



January 16, 2019

**INFORMATION MEMO FOR AMBASSADOR THOMAS HUSHEK, SOUTH SUDAN**

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

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

We are grateful to you, Ambassador Hushek, and your Deputy Chief of Mission, for your engagement in planning, review and implementation, and with the community and Government to enhance PEPFAR program impact. We are grateful for your attention to core policy adoption and holding partners to account and performance for improved outcomes and greater impact. Finally, we are grateful to your incredible PEPFAR staff in country, working together across agencies to ensure the most effective and efficient use of taxpayer dollars.

Despite operating in a challenging environment, the PEPFAR/South Sudan Team continues to achieve impressive results and we are grateful to the Team's dedication and the implementing partner's persistence. During FY 2018, the Team identified 10,426 people living with HIV (PLHIV) - a 25% increase from FY 2017; and started 8,989 new patients on treatment, bringing the total current number of people on treatment to 24,521. Additionally, the Team exceeded their targets for preventing mother to child transmission (PMTCT), and male circumcision (VMMC). By the end of FY 2018, 51,956 pregnant women knew their HIV status, 2,801 HIV-positive pregnant women were started on anti-retroviral treatment (ART); and 814 men received circumcision services under the new VMMC program. The Team also increased the number of orphans and vulnerable children (OVC) reached totaling 1,721. Further, there was a drastic scale up in viral load (VL) coverage from FY 2017 following the addition of a VL machine at the National Public Health Laboratory and the Team's aggressive expansion in the number of sites doing VL sample collection. We commend the South Sudan Team for these achievements.

While the PEPFAR/South Sudan program has made great strides over the past fiscal year, successes are not shared evenly across all agencies, implementing partners, or sites. Key programmatic and policy areas require further improvement in order to realize epidemic control. The Team continues to experience significant challenges with retention; particularly among younger age cohorts and men, which has challenged the program's ability to build upon successes it has had in case identification and linkage. More work is also needed in the policy environment to remove barriers for key populations, ensure a quicker transition to TLD as the first line treatment regimen, and increase access to self-testing for harder to reach populations. Lastly, PEPFAR/South Sudan should consider consolidating international partners to reduce high management costs and free-up funding for data driven interventions and program needs. Additional details regarding COP 2019 recommendations can be found in appendices 3 and 4. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) total planning level for South

Sudan for the 2019 Country Operational Plan (COP 2019) is **\$20,000,000**, inclusive of all new funding accounts and applied pipeline.

If you have questions about the priorities and guidance laid out in this letter, please contact your Chair, Angeli Achrekar, and Program Manager, Elizabeth Baldwin. My office is continually grateful for your Team's work on the PEPFAR program, helping us to move towards controlling the HIV epidemic in South Sudan.

**APPENDICES:**

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

*Subject to COP Development and Approval*

## 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 \*\***

South Sudan	
TOTAL COP 2019 PLANNING LEVEL: \$20,000,000	
Total Base Budget for COP 2019 Implementation	\$ 20,000,000
Total COP 19 New Funding	\$ 12,196,580
of which, VMNC	\$ -
of which, DREAMS	\$ -
Total Applied Pipeline	\$ 7,803,420

*\*Funding for the VMNC program must be at least the amount noted here; however, this total can come from both new and applied pipeline funds.*

*\*\*Applied pipeline by agency is provided in below chart*

**Table 2. Applied Pipeline \*\***

SOUTH SUDAN	
COP 2019 Applied Pipeline By Agency	
Total Applied Pipeline	\$ 7,803,420
HHS/CDC	\$ 3,580,146
DOD	\$ 991,010
USAID	\$ 3,232,264

*\*\*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 \$20,000,000.

## APPENDIX 2: COP 2019 BUDGETARY REQUIREMENTS

### COP 2019 Earmarks

Table 3. COP 2019 Earmarks

South Sudan COP 2019 EARMARK REQUIREMENTS	
Care and Treatment (C&T)	\$ 6,342,222
<i>% of base funds allocated to C&amp;T</i>	<i>52%</i>
HKID	\$ 365,897
Gender Based Violence (GBV)	\$ -
Water	\$ -

Care and Treatment: If there is no adjustment to the COP 2019 new funding level due to an adjustment in applied pipeline, South Sudan'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 52% of all **new FY 2019 Base Funds** to care and treatment of people living with HIV.

HKID Requirement: South Sudan'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): South Sudan'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: South Sudan'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.

### **COP 2019 Applied Pipeline**

All agencies in South Sudan should hold a 4 month pipeline at the end of COP 2019 implementation in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. Any agency that anticipates ending COP 2018 implementation (end of FY 2019) with a pipeline in excess of 4 months is required to apply this excessive pipeline to COP 2019, decreasing the new funding amount to stay within the planning level.

The Applied Pipeline amount of \$7,803,420 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 South Sudan 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.

Subject to COP Development and Approval

### 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
<b>South Sudan</b>	<b>\$ 21,528,304</b>	<b>\$ 23,014,082</b>	<b>\$ 1,485,778</b>
DOD	\$ 1,442,035	\$ 1,307,147	\$ (134,888)
HHS/CDC	\$ 12,386,781	\$ 12,421,940	\$ 35,159
USAID	\$ 7,699,488	\$ 9,284,995	\$ 1,585,507
<b>Grand Total</b>	<b>\$ 21,528,304</b>	<b>\$ 23,014,082</b>	<b>\$ 1,485,778</b>

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

South Sudan's total FY 2018 outlay level of \$23,014,082 is over your approved spend level of \$21,528,304 (COP 2017 budget). Within this total, USAID and CDC spent above their approved FY 2018 budgets and DOD spent below their approved level. The following Implementing Mechanisms also outlaid at least 125% in excess of their COP17 approved planning level.

**Table 5. IP FY18 Outlays \*\***

\*\* This table was based off the FY18 EOFY submissions, but edited to reflect OPU's as of January 15th, 2019. 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 funding + Pipeline)	Actual FY18 Outlays (\$)	Over/Under FY18 Outlays (Actual \$ - Total COP17 Budget \$)
17701	International Center for AIDS Care and Treatment Programs, Columbia University	International Center for AIDS Care and Treatment Programs, Columbia University	HHS/CDC	\$ 3,203,581	\$ 4,006,831	\$ 803,250
17713	Linkages	FHI 360	USAID	\$ 454,435	\$ 2,081,397	\$ 1,626,962

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

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

Agency	Indicator	FY18 Target	FY18 Result	% Achievement	Program Classification	FY18 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	147,261	250,914	170%	HTS	\$ 2,037,447	53%
	HTS_TST_POS	8,234	7,257	88%			
	TX_NEW	9,664	6,509	67%	C&T	\$ 2,396,168	40%
	TX_CURR	26,346	20,297	77%			
	VMMC_CIRC	N/A					
	OVC_SERV	N/A					
					Above Site Programs	\$1,891,047	
				Program Management	\$3,724,704		
DOD	HTS_TST	20,359	23,003	113%	HTS	\$ 124,536	100%
	HTS_TST_POS	1,602	1,110	69%			
	TX_NEW	1,456	808	55%	C&T	\$ 448,052	100%
	TX_CURR	2,272	1,022	45%			
	VMMC_CIRC	750	814	109%	PREV: CIRC		
	OVC_SERV	N/A					
					Above Site Programs		
				Program Management	\$296,642		
USAID	HTS_TST	60,893	44,359	73%	HTS	\$ 1,443,544	100%
	HTS_TST_POS	2,306	2,053	89%			
	TX_NEW	717	1,763	246%	C&T	\$ 2,136,060	94%
	TX_CURR	1,682	3,106	185%			
	VMMC_CIRC	N/A					
	OVC_SERV	2,402	1,721	72%	SE for OVC	\$ 262,795	51%
					Above Site Programs	\$625,819	
				Program Management	\$1,332,220		

**COP 2017/ FY 2018 Performance**

Overall

- PEPFAR/South Sudan has made progress in meeting or exceeding targets for key indicators, following a reduction in targets from FY 2017.
- The program is exceeding its testing targets (HTS\_TST at 139%) but underachieving in HTS\_TST\_POS at 86%.

- While progress has been made from FY 2017 to FY 2018 in increasing the number of people on treatment, the program is not on track to achieve its TX\_NEW targets and is losing a large number of patients from treatment. Retention continues to be a significant area of concern.
- The results against targets vary across agencies.
  - While DOD has increased results from FY 2017, the percent achievement remains low across most key indicators (HTS\_TST\_POS at 69%, TX\_NEW at 55%, TX\_CURR at 45%), except for PREV\_CIRC.
  - HHS/CDC results contribute to the bulk of care and treatment gains, though there is significant underachievement in TX\_NEW (67%) and TX-CURR (78%).
  - USAID accounts for the largest reduction in care and treatment targets from FY 2017 to FY 2018, reduced by half or more, and is on track to meeting or exceeding these reduced targets, but careful attention must be paid to outlays and performance.

#### 1st 90 (Testing, Case Identification)

- HTS\_TST
  - Majority of testing is occurring through Other PITC and VCT, with yields at 3% and 4%, respectively.
  - Index testing has increased from prior year, yet both volume (at 4,078) and yield (at 4%) remains low.
    - More female index clients tested than male.
    - IHI and CMMB have the largest increase in number of index tests completed but lowest yields.
    - RTI, JHPIEGO, and ICAP have highest yields, with room for improvement, but have further to go in scaling index testing.
- HTS\_TST\_POS
  - Upward trend from 2017 to 2018, but underachievement across all agencies.
    - CDC has the bulk of the targets and largest gains at 7,263 individuals diagnosed as HIV positive.
  - ICAP and JHPIEGO are the highest performing partners with the largest share of targets, achieving 131% and 98% of their HTS\_TST\_POS targets.
  - LINKAGES (60%) and IHI (48%) are the lowest performing partners.
  - IHI and CMMB have the largest targets of the lower performers. Collectively, their targets account for 40% of the total with only 26% achievement.

#### 2<sup>nd</sup> 90 (Linkage to TX, New on TX, and TX retention)

- Linkage & TX\_NEW
  - Linkage rate up from FY 2017 at > 80% in FY 2018.
  - Slightly lower linkage rates among men, but similar rates across age bands with higher disease burden.
  - Despite underachievement in TX\_NEW at 76%, upward trend from 2017.

- Retention
  - Significant challenges in retaining PLHIV on TX.
  - Only at 40% of NET\_NEW that's need in order to achieve the TX\_NEW target.
  - As a percentage, the program is losing more men than women; in volume more women than men.
  - CDC/ICAP has the largest loss, but highest volume of patients on TX.
  - ICAP sites with largest loss: Juba Teaching Hospital & Mary Immaculate.
- 3<sup>rd</sup> 90 (Viral Suppression)
  - Significant increase in VL coverage from FY 2017 (over 600% increase).
  - VL suppression at 86% (of those who receive results) but varies by population.
    - Suppression is slightly lower for men than women and for pediatrics.

Subject to COP Development and Approval

## APPENDIX 4: COP 2019 DIRECTIVES

### COP 2019 (FY 2020) Targets

**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 South Sudan:

Indicator	Pediatric (<15) Treatment Target	Adult Men (15+) Treatment Target	Adult Women (15+) Treatment Target	Treatment Target Total <sup>a</sup>
<b>COP 18 (FY 19 Targets)</b>				
TX_NEW (New on Treatment)	1,016	7,393	9,144	17,553
TX_CURR (Current on Treatment)	2,037	15,862	23,940	41,839
TB_PREV	N/A	N/A	N/A	2,109
VMMC_CIRC	N/A	N/A	N/A	N/A
<b>COP 19 (FY 20 Targets)</b>				
TX_NEW (New on Treatment)	647	4,520	7,769	12,936
TX_CURR (Current on Treatment)	2,582	19,589	30,512	52,683
TB_PREV	N/A	N/A	N/A	2702
VMMC_CIRC	N/A	N/A	N/A	N/A

<sup>a</sup>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. [NB: this is the algorithm that the DataPack uses to calculate TX\_NEW].
- **TX\_CURR:** TX\_CURR targets were generated to move South Sudan towards 95-95-95 at the country-level by continuing to scale current successful programming and increasing programmatic efficiency. Therefore, we expect South Sudan 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.
- **VMMC\_CIRC:** Targets for VMMC were developed based on current coverage, past performance, and available funding for prevention activities.

The focus for PEPFAR/South Sudan for COP 2019 is to continue to scale with fidelity to realize epidemic control. It is critical to reduce testing and work with all partners to increase coverage and yield for index testing with fidelity, particularly among sexual partners of patients with high viral load. Interventions that address the significant challenges with retention, particularly among the sites with poorest retention are also critical to scale.

### 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 South Sudan budget.

<b>Minimum Requirement</b>	<b>South Sudan Specific Guidance</b>
1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	Continue to implement Test and Start with fidelity in PEPFAR supported sites
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.	In coordination with TLD transition, work closely with the MOH to increase multi-month dispensing from 3 to 6 months for stable patients.
3. Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	South Sudan is one of the few PEPFAR countries that has not adopted TLD as the first line TX regimen. In order to improve retention rates, the timeline for TLD transition must be shortened for a more rapid roll-out; current roll-out expected to begin in August 2019.
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.	Reduce overall testing and ensure more targeted testing by increasing volume in modalities with higher yields.  Index testing has been scaled-up from FY 2017, however, the yields are low indicating partners are not only testing sexual partners and biological children of PLHIV. Continue to scale index testing but work closely with implementing partners (IPs) to improve fidelity.

	Work with the MOH to adopt and implement a comprehensive policy for self-testing.
5. TB preventive treatment (TPT) for all PLHIVs must be scaled-up as an integral and routine part of the HIV clinical care package.	Aggressively scale up TPT among those eligible on policy revised in June 2018.
6. Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	COP 2019 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.	
8. Completion of VL/EID optimization activities and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups.	Continue to scale up VL coverage, increasing sites that are doing VL sample collection.
9. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	
10. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on adolescent girls in high HIV-burden areas, 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV, and children and adolescents living with HIV who require socioeconomic support, including integrated case management.	Close the gaps in the screening and HIV testing cascade for OVCs.
11. Evidence of resource commitments by host governments with year after year increases.	
12. Clear evidence of agency progress toward local, indigenous partner prime funding.	
13. Scale up of unique identifier for patients across all sites.	

## 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 South Sudan is 2702, 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, \$15,131.20 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 South Sudan.

Other technical and programmatic priorities for South Sudan:

- **1<sup>st</sup> 90:**
  - Over-testing while under-achieving on HTS\_TST\_POS represents an excess of unfocused and non-targeted testing as well as the need to scale-up more effective testing modalities.
  - Reduce testing and increase volume in modalities with higher yields, especially index and TB as an entry point.
    - Work with all partners to increase coverage and yield for index testing with fidelity, particularly among sexual partners of patients with high VL.
  - Continue to use ECHO technology to ensure optimized testing strategies.
  - Identify innovative strategies to increase case finding among men in the 20-30 y/o age band and retain on TX.
  - Where the HTS\_POS verses yield is particularly low and where very few HIV positives are being identified, this must improve.
- **2<sup>nd</sup> 90:**
  - Urgently address top 10 sites with the poorest retention (Military South Sudan, Juba Teaching Hospital, Mary Immaculate, Nimule Hospital, Wau Teaching Hospital, Tambura PHCC, Muniki PHCC, Nzara Hospital, Source Yuba PHCC, and Gurei PHCC).
  - Continue to scale up Field Supervision Program to improve the quality of services, and ensure a standardized package of interventions for adherence support and retention.
  - Ensure patient tracking mechanisms are functional, and documentation is improved to correctly capture outcomes and activities on client education disengagement and/or re-engagement processes.
- **3<sup>rd</sup> 90:**
  - Continue to scale up VL coverage and refine approaches for populations with low suppression rates.

- Establish high VL register implementation by each site and ensure field supervisors closely monitor.
- **Policy and Partner recommendations:**
  - Given high overhead costs for IPs in South Sudan, consolidate partners as appropriate.
  - Continue to scale up E2A's key population activities, while closely monitoring their performance to ensure rapid adjustments as necessary.
  - Support systematic investments at the policy level to reduce stigma and discrimination for key populations, particularly female sex workers.

### **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).