



January 16, 2019

INFORMATION MEMO FOR CHARGE INMI PATTERSON, TANZANIA

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

SUBJECT: FY 2019 PEPFAR Planned Allocation and Strategic Direction

We are grateful to you, Chargé Patterson, for your engagement with key governmental and community stakeholders in the planning, review, and implementation of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)/Tanzania program. We are grateful for your advocacy in favor of key policy shifts by the government and for holding partners to account for their expenditures and performance. In addition, we are grateful for your PEPFAR staff's ability to work together across agencies to ensure the efficient use of U.S. taxpayer dollars.

During 2018 Country Operational Plan (COP 2018) implementation, the Tanzania team responded promptly to headquarter requests to remediate underperformance among implementing partners, implement index partner testing with fidelity, scale up strategies to optimize provider-initiated HIV testing and counseling, field innovative approaches for reaching men, and reallocate resources to maximize their impact according to the geographic distribution of HIV infections. The latter was informed by Tanzania HIV Impact Survey (THIS) estimates showing that only 61% of persons living with HIV infection (PLHIV) were aware of their serostatus. This result, the lowest in Eastern Africa, is deeply disappointing in light of the cumulative \$4.5 billion investment of U.S. tax dollars since 2004. It is also disappointing given that substantial increases in PEPFAR funding over the past 3 years have not yield commensurate achievement (see Figure 1).

Despite gains in key areas, the Q4 POART data review showed that the program continues to underperform on key indicators, highlighting gaps in case-finding, linkage to and retention in HIV medical treatment, tuberculosis screening and treatment in PLHIV, transitioning to fixed-dose combination dolutegravir, and viral load monitoring and suppression rates. Although the program has achieved successes at the local level as result of data-driven resource shifts, the national data show that PEPFAR/Tanzania must make difficult decisions to discontinue strategies and partners that offer low returns on investment and take to scale approaches shown to work in order to achieve the country's 95-95-95 targets by 2030.

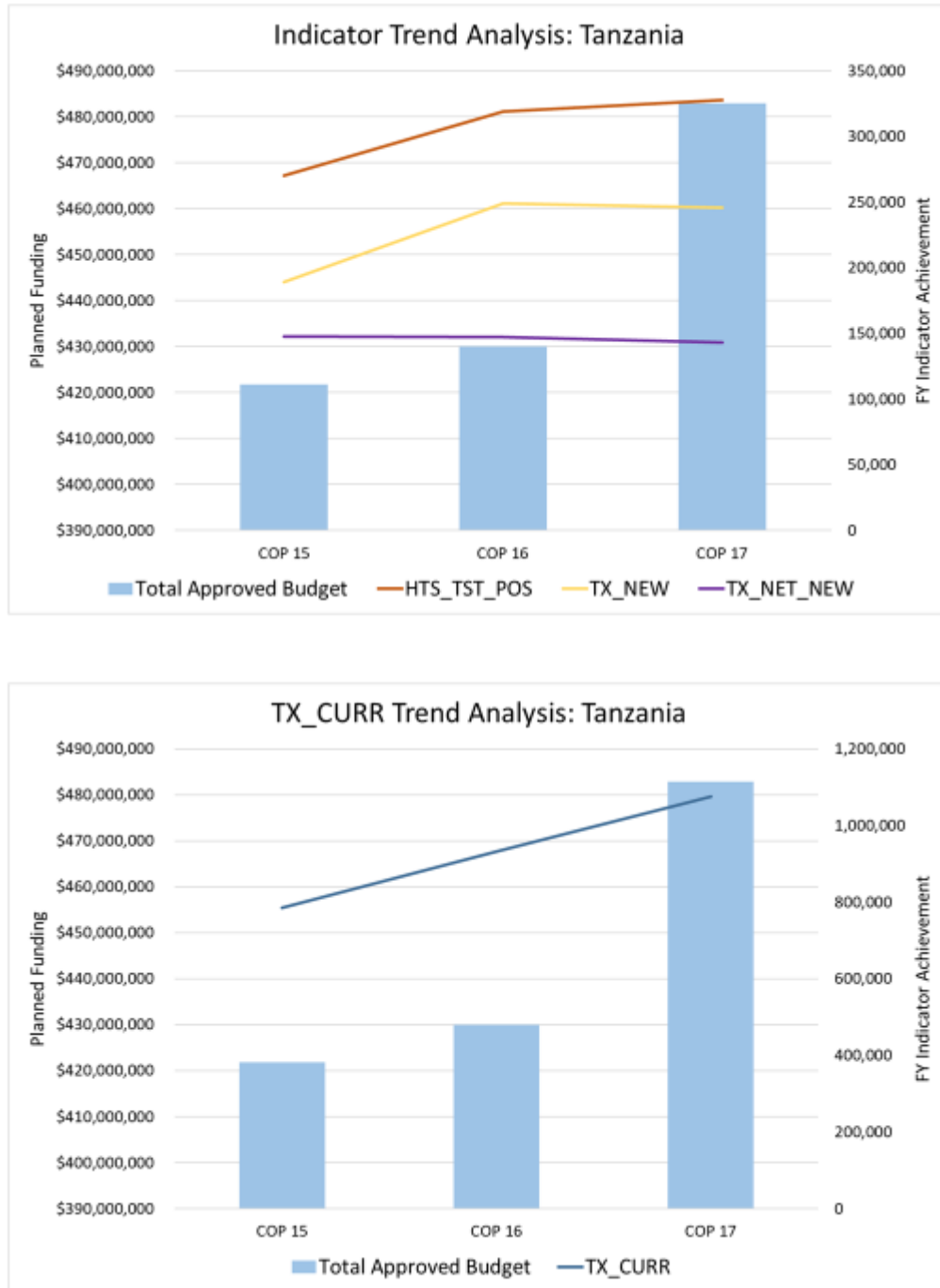
It is noteworthy that the PEPFAR/Tanzania program faces unique structural impediments to its progress. Formal and informal policy developments in Tanzania undermine efforts to diagnose and treatment persons most vulnerable to HIV infection, including arrests of sexual minorities, anti-contraception messaging, and the expulsion of pregnant adolescent girls and young women from school. The team should continue to monitor these developments and engage key stakeholders who may be in a position to prevent upticks in associated stigma and discrimination, and to impress upon local and national leaders that an evidence-based, public

health approach to HIV epidemic control benefits all Tanzanians. Faith-based communities and leaders may be important new allies in this regard. Ongoing diplomatic support may also help to ensure that key policies are both approved and implemented, including immediate and universal HIV treatment following an HIV diagnosis (i.e., test and start), efficient HIV case-finding (e.g., index partner testing, self-testing, and optimized provider-initiated testing and counseling), differentiated service delivery models to include multi-month ARV dispensing, and use of unique patient identifiers to minimize loss-to-follow-up. **SGAC expects the program to make further revisions to COP18 to ensure that progress is evident in these core areas.** Without a more integrated, comprehensive response that optimizes case-finding and ensures that all persons diagnosed with HIV infection receive timely ART initiation and achieve durable viral suppression, Tanzania risks missing the opportunity to demonstrate to the continent and the world that AIDS is a winnable battle.

Given these concerns, the PEPFAR total planning level for Tanzania for the COP 2019 will be reduced to **\$395,000,000** inclusive of all new funding accounts and applied pipeline. This amount represents a **23%** decline from COP 18 funding levels and is intended to induce the team to rethink its national strategy and make difficult decisions about the optimal programmatic elements and partners to retain. The team must take this opportunity to: 1) optimize HIV case-finding in facilities and adhere to its reduced testing targets; 2) initiate ART in newly diagnosed persons and minimize loss-to-follow-up; 3) improve viral load monitoring coverage and viral suppression rates; 4) ensure that key programs continue to reflect the U.S. government position for addressing the needs of those most vulnerable to HIV infection; and 5) consider whether persistent underperformance by select partners (e.g., THPS, MDH, PAI) warrants their replacement. **Future funding allocations will depend upon progress in these five areas.**

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Figure 1. Tanzania's Funding levels and Achievement, FY16 – 18



If you have questions about the priorities and guidance laid out in this letter, please contact your country chair, Andrew Forsyth, Ph.D., or your PEPFAR program manager, Emily Dorward, MPH. My office is grateful for your team's commitment to achieving together an AIDS-free generation in Tanzania.

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

Tanzania	
TOTAL COP 2019 PLANNING LEVEL: \$395,000,000	
Total Base Budget for COP 2019 Implementation	\$ 395,000,000
Total COP 19 New Funding	\$ 277,371,274
<i>of which, VMMC</i>	<i>\$ 35,757,283</i>
<i>of which, DREAMS</i>	<i>\$ 18,163,178</i>
Total Applied Pipeline	\$ 117,628,727
Total Faith Based Organization (FBO) Initiative Funding (FY 18 Funds)	\$ 13,000,000

**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

Tanzania	
COP 2019 APPLIED PIPELINE BY AGENCY	
Total Applied Pipeline	\$ 117,628,727
DoD	\$ 2,635,797
HHS/CDC	\$ 15,049,561
HHS/HRSA	\$ -
Peace Corps	\$ 563,403
State	\$ -
State/AF	\$ 496,739
USAID	\$ 98,883,227

****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 \$395,000,000.

Central Funding

Tanzania is also receiving \$13,000,000 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.

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APPENDIX 2: COP 2019 BUDGETARY REQUIREMENTS

Table 3. COP 2019 Earmarks

Tanzania	
COP 2019 EARMARK REQUIREMENTS	
Care and Treatment (C&T)	\$ 171,970,190
<i>% of base funds allocated to C&T</i>	<i>62%</i>
HKID	\$ 11,094,851
Gender Based Violence (GBV)	\$ 10,476,200
Water	\$ 2,097,350

Care and Treatment: If there is no adjustment to the COP 2019 new funding level due to an adjustment in applied pipeline, Tanzania’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 62% of all **new FY 2019 Base Funds** to care and treatment of people living with HIV.

HKID Requirement: Tanzania’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): Tanzania’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: Tanzania’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 Tanzania 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 Tanzania 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 \$117,628,727 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 Tanzania 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*

Row Labels	Sum of Approved COP 2017 Planning Level	Sum of Total FY 2018 Outlays	Sum of Over/Under Outlays
Tanzania			
DOD	\$56,197,074	\$49,437,758	\$(6,759,316)
HHS	\$145,493,706	\$126,620,838	\$(18,872,868)
PC	\$2,426,000	\$2,481,747	\$55,747
State	\$1,800,854	\$(36,535,144)	\$(38,335,998)
USAID	\$276,942,310	\$258,423,456	\$(18,518,854)
Grand Total	\$482,859,944	\$400,428,655	\$(82,431,289)

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

Tanzania’s total FY 2018 outlay level of \$420,897,787 is under your approved spend level of \$482,894,393 (COP 2017 budget). Within this total, HHS/HRSA, Peace Corps, and State/AF spent above their approved FY 2018 budgets and DOD, HHS/CDC, and USAID 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 + Central)	Actual FY18 Outlays (\$)	Over/Under FY18 Outlays (Actual \$ - Total COP17 Budget \$)
9616	IntraHealth International, Inc	HHS/CDC	\$ -	\$ 40,017	\$ 40,017
9618	Touch Foundation	USAID	\$ 750,000	\$ 1,157,500	\$ 407,500
12196	United Nations Children's Fund	HHS/CDC	\$ -	\$ 752,630	\$ 752,630
12208	Regents of the University of Minnesota	HHS/CDC	\$ -	\$ 176	\$ 176
12728	Research Triangle International	HHS/CDC	\$ -	\$ 328,953	\$ 328,953
12818	Catholic Relief Services	HHS/CDC	\$ -	\$ 102,059	\$ 102,059
12854	Vodafone Foundation	USAID	\$ -	\$ 235,719	\$ 235,719
12907	Regional Procurement Support Office/Frankfurt	State/AF	\$ -	\$ 554,053	\$ 554,053
14560	African Society for Laboratory Medicine	HHS/CDC	\$ -	\$ 160,000	\$ 160,000
14573	National AIDS Control Program Tanzania	HHS/CDC	\$ -	\$ 169,237	\$ 169,237
14653	African Medical and Research Foundation, Tanzania	HHS/CDC	\$ -	\$ 268,619	\$ 268,619
14691	National Council for People Living with HIV/AIDS Tanzania	USAID	\$1,356,573	\$ 1,900,559	\$ 543,986
14693	Abt Associates	USAID	\$6,850,000	\$10,871,952	\$4,021,952

16569	University of North Carolina	USAID	\$1,625,000	\$ 2,470,055	\$ 845,055
16877	Christian Council of Tanzania	HHS/CDC	\$ -	\$ 309,142	\$ 309,142
16885	Muhimbili University College of Health Sciences	HHS/CDC	\$ -	\$ 420,465	\$ 420,465
16887	Ministry of Health and Social Welfare, Tanzania	HHS/CDC	\$ -	\$ 344,101	\$ 344,101
16891	Clinical and Laboratory Standards Institute	HHS/CDC	\$ -	\$ 182,965	\$ 182,965
16892	American Society of Clinical Pathology	HHS/CDC	\$ -	\$ 163,274	\$ 163,274
16899	Management development for Health	HHS/CDC	\$ 971,300	\$ 1,812,600	\$ 841,300
17292	Association of Public Health Laboratories	HHS/CDC	\$ -	\$ 452,389	\$ 452,389
17304	University of Washington	HHS/CDC	\$ 500,000	\$ 944,071	\$ 444,071
17305	American International Health Alliance	HHS/HRSA	\$2,350,000	\$ 4,092,131	\$1,742,131
17409	JHPIEGO	USAID	\$1,600,000	\$ 3,234,822	\$1,634,822
17416	T-MARC Tanzania	USAID	\$ 500,000	\$ 1,058,284	\$ 558,284
17420	KNCV Tuberculosis Foundation	USAID	\$1,351,458	\$ 2,188,105	\$ 836,647
17773	Columbia University	HHS/CDC	\$ -	\$ 7,166,572	\$7,166,572
18258	Public Health Informatics Institute	HHS/CDC	\$ -	\$ 147,062	\$ 147,062

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	3,658,869	6,976,979	190.69%	HTS	\$14,133,987	70%
	HTS_TST_POS	173,853	148,135	85.21%			
	TX_NEW	172,959	127,467	73.70%	C&T	\$49,262,790	64%
	TX_CURR	628,319	500,077	79.59%			
	VMMC_CIRC	486,218	451,073	92.77%	PREV: CIRC	\$14,874,029	68%
	OVC_SERV	N/A	N/A	N/A	SE for OVC	\$690,976	57%
					Above Site Programs	\$16,118,474	
				Program Management	\$24,709,408		
DOD	HTS_TST	1,537,192	2,015,756	131.13%	HTS	\$6,173,258	89%
	HTS_TST_POS	89,746	53,465	59.57%			
	TX_NEW	84,137	45,450	54.02%	C&T	\$29,735,368	96%
	TX_CURR	263,654	225,020	85.35%			
	VMMC_CIRC	257,389	291,494	113.25%	PREV: CIRC	\$8,803,777	99%
	OVC_SERV	10,860	4,015	36.97%	SE for OVC	\$453,965	97%
					Above Site Programs	\$546,045	
				Program Management	\$4,286,579		
USAID	HTS_TST	3,347,108	4,557,503	136.16%	HTS	\$40,023,605	83%
	HTS_TST_POS	148,188	125,942	84.99%			

TX_NEW	103,260	72,930	70.63%	C&T	\$77,337,136	83%
TX_CURR	353,282	350,249	99.14%			
VMMC_CIRC	146,499	162,745	111.09%	PREV: CIRC	\$20,621,999	96%
OVC_SERV	720,918	801,579	111.19%	SE for OVC	\$30,943,652	96%
Above Site Programs					\$27,712,411	
Program Management					\$33,231,720	

COP 2017/ FY 2018 Performance

Overall, PEPFAR/Tanzania under-outlayed its COP 2017 budget but 37 implementing mechanisms over-outlayed by an average of 145%. Most of these over-outlays are attributable to adjustments on closed awards or billing delays.

PEPFAR/Tanzania is encouraged to review closely its partner performance data on a regular basis and to use these analyses to inform problem-solving discussions that can improve achievement against target. Similar analyses conducted at HQ offer insights into performance deficits, such as:

- Using inadequately focused testing strategies and exceeding the testing targets is not the answer to the identification of persons living with undiagnosed HIV infection. This testing strategy is NOT sustainable and **must be changed immediately** for the COP18 execution year. With only two implementing partners achieving or exceeding their HIV test positive target, results showed widespread underperformance for HIV case-finding (HTS POS). The following partners achieved <80% of their target: Henry Jackson Foundation (69%), Tanzania Health Promotion Support (58%), Ministry of Health Coag (53%), KNCV TB (43%), PharmAccess International (24%), and IntraHealth VMMC (21%). Of these partners, KNCV TB, PharmAccess International, and IntraHealth VMMC, were identified as poor performers for this indicator in the COP 2018 Planning Level Letter. Further, it would appear that implementing partners increased index partner testing from COP 2016 to COP 2017 yet overall the yield is decreasing, suggesting that such testing is not being performed with fidelity (i.e., prioritizing sexually- or parenterally-exposed partners or the biological children of index cases).
- Three implementing partners performed at <80% against the treatment current target: Tanzania Health Promotion Support (75%), MDH (72%), and PharmAccess International (63%). MDH was identified as poor performer for this indicator in the COP 2018 Planning Level Letter. Eight implementing partners performed at <80% against the treatment new target: AGPAHI (77%), MDH (74%), Deloitte (69%), EGPAF (68%), Baylor (62%), Henry Jackson Foundation (61%), Tanzania Health Promotion Support (59%), and PharmAccess (24%). Of these partners, MDH, Baylor, Tanzania Health Promotion Support, and PharmAccess, were identified as poor performers for this indicator in the COP 2018 Planning Level Letter.
- There is evidence that retention and attrition are major impediments to PEPFAR/Tanzania's achievement of its treatment targets, with an estimated 74% retention rate, with particularly large loss-to-follow-up numbers in Dar Es Salaam of

persons diagnosed with HIV infection. Rather than exceeding its HIV testing targets by 59%, 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 lesson learned from those partners that report good results for these indicators (e.g., the BCPE linkage case management model) for scale with other partners.

- Seven implementing partners performed at <80% against the viral load coverage target Henry Jackson Foundation (70%), MDH (70%), AGPAHI (63%), JSI (62%), and PharmAccess (31%).

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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 Tanzania:

	Pediatric (<15) Treatment Target	Adult (15+) Treatment Target	Treatment Target Total ^a
COP 18 (FY 19 Targets)			
TX_NEW (New on Treatment)	13,908	223,827	237,735
TX_CURR (Current on Treatment)	72,967	1,240,088	1,313,055
TB PREV	18,658	238,727	257,385
COP 19 (FY 20 Targets)			
TX_NEW (New on Treatment)	13,908	223,827	237,735
TX_CURR (Current on Treatment)	86,875	1,463,915	1,550,790
TB PREV	N/A	N/A	474,127

^aTargets 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: 90% of facility based HTS_TST_POS results from FY2018 as a baseline targets for FY2019 and FY2020.
- TX_CURR: These revised COP18 TX_NEW targets were added to TX_CURR to generate revised COP18 TX_CURR targets. The COP19 TX_NEW were then added to the revised COP18 TX_CURR target to generate a COP19 TX_CURR target.
- TB_PREV: Targets for TB_PREV were calculated using an Excel-based tool that utilized (among other considerations) 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.

Given the lack of linking and retaining new and current ART patients, some COP 2018 funds will need to be preserved by not scaling during the improvement period. Accordingly, FY 2019 treatment targets have been temporarily adjusted downward. The expectation is that only facility-based testing will continue during the improvement period. As fewer positives will now need to be diagnosed during COP 2018 implementation, a minimum of 30% of the testing budget from COP 2018 should be saved and applied as pipeline to use in COP 2019. This should be incorporated into pipeline amount determinations for the implementing partners who conduct testing in COP 2018 and COP 2019.

We expect you to limit testing to Facility-based Index testing, ANC, and targeted testing in facility context where individuals have been screened for clinical symptoms that suggest risk of

HIV. Efforts in the remainder of COP 2018 and for COP 2019 need to focus on linkage and retention of all diagnosed PLHIV.

COP 2019 Minimum Requirements

All PEPFAR programs are expected to have the following minimum program requirements no later than the beginning of COP 2019 implementation (FY 2020). Adherence to these policies and practices are essential to the success of all PEPFAR programs at the national, subnational, community, and service delivery levels. Evidence demonstrates that lack of any one of these policies/practices significantly undermines progress to reaching epidemic control and results in inefficient and ineffective programs. Failure to meet any of these requirements by FY 2020 will result in reductions to the Tanzania budget.

Table 8. Minimum Requirements

Minimum Requirement	Tanzania Specific Guidance
1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	Tanzania has adopted a Test & Start policy, however, implementation of the policy nationwide is inconsistent, resulting in lower than expected progress toward TX_New targets. The team must work to minimize barriers to same day, same site ART initiation.
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 must work to increase access to HIV medical treatment optimized for specific subsets of the population (e.g., young people, men) and eliminate supply chain and other barriers to 6-month dispensing.
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 COP 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.	With index testing integrated into national guidelines, the team should scale up index partner testing and, even more critically, ensure its fidelity (i.e., prioritizing sexual and parenteral partners, biological children). Advocate in support of favorable HIV self-testing laws and policies.
5. TB preventive treatment (TPT) for all PLHIVs must be scaled-up as an integral and routine part of the HIV clinical care package.	With isoniazid stocks in place, team should ramp up TB preventative therapy for all eligible PLHIV to improve TPT coverage.
6. Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	Team should continue to initiate same-day ART initiation and revise COP 2019 IP work plans to reflect 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.	The government of Tanzania prohibits user fees for all chronic diseases including HIV and TB as well as MCH services in both public and private services. There is no evidence of informal user fees.
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/Tanzania team 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.	Improve on under-enrollment of <1 year olds in PEPFAR program; increase enrollment of HEI via clinical entry points. Ensure all HIV+ OVC are on ART.
11. Evidence of resource commitments by host governments with year after year increases.	The team should work with the Government of Tanzania to increase domestic resources to increase access to HIV prevention and treatment services.
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 COP 2019 and work toward a timeline for progress in future FYs.
13. Scale up of unique identifier for patients across all sites.	Unique identifier has been incorporated into EHealth Strategy; PEPFAR/Tanzania to work to build on successes of biometric pilot project in Zanzibar to expand to the Mainland.

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

Table 9. Other Requirements

Requirement	Tanzania Specific Guidance
1. Viral load monitoring: Country policy updated.	The team is urged to eliminate any supply chain or other barriers to the accelerated scale up of viral load coverage and the timely return of viral load assay data to providers in order to guide clinical care.

<p>2. Screen better and test smarter: Stop over-testing.</p>	<p>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 COP 2019. Team is urged to work with Government of Tanzania to de-emphasize its "test all." Given a history of testing inefficiencies that cause the program to exceed significantly its testing (HTS-TST) targets while underperforming in case-finding (HTS-POS), PEPFAR/Tanzania is cautioned not to exceed its testing targets with PEPFAR resources. No non-testing resources should be diverted to HIV case-finding</p>
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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 Tanzania is 474,127, 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, \$ 2,655,111 will be budgeted for TPT commodities.

DREAMS

Tanzania is allocated \$18,163,178 funding for DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) programming in COP 2019, of which, \$2,359,691 of your COP 2019 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.

Tanzania needs to continue advocacy efforts around policy expansion for increased availability of PrEP for adolescent girls and young women in DREAMS districts. The team should work with DREAMS implementing partners to improve layering, particularly between clinical and community partners, by ensuring that DREAMS partners are clear that they are responsible for

actively linking AGYW to the services of other partners and not just to their own. The team should undertake more intensive monitoring and partner management to ensure the practice of active linkages, rather than passive referrals across all partners. There is a need to intensify advocacy efforts to support a more enabling policy environment for DREAMS and supporting AGYW, particularly around addressing the removal of pregnant learners from school. To this end, the team should work with iSMEs and S/GAC on ways to mitigate these and similar barriers to DREAMS implementation.

VMMC

Tanzania is allocated \$35,757,283 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.

Tanzania's total VMMC target for COP 2019 is 800,000 and a minimum of 384,000 circumcisions should be done in men over age 14.

	COP19		VMMC	VMMC	Minimum	Minimum
	Target	Total \$	coverage 15-24	coverage 15-49	% 15+	VMMC in 15+
Tanzania	800,000	\$35,757,283	82%	80%	48%	384,000

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 Tanzania.

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 \$13.0 million, in order to accomplish these priority activities, as identified per the FBO TDY visits.

Of this total, USAID will receive \$5,210,700, CDC will receive \$5,789,300, and DOD will receive \$2,000,000. 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 programming, 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 PPM.

Other Technical and Programmatic Priorities for Tanzania

To improve progress toward these targets, S/GAC urges the PEPFAR/Tanzania team to focus on the following priorities for COP 2019:

- Reduce overall testing to approved HIV testing targets and improve case-finding yields and absolute numbers by scaling efficient HIV testing strategies to prioritize index partner, self-testing, and, lastly, optimized PITC using risk/symptom-based screening.
- Stem attrition from the treatment continuum using a data-driven approach to improving linkage to and retention in HIV medical treatment.
- Scale up TB screening, prevention, and treatment.
- Enhance partner monitoring and remediate performance deficits or replace implementing partners that underperform on a quarter-on-quarter basis. In particular, the following

partners were noted for underperformance in both COP 2016 and COP 2017 (see appendix 3 for details) and will require immediate remediation plans if the partners are still implementing PEPFAR funds:

- HTS TST POS: KNCV TB, PharmAccess International, and IntraHealth VMMC.
- TX CURR: MDH.
- TX_NEW: MDH, Baylor, Tanzania Health Promotion Support, and PharmAccess,
- Continue to focus Table 6 investments to allow for streamlined support of core PEPFAR direct service delivery programming:
 - Eliminate any ongoing or planned pre-service training. Provide serious justification for any funding going to the following implementing mechanisms: 17304, 17305, and 18243.
 - Stop any SRE activity if the activity has not reached its benchmarks.
 - Review in detail the PS3 mechanism (implementing mechanism 14693) to identify large budget items under this mechanism for reduction, with an expectation that the majority of the governance and financial strengthening activities should be nearing completion.
 - Reduce significantly or zero-out investments, given stalled performance, in the NACP/MOH through the consolidated MOH CoAg (implementing mechanism 18170).
- Monitor the policy environment and engage the Government of Tanzania and key stakeholders to minimize adverse effects on program outcomes for key populations, AGYW, and women.
- Sustain a data-driven approach to allocating resources for maximal impact for reaching each of the 95-95-95 targets by 2030.
- Accelerate and complete in COP 2019 the transition to fixed-dose combination of dolutegravir.
- Scale viral load coverage and suppression rates, particularly among those <25 y/o by ensuring sufficient reagent and other stocks and finalizing the CTC3 database for real-time monitoring.

COP 2019 Stakeholder Engagement

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

the feedback with their revised submissions. It is critical that meaningful involvement of civil society and community input is solicited and incorporated in every step of the process. In alignment with sustained control of the epidemic, the intentional outreach and inclusion throughout this process of civil society and community organizations that directly work with key and priority populations should be a priority of the PEPFAR field team.

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

Subject to COP Development and Approval