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January 16, 2019

INFORMATION MEMO FOR DANIEL J. KRITENBRINK, VIETNAM

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

SUBJECT: FY 2019 PEPFAR Planned Allocation and Strategic Direction

We are grateful to you, Ambassador Kritenbrink, and your Deputy Chief of Mission Caryn R. McClelland, for your engagement in planning, review and implementation, and with the community and Government to enhance PEPFAR program impact. We also congratulate you and your incredible PEPFAR staff in country on the successful shift in COP17-FY18 to focus on the unmet need in the Northern Economic Zone including Hanoi, and Ho Chi Minh City and its surrounding metropolitan region. Finally, we are grateful to you and your PEPFAR staff in country, working together across agencies to ensure the most effective and efficient use of taxpayer dollars. Since 2004, PEPFAR has invested \$796,965,662 to support the Government of Vietnam to advance progress toward HIV epidemic control.

We congratulate your PEPFAR team on meeting or exceeding the key clinical cascade targets. Yet continued acceleration in the Northern Economic Zone remains critical if Vietnam is to reach epidemic control. While we also applaud Vietnam's success in maintaining viral suppression through the U=U (K=K) program, continued acceleration of access to viral load testing remains important. The majority of Vietnam's implementing partners have been very successful, exceeding their revised COP17 Surge treatment targets. However, the Vietnam Administration for HIV/AIDS Control (VAAC), which has the most difficult task of surging treatment in the NEZ, has struggled. We suggest that PEPFAR Vietnam focus additional effort on supporting the VAAC in achieving their COP18 and COP19 targets. We are also concerned about policy barriers in terms of transitioning to dolutegravir (TLD) as the preferred first-line option for treatment, and in ensuring access to TB preventive therapy. An inability to address the former related to Government of Vietnam pharmaceutical importation requirements could impact Vietnam funding for COP 2019.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) total planning level for Vietnam for the 2019 Country Operational Plan (COP 2019) is **\$30,000,000**, 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 Vietnam.

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APPENDICES:

COP 2019 PLANNING LEVEL

COP 2019 BUDGETARY REQUIREMENTS & GUIDANCE

PAST PERFORMANCE

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

Vietnam		
TOTAL COP 2019 PLANNING LEVEL: \$30,000,000		
Total Base Budget for COP 2019 Implementation		\$ 30,000,000
Total COP 19 New Funding	\$ 20,114,137	
<i>of which, VMMC</i>	\$ -	
<i>of which, DREAMS</i>	\$ -	
Total Applied Pipeline	\$ 9,885,863	

Table 2. Applied Pipeline

Vietnam	
COP 2018 APPLIED PIPELINE BY AGENCY	
Total Applied Pipeline	\$ 9,885,863
DOD	\$ -
HHS/CDC	\$ 5,989,309
HHS/HRSA	\$ -
HHS/SAMHSA	\$ -
State	\$ 676,700
State/EAP	\$ 30,000
USAID	\$ 3,189,855

***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 \$30,000,000.

APPENDIX 2: COP 2019 BUDGETARY REQUIREMENTS

Table 3. COP 2019 Earmarks

Vietnam	
COP 2019 EARMARK REQUIREMENTS	
Care and Treatment (C&T)	\$ 5,028,534
<i>% of base funds allocated to C&T</i>	<i>25%</i>
HKID	\$ -
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, Vietnam’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 25% of all **new FY 2019 Base Funds** to care and treatment of people living with HIV.

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 Vietnam 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 Vietnam 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 \$9,885,863 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 Vietnam must

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

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

APPENDIX 3: PAST PERFORMANCE TRENDS

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

Row Labels	Sum of Approved COP 2017 Planning Level	Sum of Total FY 2018 Outlays	Sum of Over/Under Outlays
Vietnam			
DOD	\$ 1,611,380	\$ 1,102,893	\$ (508,487)
HHS	\$ 20,855,458	\$ 17,386,200	\$ (3,469,258)
State	\$ 590,515	\$ 933,168	\$ 342,653
USAID	\$ 23,389,396	\$ 22,743,690	\$ (645,706)
Grand Total	\$ 46,446,749	\$ 42,165,951	\$ (4,280,798)

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

Vietnam’s total FY 2018 outlay level of \$42,165,951 is under your approved spend level of \$46,446,749 (COP 2017 budget). Within this total, State spent above their approved FY 2018 budgets and DOD, HHS, USAID 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	Prime Partner	Funding Agency	COP17/FY18 Budget (New funding + Pipeline)	Actual FY18 Outlays (\$)	Over/Under FY18 Outlays (Actual \$ - Total COP17 Budget \$)
9972	Association of Public Health Laboratories	HHS/CDC	\$ 64,606	\$ 106,081	\$ 41,475
10831	Clinical and Laboratory Standards Institute	HHS/CDC	\$ 108,000	\$ 186,036	\$ 78,036
17374	Center for Community Health and Development	USAID	\$ -	\$ 79,133	\$ 79,133

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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	131,239	133,103	101.4%	HTS	\$ 1,309,597	85%
	HTS_TST_P OS	5,147	4,592	89.2%			
	TX_NEW	6,613	8,570	129.6%	C&T	\$ 3,373,475	59%
	TX_CURR	62,853	87,875	139.8%			
	VMMC_CIRC	n/a	n/a	n/a	PREV: CIRC	n/a	n/a
	OVC_SERV	n/a	n/a	n/a	SE for OVC	n/a	n/a
					Above Site Programs		\$ 3,823,528
					Program Management		\$ 1,324,483
DOD	HTS_TST	29,620	49,524	167.2%	HTS	\$ 29,068	100%
	HTS_TST_P OS	106	123	116.0%			
	TX_NEW		37		C&T	\$ 18,426	0%
	TX_CURR	558	337	60.4%			
	VMMC_CIRC	n/a	n/a	n/a	PREV: CIRC	n/a	n/a
	OVC_SERV	n/a	n/a	n/a	SE for OVC	n/a	n/a
					Above Site Programs		\$ 412,398
					Program Management		\$ 171,253
USAID	HTS_TST	86,643	81,807	94.4%	HTS	\$ 854,045	63%
	HTS_TST_P OS	3,030	4,372	144.3%			
	TX_NEW	2,698	3,440	127.5%	C&T	\$ 8,473,723	84%
	TX_CURR	26,092	40,020	153.4%			
	VMMC_CIRC	n/a	n/a	n/a	PREV: CIRC	n/a	n/a
	OVC_SERV	n/a	n/a	n/a	SE for OVC	n/a	n/a
					Above Site Programs		\$ 3,277,169
					Program Management		\$ 3,235,695
State/EAP	HTS_TST	n/a	n/a	n/a	HTS	n/a	n/a
	HTS_TST_P OS	n/a	n/a	n/a			
	TX_NEW	n/a	n/a	n/a	C&T	n/a	n/a
	TX_CURR	n/a	n/a	n/a			

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	VMMC_CIRC	n/a	n/a	n/a	PREV: CIRC	n/a	n/a
	OVC_SERV	n/a	n/a	n/a	SE for OVC	n/a	n/a
Above Site Programs						\$ 44,800	
Program Management						\$ 5,200	
HHS/HRS A	HTS_TST	n/a	n/a	n/a	HTS	n/a	n/a
	HTS_TST_POS	n/a	n/a	n/a			
	TX_NEW	n/a	n/a	n/a	C&T	n/a	n/a
	TX_CURR	n/a	n/a	n/a			
	VMMC_CIRC	n/a	n/a	n/a	PREV: CIRC	n/a	n/a
	OVC_SERV	n/a	n/a	n/a	SE for OVC	n/a	n/a
Above Site Programs						\$ 90,649	
Program Management						\$ 17,526	
HHS/ SAMHSA	HTS_TST	n/a	n/a	n/a	HTS	n/a	n/a
	HTS_TST_POS	n/a	n/a	n/a			
	TX_NEW	n/a	n/a	n/a	C&T	n/a	n/a
	TX_CURR	n/a	n/a	n/a			
	VMMC_CIRC	n/a	n/a	n/a	PREV: CIRC	n/a	n/a
	OVC_SERV	n/a	n/a	n/a	SE for OVC	n/a	n/a
Above Site Programs						\$ 497,150	
Program Management						\$ 114,719	

COP 2017/ FY 2018 Performance

Overall

- Case identification targets (HTS_TST POS) were met, however many modalities had low yields (<2%) and index testing had both low yields (<10%) and low volume (only 901 PLHIV diagnosed via index testing) – testing must be more focused on key population networks most at risk where prevention and treatment will have the greatest impact
- We applaud PEPFAR Vietnam’s success in maintaining high rates of Viral Load Suppression.
- Vietnam is struggling with TB Preventative Therapy, with only 17,258 of 84,277 treatment patients screened for TB having a recorded result, and only 11,537 of the 17,028 screened negative, having either completed or being expected to complete TB Preventive Therapy.
- Key population prevention activities exceeded targets, and did an excellent job of testing, or referring to testing, key populations but the low prevalence suggests the team needs to

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evaluate its strategies for identifying at risk groups and those most at risk within those groups.

- Original COP17 targets for treatment were met, however the Vietnam Administration for HIV/AIDS Control (VAAC) did not exceed their revised targets (TX_NEW 67% achievement of 3,105 against a target of 4,632) which were agreed to as part of the COP18 Surge proposal. They also missed their diagnosis targets (HTS_TST_POS 72% achievement of 3,695 against a target of 3,695).
- All other implementing partners exceeded the revised COP17 treatment targets.

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 Vietnam:

	Pediatric (<15) Target	Adult Women (15+) Target	Adult Men (15+) Target	Target Total^a
COP 18 (FY 19 Targets)				
TX_NEW (New on Treatment)	92	4,643	8,627	13,362
TX_CURR (Current on Treatment)	1,838	25,898	48,155	75,891
TB_PREV	N/A	N/A	N/A	6,872
COP 19 (FY 20 Targets)				
TX_NEW (New on Treatment)	N/A	2,698	15,455	18,153
TX_CURR (Current on Treatment)	N/A	32,309	75,645	107,954
TB_PREV	N/A	N/A	N/A	12,972

^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: Targets for TX_NEW assume that the country will meet the FY 19 target for net new defined in COP 2018.
- TX_CURR: Targets were generated to move Vietnam to 90-90-95 as based on the Surge plan developed during COP18.
- 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.

- Targets should be focused on provision of DSD support and on key populations in high burden areas, particularly the underserved areas in the Northern Economic Zone, including Hanoi, along with continued acceleration in Ho Chi Minh City and the surrounding metropolitan areas with the goal of treatment saturation in these high burden areas.

While Vietnam has achieved remarkable progress and is on the path to epidemic control, the COP 2019 strategy must direct PEPFAR’s investment toward the remaining gaps, including improving efficiency, scale and fidelity of case finding, broadening access to viral load testing and TB preventative therapy.

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 Vietnam budget.

Table 8. Minimum Requirements

Minimum Requirement	Vietnam 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.	Vietnam has endorsed Test & Start since July 2017. In 2018, Vietnam with PEPFAR developed a SOP for rapid, same day ART in conjunction with MMS SOP. Same day confirmation is also critical for Test and Start implementation.
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.	Vietnam initiated MMS in Ho Chi Minh City as a pilot in December 2017. Vietnam plans to extend to other provinces in January 2019, which I hope will enable the rest of Vietnam to replicate Ho Chi Minh City’s success. PEPFAR Vietnam needs to help the government increase confidence that ARV drugs will be sufficient, and SHI reimbursement smooth, to enable full implementation.
3. Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	TLD regimen had been included in the Vietnam National Standard Treatment Guidelines since December 2017. PEPFAR Vietnam needs to leverage higher level engagement across both the bilateral

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	relationship and multilateral organizations to ensure progress, and overcome policy barriers related to Government of Vietnam pharmaceutical importation requirements, including a requirement for in-country clinical trials.
4. Scale up of Index testing and self-testing, and enhanced key population case finding, ensuring consent procedures and confidentiality are protected and monitoring of intimate partner violence (IPV) is established.	Index testing policy was included in the new national community-based testing guidelines released by the Vietnam Ministry of Health in April 2018. The index testing is now being scaled-up in 11 surge provinces selected by PEPFAR out of 63 provinces in Vietnam. As Vietnam scales up index testing, they need to also assure that implementation proceeds with fidelity.
5. TB preventive treatment (TPT) for all PLHIVs must be scaled-up as an integral and routine part of the HIV clinical care package.	Both national TB and HIV guidelines recommend TPT for all PLHIV who do not have active TB and/or contraindication to TPT medication (INH). PEPFAR Vietnam needs to work to assure actual implementation at all PEPFAR supported sites, and provide technical assistance to harmonize site level support for TPT.
6. Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	COP19 IP work plans need to reflect fidelity to this minimum requirement.
7. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and related services, such as ANC and TB services, affecting access to HIV testing and treatment and prevention.	While I applaud the integration of financial responsibility for HIV treatment services into Social Health Insurance by the Government of Vietnam, PEPFAR Vietnam must work to ensure that Provincial Authorities continue to subsidize the SHI co-payment requirements as donor subsidies end.
8. Completion of VL/EID optimization activities and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups.	As Vietnam scales up Viral Load testing, they need to continue to optimize their VL activities, and ensure reductions in morbidity and mortality, particularly in key populations.
9. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	As Vietnam restructures its health system, and rolls out social health insurance, PEPFAR Vietnam should ensure that monitoring and reporting of morbidity and mortality outcomes, including infectious and non-infectious morbidity, are a part of the health system.
10. Alignment of OVC packages of services and enrollment to provide comprehensive	

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<p>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.</p>	
<p>11. Evidence of resource commitments by host governments with year after year increases.</p>	<p>PEPFAR Vietnam should continue to support the Government of Vietnam efforts to absorb the cost of HIV treatment by covering this work under Social Health Insurance. PEPFAR Vietnam should also encourage the Government of Vietnam and Provincial Authorities to absorb some of the cost of prevention activities as well.</p>
<p>12. Clear evidence of agency progress toward local, indigenous partner prime funding.</p>	<p>All agencies should work with their US-based headquarters to ensure movement toward local, indigenous prime partner funding.</p>
<p>13. Scale up of unique identifier for patients across all sites.</p>	<p>Vietnam Social Insurance (SI) agency has created a Nationwide database of unique identification numbers for each SI/SHI participant. >86% of population having health insurance in Vietnam (2018). The VAAC, in collaboration with the Vietnam Social Security, is developing an ARV patient database to monitor and manage the payments and information for each patient on ARV only. The new management system will generate a unique identifier for each ARV patient. This system is ongoing development; expected to be implemented in 2019. This must be at scale in 2019.</p>

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

Table 9. Other Requirements

Requirement	Vietnam Specific Guidance (if applicable in COP18 or COP19)
1. Viral load management: Country policy updated.	Continued expansion of viral load testing, both at a national level through above site programmatic support and at a site level through focused DSD support remains critical, as does including viral load testing under Social Health Insurance.
2. Screen better and test smarter: Stop over-testing.	Vietnam needs to develop a case based surveillance system, reduce inefficient testing modalities, and improve the fidelity of index testing implementation, while retaining a focus on key populations.

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 Vietnam is 12,972, 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, \$72,643.20 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 OU.

Other technical and programmatic priorities for Vietnam

- PEPFAR Vietnam needs to continue to improve case-finding to meet goals of the Surge
 - Optimizing modalities, dropping inefficient modalities (e.g., mobile)
 - Improve fidelity and scale of index testing

- Identify and provide critical Technical Assistance
- Barriers to expanding fidelity and scale
- Particularly in the Northern Economic Zone
- As the Vietnam Administration for HIV/AIDS Control (VAAC) has struggled with meeting the targets from the Surge, particularly in the Northern Economic Zone, we suggest PEPFAR Vietnam identify all barriers to success for this critical governmental partner, and provide needed technical assistance to assure the VAAC's success in meeting or exceeding their COP18 and COP19 targets.
- Given the successes in Ho Chi Minh City, PEPFAR Vietnam team should assist in expanding the successful programs, including sharing the lessons and knowledge learned in Ho Chi Minh City, with partners working in the Northern Economic Zone. This would include expanding the roll out of PrEP to the Northern Economic Zone.
- PEPFAR Vietnam should use focus above site investments (Table 6) on supporting the implementation of PEPFAR programs under the Government of Vietnam restructuring of the health systems and the roll out of Social Health Insurance.
- PEPFAR Vietnam should also focus on beginning and supporting the infrastructure to transition to sustained epidemic control by the Government of Vietnam.
- Finally, and critically PEPFAR Vietnam must work to overcome policy barriers related to TLD transition, including martialing high-level multilateral and bilateral engagement.

COP 2019 Stakeholder Engagement

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

In March and April 2019, PEPFAR will convene in-person meetings in Johannesburg, South Africa, Bangkok, Thailand, and Washington, DC where outstanding decisions will be discussed and finalized. In addition to host-country representatives, the meetings will also include representatives from local and international civil society and community organizations and multilateral partners. Engagement with all stakeholders is required beyond the meetings and

throughout the COP 2019 development and finalization process. As in COP 2018, the draft Strategic Direction Summary (SDS) and Data Pack are required to be shared with stakeholders for their input and comments at least 72 hours prior to submission of these materials to the Embassy Front Office. Please refer to the COP 2019 Guidance for a full list of requirements and engagement timelines (Section 2.5.3).

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