



January 17, 2019

INFORMATION MEMO FOR AMBASSADOR STEPHANIE SULLIVAN, WEST AFRICA REGION

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

SUBJECT: FY 2019 PEPFAR Planned Allocation and Strategic Direction

We are grateful to you, Ambassador Sullivan, for your engagement in planning, review and implementation, with the community and Government, to enhance PEPFAR program impact across the newly formed West Africa Region. We are especially grateful for your willingness to host the hub of the new region in Accra, Ghana. Thank you 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 and across the region, working together across agencies to ensure the most effective and efficient use of taxpayer dollars. We have set overall funding to this region in this letter to \$25,000,000 and reallocated Game Changer funds to encourage rapid impactful planning across the region and successful implementation. Substantial work needs to be accomplished in Ghana with a realignment for impact, investing in key populations programming where the USG has had some success, and the expectation is the broader program in Ghana itself will benefit from the lessons in the region and learn from the others so that Global Fund and host country resources are expended for maximal impact.

Regional Realignment

PEPFAR continues to refine its organization to align operations with the PEPFAR 3.0 strategy of “focusing resources and leveraging finances to address the most vulnerable populations.” Seeking innovative and more efficient ways to fight the HIV/AIDS pandemic, PEPFAR has shifted the management of our HIV/AIDS response in Strategic Technical Alignment for Results (STAR) operating units, such as Ghana, to an expanded regional model. The regional realignment planning began in FY 2018, when a Regionalization meeting was held in October 2018 in Washington, D.C. The plan for regionalization was agreed upon, progress towards regionalization began, and implementation of that plan will continue throughout FY 2019 for full operationalization at the start of FY 2020. The goal is to increase the sharing of resources, administrative functions and expertise across operating units in the region, to more efficiently and effectively combat HIV/AIDS in regions where commonalities exist among epidemics.

Regional realignment efforts will not alter COP2018/FY19 implementation, monitoring or reporting requirements. Any changes to data collection or reporting will align with the Regional Operational Plan (ROP) 2019 cycle.

We look forward to working with and learning from you and your team as we move together toward this exciting future.

Regional Operational Plan 2019

In ROP19, we expect the West Africa Region to take a whole of government approach to ensure an effective and efficient program focused on reaching epidemic control. We have noted the following key successes and specific areas of concern across the region:

Ghana: In FY18, the PEPFAR program was able to find 4,701 total HIV positive patients. Of the HIV positive patients identified, 3,350 were found through PEPFAR's targeted key populations program. Linkage to treatment rates, within the key populations program, were as high as 88%. While index testing coverage was quite low, yield from index testing was above 20%, indicating that index testing is a successful strategy for finding HIV positives, and should be scaled up. However, overall, Ghana's national performance across the 90-90-90 cascade is an area of continuing grave concern for PEPFAR. The Government of Ghana (GoG) estimates only 61% of people living with HIV (PLHIV) know their status, 33% are on ART, and 6% are virally suppressed. PEPFAR dollars must be efficiently and effectively used, and this level of under-performance has been and continues to be a serious concern for PEPFAR's continued investment in Ghana. Furthermore, in November 2016, PEPFAR and the GoG signed a two-year MOU for PEPFAR to provide \$23,779,554 in Game Changer Funds to be used to increase the number of PLHIV new on treatment. While the GoG achieved some programmatic milestones, it did not achieve the financial milestones. It also did not achieve the acceleration of Treat All needed to achieve epidemic control by 2020, which was the core intent of the Game Changer Funds. \$4.2 million was released upon signing the MOU; no additional funds have been released, leaving \$19,579,554. The lack of adequate use of these funds for their intended purpose, coupled with significant under-performance in testing and treatment across the national cascade, has led PEPFAR to reconsider any further release of these funds to Ghana.

Rest of Region (Burkina Faso, Liberia, Mali, Senegal, Togo): In the rest of region, these operating units have responded to the HIV/AIDS epidemic through PEPFAR investments in prevention, testing, care & treatment, supply chain strengthening/commodities procurement, lab strengthening, surveillance, and research/survey. Operating units have demonstrated success in implementing targeted key population programs, developing tools to monitor progress across the cascade such as the use of unique identifiers, using mapping techniques to understand HIV prevalence across geographies and populations, and implementing the Dakar declaration to increase access of HIV services for key populations and reduce stigma and discrimination. However, key challenges which remain in these operating units include barriers to key policy adoption and implementation (e.g., index testing, differentiated service delivery, prohibition of user fees, and stigma & discrimination against key populations), inadequate lab infrastructure, lack of adequate data, and lack of supply chain commodity security. In Sierra Leone, HHS/CDC funds will be re-allocated to other countries in the Region, eliminating the need for continued PEPFAR investment in ROP2019.

In summary, in Ghana, given the overall under-performance on testing, ART coverage, and viral load suppression, PEPFAR's ROP 2019 investment in Ghana requires a significant shift in

PEPFAR programming. Technical assistance efforts at the site level have had minimal impact on Ghana's overall testing and treatment cascade. Therefore, PEPFAR investments should be re-focused to address the key populations epidemic. PEPFAR investments should also re-focus and target above-site activities, as documented on the Focused Outcome and Impact Table (to be transitioned to Table 6), to those activities that will generate the greatest impact (see *Technical Priorities* section below). Site-level activities, including technical assistance, should be discontinued in ROP19/FY20.

In summary, in the Rest of Region, operating units should focus on achieving 90-90-90 within key populations through a mix of direct service delivery and targeted technical assistance; push for adoption and implementation with fidelity of key national policies; and invest in targeted above-site activities that directly impact the clinical cascade (see *Technical Priorities* section below).

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) total planning level for West Africa Region for the 2019 Regional Operational Plan (ROP 2019) is \$44,579,554, inclusive of all new funding accounts, central funds, and applied pipeline.

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

APPENDICES:

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

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APPENDIX 1: ROP 2019 PLANNING LEVEL

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

Table 1. ROP 2019 Budget

West Central Africa Region	
TOTAL ROP 2019 PLANNING LEVEL: \$25,000,000	
Total Base Budget for ROP 2019 Implementation	\$ 25,000,000
Total COP 19 New Funding	\$ 22,364,497
of which, VMIMC	\$ -
Total Applied Pipeline	\$ 2,635,504
Total Faith-Based Organization (FBO) Initiative Funding (FY 18 Funds)	\$ -

These planning level amounts do not include DoD-Health or HRSA funding.

The following represents the current epidemiology in the West Africa Region:

Table 2. Country Specific HIV Epidemiology

Country	PLHIV	New Infections	National Prevalence	on ART	% ART Coverage	MSM	MSM Prevalence	FSW	FSW Prevalence
Ghana	316,613	17,649	1.70%	104,901	33.1	54,759	18.10%	65,053	6.90%
Mali	130,000	9,000	1.10%	41,780	32.1	1,550	13.70%	8,653	24.10%
Togo	105,000	4,900	2.10%	59,340	56.5	7,649	22.00%	10,284	13.20%
Burkina Faso	94,000	4,300	0.80%	58,282	62.0	3,458	1.90%	21,858	5.40%
Senegal	43,000	1,600	0.50%	23,250	54.1	3,799	27.60%	1,370	6.50%
Liberia	39,300	2,300	1.40%	11,414	29	14,777	19.80%	15,979	19.80%

Ghana: Ghana will be allocated a total budget of **\$8,915,000** for ROP19, including the applied pipeline listed below in Table 2. The decision to reduce funding is based upon an under-outlay of \$3,745,615 and overall under-performance in FY18.

Table 3. Applied Pipeline*

Ghana	
ROP 2019 APPLIED PIPELINE BY AGENCY	
Total Applied Pipeline	\$ 2,635,504
HHS/CDC	\$ 1,056,360
USAID	\$ 1,579,144

*Based on agency reported available pipeline from EOFY

ROP 2019 Budget - Rest of Region

The following represents the baseline ROP19 budget allocations for Rest of Region (excluding any central funds):

Senegal: \$4,835,000
Mali: \$4,750,000
Liberia: \$3,500,000
Togo: \$1,632,000
Burkina Faso: \$1,088,000
West Africa M&O: \$280,000
Sierra Leone: \$0

We thank HHS/CDC for taking the initiative to assess and re-allocate \$500,000 from Sierra Leone to Senegal (\$300,000 for strategic information and data systems activities) and Ghana (\$200,000 for regional TDY/travel and hub activities), in an effort to use its funds most effectively and efficiently. Sierra Leone will therefore not receive any new PEPFAR investments in ROP19.

These allocations are preliminary and may be adjusted during the ROP19 planning process to coincide with the current epidemiology and overall strategy for the region, for greatest impact.

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 ROP 2018 implementation and the ROP 2019 review process. The total spend in the implementation of ROP 2019 (FY 2020) may not exceed the total ROP 2019 planning level of **\$25,000,000**.

Central Funding

The **\$19,579,554** in Central Funds remaining as “Game Changer Funds” will be re-allocated from Ghana, to Burkina Faso and Togo. Relative to other countries in the region, these two countries have demonstrated the greatest progress on the clinical cascade as demonstrated below:

Table 4. Country Specific 90-90-90 Cascade Coverage

	1st 90	2nd 90	3rd 90
Burkina Faso	88%	65%	49%
Ghana	79%	33%	6%
Liberia	35%	29%	14%
Mali	69%	32%	13%
Senegal	71%	54%	18%
Sierra Leone	47%	39%	24%
Togo	66%	57%	45%

Additional investments in Burkina Faso and Togo may offer a solid opportunity for achieving further progress on epidemic control in these two countries, both of which have strong government commitment.

The Game Changer Funds should be used over the course of two years to accelerate national progress towards 90-90-90 targets in each country, contingent upon the following:

- User fees do not prohibit access to HIV services
- Adequate data systems are in place to monitor performance and use of these funds

Burkina Faso and Togo will receive these Game Changer Funds in two, one-year performance-based trenches, totaling the following amounts:

Burkina Faso: \$10,412,219

Togo: \$9,167,335

A proposed implementation plan highlighting how the funds will be used in each country should be developed in consultation with key stakeholders, and submitted to S/GAC for final approval as part of the ROP19 planning and review process. The implementation plan must include targets which are set based upon PLHIV estimates, for impact.

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APPENDIX 2: ROP 2019 BUDGETARY REQUIREMENTS

Table 5. ROP 2019 Earmarks

West Central Africa Region ROP 2019 EARMARK REQUIREMENTS	
Care and Treatment (C&T)	\$ 4,249,254
<i>% of base funds allocated to C&T</i>	<i>19%</i>
HKID	\$ -
Gender Based Violence (GBV)	\$ 343,400
<i>of which, Ghana</i>	<i>\$ 343,400</i>
Water	\$ -

Care and Treatment: If there is no adjustment to the ROP 2019 new funding level due to an adjustment in applied pipeline, West Africa Region’s minimum requirement for the care and treatment earmark is reflected in the chart above. Your care and treatment requirement is calculated as the sum of total new FY 2019 funding programmed to the HTXS, HTXD, HVTB, HBHC, PDTX, PDCS budget codes, 30% of the total funding programmed to the MTCT budget code, 80% of the total funding programmed to the HLAB budget code, and 30% of the total funding programmed to the HVCT budget code. This minimum care and treatment earmark has been derived based upon a requirement that your region programs a minimum of 19% of all **new FY 2019 Base Funds** to care and treatment of people living with HIV.

Gender Based Violence (GBV): West Africa Region’s ROP 2019 minimum requirement for the GBV earmark is reflected in the chart above. Your GBV earmark requirement is calculated as the total **new FY 2019** funding programmed to the GBV cross-cutting code. Your ROP 2019 earmark is derived by using the final ROP 2018 GBV earmark allocation as a baseline. The ROP 2019 planned level of new FY 2019 funds for GBV can be above this amount; however, it cannot fall below it.

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 West Africa Region 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 ROP 2019 submission.

ROP 2019 Applied Pipeline

All agencies in West Africa Region should hold a 3 month pipeline at the end of ROP 2019 implementation in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. Any agency that anticipates ending ROP 2018 implementation (end of FY 2019) with a pipeline in excess of 3 months is required to apply this excessive pipeline to ROP 2019, decreasing the new funding amount to stay within the planning level.

The Applied Pipeline amount of \$2,635,504 provided to Ghana as a part of the ROP 2019 planning level has been calculated to reflect the projected excessive pipeline as of the beginning of the ROP 2019 implementation cycle (FY 2020), and is the minimum amount that Ghana must apply as pipeline in the ROP 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 ROP 2019 applied pipeline amount.

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

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APPENDIX 3: PAST PERFORMANCE TRENDS

Table 6. ROP 2017/ FY 2018 Outlays versus Approved Budget**

Ghana:

Row Labels	Sum of Approved COP 2017 Planning Level	Sum of Total FY 2018 Outlays	Sum of Over/Under Outlays
Ghana	\$ 12,448,907	8,703,292	(3,745,615)
DOD	\$ 375,000	467,425	92,425
HHS/CDC	\$ 3,059,663	2,638,045	(421,618)
State	\$ 145,000	(265,029)	(410,029)
USAID	\$ 8,869,244	5,862,851	(3,006,393)

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

Ghana’s total FY 2018 outlay level of \$8,703,292 is under the approved spend level of \$12,448,907 (COP 2017 budget). Within this total, USAID, HHS/CDC, and State spent below their approved level. Agencies outlaid to the following Implementing Mechanisms 125% or more in excess of their COP17 approved planning level.

Table 7. 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)	Actual FY18 Outlays (\$)	Over/Under FY18 Outlays (Actual \$ - Total COP17 Budget \$)
11049	U.S. Department of Defense (Defense)	DOD	\$ -	\$ 47,060	\$ 47,060
17049	West Africa PROGRAM to Combat AIDS and STIs	USAID	\$ 218,342	\$ 279,760	\$ 61,418
18412	JHPIEGO	USAID	\$ -	\$ 116,636	\$ 116,636
18424	Health Crescendos Foundation	DOD	\$ 275,000	\$ 388,111	\$ 113,111

Rest of Region: The rest of region operating units' outlays were unable to be calculated given lack of available financial data and reporting requirements in FY18.

Table 8. ROP 2017/ FY 2018 Results versus Targets****

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

Ghana:

Agency	Indicator	FY18 Target	FY18 Result	% Achievement	Program Classification	FY18 Expenditure	% Service Delivery
State/AF					PREV	\$30,000	100%
					Above Site Programs	\$30,000	
HHS/CDC	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	\$342,875	83%
	TX_CURR	N/A	N/A	N/A			
					Above Site Programs	\$ 975,878	
				Program Management	\$ 226,039		
DOD	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			
					Above Site Programs	\$ 258,016	
				Program Management	\$ 92,878		
USAID	HTS_TST	24,023	45,119	188%	HTS	\$ 1,033,682	57%
	HTS_TST_POS	2,799	4,701	168%			
	TX_NEW	7,304	3,955	54%	C&T	\$ 2,509,245	58%
	TX_CURR	24,839	22,072	89%			
					PREV	\$452,863	100%
				Above Site Programs	\$ 1,115,926		
				Program Management	\$ 2,983,642		

Rest of Region: The rest of region operating units' results were unable to be calculated given lack of available program data and reporting requirements in FY18.

COP 2017/ FY 2018 Performance

Overall: Ghana

- Ghana has under-outlaid on its budget by \$3,745,615 and overall, did not meet its targets.
- In FY18, the PEPFAR program was able to find 4,701 total HIV positive patients.
- Of the HIV positive patients identified, 3,350 were found through PEPFAR's targeted key populations program.
- Linkage to treatment rates, within the key populations program, were as high as 88%.
- While index testing coverage was quite low, yield from index testing was above 20%.

- However, overall, Ghana's national performance across the 90-90-90 cascade is poor. The Government of Ghana (GoG) estimates only 61% of people living with HIV (PLHIV) know their status, 33% are on ART, and 6% are virally suppressed.
- JSI, funded by USAID, has exceeded their testing targets in the community for key populations and is performing well. Its treatment linkage rate was ~88% for the year.
- EQUIP, funded by USAID, has under-performed. Their overall linkage rate was 70% and their viral load suppression rate was ~66%. Their expenditure rate against budget was only 49%.
- EQUIP has been operating as a technical assistance partner in Ghana but its efforts seem to be having minimal impact on the overall testing and treatment cascade for the country. Although some site improvements have been seen this year, overall, these efforts have not significantly contribute to increasing national testing, treatment and viral load results.

Overall: Rest of Region

- While performance could not be measured for the Rest of Region given lack of reporting requirements, the following represent activities that operating units implemented in FY18:
 - Prevention
 - Testing, care & treatment
 - Supply chain/commodities
 - Lab strengthening
 - Surveillance
 - Research/survey
- Key successes across the region include:
 - Implementation of targeted key population programs
 - Development of tools to monitor progress across the cascade such as the use of unique identifiers
 - Use of mapping techniques to understand HIV prevalence across geographies and populations
 - Implementation of the Dakar declaration to increase access of HIV services for key populations and reduce stigma and discrimination
- Key challenges across the region include:
 - Lack of adequate data
 - Barriers to key policy adoption and implementation (e.g., index testing, differentiated service delivery, prohibition of user fees, and stigma & discrimination against key populations)
 - Inadequate lab infrastructure
 - Lack of supply chain commodity security

APPENDIX 4: ROP 2019 DIRECTIVES

ROP 2019 (FY 2020) Targets

West Africa Region should review historical program data and utilize the Data Pack to set appropriate program targets for ROP19.

Given the overall under-performance on testing, ART coverage, and viral load suppression, PEPFAR’s ROP 2019 investment in Ghana requires a significant shift in PEPFAR programming. Technical assistance efforts at the site level seem to have had minimal impact on Ghana’s overall testing and treatment cascade. Therefore, PEPFAR investments in Ghana should be re-focused to address the key populations epidemic. PEPFAR investments should also re-focus and target above-site activities, as documented on the Focused Outcome and Impact Table (to be transitioned to Table 6), to those activities that will generate the greatest impact (see *Technical Priorities* section below). Site-level activities in Ghana, including technical assistance, should be **discontinued** in ROP19/FY20.

ROP 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 ROP19 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 West Africa Region budget.

Table 9. Minimum Requirements

Minimum Requirement	West Africa Region Specific Guidance (if applicable in COP18 or ROP19)	
	Ghana	Rest of Region
1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	Advocate for Test & Start policy to be adopted and implemented with fidelity.	Advocate for Test & Start policy to be adopted and implemented with fidelity.
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.	Continue above-site activities to accelerate roll-out of Differentiated Models of Care (DMOC) – ensure proper monitoring of roll-out, linking it to outcome indicators; advocate with government to change where	Advocate for Differentiated Service Delivery (DSD) policy to be adopted and implemented with fidelity.

	and how many days ARTs are dispensed	
3. Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	Closely monitor transition to TLD in July 2019 and ensure proper implementation of the policy.	Advocate for TLD policy to be adopted and implemented with fidelity
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.	Improve index testing coverage among key populations (KPs), especially at the community level.	Advocate for index testing policy to be adopted and implemented with fidelity. If one already exists, ensure scale-up of index testing with fidelity.
5. TB preventive treatment (TPT) for all PLHIVs must be scaled-up as an integral and routine part of the HIV clinical care package.		
6. Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	Ensure linkage among key populations. ROP19 IP work plans need to reflect fidelity to this minimum requirement.	Ensure linkage among key populations. ROP19 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.	Continue ensuring user fees are not a limiting factor for access to HIV services, especially among KPs.	Advocate for Prohibition of User Fees policy to be adopted and implemented with fidelity.
8. Completion of VL/EID optimization activities and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups.	Continue focusing on above-site activities for viral load scale-up.	Advocate for Viral Load Management policy to be adopted and implemented with fidelity. If one exists, monitor scale-up on viral load testing with fidelity.
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,		

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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.	Advocate for increased domestic resource mobilization.	Advocate for increased domestic resource mobilization.
12. Clear evidence of agency progress toward local, indigenous partner prime funding.	Ensure benchmark is met across the entire agency for all PEPFAR OUs.	Ensure benchmark is met across the entire agency for all PEPFAR OUs.
13. Scale up of unique identifier for patients across all sites.	Continue above-site support of eTracker system roll-out	Advocate for Unique policy to be adopted and implemented with fidelity. If one exists and is being implemented with fidelity, share lessons learned across the Region.

Table 10. Other Requirements

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

Requirement	West Africa Region Specific Guidance (if applicable in COP18 or ROP19)
1. Viral load management: Country policy updated.	Ensure appropriate country policies are adopted.
2. Screen better and test smarter: Stop over-testing.	Implement optimized testing among key populations to ensure targeted testing of those at-risk of HIV, including a focus on index testing with fidelity.

ROP 2019 Technical Priorities

Ghana:

Given technical assistance efforts at the site level have had minimal impact on Ghana's overall testing and treatment cascade, Ghana should re-focus PEPFAR investments on addressing the key populations epidemic. This should be done by scaling up successful models in testing and treatment for key populations, completing, an evaluation of key populations strategies to identify gaps and improve/accelerate rates along the key populations cascade, scaling-up and implementing index testing among key populations (increasing coverage with fidelity), increasing linkage rates and reducing loss to follow-up among key populations, strengthening adoption and implementation of policies focused on key populations, and working with GoG to adopt and scale-up successful components of PEPFAR key populations programming. Ghana

should continue focusing on its FOIT above-site activities focusing especially on strengthening sample referral systems, accreditation of labs, improving viral load capacity, supporting eTracker system and DMOC roll-out, and monitoring transition to TLD in July 2019 to ensure proper implementation of the policy.

Rest of Region (Burkina Faso, Liberia, Mali, Senegal, Togo): Operating units in the Rest of Region should focus on getting to 90-90-90 within key populations through a mix of direct service delivery and targeted technical assistance; push for adoption and implementation with fidelity of key national policies; and invest in targeted above-site activities that directly impact the clinical cascade. Specifically, Rest of Region operating units should focus on the following:

- Activities targeting key populations through a mix of service delivery and targeted technical assistance
- Focus/pivot PEPFAR activities to highest burden 2-3 regions (and hotspots within the regions)
- Develop and implement key national policies:
 - Stigma & Discrimination
 - Index testing
 - Differentiated service delivery
 - TLD transition
 - Unique IDs
- Develop measurable targets/benchmarks by partner and measure achievement towards targets by OU (start in FY19)
- Ensure adequate partner performance tracking and reporting (start in FY19)
- Leverage host government, Global Fund, and other donor funds to optimize impact of PEPFAR investments, especially on the clinical cascade – ensure there is no duplication of activities
- Focus on reaching 90-90-90 within KPs through targeted, evidence-based strategies
- Focus/narrow down investments in above-site activities to top 2-3 key issues
- Advocate for increased domestic resource mobilization

Specific technical priority recommendations to be considered by Rest of Region operating units, include, but are not limited to:

Mali

- Ensure PEPFAR activities are being implemented in highest burden regions
- Develop and implement an Index Testing Policy
- Strengthen the 90-90-90 cascade, focusing on KPs
 - Testing with fidelity
 - Implementing targeted KP testing and evidence-based strategies
 - Improve ART coverage
 - Adopt and implement DSD
- Continue to implement above-site lab systems and viral-load strengthening activities
- Continue to invest in above-site supply chain strengthening and surveillance activities

Togo:

- Ensure PEPFAR activities are being implemented in highest burden regions and hotspots
- Develop and implement key national policies
 - Test & Start for all
 - Index Testing
 - Differentiated Service Delivery (including community-based testing)
 - TLD Transition
- Invest in above-site supply chain strengthening to address stock-out issues
- Invest in lab strengthening and viral-load scale-up

Burkina Faso:

- Ensure PEPFAR activities are being implemented in highest burden regions
- Coordinate with Global Fund to ensure no duplication of activities
- Develop and implement key national policies
 - Index Testing
 - Prohibition of User Fees – implement policy with fidelity
 - Differentiated Service Delivery (including community-based testing)
- Invest in above-site supply chain strengthening to address stock-out issues
- Invest in lab strengthening and viral-load scale-up

Senegal:

- Ensure pivot is in line with overall strategy for the Region
- Ensure PEPFAR activities are being implemented in highest burden regions
- Revise partner workplans to increase focus on KPs and shift away from PMTCT activities
- Continue scale-up of index testing and pivot to KPs by partner
- Increase technical assistance for viral load scale-up
- Consider leveraging Global Fund investments for supply chain strengthening and moving away from using PEPFAR funds for TA for Chemonics
- Develop and implement key national policies
 - Unique IDs
 - Self-testing
 - TLD transition

Liberia:

- Strengthen the 90-90-90 cascade, focusing on KPs
 - Implement targeted KP testing and evidence-based strategies
 - Improve linkage strategies from community to facility
- Pivot PEPFAR activities to be implemented in highest burden regions and hotspots
- Ensure there is no duplication of activities with Global Fund on KPs
- Revise partner workplans to increase focus on KPs and shift away from PMTCT/EID activities
- Develop and implement key national policies
 - Stigma & Discrimination

- Index Testing
- Differentiated Service Delivery – community-based testing and multi-month scripting
- Investment in above-site activities including viral load scale-up and strengthening the supply chain to address fragmentation and stock-out issues

ROP 2019 Stakeholder Engagement

Sustained control of the HIV/AIDS epidemic necessitates that PEPFAR teams actively and routinely coordinate and communicate with all partners, including local, regional and international civil society and community stakeholders, multilateral partners and the host country government. With your leadership, PEPFAR is leading the way in facilitating transparent processes and in sharing data and results. Continued meaningful engagement with these groups throughout the development and implementation of ROP 2019 remains a requirement for all PEPFAR programs, and as such the ROP 2019 process will engage with stakeholders early and frequently. This engagement specifically includes the sharing of FY 2018 Q4 and FY 2018 APR results and analyses and the convening of an in-country planning retreat with local stakeholders no later than the week of January 28, 2019 in order to introduce and discuss all ROP 2019 tools, guidance, results and targets as well as the proposed trajectory and strategy for ROP 2019. In February, initial ROP tools will be submitted to S/GAC for review and feedback. S/GAC will provide feedback prior to the in-person meetings in 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 ROP 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/ROP 2019 Guidance for a full list of requirements and engagement timelines (Section 2.5.3).