United States Department of State

Washington, D.C. 20520

January 16, 2019

INFORMATION MEMO FOR AMBASSADOR PALMER, MALAWI

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

SUBJECT: FY 2019 PEPFAR Planned Allocation and Strategic Direction

Thank you Ambassador Palmer and Deputy Chief of Mission Herrup. You have provided immeasurable leadership and guidance to our PEPFAR staff under your authority in Malawi, for which we are grateful. Your leadership has been invaluable in our efforts to enhance PEPFAR program impact. Thank you for your willingness to work with us to communicate the strategic direction for COP19 expressed through this letter to the communities, the Government, and all stakeholders in Malawi.

To date, PEPFAR has invested $811,632,395 in Malawi. Malawi in turn has made steady progress combating the epidemic and we acknowledge that success. Together with partners, particularly the Global Fund, we have seen excellent efforts in linking diagnosed clients to treatment and good viral suppression. In particular, strong results have been achieved in PMTCT, VMMC, prevention among key populations, and for adolescent girls and young women through the DREAMS partnership. We are pleased with early efforts by Malawi on recency testing, and national scale-up should be considered. We applaud the PEPFAR team, which has been creative and nimble in pursuing epidemic control despite persistent policy barriers they faced in FY 2018.

As S/GAC met in December to review FY 2018 performance and rank countries' progress to epidemic control by 2020, Malawi stood out as falling short on the first 90 and thus not on track to reach epidemic control by 2020 should these trends continue. Without support from the Ministry of Health in FY 2018 in adopting proven best practices through policy reform, PEPFAR implementing partners relied on inefficient testing modalities to over-test, which resulted in non-targeted low yield results. We were also concerned about partner expenditures for which we could determine little or no impact. The COP17/ FY 2018 Performance section of this letter should be carefully reviewed as it informs the contributions of each implementing partner that should be considered in COP19 planning. Partners need to be carefully monitored not only for performance but expenditures to ensure no partners are allowed to over spend in any 12 month cycle.

For COP19, we recommend rapid scale-up of effective testing strategies to improve case-finding, particularly among men and most at-risk youth, and rapid scale-up of PrEP to prevent the transmission of HIV among key populations. During the Q4 POART, the country team announced the Ministry of Health would allow index testing, self-testing, and PrEP implementation across the country. This important development is welcome news, and Malawi will need to execute these critical interventions to scale and with fidelity in the remainder of COP18 and in COP19. Support to the Government of Malawi in COP 19 is contingent on

adoption and implementation at scale of these interventions ahead of the March planning meeting.

While we welcomed improvement in identification of new cases and prevention of new infections among vulnerable populations, concerns remain about Malawi's ability to improve upon the third 90. Overall viral load testing coverage was low, at just 41% of patients currently on treatment. Though viral load suppression overall is 86%, suppression among pediatric populations is only 52%. This highlights a need for rapid scale up of viral load testing and ensuring quality care across age bands, the former hindered by the Government of Malawi's viral load testing schedule of 24 months. We recommend addressing the gaps in viral load testing and working to include children <10, and women of child-bearing age, in the TLD roll out.

We also recommend accelerated deployment of EMRS and continued engagement with the Government of Malawi to ensure the collection and reporting of age and sex disaggregated data to better understand progress and make real time changes to improve outcomes among different age bands and sub-populations. Malawi is the only PEPFAR program that does not report age and sex disaggregated data. As a result the program remains vulnerable to both sub-national and site-level challenges remaining undetected. This is essential to validate any achievement towards epidemic control that Malawi would report in 2020 as a national result.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) total planning level for Malawi for the 2019 Country Operational Plan (COP 2019) is **$140,000,000**, inclusive of all new funding accounts and applied pipeline.

Any questions about the priorities and guidance laid out in this letter can be directed to your S/GAC Chair and Program Manager. My office is continually grateful for your teams' work on the PEPFAR program, helping us to move towards an AIDS-free generation by supporting the HIV response in Malawi.

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

Malawi TOTAL COP 2019 PLANNING LEVEL: $140,000,000			
Total Base Budget for COP 2019 Implementation			**$ 140,000,000**
Total COP 19 New Funding	$	126,699,685	
of which, VMMC	*$*	*18,223,700*	
of which, DREAMS	*$*	*8,517,740*	
Total Applied Pipeline	$	13,300,315	
Total Faith Based Organization (FBO) Initiative Funding (FY 18 Funds)			**$ 14,000,000**

**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

Malawi COP 2019 Applied Pipeline By Agency	
Total Applied Pipeline	$13,300,315
HHS/CDC	$8,313,957
USAID	$2,868,022
DOD	$1,461,019
PC	$81,074
State	$576,243

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 $140,000,000.

Central Funding

Malawi is also receiving $14,000,000 in Central Funds as a part of the FBO Initiative. These FY 2018 funds are being notified to you via this letter, to support new activities for communities of faith in raising awareness, HIV case-finding/linkage/retention, and prevention of sexual violence and HIV risk among ages 9-14 years. These funds are being released immediately, ahead of the release of the bilateral COP 2019 funds. Central Funds for the FBO Initiative should be used as soon as possible after receipt, during the current implementation cycle of COP 2018/FY

2019. Each country team should specify the purpose and use of these funds (based the data and analysis from the recent FBO TDYs) as part of the SDS**.**

APPENDIX 2: COP 2019 BUDGETARY REQUIREMENTS

Table 3. COP 2019 Earmarks

Malawi COP 2019 EARMARK REQUIREMENTS		
Care and Treatment (C&T)	**$**	**80,057,835**
% of base funds allocated to C&T		*63%*
HKID	**$**	**5,083,037**
Gender Based Violence (GBV)	**$**	**1,397,159**
Water	**$**	**200,000**

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

HKID Requirement: Malawi'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): Malawi'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: Malawi'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 Malawi 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 Malawi 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 $12,924,072 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 Malawi 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
Malawi	**$ 113,375,944**	**$ 95,331,049**	**$ (18,044,895)**
DOD	$ 2,563,671	$ 1,166,197	$ (1,397,474)
HHS	$ 55,360,599	$ 48,539,842	$ (6,820,757)
PC	$ 1,644,802	$ 1,172,134	$ (472,668)
State	$ 743,922	$ (378,412)	$ (1,122,334)
USAID	$ 53,062,950	$ 44,831,288	$ (8,231,662)
Grand Total	**$ 113,375,944**	**$ 95,331,049**	**$ (18,044,895)**

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

Malawi's total FY 2018 outlay level of $95,331,049 is under your approved spend level of $113,375,944 (COP 2017 budget). Within this total, all agencies 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 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 $)
12118	Banja La Mtsogolo	USAID	$ -	$ 7,947	$ 7,947
15888	UNICEF	USAID	$ 1,020,658	$ 1,564,104	$ 543,446
18125	University Research Council	USAID	$ -	$ 40,438	$ 40,438
18234	Right To Care, South Africa	USAID	$ 16,577,204	$ 21,034,717	$ 4,457,513
18247	JHPIEGO	HHS/CDC	$ -	$ 364,081	$ 364,081
18256	Regional Procurement Support	State/AF	$ -	$ 706,724	$ 706,724
18279	Catholic Relief Services	USAID	$ 1,025,467	$ 1,599,090	$ 573,623

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
USAID	HTS_TST	1,587,533	2,403,619	151.4%	HTS	$9,119,484	74%
	HTS_TST_POS	96,766	74,765	77.3%			
	TX_NEW	93,495	63,877	68.3%	C&T	$25,915,502	54%
	TX_CURR	394,452	371,018	94.1%			
	VMMC_CIRC	90,294	92,898	102.9%	PREV: CIRC	$10,627,795	93%
	OVC_SERV	129,313	130,721	101.1%	SE for OVC	$4,923,941	85%
					Above Site Programs	$3,297,534	
					Program Management	$9,981,266	
HHS/CDC	HTS_TST	1,496,670	1,856,434	124.0%	HTS	$6,037,880	84%
	HTS_TST_POS	92,993	65,252	70.2%			
	TX_NEW	90,046	55,861	62.0%	C&T	$11,959,389	44%
	TX_CURR	376,148	349,335	92.9%			
	VMMC_CIRC	50,000	45,964	91.9%	PREV: CIRC	$3,630,247	100%
	OVC_SERV	N/A	N/A	N/A	SE for OVC	N/A	N/A
					Above Site Programs	$12,882,162	
					Program Management	$12,970,679	
DOD	HTS_TST	40,462	21,892	54%	HTS	$89,265	80%
	HTS_TST_POS	2,358	1,146	49%			
	TX_NEW	2,088	752	36%	C&T	$212,632	6%
	TX_CURR	8,650	6,860	79%			
	VMMC_CIRC	5,048	5,291	105%	PREV: CIRC	$430,973	93%
	OVC_SERV	N/A	N/A	N/A	SE for OVC	N/A	N/A
					Above Site Programs	$189,718	
					Program Management	$1,308,714	
HHS/HRSA	HTS_TST	N/A	N/A	N/A	HTS	N/A	N/A
	HTS_TST_POS	N/A	N/A	N/A			
	TX_NEW	N/A	N/A	N/A	C&T	$306,486	100%
	TX_CURR	N/A	N/A	N/A			
	VMMC_CIRC	N/A	N/A	N/A	PREV: CIRC	N/A	N/A
	OVC_SERV	N/A	N/A	N/A	SE for OVC	N/A	N/A
					Above Site Programs	N/A	
					Program Management	$44,141	
State/AF	HTS_TST	N/A	N/A	N/A	HTS	$70,915	100%
	HTS_TST_POS	N/A	N/A	N/A			
	TX_NEW	N/A	N/A	N/A	C&T	$1,662,434	100%
	TX_CURR	N/A	N/A	N/A			
	VMMC_CIRC	N/A	N/A	N/A	PREV: CIRC	N/A	N/A
	OVC_SERV	N/A	N/A	N/A	SE for OVC	N/A	N/A
					Above Site Programs	N/A	
					Program Management	$2,450	

COP 2017/ FY 2018 Performance

Overall Observations

OU

- PEPFAR Malawi showed strong performance on prevention activities, particularly support for AGYW, OVC and key populations. There was a 44% increase in VMMC conducted over FY 2017. However, performance on GBV was very disappointing.
- EMRS rollout has been slower than expected, but is on track to be completed in 2019.

Partners

- Following quarter after quarter of poor performance, we commend the interagency decision to take action and remove Right to Care (EQUIP) as a prime, designating new prime partners in COP 18, as well as to make shifts in agency coverage.
- The Lilongwe-based Lighthouse mechanism demonstrated strong results across the clinical cascade in FY18, exceeding targets on many indicators. The performance of the Blantyre-based Lighthouse mechanism was uneven.
- Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) was allocated a high proportion of the OU targets but has fallen short in achieving them, threatening program performance. For example, EGPAF achieved just 52% of its new on treatment target, which represented 40% of the total FY18 TX_NEW target for the PEPFAR Malawi program.
- PCI, funded by DOD, has historically underperformed, and five years after we embarked on a strategy to control the epidemic in Malawi by 2020, it has continued to show disappointing results.

Expenditures

- While at the OU level Malawi under-outlayed, 11 mechanisms over-outlayed beyond their approved COP 17 funding levels. The majority of these outlays were from prior COP year funds however as we are in a steady state funding to partners often that would be that partner should significantly under-outlay within another reporting cycle to ensure accountability. In many cases these over outlaying partners consistently over outlay year over year, and this needs to be corrected.

First 90

OU Performance

- In FY18, PEPFAR Malawi continued to substantially underperform on finding new HIV positives, meeting 69% of its target. Performance in acceleration districts fell short as compared to performance in scale-up districts (63% vs. 102% of targets achieved). Facility based testing expenditures were significantly higher than those for community based testing.

Partner Performance

- While awaiting policy shifts, almost all facility-based partners over-tested—especially among women and via PITC—to reach targets. This strategy predictably did not work and yields declined among all populations. Identifying HIV positive men and pediatrics

remained a challenge, although testing on a pilot basis using voluntary partner-assisted notification (VAPN), a testing approach modeled around index testing, showed promise for reaching PLHIV among these populations.

  - At the OU-level, all major facility based-partners except PCI reached 70% or higher of their target for new positives; however Lighthouse, EQUIP, and Baylor significantly over-tested to reach these results, exceeding their targets by 166%, 153% and 133%.

- Partner performance against targets was lower in the 5.5 acceleration districts, particularly in Blantyre, where EGPAF achieved just 55% of its FY18 target of 30,699 new positives and Lighthouse just 31% of its target of 10,279 new positives. Among community-based partners, over-testing was much less prevalent. One Community and PSI achieved 116% and 98% of their targets. Jhpiego achieved just 57% of its new positives target.

Second 90

OU Performance

- Due to low achievement in finding new HIV positives, PEPFAR Malawi also fell short in reaching its second "90" target, achieving 64% of the target for patients newly initiated on treatment. Once again, performance on this indicator was lower in the 5.5 acceleration districts, where only 53% of TX_NEW targets were achieved.
- PEPFAR Malawi achieved 93% of its target for retaining patients on treatment. However FY2018 performance pointed to troubling trends with regard to pediatrics, with gaps in EID and linkage of infants to ART.
- Results showed high TB testing among presumptive patients. TPT scale up has been excellent, with 92 percent of the target achieved, but low TPT uptake in pediatrics should be addressed.

Partner Performance

- Lighthouse stood out as the only facility based partner with high performance on patients newly initiated on treatment, meeting 84% of its target. EQUIP, Baylor, EGPAF, and PCI fell short by 68%, 56%, 52%, and 36% respectively.
- In Blantyre, EGPAF achieved just 38% of its target of patients newly initiated on treatment. This is concerning given that EGPAF's target in Blantyre represents 22% of the entire FY18 new on treatment target for PEPFAR Malawi.
- All partners are exceeding targets on PMTCT.

Third 90

OU Performance

- PEPFAR Malawi demonstrated an overall viral load suppression rate of 86%, which is commendable, but falls short of the goal of 90%. Declines were seen in the pediatric age group, with only 52% virally suppressed as compared to 58% in 2016.
- Although PEPFAR Malawi increased viral load testing coverage compared to last year (41% vs. 33%), it remained low. This is likely impacted by the GOM viral load schedule

of 24 months. The team is encouraged to increase testing coverage to at least 90% of all pediatric and adult patients currently on treatment.

Partner Performance

- All major partners achieved viral suppression rates above 80%.

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 Malawi:

Indicator	Pediatric (<15) Treatment Target	Adult Men (15+) Treatment Target	Adult Women (15+) Treatment Target	Treatment Target Total[a]
COP 18 (FY 19 Targets)				
TX_NEW (New on Treatment)	6,449	67,089	62,429	135,967
TX_CURR (Current on Treatment)	78,201	336,541	558,466	973,208
TB_PREV	N/A	N/A	N/A	236,604
VMMC_CIRC	N/A	N/A	N/A	145,035
COP 19 (FY 20 Targets)				
TX_NEW (New on Treatment)	3,660	42,845	27,799	74,304
TX_CURR (Current on Treatment)	73,210	362,559	555,973	991,742
TB_PREV	N/A	N/A	N/A	15,057
VMMC_CIRC		105,600 (minimum)		160,000
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. Malawi should consider has they move to Epidemic Control how they can exceed these minimum requirements.

- TX_CURR: TX_CURR targets were generated to move Malawi to 95-95-95 at the country-level based on preliminary 2018 PLHIV estimates and ART coverage estimates. In order to achieve this target, the team needs accurate reporting and minimization of loss and mortality.
- TB_PREV: Targets for TB_PREV were calculated using the 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.
- VMMC_CIRC: Targets for VMMC were developed based on current coverage, past performance, and available funding for prevention activities.

Overall, progress by the team is strong, particularly taking into account the numerous policy challenges it has faced. However, a concern is that while PEPFAR Malawi will quickly approach epidemic control through higher achievement of its first 90 target, continuing and deepening problems with data disaggregation and reporting will result in a failure to see this progress reflected in national and PEPFAR systems. This is an especially critical problem for the country, as Malawi must demonstrate epidemic control by 2020. Lack of disaggregation by age and sex at the district level will also hinder the team's ability to reach epidemic control by identifying the remaining geographic hot spots and populations among which PLHIV remain untreated and not virally suppressed. Renewed partnership and engagement with the government to encourage the collection of age and sex disaggregated data will be essential.

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 Malawi's budget.

Table 8. Minimum Requirements

Minimum Requirement	Specific Guidance
1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	Malawi adopted Test and Start in 2016. With this policy, PEPFAR supported health facilities to ensure newly identified positives are escorted to the ART clinic. As a result, proxy linkage rates are >90%, and 90% of those who start treatment enroll on the same day. In COP 19, these good practices should continue.
2. Adoption and implementation of differentiated service delivery models, including six month multi-month scripting	DSD models have been rolled out for all patients, but COP 19 should prioritize implementation with fidelity. We would like

(MMS) and delivery models to improve identification and ARV coverage of men and adolescents.	to learn how the 70% MMS figure was determined to show where Malawi ranks. In addition, the team should address why so much was spent on "non-service delivery" for clinical services.
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 rolled out, but is on track for 2019. Current rollout plan for TLD does not include children <10 or women of childbearing age, so COP 19 should prioritize expansion to these populations.
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.	An addendum to the ART guidelines unlocked self-testing and active index testing as of December 7, according to the team. However, PEPFAR Malawi will need to work closely with the MOH to ensure full implementation and rapid scale up. Team should clarify where we are allowed to scale up index testing. What partners are actually doing it, and where? Team should also address why testing spikes in Q2-Q3 and hits a low in Q1 of every year and how to leverage those patterns. Targeted efforts will be necessary to reach men and youth through these modalities. Early results from VAPN pilot studies show that challenges exist with regard to reaching elicited contacts with testing services and identifying sexual contacts. As this policy is scaled, careful attention must be given to provide adequate training to providers to ensure this modality results in expected yields. Scale-up will be accelerated by increased interagency collaboration to share lessons and develop a standard report to measure progress. Index testing has proved to be rich ground for identifying pediatrics and we want to see the team be deliberate about changing results for undiagnosed peds. Team must improve testing of FSW and MSM that are reached.

5. TB preventive treatment (TPT) for all PLHIVs must be scaled-up as an integral and routine part of the HIV clinical care package.	This policy has been adopted for PLHIV in the 5.5 selected priority districts. Rollout to other districts has been limited by resource constraints. While Malawi is moving in the right direction on TPT, poor uptake of TPT for <15 should not be ignored in COP 19.
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.	While it is our understanding that user fees are prohibited, we would want to learn if fees related to non-HIV services impact retention in care of PLHIV clients in Malawi.
8. Completion of VL/EID optimization activities and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups.	Need significant increase in VL testing and suppression across age bands. Pediatric retention on treatment, and VL suppression continues to be a key challenge.
9. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	PEPFAR teams in general should work within active public health surveillance systems to collect data on subpopulation morbidity and mortality indicators.
10. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on adolescent girls in high HIV-burden areas, 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV, and children and adolescents living with HIV who require socioeconomic support, including integrated case management.	Team must improve GBV performance. DREAMS resources to achieve this objective will be important, and specific plans to place VACs and other GBV data in front of political leadership should be considered.
11. Evidence of resource commitments by host governments with year after year increases.	The team should include this in the plans for COP19.
12. Clear evidence of agency progress toward local, indigenous partner prime funding.	COP 19 provides some unique opportunities to strategize on smart approaches to link important interventions with local, indigenous partner prime funding. Government access, oversight and analysis of use of the data generated from the EMRS platform; OVC and DREAMS programs; and commodities consumption and other data are amongst the key areas we want government to be able to analyze.
13. Scale up of unique identifier for patients across all sites.	Through co-investment on national identification with UNDP, this should continue

	to be prioritized and completed in COP 19. EMRS uses unique identifiers through health passports.

Table 9. Other Requirements

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

Requirement	Specific Guidance
1. Viral load management: Country policy updated and population specific directives.	Engage the government of Malawi to shift to yearly viral load testing. While PEPFAR Malawi performed well on linkage and retaining patients on treatment, rapid scale up will be required to meet 90% ART coverage, particularly for younger men and pediatrics. While performance on viral suppression is high, low coverage of viral load testing (41% of patients currently on treatment) needs to be improved through rapid scale up. This as previously mentioned is hindered by the GOM viral load schedule of 24 months. Declines in viral load suppression among pediatrics should be urgently addressed through scale up of optimal ART regimens and VL tests in children and adolescents. Teen clubs show great promise for treatment initiation and adherence, and should be implemented more widely. Additionally, efforts should be undertaken to allow for the disaggregation of pregnant and breastfeeding women, as many HIV transmission occur among these populations when not virally suppressed.
2. Screen better and test smarter: Stop over-testing.	Optimize testing to target patients who are at risk of HIV and decrease over-testing. Shift testing resources away from Other PITC and older women to index testing and self-testing targeting men and youths. In particular, the team should strive to improve case finding in acceleration districts.

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 Malawi is 15,057, 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, $84,319.20 will be budgeted for TPT commodities.

DREAMS

Malawi is allocated $7,017,740 funding for DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) programming in COP 2019, of which, $3,738,279 of your COP 19 HVAB budget code needs to be part of your DREAMS programming. This funding is allocated within your COP 2019 planning level and must be used exclusively for the goal of HIV Prevention among adolescent girls and young women (AGYW) in DREAMS SNUs in accordance with all DREAMS and COP 2019 Guidance. All new funding allocated to AGYW prevention programming, including DREAMS, must be allocated to the AGYW Prevention cross-cutting budget code.

PEPFAR Malawi should work with implementing partners to improve layering by ensuring that the full DREAMS core package is offered to DREAMS recipients who are engaging in transactional sex and/or sex work. Efforts should include more intensive monitoring and partner management to support the practice of active linkages, rather than passive referrals across all partners. The team should begin moving PrEP for AGYW from a pilot project to broader implementation. In addition, the team should accelerate and finalize a tracking system for layering. A time line for standing up the system and when the team will be able to report on AGYW_PREV should be included in the COP submission. Finally, the team should ensure that community mobilization and norms change is included as part of their DREAMS package of interventions, and that it is evidence-based and in accordance with all DREAMS and COP 2019 Guidance.

VMMC

Malawi is allocated $18,223,700 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.

Malawi's total VMMC target for COP 2019 is 160,000 and a minimum of 105,600 circumcisions should be done in men over age 14.

Malawi COP19					
Target	Total $	VMMC coverage 15-24	VMMC coverage 15-49	Minimum % 15+	Minimum VMMC in 15+
160,000	$18,223,700	29	28	66	105,600

Cervical Cancer Screening and Treatment:

Alongside COP 2018, Malawi was allocated a total of $5,409,699 in two-year Central Funds for Cervical Cancer Screening and Treatment programming. These Central Funds were provided in order to reduce morbidity and mortality of women on ART in Malawi by increasing the screening of HIV positive women for cervical cancer and the treatment for pre-invasive cervical lesions. The COP 2019 target for screening HIV positive women for cervical cancer is 101,451 calculated as 50% of women 25-49 on treatment per the number of women on ART for the 25-49 year old age band in Malawi at the end of COP 2017 / FY 2018 implementation period.

Addressing Gaps in Epidemic Control, including by Enhancing Engagement with Faith Communities

You have been selected as one of the countries to receive Central support through the FBO and Community Initiative in the amount of $14.0 million, in order to accomplish these priority activities, as identified per the FBO TDY visits.

Of this total, USAID will receive $ 6,394,950, CDC will receive $7,105,050, and DOD will receive $500,000. These funds are to be used to engage those who work in high burden areas (including informal settlements) with faith communities, such as local faith-based and traditional networks, local faith-based and traditional organizations, as well faith and traditional leaders. Of this total, 50% should be invested in case-finding for young adult men, adolescents, and children living with HIV; and 50% should be invested in the primary prevention of sexual violence and HIV among children ages 9-14 year olds.

The case-finding investments should include the development and/or adaptation and dissemination of new messaging about HIV testing, linkage, and retention (e.g., Test & Start, U=U); building capacity among local faith leaders and faith organizations to create demand for and use of HIV self-tests, along with procurement and targeted distribution of HIV self-tests, engaging champions in faith communities to strengthen linkage and adherence support; and programming on basic HIV education and stigma reduction; ; and convening key stakeholders to facilitate sharing solutions.

The investments in primary prevention of sexual violence and HIV should include raising awareness among faith and traditional leadership about sexual violence and HIV risk faced by 9-14 year olds; using national-to-local infrastructures to train faith leaders in targeted implementation of evidence-based approaches within faith community infrastructures, including youth, parenting, and men's religious programing, with a focus on community mobilization, changing norms and parenting/caregiver programs (these programs include Families Matter, Parenting for Lifelong Health, Real Fathers, Coaching Boys Into Men, and SASA! Faith); and engaging in child safeguarding policy development and implementation through faith and traditional community structures, assuring inclusion of the contextualized process for accessing health, legal, and social protection referrals.

Some Faith and Community partners support both HIV case-finding/linkage/retention and prevention of sexual violence and HIV risk among ages 9-14 years; in these cases, it may be possible to engage in comprehensive prevention and care by supporting both key FBO priorities.

Any further instructions or questions can be addressed by Chair and PRM.

<u>Other technical and programmatic priorities for Malawi:</u>

- First 90:
    - Partners must reach at least 90 percent of the first 90 OU goals to ensure epidemic control by 2020 is attained.
    - In FY18, partners underperformed on finding new HIV positives, meeting only 69% of the OU target. Overall viral load suppression (86%) fell short of the target of 90%.
    - We expect that unlocking self-testing and index testing policies should allow for improved results.
    - The team will need to work closely with the Government of Malawi to ensure that these interventions are implemented and rapidly scaled up at all sites.
- Partner performance:
    - IMs overspent by large magnitudes on HTS to meet HTS_POS targets. Given the aforementioned policy shifts unlocking higher-yield testing strategies, in COP19 such over-outlays should not be incurred.
    - Months of partner testing budgets must be withheld to ensure that the partners are on target to meet the OU first 90 target.
- Underperforming partners:
    - Partner management has showed good results, and it is encouraging that Right to Care (EQUIP), a consistently underperforming partner, was removed as a prime.
    - EGPAF holds a large proportion of OU country targets on key indicators and is underperforming, particularly in acceleration districts. The team should consider whether this partner is overstretched and targets need to be reallocated.
    - PCI needs to be on a performance improvement plan and PEPFAR/Malawi will need a new partner in the next FY if there is not progress at SAPR of COP 18.

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).