United States Department of State

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INFORMATION MEMO FOR AMBASSADOR MALAC, UGANDA

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

SUBJECT: FY 2019 PEPFAR Planned Allocation and Strategic Direction

We are grateful to you, Ambassador Malac, and Deputy Chief of Mission Marcellim, 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.

At the end of FY 2018, 1,168,228 were reported to be actively in treatment for HIV; a significant increase in treatment coverage measured by UPHIA just two years ago. With an investment of $4,130,005,889 from FY 2004–2019, the acceleration of people on treatment truly demonstrates the impact that can be achieved by rapidly adopting patient-centered policies and programs like test and start, multi-month drug dispensing and index testing.

In FY 2018, PEPFAR helped accelerate progress towards epidemic control by implementing the "Surge for Quality," a focused effort to identify those living with HIV and ensure their rapid initiation onto treatment. This initiative included the roll out of index testing, assisted partner notification, and rapid initiation to treatment, as well as, expansion of multi-month scripting. As a result of these efforts, PEPFAR identified 282,041 PLHIV and initiated 229,184 on treatment. While these results fell short of annual targets, the incredible increase between the first and fourth quarters has put Uganda on a trajectory to reach epidemic control.

This year PEPFAR also expanded programs to prevent new infections. This included performing 586,167 voluntary medical male circumcisions (VMMC), enrolling 94,172 adolescent girls and young women (AGYW) into DREAMS, and initiating 8,527 individuals on PrEP. PEFPAR Uganda also provided services to 424,346 orphans and vulnerable children and their care givers.

While these results are promising, there is still significant work to reach epidemic control. The Surge for Quality was only implemented in approximately 1/3rd of PEPFAR sites and the programmatic lessons and quality improvements need to be expanded to the rest of Uganda. Retention in treatment also remains a challenge and expansion of differentiated service delivery, including three to six months dispensing, and rapid transition to TLD will be essential to closing that gap. In addition, financial management of the program requires more intense focus, with 25 implementing mechanisms (IMs) expending more than 125% of their planned budgets in FY 2018, and many more expending between 100-125% of their approved levels. USAID Uganda outlaid $18M more than approved. Outlays and expenditures will be closely watched in FY

2019 and PEPFAR Uganda may be required to cut future funding to any IMs continuing to spend in excess of approved levels.

For the Country Operation Plan for 2019 (COP19), PEPFAR will need to continue to support Uganda to close the remaining gaps to reaching epidemic control, ensuring that quality services are available for all populations throughout the country. This will include finalizing the transition to TLD and ensuring TPT is brought to scale. PEPFAR will also need to begin evolving the program in attained districts from a "scale up" approach to one focused on maintenance of epidemic control, including case-based surveillance.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) total planning level for Uganda for COP 2019 is **$410,000,000**, 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 and Program Manager. My office is continually grateful for your team's work on the PEPFAR program, helping us to move towards an AIDS-free generation by supporting the HIV response in Uganda.

APPENDICES:

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

APPENDIX 1: COP 2019 PLANNING LEVEL

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

Table 1. COP 2019 Budget

Uganda TOTAL COP 2019 PLANNING LEVEL: $410,000,000			
Total Base Budget for COP 2019 Implementation			**$ 410,000,000**
Total COP 19 New Funding	$	342,794,571	
of which, VMMC	*$*	*37,744,485*	
of which, DREAMS	*$*	*15,717,403*	
Total Applied Pipeline	$	67,205,429	
Total Faith Based Organization (FBO) Initiative Funding (FY 18 Funds)			**$ 189,294**

**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**

Uganda COP 2018 APPLIED PIPELINE BY AGENCY		
Total Applied Pipeline	**$**	**67,205,429**
DOD	$	4,776,117
HHS/CDC	$	42,331,000
HHS/HRSA	$	-
PC	$	127,024
State	$	-
State/AF	$	191,250
State/PRM	$	-
State/SGAC	$	604,607
USAID	$	19,175,431

**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 $410,000,000.

Central Funding

Uganda is also receiving $189,294 in Central Funds as a part of the FBO Initiative. These FY 2018 funds are being notified to you via this letter; however, note that these funds are being

released immediately, ahead of the release of the bilateral COP 2019 funds. Central Funds for the FBO Initiative should be used as soon as possible after receipt, during the current implementation cycle of COP 2018/FY 2019. Each country team should specify the purpose and use of these funds (based the data and analysis from the recent FBO TDYs) as part of the SDS**.**

APPENDIX 2: COP 2019 BUDGETARY REQUIREMENTS

Table 3. COP 2019 Earmarks

Uganda COP 2019 EARMARK REQUIREMENTS	
Care and Treatment (C&T)	**$ 191,964,960**
% of base funds allocated to C&T	*56%*
HKID	**$ 27,423,566**
Gender Based Violence (GBV)	**$ 4,704,843**
Water	**$ 3,000,000**

Care and Treatment: If there is no adjustment to the COP 2019 new funding level due to an adjustment in applied pipeline, Uganda'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 56% of all **new FY 2019 Base Funds** to care and treatment of people living with HIV.

HKID Requirement: Uganda'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): Uganda'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: Uganda'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 Uganda 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 Uganda 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 $67,205,429 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 Uganda must apply as pipeline in the COP 2019 submission. The distribution of new base funds and Applied Pipeline was calculated to ensure 3 months of pipeline remains with mechanisms, based upon the financial data submitted for the FY 2018 Q4 Obligation and Outlay and FY 2018 End of Fiscal Year (EOFY) reports. Expired funds, funds on expired mechanisms and projected FY 2019 outlays as submitted in the EOFY report were all taken into consideration to inform the projected excessive pipeline and the required COP 2019 applied pipeline amount.

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

APPENDIX 3: PAST PERFORMANCE TRENDS

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

Agencies	Sum of Approved COP 2017 Planning Level	Sum of total FY 2018 Outlays	Sum of Over/Under Outlays
Uganda Total	**$ 385,239,274**	**$ 397,205,960**	**$ 11,966,686**
HHS	$ 208,839,987	$ 192,691,596	$ (16,148,391)
USAID	$ 152,828,166	$ 200,966,336	$ 48,138,170
DoD	$ 14,876,835	$ 12,988,671	$ (1,888,164)
DOL	$ -	$ -	$ -
PC	$ 2,284,701	$ 1,666,976	$ (617,725)
STATE	$ 6,409,585	$ (11,107,619)	$ (17,517,204)

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

Uganda's total FY 2018 outlay level of $397,205,960 is over your approved spend level of $385,239,274 (COP 2017 budget). Within this total, USAID and HRSA outlaid above their approved FY 2018 budgets. USAID over-outlays included $9M for public sector commodities that was approved by S/GAC and $10M to jump start procurement of TLD with FY2018 funds. The Remaining $29.1M represent over-outlays not approved by S/GAC. This needs to be addressed immediately in writing with absolute clarity what corrective actions have been and will be done in the future. We want to see this complete analysis of all the over outlay partners over $1M USD and justifiable reasons that we concur with or this specific agency will receive a cut specifically related to lack of oversight and accountability for COP18 and COP19 execution. If this was related to over testing but HR and commodities this is very serious as more "poorly focused testing" is not a solution and should have been corrected by agency oversight of quarter over quarter. The following Implementing Mechanisms 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	Prime Partner	Funding Agency	COP17/FY18 Budget (New funding + Pipeline)	Actual FY18 Outlays ($)	Over/Under FY18 Outlays (Actual $ - Total COP17 Budget $)
18369	Chemonics International	USAID	$ 36,222,162	$ 55,231,177	$19,009,015
17078	University Research Council	USAID	$ -	$ 6,814,472	$ 6,814,472
17094	Management Sciences for Health	USAID	$ 3,822,300	$ 9,701,106	$ 5,878,806

N/A	N/A	USAID	$ 8,999,024	$ 12,369,762	$ 3,370,738
17704	African Society for Laboratory Medicine	HHS/CDC	$ 1,194,085	$ 4,554,777	$ 3,360,692
13874	Program for Appropriate Technology in Health	USAID	$ 1,433,312	$ 3,031,406	$ 1,598,094
13833	Management Sciences for Health	USAID	$ -	$ 1,089,964	$ 1,089,964
13317	Joint Clinical Research Center, Uganda	USAID	$ -	$ 743,385	$ 743,385
17066	World Vision	USAID	$ 1,061,113	$ 1,756,715	$ 695,602
13837	QED Group, LLC	USAID	$ 1,977,298	$ 2,586,259	$ 608,961
12496	Social and Scientific Systems	USAID	$ -	$ 520,704	$ 520,704
17874	National Medical Research Unit	DOD	$ 125,250	$ 461,192	$ 335,942
17977	American International Health Alliance Twinning Center	HHS/HRSA	$ 338,175	$ 612,055	$ 273,880
17705	Makerere University John Hopkins University Collaboration	HHS/CDC	$ 417,500	$ 617,266	$ 199,766
13885	John Snow Inc (JSI)	USAID	$ -	$ 193,553	$ 193,553
13161	Uganda Virus Research Institute	HHS/CDC	$ -	$ 188,496	$ 188,496
70389	Beyond Logistics	USAID	$ -	$ 89,264	$ 89,264
12486	Associazione Volontari Per II Servizio Internazionale, Uganda	USAID	$ -	$ 76,630	$ 76,630
13136	Infectious Disease Institute	HHS/CDC	$ -	$ 65,838	$ 65,838
13486	Protecting Families from AIDS, Uganda	HHS/CDC	$ -	$ 43,856	$ 43,856
9335	HOSPICE AFRICA, Uganda	USAID	$ -	$ 32,022	$ 32,022
9303	U.S. Department of Defense (Defense)	DOD	$ 41,750	$ 56,581	$ 14,831
13924	RECO Industries	USAID	$ -	$ 10,022	$ 10,022
9879	Management Sciences for Health	USAID	$ -	$ 4,597	$ 4,597
12801	Cardno Emerging Markets	USAID	$ -	$ 4,548	$ 4,548

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.*

Funding Agency	Indicator	FY18 Target	FY18 Results	FY18 %	Program Classification	FY18 Expenditure	% Service Delivery
DOD	HTS_TST	422,617	595,262	141%	HTS	$ 386,645	75%
	HTS_TST_POS	30,893	19,089	62%			
	TX_CURR	82,687	68,102	82%	C&T	$ 4,798,949	78%
	TX_NEW	28,877	14,197	49%			
	VMMC_CIRC	51,524	49,071	95%	PREV: CIRC	$ 1,350,071	66%
	OVC_SERV	22,830	26,170	115%	SE for OVC	$28,855,538	100%
					Above Site Programs	$ 960,912	
					Program Management	$ 2,670,618	
HHS/CDC	HTS_TST	3,941,606	5,170,665	131%	HTS	$ 6,672,617	92%
	HTS_TST_POS	175,737	150,923	86%			
	TX_CURR	862,696	625,813	73%	C&T	$85,127,054	78%
	TX_NEW	165,844	118,709	72%			
	VMMC_CIRC	339,746	340,168	100%	PREV: CIRC	$23,883,423	100%
	OVC_SERV	136,918	96,598	71%	SE for OVC	$ 8,447,487	92%
					Above Site Programs	$16,781,620	
					Program Management	$20,689,871	
PC	OVC_SERV	1,440	1,262	88%	SE for OVC	$ -	N/A
					Above Site Programs	$ -	
					Program Management	$ 13,969	
State/PRM	HTS_TST	39,689	76,064	192%	HTS	$ 58,786	100%
	HTS_TST_POS	1,693	1,324	78%			
	TX_CURR	6,953	6,640	95%	C&T	$ 415,688	97%
	TX_NEW	1,898	1,192	63%			
	VMMC_CIRC	13,022	2,208	17%	PREV: CIRC	$ 34,879	99%
	OVC_SERV	2,122	2,113	100%	SE for OVC	$ 14,907	100%
					Above Site Programs	$ -	
					Program Management	$ 151,062	
USAID	HTS_TST	2,946,159	3,777,681	128%	HTS	$ 9,223,556	71%
	HTS_TST_POS	133,892	111,253	83%			
	TX_CURR	455,274	420,997	92%	C&T	$53,905,437	74%
	TX_NEW	123,446	96,016	78%			
	VMMC_CIRC	292,632	194,720	67%	PREV: CIRC	$10,856,802	69%
	OVC_SERV	284,382	299,383	105%	SE for OVC	$13,167,726	78%
					Above Site Programs	$17,184,662	
					Program Management	$39,008,366	

COP 2017/ FY 2018 Performance

- PEPFAR Uganda made incredible gains in FY 2018, particularly in case-identification and initiation on treatment as a result of programmatic shifts, including index testing, assisted partner notification (APN), same-day initiation and multi-month scripting (MMS),

implemented through the "Surge for Quality." HTS_POS and TX_NEW increased 40% and 80%, respectively, from Q1 to Q4. Proxy measures for linkage also improved, from 70% in Q1 to 90% in Q4.

- Case Finding:
  - Overall: PEPFAR Uganda performed 9.51M tests and identified 282,041 people living with HIV in FY 2018, reaching 129% and 82% of annual targets, respectively. As noted above, the number of HIV-positive individuals identified increased every quarter with a commensurate increase in overall yield (from 2.0% in Q1 to 3.0% in Q4). These yields are unacceptably low and a new testing strategy must be deployed in COP 18 execution to ensure there isn't continue over testing with low yields.
  - Partner Performance: All large clinical partners showed improvements between Q1 and Q4, and all but one achieved greater than 80% of the HTS_POS target. IDI only achieved 75% but were also on a positive trajectory. The Henry Jackson Foundation, World Vision, RTI and JSI all achieved below 80% without clear quarterly improvement these partner performance near to be corrected by the second quarter of FY19 or replaced with performing partners

- Treatment:
  - Overall: PEPFAR Uganda initiated 229,184 PLHIV on treatment in FY 2018, 72% of the annual target. Uganda was funded to achieve 100% so rather than over outlays there should have been considerable savings in ARVs and other commodities. Like testing, significant improvements in initiation were made quarter on quarter, and by Q4 proxy measures of linkage were 90% but overall performance must match targets for which the team was funded. Overall treatment coverage in PEFPAR supported facilities was 1.1M, 91% of the TX_CURR target. TX_NET_NEW was low, reflecting continued challenges to retain patients in treatment. Data from surge sites demonstrated a loss of 20% of patients between treatment initiation and the follow on visit. Efforts to find those individuals already lost and identify and remediate factors resulting in the sharp drop off between the first and second visit should be a priority during FY 2019 implementation.
  - Ensuring rapid transition to TLD and expansion of MMS should also help contribute to improvements in retention. The TLD Transition Plan was enacted in FY18 Q1 and is still on track for site roll-out, but progress is slower than expected as facility-based trainings were only commenced in FY18 Q4 with a projection of only 204 (38%) of the targeted 539 facilities being trained by FY19 Q1.
  - Partner Performance: All high volume treatment partners that did not achieve 80% of the TX_NEW target showed improvements quarter-on-quarter during FY 2018. PEPFAR Uganda should continue to closely monitor their performance in FY 2019. Two lower volume partners, RTI and UNHCR, only reached 31% and 63% of TX_NEW targets and failed to show quarterly improvement.

- Viral Load: Viral load coverage remained high, achieving 90.1% of target in FY 2018. Viral load suppression (VLS) continues to fall short of the 2020 target of 90%. VLS is particularly low among pediatrics, adolescents and young adults, ranging from 64% to 81% respectively. There are also significant differences across geographies with some regions, like Fort Portal,

reaching 95% and others, such as those centrally supported, only achieving 69%. Drug resistance is also contributing to significant levels of treatment failure

- PMTCT: Uganda continued to make progress towards goals to eliminate mother to child transmission, with MTCT rates falling to 2.8% in FY 2018. ART coverage for HIV+ pregnant women remained steady at 94%. EID linkage improved from 65% in FY 2016 to 82% in FY 2018. EID coverage at 2-months was only 51% and 22% of infants did not have a final outcome recorded.

- TPT: 97% PLHIV were screened for TB but only 17,679 of the 143,987 PLHIV targeted were reported to have initiated TPT (12.3%). Low coverage was largely the result of commodity gaps.

- Prevention and other services
  - VMMC: Overall, VMMC performance was slightly under target (84%), but there was improved targeting to the priority age band. Government requirements to re-register several partners prevented their implementation in the first half of the fiscal year. In addition, several partner were trending downwards in FY18 Q3 and Q4, including Sorori, Walter Reed, RHITES E, and RHITES SW, and should be closely monitored to determine if the trend continues and deploy corrective actions.
  - DREAMS: PEPFAR Uganda exceeded targets for AGYW reached through DREAMS, enrolling 94,172 in FY 2019. 71% of DREAMS girls received three or more primary services. Layering was particularly strong for girls enrolled through school and for girls identified as high risk for engaging in transactional sex. Less than 50% of pregnant, married or girls in who had given birth were reached with three or more interventions.
  - OVC: PEPFAR Uganda achieved its OVC_SERV target with about 2/3 of those receiving services under the age of 18. 31K OVC graduated in FY18 with about 1.4% (6K) leaving the program without graduating. HIV positive children in OVC programs had better VLS outcomes than those in general pediatric treatment. Four partners, Baylor, IDI, RHSP and PC, achieved less than 80% of their OVC_SERV target. Expenditures for these partners mirrored level of performance.
  - PrEP: Uganda achieved 73% of their FY18 PrEP target, but like other indicators, improved quarter on quarter, with Q4 nearly 200% greater than Q1. Innovations like a PrEP dashboard for real-time reporting helped with this improvement.
  - KP: Despite the socio-legal environment, KP reached with prevention activities has increased over time from 44,877 in FY15 to 183,823 in FY18. Of these, 47% were sex workers and only 3.3%, or 6,207, MSM. Case-identification among MSM was also low (only 3.3% yield).

- Financial Performance: After adjusting for approved over-outlays to support public sector commodities and FY2018 funds for TLD, PEPFAR Uganda as a whole outlaid within the COP 17 planning level; however, there were significant outlays and expenditures that did not align with the approved operational plan.
  - Notably, USAID outlaid $29.1M more than approved.

- In addition, there were extensive obligations as a result of close-out from both CDC and USAID, resulting in obligations in excess of $10M that were not budgeted for in COP 17.
- 10 Implementing Mechanisms, excluding those without COP 17 budgets, outlaid greater than 125% of their COP17 approved planning level, totaling more than $16M. Five of the ten reported COP16 expenses in FY 2018, resulting in over-outlays but the agencies must provide history of contract and grants since the beginning of the funding period so we can evaluate future funding and costs of these partners. Four were partners that implemented programs to strengthen health systems. One, World Vision, reported on a broad range of clinical programs and achieved, or even exceeded, most targets during FY 2018 but over spending to achieve funded requirements is not appropriate and partner management must be improved to ensure optimal oversight of US taxpayer dollars.
- Many more partners outlaid between 100-125% of their planned budgets. This included many of the partners that launched the Surge for Quality. While there may be valid programmatic rationale for these IMs to have over-outlaid, adjustments at this level require formal approval by the in-country interagency PEPFAR team, agency headquarter leadership and S/GAC through an Operational Plan Update (OPU) which was not done.

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 Uganda:

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)	10,805	61,781	53,804	126,390
TX_CURR (Current on Treatment)	86,454	797,547	384,322	1,268,323
TB_PREV	N/A	N/A	N/A	287,967
VMMC_CIRC	67,936	N/A	628,988	696,924
COP 19 (FY 20 Targets)				
TX_NEW (New on Treatment)	29,042	36,189	117,074	182,305
TX_CURR (Current on Treatment)	111,174	723,780	482,180	1,317,133
TB_PREV	N/A	N/A	N/A	400,000
VMMC_CIRC	280,000	N/A	520,000	800,000
National Treatment Coverage				
Treatment Coverage	90%	90%	90%	90%

[a]Targets should be further allocated by age and sex based on disaggregated PLHIV estimates and unmet need for ART.

These targets were developed based on the following assumptions:

- TX_NEW: Targets for TX_NEW assume that 95% of TX_CURR patients are retained from year to year, and that 90% of the TX_NEW target will be retained and thus contribute to the required TX_NET_NEW to achieve the TX_CURR target. Uganda should consider this as they move toward Epidemic Control and how they can exceed these minimum requirements.
- TX_CURR: Targets were generated to move Uganda to 95-95-95 at the country-level based on preliminary PLHIV estimates and ART coverage estimates. In order to achieve this target, the team need accurate reporting and minimization of loss and mortality.
- 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.

Although Uganda has achieved significant progress and is on the path to epidemic control, the COP 2019 strategy must direct PEPFAR's investment toward the remaining gaps. To achieve this PEFPAR should continue to expand impactful interventions implemented in the Surge for Quality across all of Uganda. In regions where saturation is achieved, PEPFAR will need to begin to evolve the program from "scale up" to sustaining control, including shifts in the testing portfolio. Maintaining control will also require focus on improving retention and viral load suppression. Completing the transition to TLD and ensuring all stable patients have access to DSD, including MMS, will be critical. Finally, PEPFAR Uganda should continue to maintain or expand prevention activities, including scale up of PrEP, VMMC, TPT and primary prevention of sexual violence activities through DREAMS and OVC programs.

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 Uganda budget.

Table 8. Minimum Requirements

Minimum Requirement	Uganda Specific Guidance (if applicable in COP18 or COP19)
1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	Test and start is national policy and implemented throughout country.
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.	Uganda treatment guidelines allow for MMS, however, supply chain insecurity has limited its roll out. Recently, Uganda has allowed dispensing of three months of medication. Teams should continue to ensure a minimum of three months is available for all stable patients and begin to shift to 6-months with a goal of the majority shifted by end of COP 19.
3. Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	In process. TLD Transition started in Q1 FY 2019 and if targets are met, Nevirapine-based regimens will be greatly reduced by the end of the year.
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	Continue to expand Index Testing across Uganda through expansion of the Surge for Quality.

of intimate partner violence (IPV) is established.	
5. TB preventive treatment (TPT) for all PLHIVs must be scaled-up as an integral and routine part of the HIV clinical care package.	TPT scale up is linked to TLD transition. Team should continue to monitor and report on status. Targets for COP 19 reflect scale up in COP 18.
6. Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	Surge for Quality has greatly improved time to initiation. During COP18 implementation, continue to expand surge outcomes to other sites such that all sites are implementing by end of COP19, including centrally supported sites.
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.	VL coverage has remained high in Uganda for adults and outcomes for pediatrics has improved over time. Team should continue to refine program.
9. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	As per MER guidance
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.	As per COP guidance
11. Evidence of resource commitments by host governments with year after year increases.	Government of Uganda has made commitments to increase support for HRH and commodities, but funding has remained flat. We must hold them accountable to expand investment and S/GAC will potentially withhold resources if we do not see a minimum 50% increase in resources dedicated to purchase ARVs for the public sector by the GoU.
12. Clear evidence of agency progress toward local, indigenous partner prime funding.	PEPFAR Uganda has a long history of implementing through local partners. Team

	should continue to look for opportunities to expand engagement as possible.
13. Scale up of unique identifier for patients across all sites.	Pilot was completed by PEPFAR, but has not moved for political reasons. Team should continue to advocate for a UI as part of broader approach to sustain epidemic control this year and plan for implementation in COP19. This policy change must occur in COP 2018 with phased scale-up.

Table 9. Other Requirements

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

Requirement	Uganda Specific Guidance (if applicable in COP18 or COP19)
1. Viral load management: Country policy updated.	
2. Screen better and test smarter: Stop over-testing.	Uganda is on the cusp of epidemic control, with some regions potentially achieving 95% treatment coverage by the end of FY 2019. During COP19 implementation, PEPFAR Uganda will need to stratify the testing portfolio based on local needs. For example, PEPFAR should continue to spread the lessons learned in case-identification from the surge to the remainder of the country, including to centrally supported districts, to ensure the country as a whole reaches control. In contrast, in districts with high coverage, PEPFAR Uganda should begin to evolve the testing portfolio to case-based surveillance. These districts should have a marked decrease in testing volume, focusing almost entirely on index testing, self-testing and APN. PITC would only occur within high yield settings like STI or TB clinics, or after risk screening. Similarly, VTC volumes would decline greatly outside KP programs

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 Uganda is 400,000, 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, $2,240,000 will be budgeted for TPT commodities.

DREAMS

Uganda is allocated $15,717,403 funding for DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) programming in COP 2019, of which, $1,484,954 of your COP 19 HVAB budget code needs to be part of your DREAMS programming. This funding is allocated within your COP 2019 planning level and must be used exclusively for the goal of HIV Prevention among adolescent girls and young women (AGYW) in DREAMS SNUs in accordance with all DREAMS and COP 2019 Guidance. All new funding allocated to AGYW prevention programming, including DREAMS, must be allocated to the AGYW Prevention cross-cutting budget code.

In COP 2019 PEPFAR Uganda should also focus on the following technical considerations:

- Develop and implement standard criteria and risk assessment tools across partners and districts to ensure that the most vulnerable AGYW are being reached with DREAMS.
- Ensure that HIV testing is not a pre-requisite for DREAMS enrollment, and that the frequency of testing for individual AGYW is in accordance with their HIV risk.
- Ensure that all curricula reaching DREAMS beneficiaries aligns to curriculum fidelity and complies with DREAMS and COP 2019 Guidance, regardless if the partner is DREAMS or OVC.
- Strengthen HIV and violence prevention programming for 9-14 year olds through DREAMS and OVC, including through coordination and co-planning between the platforms.

VMMC

Uganda is allocated $37,744,485 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.

Uganda has one of the largest youth bulges in Sub Saharan Africa and progress made by the VMMC program will be offset as younger populations continue to age. As such, PEPFAR Uganda should work with GoU to begin neonatal circumcisions in high disease burden regions.

Uganda's total VMMC target for COP 2019 is 800,000 and a minimum of 520,000 circumcisions should be done in men over age 14.

	COP19					
	Target	Total $	VMMC coverage 15-24	VMMC coverage 15-49	Minimum % 15+	Minimum VMMC in 15+
Uganda	800,000	$ 37,744,485	49	27	65	520,000

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

As one of the countries that participated in the FBO Mapping and Gap Analysis TDYs, or that posted a reduction between COP17 and COP18 of $160,543 in support for FBO partners, you are now receiving $189,294 in order to accomplish these priority activities, as identified per the FBO TDY visits: raising awareness among faith and traditional leadership about sexual violence and HIV risk faced by 9-14 year olds; training and targeted implementation of evidence-based approaches with a focus on community mobilization, changing norms, and parenting/caregiver programs; and engaging in child safeguarding policy development and implementation through faith and traditional community structures in high-burden areas, including informal settlements. Of the total, 100% should be invested in the primary prevention of sexual violence and HIV among children ages 9-14 year olds.

Specifically, PEPFAR Uganda will receive $160,543 (part of $189,294) to restore funding in COP18 execution, and this partner must receive full funding for all services provided in COP19 remembering that many FBO clinics are often not subsidized to the same extend as public sector clinics.

- Specifically, $160,543 should be programmed with Catholic Relief Services to address gaps in funding from the previous year.
- This amount should be programmed to address gaps in funding from the previous year and to support the primary prevention of sexual violence and HIV among children ages 9-14.

Other Technical and Programmatic Priorities for Uganda

- Expansion of the Surge for Quality:
  - Interventions implemented through the surge have put Uganda back on a trajectory to achieve epidemic control. PEFPAR Uganda should expand the surge in FY2019 to include additional PEPFAR-supported facilities, prioritized by burden. In FY2020, PEPFAR should complete expansion within current PEPFAR-supported facilities and expand to centrally supported districts to ensure quality.

- PEPFAR Uganda should be prepared to discuss partners who achieved under 80% of POS target at the COP 19 meeting.

- Case-identification:
  - As noted above, Uganda is approaching epidemic control and PEPFAR will need to evolve the testing portfolio from scale up to case-based surveillance in regions that have reached saturation. COP19 should reflect large reductions in HIV testing volume in regions that will have reached 90-95% treatment coverage at the end of FY 2019.
  - PEPFAR should also support GoU to scale recency testing as part of routine testing services.
  - Recency testing must be scaled up in COP18 along with case surveillance.

- Treatment:
  - Continued effort to address gaps in retention and viral load suppressions is needed, with programs tailored to address needs of different populations groups (for example teen adherence clubs, linking HIV+ children to OVC programs, etc). Expansion of MMS and finalization of transition to TLD should remain a priority.
  - PEPFAR Uganda should also ensure that information systems are sufficient to identify and track patients that are lost to follow up so that they can quickly be traced and returned to treatment.
  - RTI and UNHCR, which only reached 31% and 63% of TX_NEW targets and failed to show quarterly improvement should be placed on an improvement plan to ensure they are implementing quality services identified through the surge.
  - In FY 2019, IPT is being scaled alongside TLD and TPT coverage should improve. In addition, TPT initiation and TB case detection have been added to the PEPFAR weekly Surge for Quality dashboard to more closely track progress and support partner management. This should be continued into COP 2019 as part of Surge expansion.

- Prevention:
  - OVC: PEPFAR Uganda should continue to work with partners under achieving targets in FY18 to ensure target achievement in COP 2018 and COP 2019. In addition, given HIV positive children in OVC programs had better VLS outcomes than those in general pediatric treatment, PEPFAR should continue to link HIV+ children to OVC programs.
  - PrEP: PEPFAR should continue to scale PrEP, particularly among MSM and high-risk AGYW through DREAMS. Initial data suggests that retention in PrEP may be low and the team should continue to analyze program data and refine interventions to retain those the most-at-risk.
  - VMMC: As Uganda achieves saturation in priority age bands in certain geographies, PEPFAR should pivot programming in those geographies to target the youth bulge. PEPFAR should also launch neo-natal circumcision programs in a few high burden districts.

- Key and priority populations:
  - PEPFAR should continue to provide prevention, testing and treatment services for key populations.
  - The low numbers of MSM reached and low yield provide an opportunity to explore alternative ways to engage these populations.
  - PEPFAR should consider using men and youth friendly services as an indirect approach to reaching these populations.

- Partner and financial management:
  - In FY2019 PEPFAR Uganda needs to tightly monitor partner financial performance and ensure partners are outlaying and expending within approved levels. Any and all adjustments to approved spending levels must be agreed upon by the interagency team and submitted to S/GAC as an OPU. S/GAC reserves the right to restrict funding to any partners identified in table 5 if they fail to outlay or expend within approved COP 18 levels during FY 2019.
  - All agencies should review Q1 obligations while developing the COP 19 budget to ensure that all close out expenses identified during COP 18 development are accurately captured.
  - COP 19 budgets must include any potential close out costs that may be incurred during FY 2020.

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).