SENSITIVE BUT UNCLASSIFIED January 16, 2019

INFORMATION MEMO FOR AMBASSADOR MICHAEL A. RAYNOR, ETHIOPIA

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

SUBJECT: FY 2019 PEPFAR Planned Allocation and Strategic Direction

We are grateful to you, Ambassador Raynor, 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 U.S. taxpayer dollars.

The U.S. Government, through PEPFAR, has invested $3,009,228,090 in Ethiopia and is proud of the results the program has achieved through a strong partnership with the Government of Ethiopia (GOE). The data shown in Ethiopia's Population-based HIV Impact Assessment (EPHIA) validate PEPFAR Ethiopia's program results, demonstrating that the country is on the verge of controlling the HIV/AIDS epidemic and must begin planning now for sustaining the gains and ensure together we maintain control of the pandemic in Ethiopia. The team should use the rest of this implementation year to address all the gaps in Addis Ababa that were identified in the EPHIA in the current Country Operational Plan (COP) execution, including the addition of $10,000,000 for fiscal year (FY) 2019. The strategic direction of the program must use these data to address the remaining gaps in epidemic control and in COP 2019 develop a program modeled for sustained epidemic control.

We want to congratulate the PEPFAR Ethiopia team for the remarkable achievements shown in the EPHIA. The EPHIA underscores the efforts the PEPFAR team has made in developing and implementing a program that has had a significant impact on saving lives and putting people on treatment. Of particular note, the EPHIA shows that at a national level, 98 percent of adult people living with HIV (PLHIV) who know their HIV status self-report current use of anti-retroviral treatment (ART). It is not only important to find HIV/AIDS cases, but to immediately link patients to treatment. The main goal during this FY will be strategic testing to find those PLHIV not aware of their status.

Beyond high treatment coverage, EPHIA also shows that Ethiopia has very high rates of viral suppression. At a national level, 89 percent of PLHIV on ART are virally suppressed. This is a strength of the PEPFAR Ethiopia program. As the country approaches epidemic control, attention must be placed to regions with low population viral load suppression, especially in large urban geographies like Addis Ababa with only 58 percent viral suppression. This requires

efforts be increased to improve performance in Addis Ababa in finding PLHIV and linking them to treatment with the additional COP 2018 funds.

The EPHIA underscores that the major gap to achieving epidemic control in Ethiopia is case finding, especially in Addis Ababa. With over testing in Ethiopia and case finding only at 80 percent of test positive targets, case finding must be targeted and efficient. The index case testing modality must be scaled with fidelity at a national level, with a particular emphasis in Addis Ababa which only achieved 50 percent of its index case testing targets in COP 2017. Scaling up of recency assays and case based surveillance will help support improved case finding in Ethiopia.

Finally, this year we are asking, with your leadership and support, for PEPFAR Ethiopia to design a forward leaning program that is very targeted in its interventions while making investments that are designed to sustain Ethiopia post epidemic control. Evolving the design of the program is essential to ensuring that U.S. investments are made responsibly and sustainably in order to develop the capacity of the GOE to lead the HIV/AIDS public health response. We ask that you work closely with our partners in the GOE and across the various Ethiopian Ministries to ensure that PEPFAR's investments are complemented by an enabling environment that supports and sustains epidemic control.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) total planning level for Ethiopia for COP 2019 is **$115,000,000** 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 Ethiopia.

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

Ethiopia TOTAL COP 2019 PLANNING LEVEL: $115,000,000			
Total Base Budget for COP 2019 Implementation			**$ 115,000,000**
Total COP 19 New Funding	$	52,961,950	
of which, VMMC	*$*	*420,000*	
of which, DREAMS	*$*	-	
Total Applied Pipeline	$	62,038,050	

**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

Ethiopia COP 2019 Applied Pipeline By Agency		
Total Applied Pipeline	$	62,038,050
HHS/CDC	$	31,376,124
USAID	$	30,468,593
State/AF	$	193,333

**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 $115,000,000.

APPENDIX 2: COP 2019 BUDGETARY REQUIREMENTS

Table 3. COP 2019 Earmarks

Ethiopia COP 2019 EARMARK REQUIREMENTS		
Care and Treatment (C&T)	**$**	**31,247,550**
% of base funds allocated to C&T		*59%*
HKID	**$**	**9,533,151**
Gender Based Violence (GBV)	**$**	**687,504**
Water	**$**	**305,131**

Care and Treatment: If there is no adjustment to the COP 2019 new funding level due to an adjustment in applied pipeline, Ethiopia'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 59% of all **new FY 2019 Base Funds** to care and treatment of people living with HIV.

HKID Requirement: Ethiopia'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): Ethiopia'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: Ethiopia'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 Ethiopia 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 Ethiopia should hold a 4 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 4 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 $62,038,050 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 Ethiopia must apply as pipeline in the COP 2019 submission. The distribution of new base funds and Applied Pipeline was calculated to ensure 4 months of pipeline remains with mechanisms, based upon the financial data submitted for the FY 2018 Q4 Obligation and Outlay and FY 2018 End of Fiscal Year (EOFY) reports. Expired funds, funds on expired mechanisms and projected FY 2019 outlays as submitted in the EOFY report were all taken into consideration to inform the projected excessive pipeline and the required 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
Ethiopia	**$ 157,328,750**	**$ 115,155,697**	**$ (42,844,053)**
HHS	79,438,808	$ 78,442,476	$ (996,332)
USAID	71,735,196	$ 66,382,128	$ (5,353,068)
DoD	920,116	$ 1,312,033	$ 391,917
PC	241,040	$ 489,510	$ 248,470
STATE	5,664,590	$ (31,470,450)	$ (37,135,040)

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

Ethiopia's total FY 2018 outlay level of $115,115,697 is under the approved spend level of $157,328,750 (COP 2017 budget). Within this total, Department of Defense and Peace Corps spent above their approved FY 2018 budgets and Health and Human Services, U.S. Agency for International Development, and Department of State spent below their approved level. Agencies outlaid to the following Implementing Mechanisms 125% or more in excess of their COP 2017 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. The following Implementing Mechanisms outlaid at least 125% in excess of their COP 2017 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 $)
18265	John Snow Inc (JSI)	USAID	$ 1,060,000	$ 2,100,000	$ 1,040,000
18241	Tera Tech EM, INC	USAID	$ 1,460,000	$ 2,241,380	$ 781,380
13931	Federal HAPCO	HHS/CDC	$ 275,406	$ 997,672	$ 722,266
16912	Abt Associates	USAID	$ 260,000	$ 946,977	$ 686,977
16738	Ethiopian Public Health Association	HHS/CDC	$ 208,000	$ 804,116	$ 596,116
14211	Management Sciences for Health	USAID	$ -	$ 499,693	$ 499,693
N/A	N/A	PC	$ 150,040	$ 486,712	$ 336,672
11040	United Nations High Commissioner for Refugees	State/PRM	$ 811,333	$ 1,104,810	$ 293,477
18339	Family Guidance Association of Ethiopia	HHS/CDC	$ 919,295	$ 1,200,000	$ 280,705
14187	Management Sciences for Health	USAID	$ -	$ 253,764	$ 253,764
16798	FHI 360	DOD	$ 769,851	$ 971,682	$ 201,831
13521	Population Services International	HHS/CDC	$ -	$ 196,859	$ 196,859
18338	JHPIEGO	HHS/CDC	$ 259,917	$ 400,760	$ 140,843
14215	FHI 360	USAID	$ 379,260	$ 495,708	$ 116,448
13597	Mayo Clinic	HHS/CDC	$ -	$ 65,145	$ 65,145
14195	Management Sciences for Health	USAID	$ -	$ 46,866	$ 46,866
10604	Association of Public Health Laboratories	HHS/CDC	$ 64,037	$ 106,689	$ 42,652
10515	Clinical and Laboratory Standards Institute	HHS/CDC	$ 64,000	$ 105,870	$ 41,870
70079	African Society for Laboratory Medicine	HHS/CDC	$ -	$ 5,483	$ 5,483
17746	Peace Corps Volunteers	PC	$ -	$ 2,797	$ 2,797

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 Results	FY18 Target	% Achievement	Program Classification	FY18 Expenditure	Service Delivery
DOD	HTS_TST	6,999	15,799	44%	HTS	$ 59,028	100%
	HTS_TST_POS	61	408	15%			
	VMMC_CIRC	2,228	4,937	45%	PREV: CIRC	$ 69,638	100%
	Above Site Programs					$ 684,245	
	Program Management					$ 373,102	
HHS/CDC	HTS_TST	5,144,197	4,784,604	108%	HTS	$ 5,335,010	33%
	HTS_TST_POS	42,989	57,255	75%			
	TX_NEW	40,748	66,079	62%	C&T	$ 35,476,755	23%
	TX_CURR	449,950	492,429	91%			
	OVC_SERV	N/A	N/A	N/A	SE for OVC	N/A	N/A
	VMMC_CIRC	20,302	18,156	112%	PREV: CIRC	$ 439,519	9%
	Above Site Programs					$ 15,688,601	
	Program Management					$ 9,796,256	
HHS/HRSA	Above Site Programs					$ 242,359	
	Program Management					$ 467,639	
PC	OVC_SERV	N/A	N/A	N/A	SE for OVC	N/A	N/A
	Above Site Programs					N/A	N/A
State/AF	TX_NEW	N/A	N/A	N/A	C&T	$ 5,047,893	1%
	TX_CURR	N/A	N/A	N/A			
	OVC_SERV	N/A	N/A	N/A	SE for OVC	N/A	N/A
	VMMC_CIRC	N/A	N/A	N/A	PREV: CIRC	N/A	N/A
State/PRM	HTS_TST	52,710	28,332	186%	HTS	$ 383,653	100%
	HTS_TST_POS	409	482	85%			
	TX_NEW	501	426	118%	C&T	$ 5,047,893	1%
	TX_CURR	2,089	2,190	95%			
	OVC_SERV	66	N/A	N/A	SE for OVC	$ 52,476	100%
	VMMC_CIRC	654	2,457	27%	PREV: CIRC	$ -	0%
	Program Management					$ 171,238	
USAID	HTS_TST	677,366	759,845	89%	HTS	$ 7,625,595	90%
	HTS_TST_POS	17,186	19,713	87%			
	TX_NEW	1,750	1,883	93%	C&T	$ 19,948,783	74%
	TX_CURR	8,776	8,328	105%			
	OVC_SERV	472,949	482,401	98%	SE for OVC	$ 4,804,488	84%
	Above Site Programs					$ 14,366,992	
	Program Management					$ 9,245,765	

COP 2017/ FY 2018 Performance

- Total testing in Ethiopia was over target while achieving only 80 percent of the HTS_TST_POS target and a low yield of 1.04 percent. This total corresponded to an increase in PITC modality from COP 2016 to COP 2017 and greater than budgeted testing expenditures for Ahmara Regional Health Bureau, Oromia Health Buearu, and Addis Ababa Health Bureau. These three partners spent $3,110,625 on testing, which was 173 percent over their combined total budget for testing.
- Oromia Health Bureau, Amhara Health Bureau, and Addis Ababa Health Bureau, all funded by CDC, which account for over 50 percent of all test positives have achieved 74, 80, and 88 percent of their targets respectively.
- Scaling of index testing across regions was implemented unevenly in COP 2017, with Addis Ababa achieving only 50 percent of its index testing targets. Oromia Health Bureau and Amhara Health Bureau exceeded their index testing targets for COP 2017 with close to four percent yield.
- Yields for HTS_TST_POS for key populations (KP) is below four percent across all regions except Addis Ababa which has a yield of four percent. As a region, Amhara contributed the most HTS_TST_POS for KP. In COP 2017, only 426 positives were identified through testing of female sex works (FSW) or 0.7 percent of Ethiopia's total HTS_TST_POS results.
- Ethiopia achieved 91 percent of its TX_CURR targets. While Addis Ababa Health Bureau, Oromia Regional Health Buruea, and Amhara Regional Health Bureau performed well, each achieving over 90 percent of TX_CURR targets, collectively they represent nearly 74 percent of all of the 502,935 TX_CURR targets for Ethiopia. Lower performing partners include Ethiopian National Defense Forces which achieved only 87 percent of TX_CURR targets with $1,029,193 in reported expenditures on care and treatment, 126 percent over the care and treatment budget and the Federal Prison Administration of Ethiopia which achieved 73 percent of TX_CURR targets with $129,112 in reported expenditures on care and treatment, 29 percent of the care and treatment budget.
- Programmatic data shows that ART coverage among both sexes for age bands 0-14, 15-24, and 50+ remains below 64 percent for most regions. This should be addressed this FY with the additional funds.
- Based on EPHIA data, the largest urban population, Addis Ababa, has the lowest viral load suppression rate of 58 percent. Additionally, viral load coverage in Addis Ababa based on PEPAR reporting remains low at 51 percent (48,043 PVLS – D, Q4/93,793 TX_CURR Q3). This needs to be immediately addressed.
- TB prevention is underperforming, only 13,448 individuals completed TB preventative therapy against a target of 45,447.
- OVC program reached 98 percent of its target, reaching 473,015 beneficiaries, 116,172 in the 10-14 age band and 162,352 above the age of eighteen.
- The VMMC program is underperforming. ICAP and FHI360 achieved 67 percent and 45 percent of their VMMC targets respectively.

APPENDIX 4: COP 2019 DIRECTIVES

Table 7. COP 2019 (FY 2020) Targets

	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)	3,453	13,254	9,766	26,473
TX_CURR (Current on Treatment)	32,520	306,003	177,331	515,854
TB_PREV	N/A	N/A	N/A	N/A
VMMC_CIRC	N/A	N/A	N/A	31,415
COP 19 (FY 20 Targets)				
TX_NEW (New on Treatment)	21,253	16,968	9,660	47,881
TX_CURR (Current on Treatment)	52,147	307,671	178,125	537,943
TB_PREV	N/A	N/A	N/A	196,431
VMMC_CIRC	N/A	N/A	N/A	12,000
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. Ethiopia should demonstrate achievement of these goals with the additional money for COP 2018 and move to epidemic control in this next planning cycle.
- TX_CURR: TX_CURR targets were generated to move Ethiopia to 95-95-95 at the country-level based on preliminary PLHIV estimates and ART coverage estimates. In order to achieve this target, the team needs accurate reporting and minimization of loss and mortality.

Given the results from the EPHIA, Ethiopia will achieve epidemic control in COP 2018 implementation period and PEPFAR's investment will now focus on supporting the host country government to sustain control of the epidemic. The PEPFAR Ethiopia program will need to evolve by designing a post epidemic control program model. Strategic thought must be given to

programs transitioning to the GOE, discontinuing inefficient programs, and developing new initiatives that increase the capacity of the GOE to lead the public health response.

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 COP 2019 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 Ethiopia budget.

Table 8. Minimum Requirements

Minimum Requirement	Ethiopia Specific Guidance
1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	Ethiopia is implementing a national level scale up of Test and Start. To achieve higher linkage rates in program data, this policy must continue to be scaled with fidelity in COP 2018.
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.	Describe differentiated service delivery models and the context of implementation. Describe plan for six-month drug dispensation.
3. Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	Review policy decisions with the GOE, specifically on women, children and TB co-infections, even among men. Discuss with the Government of Ethiopia the removal of Nevirapine based regimens and consider TLD or TLE400. Plan for scale down of Nevirapine. Establish TLD forecasting based on enrollments.
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.	Continue to scale up index testing across all regional health bureaus, with special focus in Addis Ababa Health Bureau, to find additional PLHIV. Optimize PITC in Addis Ababa.
5. TB preventive treatment (TPT) for all PLHIVs must be scaled-up as an integral and routine part of the HIV clinical care package.	Scale to reach all on ART that have active TB ruled out.

6. Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	EPHIA shows excellent linkage but describe plan for tracking for case based surveillance with unique identifiers.
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.	Not applicable.
8. Completion of VL/EID optimization activities and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups.	Complete scale up of viral load coverage, with a specific focus in Addis Ababa.
9. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	Complete scale up of case-based surveillance to provide outcome data in all PLHIV.
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.	The OVC program should focus on the 9-14 year-old age band and work to graduate older adolescents. A transition plan for OVC programming to the GOE must be developed.
11. Evidence of resource commitments by host governments with year after year increases.	Work with the GOE to develop a plan for increased domestic resource mobilization and sustainability.
12. Clear evidence of agency progress toward local, indigenous partner prime funding.	USAID must identify a plan for transitioning to indigenous partners.
13. Scale up of unique identifier for patients across all sites.	Continue to scale unique identifiers to allow for patient tracking.

Table 9. Other Requirements

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

Requirement	**Ethiopia Specific Guidance**
1. Viral load coverage	Viral load coverage must be 90 percent of TX_CURR by the end of COP 2019.
2. Screen better and test smarter: Stop over-testing.	All regions should be using index testing and testing for TB symptomatic patients as the

	primary case finding modality. KP programs should continue in Addis Ababa and Amhara.

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 Ethiopia is 196,431, 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, $1,100,013 will be budgeted for TPT commodities.

VMMC

Ethiopia is allocated $420,000 funding for VMMC. As with COP 2018, your total COP 2019 allocation to the CIRC budget code is included in your COP funding determined in this letter. VMMC funding must be used exclusively to support the implementation of VMMC programs in males 10 years and older as pursuant with the CIRC budget code guidance, including the minimum package of clinical and prevention services which must be included at every VMMC delivery point, circumcisions supplies and commodities, communication and demand creation, training, and case finding and linkages for high-risk men.

Ethiopia's total VMMC target for COP 2019 is 12,000 and a minimum of 3,600 circumcisions should be done in men over age 14.

COP19						
	Target	Total $	VMMC coverage 15-24	VMMC coverage 15-49	Minimum % 15+	Minimum VMMC in 15+
Ethiopia	12,000	$ 420,000	88	91	30	3,600

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 Ethiopia.

COP 2019 Other Technical and Programmatic Priorities:

Post epidemic control activities:

- Recency testing must be scaled nationally by the end of COP 2019. Additional resources in above-site activities and commodities must be dedicated to the scale up of recency testing.
- Recommend above-site partner's scope of work be expanded to include technical assistance for the development of a national surveillance task force, to include membership of regional health bureaus.
- Case-based surveillance should be scaled rapidly with the development of better patient tracking tools, including unique identifiers.
- Suggest expanding above site activities to include domestic resource mobilization and sustainable financing for health systems.

Activities to scale:

- Case Finding:
    - Scaling of index testing with fidelity is a focus for COP 2019 in Regional Health Bureaus, especially in Addis Ababa now in this FY.
    - Index testing should be the primary testing modality nationally.
    - Consider additional funding to Addis Ababa Health Bureau to address the gap in case finding in this FY.
    - Consider maintaining current funding levels for Oromia Health Bureau and Amhara Regional Health Bureau, finding improved performance in testing.
- Treatment:
    - EPHIA data suggest higher linkage and retention than program data, linkage proxy data is especially concerning for Addis Ababa. In this FY continue efforts to trace clients, prioritizing areas for retention efforts based on EPHIA data. COP 2019 activities to improve ART coverage must be adjusted using EPHIA results and broken down by geography and population.
    - Accelerate the TLD transition to support adherence and retention in this FY.
    - Continue to scale TPT.
- Viral Load:
    - Viral Load Coverage
        - Rapidly improve viral load coverage, especially in Addis Ababa this FY.
        - Develop a plan with regional health bureaus to address staffing at laboratories and demand creation for routine viral load monitoring among providers and PLHIV in order to increase viral load coverage.
    - TLD/DTG Transition
        - Review policy decisions with GOE, specifically on women, children and those with TB co-infections even among men, and older pediatric regimens to be reconsidered.
        - Rapidly scale TLD and phase out NVP.
- Gambella

  - VMMC activities implemented by JHPIEGO continue in Gambella.
  - Continue support for service delivery.
  - Above site activities to rapidly develop the capacity of the Gambella Regional Health Bureau should be implemented in COP 2019.
- Above Site Activities (Table 6):
  - Above site activities in COP 2019 should support scale up of index testing, viral load, case-based surveillance, and supply chain security.

Activities to discontinue or reduce in funding:

- Orphans and Vulnerable Children (OVC):
  - As Ethiopia reaches epidemic control, targets for orphans and vulnerable children will decrease in COP 2019 as a result of reduced deaths. OVC programming should not enroll any new OVC, graduate older adolescents, and reduce programming to primarily focus on the 9-14 age band. Additionally, with 162,352 adults enrolled in OVC programming, de-duplication of care givers and children should be evaluated in COP 2019. Funding for OVC programming should be carefully evaluated in COP 2019. A plan to transition the OVC program to the GOE should be developed this year.
- Ethiopia National Defense Forces (ENDF):
  - Given low HIV prevalence in the military, primarily in higher ranks and older age groups, the Department of Defense/CDC treatment program should be transitioned to ENDF by COP 2019.
- Federal Prisons:
  - During COP 2019, programming to support the federal prisons should transition to the GOE. In COP 2017, federal prisons only found 83 positives. COP 2019 funding should only account for closeout costs.
- Above-Site Activities (Table 6):
  - Approaches for above site activities should be streamlined and tailored to support epidemic control. As a result, above site activities that support the following approaches should be reduced or eliminated: construction and renovation; assessments, evaluations, and operational research; and workforce development and preservice training.
- Management and Operations (M&O):
  - The M&O budget was nearly $14 million in COP 2018. Agencies should perform a staffing and skills assessment to evaluate whether current staffing meets programmatic priorities and find efficiencies within current M&O budgets. Suggest reducing M&O budget in COP 2019.

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 PEPFAR will convene in-person meetings in Johannesburg, South Africa 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).

Approved: S/GAC – Ambassador Deborah L. Birx, MD [DLB]

Drafted: S/GAC – Alex Johnson, x3-1106

Cleared:	S/GAC – Angeli Achrekar	OK
	S/GAC – Irum Zaidi	OK
	S/GAC – Mike Ruffner	OK
	S/GAC – Heather Watts	OK