much improved yield above 20% in FY 2018 from a roughly 5% yield in FY 2017. These improvements are a testament to the DRC USG team and partners' ability to work together to successfully implement their programs with the staff on the ground.

Though there has been impressive progress in the areas described above, there are continued opportunities for improvement. Generally, focusing on a continued push for index testing should be emphasized during the coming cycle, particularly in coverage among male sexual partners for index testing. Further, DRC should be looking to improve retention, in addition to improving the viral load suppression and monitoring numbers. Notably, while underperforming during the previous COP cycle, Elizabeth Glazer Pediatric AIDS Foundation, a partner for both CDC and USAID, over performed against new on treatment targets (achieving 108%) in FY18. Though all DRC partners performed well during FY18, Elizabeth Glazer Pediatric AIDS Foundation can be a good example of how a partner can continue to improve and meet new targets. Finally, we are deeply concerned by the overspending by a single agency, USAID, and in particular the overspending on OVC without an increase in results. Agencies must put in controls and enhanced partner oversight of performance, outlays, and expenditures. All agencies must put in fiscal controls to ensure no implementing partner over spending will occur.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) total planning level for DRC for the 2019 Country Operational Plan (COP 2019) is **$70,000,000**, 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 DRC.

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

Democratic Republic of the Congo TOTAL COP 2019 PLANNING LEVEL: $70,000,000			
Total Base Budget for COP 2018 Implementation			**$ 70,000,000**
Total COP 19 New Funding	$	61,066,850	
Total Applied Pipeline*	$	8,933,150	
***Applied pipeline by agency provided in chart below**			

Table 2. Applied Pipeline

Democratic Republic of the Congo COP 2019 Applied Pipeline By Agency	
Total Applied Pipeline	**$ 8,933,150**
HHS/CDC	$ 6,330,960
DoD	$ 2,040,717
USAID	$ 249,394
State/AF	$ 312,080

**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 $70,000,000.

APPENDIX 2: COP 2019 BUDGETARY REQUIREMENTS

Table 3. COP 2019 Earmarks

Democratic Republic of the Congo COP 2019 EARMARK REQUIREMENTS		
Care and Treatment (C&T)	**$**	**38,472,116**
% of base funds allocated to C&T		*63%*
HKID	**$**	**5,496,017**
Gender Based Violence (GBV)	**$**	**450,000**
Water	**$**	**100,000**

Care and Treatment: If there is no adjustment to the COP 2019 new funding level due to an adjustment in applied pipeline, DRC'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 63% of all **new FY 2019 Base Funds** to care and treatment of people living with HIV.

HKID Requirement: DRC'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): DRC'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: DRC'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 DRC 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 DRC 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 $8,933,150 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 DRC 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
DRC	**$ 71,677,811**	**$ 72,043,881**	**$ 366,070**
DOD	$ 3,425,035	$ 1,160,726	$ (2,056,080)
HHS/CDC	$ 25,478,501	$ 23,422,421	$ (2,264,309)
HHS/HRSA	$ -	$ -	$ -
PC	$ -	$ -	$ -
State	$ 1,700,001	$ (2,118,980)	$ (3,818,891)
State/AF	$ -	$ -	$ -
State/SGAC	$ -	$ -	$ -
USAID	$ 41,074,274	$ 49,579,624	$ 8,505,350
Grand Total	**$ 71,677,811**	**$ 72,043,881**	**$ 366,070**

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

DRC's total FY 2018 outlay level of $72,043,881 is over your approved spend level of $71,677,811 (COP 2017 budget). Within this total, USAID spent above their approved FY 2018 budgets and DoD, HHS/CDC, and State spent below their approved 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 100% or more in excess of their COP17 approved planning level.*

Mech ID	Prime Partner	Funding Agency	COP17/FY18 Budget (New funding + Pipeline)	Actual FY18 Outlays ($)	Over/Under FY18 Outlays (Actual $ - Total COP17 Budget $)
N/A	N/A	USAID	$ 1,992,169	$ 2,414,218	$ 422,049
16963	Elizabeth Glaser Pediatric AIDS Foundation	HHS/CDC	$ 4,576,725	$ 4,913,200	$ 336,475
17628	Catholic Relief Services	USAID	$ 1,125,146	$ 2,428,101	$ 1,302,955
17630	Education Development Center	USAID	$ 1,661,633	$ 4,863,539	$ 3,201,906
17636	Population Services International	USAID	$ -	$ 306,808	$ 306,808
18090	FHI 360	USAID	$ 2,589,499	$ 2,765,687	$ 176,188
18092	Program for Appropriate Technology in Health	USAID	$ 9,591,562	$ 10,241,673	$ 650,111
18094	Pathfinder International	USAID	$ -	$ 490,243	$ 490,243
70069	Remote Medical International	USAID	$ -	$ 1,233,785	$ 1,233,785
70070	Chemonics International	USAID	$ -	$ 1,993,010	$ 1,993,010

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
HHS/CDC	HTS_TST	740,438	414,935	56.04%	HTS	$ 0	0%
	HTS_TST_POS	19,771	16,073	81.38%			
	OVC_SERV	21,073	26,191	124.29%	C&T	$ 7,466,516	70.4%
	TX_CURR	43,050	46,107	107.47%			
	TX_NEW	14,812	15,084	101.84%	PREV: CIRC	$ 0	0%
					SE for OVC	$ 753,194	96.95%
					Above Site Programs	$ 2,329,894	
					Program Management	$ 5,405,864	
DOD	HTS_TST	55,984	21,885	39.09%	HTS	NO DATA	NO DATA
	HTS_TST_POS	1,997	731	36.60%			
	OVC_SERV	2,101			C&T	NO DATA	NO DATA
	TX_CURR	5,680	4,615	81.25%			
	TX_NEW	1,692	767	45.33%	PREV: CIRC	NO DATA	NO DATA
					SE for OVC	NO DATA	NO DATA
					Above Site Programs	NO DATA	
					Program Management	NO DATA	
USAID	HTS_TST	543,144	408,622	75.25%	HTS	$ 2,084,434	52.9%
	HTS_TST_POS	19,495	17,100	87.77%			
	OVC_SERV	18,207	20,640	113.36%	C&T	$ 18,367,721	68.7%
	TX_CURR	40,805	42,381	103.86%			
	TX_NEW	15,270	15,561	101.91%	PREV: CIRC	$ 893,175	55.2%
					SE for OVC	$ 3,611,876	88%
					Above Site Programs	$ 1,885,462	
					Program Management	$ 7,512,667	

COP 2017/ FY 2018 Performance

DRC has made great progress over the past three years. The number of "new on treatment" and "current on treatment" have risen by roughly 100% over the last three years. Retention has remained steady at about 74% over the past three years as well. While the retention numbers have not regressed, they have not improved, which is somewhat concerning as the current level is not enough to ensure epidemic control. Further, FY18 saw a dip in test positives (FY18 Achievement of 82% from FY17 Achievement of 94%), which is also concerning. Nonetheless, PEPFAR DRC is moving in a positive direction and should continue to do so as long as the team

continues to work together to successfully implement and improve upon current programs and identify opportunities for innovative approaches in a data driven manner.

Overall:

- PEPFAR DRC performed well on all key aspects of the clinical cascade, considering the challenges in FY18, achieving 82% of testing positive targets and initiating 98.8% of targeted HIV positive individuals on lifesaving treatment. However, while case finding in 2018 increased in Kinshasa and Haut Katanga, case finding remained flat in Lualaba Province.

- Performance in PMTCT programs remained strong.

- In COP 2017, approximately half as many males as females were reached throughout cascade, which was marked as an area for growth. In 2018, male case finding improved significantly. However, more women are still being found than men.

- Index testing has proven to be a significant improvement area. In 2017, community-based index testing had the highest testing yield (9.9%). In 2018, 24% of Q4 positives were identified by index testing. With the goal of finding roughly 35% of positives by index testing, this is a notable improvement.

- Although DRC made impressive progress in 2018 and is on the path to epidemic control, COP 2019 strategy must direct PEPFAR's investment towards better surveillance data to better understand the dynamics of the epidemic and identify remaining gaps.

Partner Performance:

- Elizabeth Glazer Pediatric AIDS Foundation, a partner for both CDC and USAID, over performed against new on treatment targets (achieving 108%).

- Similarly, SANRU, International Center for AIDS Care and Treatment Programs, Columbia University, Program for Appropriate Technology in Health and Population Services International all achieved 98% or above for treatment targets.

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 DRC:

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 (New on Treatment)	4,665	18,476	14,896	38,037
TX_CURR (Current on Treatment)	13,910	58,373	46,968	119,251
TB_PREV	N/A	N/A	N/A	N/A
COP 19 (FY 20 Targets)				
TX_NEW (New on Treatment)	4,016	26,761	15,025	45,802
TX_CURR (Current on Treatment)	17,230	82,215	59,644	159,090
TB_PREV	N/A	N/A	N/A	43,083
National Treatment Coverage				
Treatment Coverage	26%	53%	29%	34%

[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 the country will meet the FY 19 target for net new defined in COP 2018.
- TX_CURR: Targets were generated to move DRC to 95-95-95 at the country-level based on the UNAIDS 2018 PLHIV and ART coverage estimates. In order to achieve this targets, the team need accurate reporting and minimization of loss and mortality.
- 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.

Due to cascade improvements and team cohesion, funding will increase in an effort to both continue program improvement and reward PEPFAR DRC for coordinating, implementing, and improving the overall program in DRC.

DRC has made tremendous strides in team cohesion and this is evidenced by the improvement in all steps in its clinical cascade. Although DRC has achieved significant progress and is on the path to epidemic control, better surveillance data is needed to understand the dynamics of the epidemic and identify remaining gaps. The COP 2019 strategy must direct PEPFAR's investment toward addressing those gaps.

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 DRC's budget.

Table 8. Minimum Requirements

Minimum Requirement	**DRC 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.	DRC has adopted a Test & Start policy, however, improved fidelity to this policy is needed in order to achieve TX_NEW targets.
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.	DRC has implemented MMS and delivery models to improve identification and ARV coverage of men and adolescents. Given the low rates of retention on ART, all PEPFAR related health zones will implement new PEPFAR guidance related to service delivery. For instance, DRC's focus on improved clinic operations, enhanced focus on confidentiality, improved linkage strategies, and focus on same day treatment initiation wherever men are testing.
3. Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	TLD has not yet been made available across DRC in PEPFAR health zones. The start for the full TLD transition, in accordance with MoH leadership, is in DRC is April 2019. This needs to continue to be monitored.
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 has been implemented, but there needs to be improvement. DRC should focus on finding roughly 35% of positives by index testing, where currently, FY18Q4 yielded only 24% positives. Self-testing has not been adopted or implemented. While it is an ongoing process, a concerted focus on implementing self-testing needs to be adopted including in conjunction with other modalities. The first phase is set to begin with key populations, and then extended to others, in COP19.

5. TB preventive treatment (TPT) for all PLHIVs must be scaled-up as an integral and routine part of the HIV clinical care package.	There is no INH available in the field in DRC. Ministry of Health should provide INH in conjunction with the Global Fund. Check with Global Fund to see how this issue is being resolved on their end.
6. Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	COP19 IP work plans need 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.	DRC should verify that user fees are not a barrier to HIV services.
8. Completion of VL/EID optimization activities and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups.	Viral load scale up should be complete by the end of COP 19.
9. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	
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.	
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.	
13. Scale up of unique identifier for patients across all sites.	

Table 9. Other Requirements

In addition to meeting the minimum requirements outlined above, it is expected that DRC will ensure appropriate progress towards viral load management and improved use of efficient testing strategies.

Requirement	DRC Specific Guidance (if applicable in COP18 or COP19)
1. Viral load management: Country policy updated.	
2. Screen better and test smarter: Stop over-testing.	Policy of optimized testing that targets patients who are at risk of HIV, including focus on index testing should be adopted by the start of COP19.

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 DRC is 45,083, 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, $252,464 will be budgeted for TPT commodities.

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 DRC.

General Technical and Programmatic Priorities for DRC

- Additional funding is provided for strategic information investments, in particular for completion of the individual level data repository.
- Due to cascade improvements and team cohesion, funding will increase in an effort to both continue program improvement and reward PEPFAR DRC for coordinating, implementing, and improving the overall program in DRC.

- DRC should focus on and better target the OVC program, making sure new targets are met.
- Similar to our stated goals in 2017, better surveillance data is needed to understand the dynamics of the epidemic. PEPFAR DRC should continue to work with Global Fund on IBBS implementation and utilize site level mapping data for program focus and program improvement.

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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