United States Department of State

Washington, D.C. 20520

January 16, 2019

INFORMATION MEMO FOR AMBASSADOR W. STUART SYMINGTON, NIGERIA

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

SUBJECT: **FY 2019 PEPFAR Planned Allocation and Strategic Direction**

Subject to COP Development and Approval

We are grateful to you, Ambassador Symington, and your Deputy Chief of Mission, David Young, for your engagement with key governmental and community stakeholders in the planning, review, and implementation of the PEPFAR/Nigeria program. The work of the PEPFAR team and the Front Office in ensuring the NAIIS was conducted with quality and speed is exceptional and must be specifically recognized. We are grateful for your attention to core policy adoption and to holding partners to account for their expenditures and performance. Finally, we are grateful for your PEPFAR staff's ability to work together across agencies to ensure the efficient use of U.S. taxpayer dollars.

The timely completion of data collection in December for the Nigeria AIDS Indicator Impact Survey (NAIIS) offers compelling evidence of your team's impressive technical expertise, interagency collaboration, and program implementation. Moreover, this massive undertaking has yielded essential new data suggesting that the country may be closer to achieving epidemic control than expected. Based on NAIIS estimates, S/GAC is encouraging the team to scale-up programs and services according to the latest epidemiological data that optimize HIV testing (e.g., index partner and self-testing) and prioritize linkage to, and retention in, HIV medical treatment. This will require the team to make difficult decisions to focus solely on those necessary for achieving epidemic control.

Consequently, S/GAC requests that the PEPFAR/Nigeria team: 1) incorporate NAIIS estimates in the planning process to maximize the impact of its finite prevention and treatment resources; 2) refine its case-finding and linkage approaches; 3) decrease attrition from the treatment continuum for persons diagnosed and linked to treatment; 4) scale up viral load coverage and increase viral suppression rates; 5) support the rollout of the nation's new health insurance system to eliminate formal and informal user fees; 6) monitor regularly partner performance; and 7) scrutinize expenditures to ensure that performance and outlays are commensurate. As regards the latter, S/GAC expenditure analyses identified in Appendix 3 several implementing partners that underachieved and had over outlays in 2018 (e.g., HAI, CIHP, CRS). PEPFAR/Nigeria is urged to intensify its partner management activities and remediate performance deficits or replace implementing partners for which performance improvement efforts are ineffective. In addition, increased funding from COP 2018 to COP 2019 will be allocated to, and contingent upon, integrating data from legacy systems into a central data system to include patient management, commodity, and laboratory data.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) total planning level for Nigeria for the 2019 Country Operational Plan (COP 2019) is **$300,000,000** inclusive of all new funding accounts and applied pipeline. At this time it is difficult to define the COP19 budget and we look forward to a dialogue about accelerating toward epidemic control in partnership with the community and the Government of Nigeria and contingent on rapid adoption of core policies to ensure effectiveness of all resources. As part of this funding envelope, S/GAC urges the team to focus on those implementing partners noted in Appendix 3 that have over outlays yet under-performed.

If you have questions about the priorities and guidance laid out in this letter, please contact your Chair and Program Manager. My office is continuously 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 Nigeria.

APPENDICES:

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

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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

TOTAL COP 2019 PLANNING LEVEL: $300,000,000		
Total Base Budget for COP 2018 Implementation		**$ 300,000,000**
Total COP 19 New Funding	$ 247,493,728	
Total Applied Pipeline**	$ 52,506,272	
**Applied pipeline by agency is provided in chart below		

Table 2. Applied Pipeline

Nigeria COP 2019 APPLIED PIPELINE BY AGENCY	
Total Applied Pipeline	**$ 52,505,605**
USAID	$ 38,294,272
DoD	$ 1,704,808
HHS/CDC	$ 12,037,459
State	$ 169,066
HHS/HRSA	$ 300,000

***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 $300,000,000.

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APPENDIX 2: COP 2019 BUDGETARY REQUIREMENTS

Table 3. COP 2019 Earmarks

Nigeria COP 2019 EARMARK REQUIREMENTS	
Care and Treatment (C&T)	**$ 150,971,174**
% of base funds allocated to C&T	*61%*
HKID	**$ 34,649,122**
Gender Based Violence (GBV)	**$ 6,746,055**
Water	**$ 437,000**

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 61% of all **new FY 2019 Base Funds** to care and treatment of people living with HIV.

HKID Requirement: Nigeria'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): Nigeria'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: Nigeria'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

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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 Nigeria 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 Nigeria 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 $52,506,272 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 Nigeria 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.

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APPENDIX 3: PAST PERFORMANCE TRENDS

Table 4. COP 2017/ FY 2018 Outlays versus Approved Budget

	Sum of Approved COP 2017 Planning Level	Sum of Total FY 2018 Outlays	Sum of Over/Under Outlays
Nigeria	**$397,214,281**	**$361,072,397**	**$(36,141,637)**
DOD	$11,987,274	$8,774,705	$(3,212,569)
HHS	$122,999,302	$114,142,314	$(8,856,988)
State	$1,058,100	$(1,169,193)	$(2,272,293)
USAID	$261,169,605	$239,824,571	$(21,345,034)
Grand Total	**$397,214,281**	**$361,072,397**	**$(36,141,637)**

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

Nigeria's total FY 2018 outlay level of $361,072,397 is below your approved spend level of $397,214,281 (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	Mechanism Name	Prime Partner	Funding Agency	COP17/FY18 Budget (New + Pipeline)	Actual FY18 Outlays ($)	Over/Under FY18 Outlays
10004	APHL's Partnership with HHS/CDC to assist PEPFAR Build Quality Laboratory Capacity_799	Association of Public Health Laboratories	HHS/CDC	$100,000	$259,568	$159,568
17734	Challenge TB	KNCV Tuberculosis Foundation	USAID	-	$550,270	$550,270
17735	SHiPS for MARPs	Society for Family Health-Nigeria	USAID	-	$850,660	$850,660
18648	Maternal and Child Survival Program (MCSP)	JHPIEGO	USAID	$400,000	$550,000	$150,000

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Table 6. COP 2017/ FY 2018 Results versus Targets*

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

Agency	Indicator	FY18 Target	FY18 Result	% Achievement	Program Classification	FY18 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	3,743,180	5,182,904	138%	HTS	$ 12,178,520	85%
	HTS_TST_POS	93,311	87,729	94%			
	TX_NEW	83,980	76,822	91%	C&T	$ 41,290,186	79%
	TX_CURR	529,722	491,995	93%			
	VMMC_CIRC	NA	NA	NA	PREV: CIRC	NA	NA
	OVC_SERV	681,018	672,005	99%	SE for OVC	$ 12,558,636	85%
					Above Site Programs	$ 33,571,334	
					Program Management	$ 25,606,228	
DOD	HTS_TST	86,189	103,980	121%	HTS	$ 433,211	84%
	HTS_TST_POS	4,206	4,391	104%			
	TX_NEW	3,785	3,861	102%	C&T	$ 3,086,776	74%
	TX_CURR	30,263	30,101	99%			
	VMMC_CIRC	NA	NA	NA	PREV: CIRC	NA	NA
	OVC_SERV	NA	NA	NA	SE for OVC	NA	NA
					Above Site Programs	$ 976,944	
					Program Management	$ 362,326	
USAID	HTS_TST	1,881,690	2,177,246	116%	HTS	$ 15,476,855	92%
	HTS_TST_POS	77,839	69,136	89%			
	TX_NEW	70,055	54,233	77%	C&T	$ 143,463,893	84%
	TX_CURR	311,828	284,998	91%			
	VMMC_CIRC	NA	NA	NA	PREV: CIRC	NA	NA
	OVC_SERV	868,532	558,032	64%	SE for OVC	$ 20,187,367	82%
					Above Site Programs	$ 10,095,063	
					Program Management	$ 27,292,259	

COP 2017/ FY 2018 Performance

Overall, PEPFAR/Nigeria under outlaid its COP 2017 Budget by $52.6 million but 8 implementing mechanisms over outlaid by an average of 140%. Most of these over outlays are attributable to closeout costs or billing delays. PEFPAR/Nigeria is commended for its close attention to partner performance and for making real time changes to address gaps in achievement. For example, APIN was identified in the COP 2018 planning level letter as an underperforming IP; its performance has improved over the course of the year. Still other partners (e.g., HJF) have performed well in critical areas and may offer lessons that generalize to other partners. The addition of expenditure reporting tools should facilitate even more constructive discussions with implementing partners.

Thus, the team is encouraged to maintain its continual review of partner performance data and to use these analyses both to identify lessons and innovations for other partners but also to prevent, identify, and intervene in the face of underperformance and over expenditure. As regards the latter, analyses conducted at S/GAC highlight partner results that merit immediate and ongoing attention, including:

- Four implementing partners underperformed against the HIV TST_POS target, including MSH (88%), HAHNHR (78%), FHI 360 (73%), and IHVN (69%). Further, it would appear that select implementing partners (e.g., APIN) are reporting high numbers of index partner tests yet are generating low yields (<6%), suggesting that such testing is not being performed with fidelity (i.e., testing sexually- or parenterally-exposed partners or the biological children of index cases).
- Three implementing partners underperformed against the TX_NEW target – including MSH (75%), FHI 360 (69%), and KNCVTF (62%) – and TX_CURR (viz., HAHNHR, ~60%).
- There is evidence that retention and attrition are major impediments to PEPFAR/Nigeria's achievement of its treatment targets, with an estimated 49% retention rate and loss-to-follow-up of an estimated 215,160 persons diagnosed with HIV infection. Rather than exceeding its HIV testing targets by 31%, greater resource and attention should be directed toward improving partners' capacities to retain and re-engage persons who have been diagnosed with HIV infection and initially linked to treatment. The team is urged to identify those partners that report good results for these indicators (e.g., APIN, MSH) for lessons that may generalize to other partners.
- Achievement toward viral load coverage is notable for select partners (e.g., HJF, 97%), but there is evidence of underperformance for Viral Load Suppression that merits immediate attention for MSH (64%), CIHP (74%), FHI 360 (79%), HJF (83%), HAI (85%), and APIN (86%). The latter is particularly noteworthy among persons younger than 20 years of age.
- Still other areas show evidence of underperformance, particularly in light of expenditures, such as OVC_SERV (CIHP, 29% achievement, 50% outlaid; CRS, 27% achievement, 180% outlaid). PEPFAR/Nigeria is encouraged to implement performance improvement plans to remediate outstanding instances of underperformance.

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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 Nigeria:

Indicator	Pediatric (<15) Treatment Target	Adult Women (15+) Treatment Target	Adult Men (15+) Treatment Target	Treatment Target Total[a]
COP 18 (FY 19 Targets)				
TX_NEW (New on Treatment)	7,698	98,536	44,537	150,771
TX_CURR (Current on Treatment)	45,476	651,476	269,605	966,557
TB_PREV	n/a	n/a	n/a	551,136
COP 19 (FY 20 Targets)				
TX_NEW (New on Treatment)	10,662	137,628	61,930	210,220
TX_CURR (Current on Treatment)	53,864	756,530	318,055	1,128,449
TB_PREV	n/a	n/a	n/a	382,500
National Treatment Coverage				
Treatment Coverage	n/a	n/a	n/a	n/a

[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.
- TX_CURR: TX_CURR targets were generated to move OU towards 95-95-95 at the country-level by continuing to scale current successful programming and increasing programmatic efficiency. Therefore we expect OU to continue to increase TX_CURR by 20% above and beyond COP19 targets.
- TB_PREV: Targets for TB_PREV were calculated using an 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.

Given preliminary NAIIS estimates suggesting that the burden of HIV in Nigeria is less than expected, PEPFAR/Nigeria is urged to shift its program to better address five key priorities. First, the team is urged to use its surveillance data to inform programming and budgeting for activities that permit it to achieve epidemic control for all genders, ages, and risk groups. Second, it should take to scale evidence-informed combination prevention and treatment interventions that optimize available resources. Third, the team should review on a frequent, regular basis its various sources of programmatic, surveillance, and expenditure data to planning, implementation, and monitoring purposes. Fourth, it should fully engage key governmental and civil society stakeholder, as well as other donors, in order to achieve sustained epidemic control. Finally, PEPFAR/Nigeria should renew its commitment to partner and data quality management

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to ensure that its HIV response remains as effective and cost-effective as possible. The team is encouraged to be innovative and to implement strategies that demonstrably increase testing yields using index partner testing, reduce lost-to-follow-up through "recapture" campaigns using data to identify those who have fallen out of care, and other applicable approaches to address unmet needs and to close gaps in the treatment continuum.

COP 2019 Minimum Requirements

All PEPFAR programs – bilateral, regional, and country pairs – are expected to have the following minimum program requirements no later than the beginning of COP19 implementation (FY 2020). Adherence to these policies and practices are essential to the success of all PEPFAR programs at the national, subnational, community, and service delivery levels. Evidence demonstrates that lack of any one of these policies/practices significantly undermines progress to reaching epidemic control and results in inefficient and ineffective programs. Failure to meet any of these requirements by FY 2020 will result in reductions to the Nigeria budget.

Table 8. Minimum Requirements

Minimum Requirement	OU Specific Guidance
1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	Nigeria has adopted a Test & Start policy at all PEPFAR sites which has led to 50% of all new positives initiated on treatment same day. The team should scale up the immediate initiation of ART for all persons newly diagnosed with HIV infection.
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.	The team should implement DSD approaches in all sites that include, by the end of the year, a minimum of 6-month ART delivery for stable patients, as well as other strategies to ensure ART coverage and utilization by men and persons 25 or younger.
3. Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	The team should continue to use remaining TLE stock and complete its TLD transition in COP19.
4. Scale up of Index testing and self-testing, and enhanced pediatric and adolescent case finding, ensuring consent procedures and confidentiality are protected and monitoring of intimate partner violence (IPV) is established.	The team should scale up index partner testing and self-testing to maximize case-finding and optimize the cost per positive.
5. TB preventive treatment (TPT) for all PLHIVs must be scaled-up as an integral and routine part of the HIV clinical care package.	Team should continue to scale TB preventative therapy for all eligible PLHIV and TB_PREV targets should reflect TPT as routine part of clinical cascade.

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6. Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	Team should continue to initiate clients same day and COP19 IP work plans need to reflect fidelity to this minimum requirement. Special attention should be paid to linkage in the 10-14 age bands and AGYW.
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.	Team should continue to work with state and local governments as well as key stakeholders to extend HIV services to lower income residents through domestic resource mobilization and the social health insurance scheme, thus reimbursing the client for the operational costs associated with a clinic visit.
8. Completion of VL/EID optimization activities and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups.	The team should maintain its scale-up of VL/EID coverage, particularly for those persons 20 years or younger.
9. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	PEPFAR/Nigeria team should establish an active public health surveillance system capable of identifying new outbreaks as they develop and accurately track quality of care and 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.	PEPFAR/Nigeria should maintain its year-on-year improvement of testing and linking eligible OVC (0-17) and continue to monitor its OVC transition.
11. Evidence of resource commitments by host governments with year after year increases.	The team should work with GoN to increase domestic resources to eliminate user fees and increase access to HIV prevention and treatment services for all persons.
12. Clear evidence of agency progress toward local, indigenous partner prime funding.	Each agency should work with their headquarters team to ensure an increase of local and indigenous partners in COP19 and work toward a timeline for progress in future FYs.
13. Scale up of unique identifier for patients across all sites.	The team should utilize patient biometric solutions (PBS) at all PEPFAR sites where patients are enrolled on ART and encourage all comprehensive partners to utilize EMR and PBS.

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Table 9. Other Requirements

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

Requirement	OU Specific Guidance
1. Viral load management: Country policy updated.	Continue to develop a national strategic plan for scale-up of viral load access for patients at PEPFAR supported sites.
2. Screen better and test smarter: Stop over-testing.	Policy of optimized testing that targets patients who are at risk of HIV, including focus on index testing should be adopted by the start of COP19.

COP 2019 Technical Priorities for Nigeria

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 OU is 382,500, 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, $2,142,000 will be budgeted for TPT commodities.

Cervical Cancer Screening and Treatment

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

Other Technical and Programmatic Priorities for Nigeria

As previously mentioned, the following items are top priorities for COP 2019:

- Incorporate Nigeria AIDS Indicator & Impact Survey (NAIIS) estimates into COP 2019 planning shifting the current program as indicated.
- Refine case-finding and linkage strategies to decrease inefficient case-finding and reduce LTFU (<25 y/o).
- Accelerate efforts to stem attrition at provider, patient, and facility levels.
- Scale-up viral load coverage and increase suppression rates (e.g., <19 y/o).

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- Optimize partner management to improve performance and sustainability, planning to shift namely to local partners.
- Accelerate TLD transition, ensuring access for women of all ages, focusing on women of reproductive age.
- Complete a site level analysis to determine which sites are consistently yielding <5 positives on a quarterly basis and begin to transition out of these sites.

COP 2019 Stakeholder Engagement

Sustained control of the HIV/AIDS epidemic necessitates that PEPFAR teams actively and routinely coordinate and communicate with all partners, including local, regional and international civil society and community stakeholders, multilateral partners and the host country government. With your leadership, PEPFAR is leading the way in facilitating transparent processes and in sharing data and results. Continued meaningful engagement with these groups throughout the development and implementation of COP 2019 remains a requirement for all PEPFAR programs, and as such the COP 2019 process will engage with stakeholders early and frequently. This engagement specifically includes the sharing of FY 2018 Q4 and FY 2018 APR results and analyses and the convening of an in-country planning retreat with local stakeholders no later than the week of January 28, 2019 in order to introduce and discuss all COP 2019 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP 2019. In February, initial COP tools will be submitted to S/GAC for review and feedback. S/GAC will provide feedback prior to the in-person meetings in March and April, and teams should reflect the feedback with their revised submissions. It is critical that meaningful involvement of civil society and community input is solicited and incorporated in every step of the process. In alignment with sustained control of the epidemic, the intentional outreach and inclusion throughout this process of civil society and community organizations that directly work with key and priority populations should be a priority of the PEPFAR field team.

In March and April 2019, PEPFAR will convene in-person meetings in Johannesburg, South Africa, Bangkok, Thailand, and Washington, DC where outstanding decisions will be discussed and finalized. In addition to host-country representatives, the meetings will also include representatives from local and international civil society and community organizations and multilateral partners. Engagement with all stakeholders is required beyond the meetings and throughout the COP 2019 development and finalization process. As in COP 2018, the draft Strategic Direction Summary (SDS) and Data Pack are required to be shared with stakeholders for their input and comments at least 72 hours prior to submission of these materials to the Embassy Front Office. Please refer to the COP 2019 Guidance for a full list of requirements and engagement timelines (Section 2.5.3).

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