United States Department of State

Washington, D.C. 20520

UNCLASSIFIED January 14, 2020

INFORMATION MEMO FOR AMBASSADOR FITE, Angola

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

SUBJECT: FY 2020 PEPFAR Planned Country Allocation and Strategic Direction

Dear Ambassador Fite:

First, I wanted to personally thank you and Deputy Chief of Mission for your dedication to PEPFAR and working every day to achieve the most possible with the United States taxpayers' dollars. The ability to translate these resources into effective and impactful programming has and continues to be core to our collective progress. Last year you embarked on a new strategy in support of the First Lady of Angola to ensure all pregnant women know their HIV status and have immediate access to treatment and support as well as all family members. We know it's early in execution, and we are excited about the opportunity this approach holds to address the HIV epidemic in Angola. Early progress has been demonstrated in:

- Successfully transitioning from a key populations-focused program based in Luanda to one centered on the prevention of mother-to-child transmission (PMTCT) in four provinces: Benguela, Cunene, Huambo, and Lunda Sul.
- Conducting a Data Quality Assessment (DQA) that has laid a good foundation upon which to launch COP19.
- DOD's implementing partner Charles Drew University achieving 142.4% of its TX_NEW target.

We did want to highlight both overarching issues we see across PEPFAR and a few specific to Angola. Full details will follow in a more comprehensive letter from your S/GAC Chair and PPM.

Throughout the PEPFAR family of supported countries and communities, five gaps are shared across the globe holding us collectively back from achieving Sustainable Development Goal 3 related to controlling the HIV AIDS epidemic:

1. Continued new HIV infections in adolescents and young women
2. Supporting key populations with prevention and treatment services
3. Ensuring men are diagnosed and treated early (testing positive and new on treatment (linkage surrogate))
4. Ensuring 15-35-year-old asymptomatic clients are maintained on treatment and virally suppressed (net new on treatment and treatment current growth, (retention surrogate))
5. Ensuring all children are diagnosed and are on the best treatment regimens and virally suppressed

Moreover, we note the following challenges specific to the PEPFAR Angola program:

- Overspending during COP 18/ FY19 is a concern. Vigilance about keeping programming within the confines of budget limitations will be important going forward. Despite a 23% over-outlay, the program did not find PLHIV at the right levels under COP18, nor were clients linked to treatment at program target levels.
- Supply chain deficiencies, such as stock-outs, remain a barrier that we recognize will impact the program's ability to reach key targets. This barrier is due in part to supply chain and policy issues largely beyond the control and scope of the current program. Nevertheless, technical assistance in this area should be enhanced to help achieve targets.
- The Government of Angola's failure to adopt TLD guidelines and transition to this new WHO-recommended treatment regimen is a challenge encapsulating a larger issue: a disconnect between the government's stated political will and a truly committed HIV response. PEPFAR Angola should, nonetheless, redouble efforts to provide technical assistance to ensure national policies and guidelines align with WHO standards, especially around Test and Start, MMD, and ART regimen optimization. These priorities remain unchanged from last year, but progress has been halting.

In a recent Office of Inspector General audit around PEPFAR coordination, there were four draft preliminary recommendations based on their discussions with PEPFAR staff in the field from four countries; three of their recommendations are relevant to this Country Operational Plan planning cycle related to target setting, tool development, and timelines.

Although we just received the draft report a few days ago we did not want to wait another COP cycle to make substantive changes related to the recommendations. The first was around targets and target-setting and the need for a clear and transparent understanding and dialogue in establishing targets. PEPFAR targets are not PEPFAR's, but flow directly from the UNAIDS Fast Track Strategy of 2016. Since 2016, both the PEPFAR strategy and targets were directly derived from the global communities of UNAIDS, WHO, and specifically Heads of State in their commitment to SDG 3 and are aligned to support the country's specific ambition towards those goals.

The global community in 2015 through their Heads of State committed to achieving SDG 3.3 by 2030 which for HIV is ending the HIV/AIDS epidemic as a public health threat. This was followed by a United Nations High Level Meeting on HIV/AIDS in June 2016, whereby these Heads of State committed to the 90/90/90 Fast Track Strategy. Essential to the strategy was 73% community viral load suppression (VLS) by 2020 and 86% community VLS by 2030 combined with increased prevention interventions and zero stigma and discrimination to ensure all ages, genders, and risk groups have access to life saving prevention and treatment services.

Also, in 2016, 22 PEPFAR-supported high HIV burden countries committed to the three Frees of Start Free, Stay Free, AIDS Free with 2020 targets of a decrease in new infections in children to 20,000, 85% of pregnant women on ART, AGYW new infections to < 100,000, 90% of children on ART, and 25 million VMMCs. Since 2016 PEPFAR and the GF resources have been focused on achieving these global goals that have been translated to each country by UNAIDS and subsequently supported financially and technically by the PEPFAR family.

Since 2016, PEPFAR has utilized these global commitment targets as PEPFAR targets with the commensurate increased funding to countries in 2016, 2017, and 2018 to achieve the goals set out by the Heads of State. Many countries have made tremendous progress towards these targets and others need to accelerate. Angola is a country that needs to accelerate, and we are hopeful that this new strategy will move Angola forward towards achievement of the SDG 3.3.
Over the past 4 years, PEPFAR resources were allocated based on need, performance, and specifically on the country's and communities' desire to achieve the SDG, Fast Track Strategy, and Three Free goals and country specific targets.

Based on the OIG recommendation, S/GAC will take a different approach this year to target-setting. Our collective hope is that together we use this moment of reflection on progress and challenges along with the realization that the end of 2020 is only 11 months away to address these overarching challenges this year through COP 2019 implementation, and use COP 2020 to maintain our progress, address any ongoing challenges, and finally fund ambition for greater impact. Thus, S/GAC will not assign targets to countries but only provide notional budget levels. After the PEPFAR country team submits their targets the notional budget will then be adjusted to the presented level of ambition. Additional funding is available as ambition funding for treatment and VMMC.

The PEPFAR Country Operational Plan (COP 2020) notional budget is **$12,710,000** inclusive of all new funding accounts and applied pipeline and reflects the following:

1. Sustaining the gains in treatment services based on your projected COP 2019 treatment result (FY 2020 treatment current funded in COP 2019) $10,850,000
    a. The care and treatment budget is determined by your new strategy including all aspects of the health system inclusive of human resources, laboratory and systems, commodities (exclusive of RTKs) as applicable, and an upward adjustment from FY19 treatment current to the FY2020 treatment current fully burdened cost of treatment services and commodities, and 100% of program management costs and data needs
    b. This budget is broken down by
        i. Care and Treatment services including partner program management costs, FY2020 upward adjustment, EMR and data with surveillance, recency $9,000,000
        ii. TB preventive treatment $200,000
        iii. For earmark purposes 50% of M/O costs $1,650,000
2. PrEP delivery and commodities/RTKs for PrEP clients $160,000
3. RTK and service support to ANC HIV testing $50,000
4. Remaining 50% M/O based on COP19 $1,650,000

Total COP2020 notional budget of $12,710,000 (comprised of $12,261,316 new and $448,684 pipeline).

Teams will develop their own targets across PEPFAR program areas described above, with the treatment current target no less than the result that was to be achieved in COP 2019.

Again, the team has received a notional budget as noted above and a final budget approval will be contingent on the team's desired targets. As always funding is associated with a performance target that will be achieved with those resources. Targets and the subsequent approved budget should reflect the level of ambition the PEPFAR team in collaboration with the Government of Angola and civil society of Angola believes is critical for the country's progress towards controlling the pandemic and maintaining controlling.

Additionally, country teams and specifically agencies independently can request additive ambition funds in the OU FAST to be submitted, based on their stated increased ambition in Treatment with commensurate increased partner level targets. This funding is available to agency partners with the highest performance with evidence that they are addressing one of the critical gaps outlined above. These requests should be discussed with the S/GAC Chair and PPM during the January strategy retreat and tentatively approved and be submitted with the DataPack and FAST tool. The final budget and associated country level targets will be discussed and approved during the Johannesburg meeting.

We are hoping this new approach to target-setting and budget will establish an open dialogue on target-setting and empower teams to work with all stakeholders to plan a strategic and impactful COP. The expectation is for country teams and agencies to propose to S/GAC the targets they believe are achievable and feasible and hold their partner's accountable to that achievement. In addition, this new approach to target-setting gives high performing partners and agencies with additional aspirations the opportunity to do more to achieve even greater impact with additional ambition resources.

In the next 48 hours, more detailed descriptions of the OU's programmatic successes and challenges will be conveyed to your wider PEPFAR team by the S/GAC Chair and PPM in a phone call, after which the detailed planning level letter will be immediately released.

Again, thank you for your work and we are looking forward to working with you to achieve your Fast Track Strategy and ultimately the SDG 3 goal.

Together we can.

Deborah Birx

United States Department of State

Washington, D.C. 20520

UNCLASSIFIED January 16, 2020

COP 2020 Planning Level Letter | PART 2

INFORMATION MEMO FOR AMBASSADOR FITE, ANGOLA

SUBJECT: Fiscal Year (FY) 2020 PEPFAR Planned Allocation and Strategic Direction

With input from the field teams through the quarterly POARTS and from Headquarters Country Accountability and Support Teams (CAST), we have thoroughly reviewed progress of the program in Angola over time and specifically the end of year results of the Country Operational Plan (COP) 2018 and current COP 2019 implementation as we plan for COP 2020. We have noted the following key successes and specific areas of concern:

- At the end of COP 2018, PEPFAR Angola successfully transitioned from a key populations-focused program based in Luanda to one centered on the prevention of mother-to-child transmission (PMTCT) in four provinces: Benguela, Cunene, Huambo, and Lunda Sul. This programmatic shift under COP19 will support the Angolan First Lady's *Born Free to Shine* initiative by identifying and initiating on lifelong treatment 95% of pregnant women living with HIV in the four provinces. Preliminary results from COP19/FY20 Q1 data show some promising results on linkage and yields, which we hope will be sustained through COP19 to attain program targets.

- PEPFAR Angola successfully conducted a Data Quality Assessment (DQA) that revealed significant discordance with DHIS2 data, on which COP19 targets were based. The DQA laid a good foundation upon which to launch COP19, with an effort underway to reset targets to align with DQA results. The DQA also uncovered deficiencies at surveyed facilities that are in the process of being remedied with training, job aids, etc.

- DOD's implementing partner Charles Drew University achieved 136.1% of its HTS_TST_POS target, 283.3% of its TX_CURR target, 142.4% of its TX_NEW target, and 233.6% of its TX_PVLS target, results that are to be commended.

- Overspending during COP 18/ FY19 is a concern. Vigilance about keeping programming within the confines of budget limitations will be important going forward. Submitting operation plan updates (OPUs) to approve over-outlay requests is necessary. Despite a 23% over-outlay, PEPFAR Angola did not find PLHIV at the right levels under COP18, nor were these clients linked to treatment at levels that met program targets.

- Supply chain deficiencies, such as stock-outs, remain a barrier that we recognize will impact the program's ability to reach key targets. This barrier is due in part to supply

chain and policy issues largely beyond the control and scope of the current program. Nevertheless, technical assistance in this area should be enhanced to help achieve targets.

- The Government of Angola's failure to adopt TLD guidelines and transition to this new WHO-recommended treatment regimen is a challenge encapsulating a larger issue: a disconnect between the government's stated political will and a truly committed HIV response. PEPFAR Angola should, nonetheless, redouble efforts to provide technical assistance to ensure national policies and guidelines align with WHO standards, especially around Test and Start, MMD, and ART regimen optimization. These priorities remain unchanged from last year, but progress has been halting.

SECTION 1: COP 2020 PLANNING LEVEL

Based upon current analysis of spend levels, information submitted for the End-of-Fiscal Year 2019 (EOFY) tool, and performance data, the total COP 2020 planning level is comprised as follows: Note – all pipeline numbers were provided and confirmed by your agency.

TABLE 1: All COP 2020 Funding by Fiscal Year

OU Total	Bilateral				Central	TOTAL
	FY20	FY19	FY17	Unspecified	Unspecified	TOTAL
Total New Funding	**$ 12,261,316**	**$ -**	**$ -**			**$ 12,261,316**
GHP- State	$ 11,860,066	$ -	$ -			**$ 11,860,066**
GHP- USAID	$ -	$ -	$ -			**$ -**
GAP	$ 401,250	$ -	$ -			**$ 401,250**
Total Applied Pipeline				**$ 448,684**	**$ -**	**$ 448,684**
DOD				$ -	$ -	**$ -**
HHS/CDC				$ -	$ -	**$ -**
HHS/HRSA				$ -	$ -	**$ -**
PC				$ -	$ -	**$ -**
State				$ -	$ -	**$ -**
USAID				$ 448,684	$ -	**$ 448,684**
TOTAL FUNDING	**$ 12,261,316**	**$ -**	**$ -**	**$ 448,684**	**$ -**	**$ 12,710,000**

SECTION 2: COP 2020 BUDGETARY REQUIREMENTS AND OTHER CONSIDERATIONS**

Countries should plan for the full Care and Treatment (C&T) level of $10,850,000 from Part 1 of the PLL across all funding sources. These earmark levels on new funding are subsets of those amounts that must be programmed with specific types of funding due to Congressional requirements. The full amount programmed across all sources will be visible in the FAST.

TABLE 2: COP 2020 Earmarks by Fiscal Year *

Earmarks	COP 2020 Planning Level			
	FY20	FY19	FY17	Total
C&T	$ 8,000,000	$ -	$ -	**$ 8,000,000**
OVC	$ -	$ -	$ -	**$ -**
GBV	$ -	$ -	$ -	**$ -**
Water	$ -	$ -	$ -	**$ -**

** Countries should be programming to levels outlined in Part 1 of the COP 2020 Planning Level Letter. These earmark controls above represent the minimum amounts that must be programmed in the given appropriation year with GHP-State or GHP-USAID funds.*

TABLE 3: All COP 2020 Initiative Controls*

	COP 20 Total
Total Funding	**$ 3,500,000**
VMMC	$ -
Cervical Cancer	$ -
DREAMS	$ -
HBCU Tx	$ -
COP 19 Performance	$ 3,500,000
HKID Requirement	$ -

*See Appendix 1 for detailed budgetary requirements

SECTION 3: PAST PERFORMANCE – COP 2018 Review

Table 4. COP OU Level FY19 Program Results (COP18) and FY20 Targets (COP19)

Indicator	FY19 result (COP18)	FY20 target (COP19)
TX Current Adults	**30,149**	**43,368**
TB Preventive Therapy	**10,787**	**30,840**
TB Treatment of HIV Positive (TX TB)	**330**	**N/A**

Table 5. COP 2018 | FY 2019 Agency-level Outlays versus Approved Budget

OU/Agency	Sum of Approved COP 2018 Planning Level	Sum of Total FY 2019 Outlays	Sum of Over/Under Outlays
OU			
DOD	1,538,994	2,253,807	(714,813)
HHS/CDC	5,845,010	7,890,067	(2,045,057)
USAID	8,494,257	9,346,404	(852,147)
Grand Total	**15,878,261**	**19,490,278**	**(3,612,017)**

**Outlays reported in this letter represent a snapshot in time. With respect to outlays reported as "central" (if/applicable), note those numbers are being included in this format for the first time this year and any reported under/over-outlays may be subject to further adjustments as the process for such funds is refined.*

Table 6. COP 2018 | FY 2019 Implementing Partner-level Outlays versus Approved Budget

Mech ID	Prime Partner	Funding Agency	COP/ROP18/FY19 Budget (New funding + Pipeline + Central)	Actual FY19 Outlays ($)	Over/Under FY19 Outlays (Actual $ - Total COP/ROP18 Budget $)
0	M+O	DOD	152,555	266,531	(113,976)
17397	CDU	DOD	1,386,439	1,987,276	(600,837)
17490	APHL	CDC	604,933	1,224,791	(619,858)
17850	ICAP	CDC	2,456,710	2,920,651	(463,941)
17851	SPH	CDC	200,000	255,577	(55,577)
80060	Afenet	CDC	568,667	366,106	202,561
0	M+O	USAID	1,994,981	2,223,043	(228,062)
17308	FHI360	USAID	2,250,000	2,915,617	(665,617)

**Outlays reported in this letter represent a snapshot in time. With respect to outlays reported as "central" (if/applicable), note those numbers are being included in this format for the first time this year and any reported under/over-outlays may be subject to further adjustments as the process for such funds is refined.*

Table 7. COP 2018 | FY 2019 Results & Expenditures

Agency	Indicator	FY19 Target	FY19 Result	% Achievement	Program Classification	FY19 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	20,394	**50,954**	249.8%			
	HTS_TST_POS	3,502	**2,809**	80.2%	HTS	251,176	0%
	TX_NEW	3,189	**2,438**	76.5%			
	TX_CURR	9,077	**6,948**	76.5%	C&T	1,496,034	30.3%
DOD	HTS_TST	21,475	**14,742**	68.6%			
	HTS_TST_POS	952	**1,296**	136.1%	HTS	164,451	0%
	TX_NEW	740	**1,054**	142.4%			
	TX_CURR	2,550	**7,223**	283.3%	C&T	464,942	0%
HTS_TST		60,690	**95,820**	157.9%			
	HTS_TST_POS	7,872	**6,086**	77.3%	HTS	2,648,651	66.4%
TX_NEW		7,543	**3,215**	42.6%			
USAID	TX_CURR	22,003	**17,745**	80.6%	C&T	2,142,561	39%
Above Site Programs							
Program Management							

COP 2018 | FY 2019 Analysis of Performance

Care and Treatment

OU/PSNU Levels

- Despite overspending the Care and Treatment budget by 33%, PEPFAR Angola only initiated 6,707 people on treatment in FY19, 58.5% of the target. This reflects a 65.8% linkage. Challenges remain for treatment retention as well, as only 72.4% of clients tested were virally suppressed.
- PEPFAR Angola faces significant ART supply chain issues. Initial results from the latest SIMS review have found limited availability of ART, especially pediatric ART.

Partner Performance

- Charles Drew University (CDU), funded by DOD, performed especially well, achieving 142.4% of their TX_NEW target.
- ICAP, funded by CDC, underperformed by only reaching 76.5% of their TX_NEW target, although this does represent an improvement in their performance in FY18, where they only achieved 67.4% of their target.

Case Finding

OU/PSNU Levels

- PEPFAR Angola did not meet its case-finding FY19 target, despite the OU overspending its Testing budget by 25%. The program only achieved 82.7% of the HTS_POS target, despite over-testing by 157.5% of its testing target. Overall, yield was 6.3%.
- Index testing was not scaled up significantly across all partners.
- PEPFAR Angola faces key test kit supply chain issues. Initial results from the latest SIMS show stock-outs in both rapid and confirmatory test kits in the four provinces.

Partner Performance

- DOD's CDU met its HTS_TST_POS target more efficiently than expected, exceeding it by 104.5% while only needing to achieve 57.7% of the HTS_TST target. Despite this success, CDU should still aim to achieve 100% of its testing target, as it could lead to more PLHIV being identified.
- CDC's ICAP only achieved 80.2% of its HTS_TST_POS target. ICAP also over tested significantly with a target achievement of 249.8%. This represents a very inefficient yield. This also represents a large step back from FY18, when ICAP met 141.4% of its HTS_TST_POS target.
- Of the testing modalities used, only 2.2% and 1.9% were index tests, offered by CDU and ICAP respectively. All testing partners should scale up index testing, as this is one of the most efficient and effective testing modalities offered.

Expenditures

- Two key partners retained into COP 2020 over-outlaid to a combined 57.8% of the total over-outlays by the OU. Both CDU and ICAP over-outlaid by 43% and 19%, respectively. While CDU overspent because of the timing of expenses versus reimbursements hitting late, and ICAP overspent because of a DQA, neither over-outlay was approved by an operational plan update. These additional expenses, therefore, were not planned for at the headquarter level.

SECTION 4: COP 2020 DIRECTIVES

The following section has specific directives for COP 2020 based on program performance noted above. Please review each section carefully including the minimum program requirements and specific country directives.

All PEPFAR programs – bilateral, regional, and country pairs – are expected to have the following minimum program requirements in place 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.

For COP 2020, the failure to meet any of these requirements will result in reductions to the PEPFAR Angola's budget. (See Section 2.2. of COP Guidance)

Table 8. COP 2020 (FY 2021) Minimum Program Requirements

	Minimum Program Requirement	Status	Outstanding Issues Hindering Implementation
	1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups, with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.[1]	OU is currently providing this technical assistance in areas where PEPFAR has not worked before.	Constraints preventing full implementation are availability of ARVs, lack of central staff to train other provinces, and lack of M&E tools/register books.
	2. Rapid optimization of ART by offering TLD to all PLHIV weighing >30 kg	The Minister of Health is reviewing	The Minister of Health has notionally agreed to create an action plan to

[1] Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization, September 2015

Care and Treatment	(including adolescents and women of childbearing potential), transition to other DTG-based regimens for children weighing ≥20kg, and removal of all nevirapine-based regimens.[2]	an ART optimization proposal.	roll out TLD. However, the plan would exclude women of child-bearing age, which does not align with current WHO guidance.
	3. Adoption and implementation of differentiated service delivery models, including six-month multi-month dispensing (MMD) and delivery models to improve identification and ARV coverage of men and adolescents.[3]	OU is currently providing this technical assistance in areas where PEPFAR has not worked before.	Constraints preventing full implementation are availability of ARVs, lack of central staff to train other provinces, and lack of M&E tools/register books.
	4. All eligible PLHIV, including children, should have been offered TB preventive treatment (TPT) by end of COP20; cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient. [4]	OU is currently providing this technical assistance in areas where PEPFAR has not worked before.	The constraint preventing full implementation is the availability of drugs.
	5. Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and	OU is currently providing this technical assistance in areas where PEPFAR has not worked before.	Constraints preventing full implementation are availability of VL machines, lack of central staff to train other provinces, and lack of M&E tools/register books. A new VL machine was recently installed in the Benguela province with eventual update to begin

2 Update of recommendations on first- and second-line antiretroviral regimens. Geneva: World Health Organization, July 2019

3 Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Geneva: World Health Organization, 2016

4 Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Geneva: World Health Organization, 2016

	results delivered to caregiver within 4 weeks.		VL activities in Jan/Feb 2020.
Case Finding	6. Scale up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological parent must be tested for HIV.[5]	OU is currently providing this technical assistance in areas where PEPFAR has not worked before.	Constraints preventing full implementation are availability of test kits, lack of central staff to train other provinces, and lack of M&E tools/register books.
Prevention and OVC	7. Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV- burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices).[6]	OU to begin providing this technical assistance in areas where PEPFAR has not worked before.	There is currently no national policy around PrEP. Stigma and discrimination remain significant barriers that will take a more concerted effort by the government and partners to address.
	8. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1)	N/A	N/A

5 Guidelines on HIV self-testing and partner notification. Supplement to consolidated guidelines on HIV testing services. Geneva: World Health Organization, 2016 https://www.who.int/hiv/pub/self-testing/hiv-self-testing- guidelines/en/

6 Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization; 2015 (http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en).

	actively facilitating testing for all children at risk of HIV infection, 2) providing support and case management for vulnerable children and adolescents living with HIV 3) reducing risk for adolescent girls in high HIV-burden areas and for 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV.		
Policy & Public Health Systems Support	9. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer, PrEP and routine clinical services, affecting access to HIV testing and treatment and prevention.[7]	Completed.	
	10. OUs assure program and site standards are met by integrating effective quality assurance and Continuous Quality Improvement (CQI) practices into site and program management. CQI is supported by IP work plans, Agency agreements, and national policy.[8]	OU is currently providing this technical assistance in areas where PEPFAR has not worked before.	
	11. Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and health care providers	OU is currently providing this technical assistance in areas where PEPFAR has not worked before.	Stigma and discrimination remain significant barriers that will take a more concerted effort by the government and partners to address.

[7] The practice of charging user fees at the point of service delivery for HIV/AIDS treatment and care. Geneva: World Health Organization, December 2005

[8] Technical Brief: Maintaining and improving Quality of Care within HIV Clinical Services. Geneva: WHO, July 2019

	regarding U = U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.		
	12. Clear evidence of agency progress toward local, indigenous partner prime funding.	USAID surpassed the 40% target, and funds allocated to M2M represent 49% of total COP19's program funds.	
	13. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended.	Implementation of GRA's commitment to double overall health spending from ~3.7% to 7.1% of the federal budget from FY19 to FY20.	The proportion spent on HIV services remains unknown.
	14. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	OU is currently providing this technical assistance in areas where PEPFAR has not worked before.	Constraints preventing full implementation are lack of central staff to train other provinces, and lack of M&E tools/register books.
	15. Scale-up of case-based surveillance and unique identifiers for patients across all sites.	Unique identifiers are not currently in place.	

In addition to meeting the minimum requirements outlined above, it is expected that PEPFAR Angola will:

Table 9. COP/ROP 2020 (FY 2021) Technical Directives

OU –Specific Directives
HIV Treatment
1. The OU must place a heavy emphasis on the supply chain when providing technical assistance. Given the ART stock-outs, likely some of the poor linkage (65.8%) is due to the lack of medicine.
2. The OU must focus on the adoption and implementation of TLD. Only 72.4% of PEPFAR clients in Angola were virally suppressed last year, and that is likely due to the fact that the main ART regimens currently offered are antiquated.
HIV Testing

1. The OU must concentrate on index testing when providing technical assistance. PEPFAR Angola over-tested while under-identifying new cases in COP 2018. This is likely due in part to the OU's low proportion of index tests offered as a testing modality in COP 2018.
Other Government Policy or Programming Changes Needed
1. If over-outlays must occur, the implementing partner must seek approval from the field and headquarters before over-outlaying. The PEPFAR field team must also monitor IP budget expenditures more closely to ensure they are aligned with program targets and within the pipeline requirements.

COP 2020 Technical Priorities

Client and Family Centered Treatment Services

COP 2020 planning must specifically and thoroughly address the challenge of interrupted antiretroviral treatment and client loss, especially among young adults. Maintaining epidemic control, as measured by the proportion of PLHIV with viral suppression, will require long-term, continuous ART for a population that is often young and asymptomatic— and for whom HIV treatment is easily interrupted by drug side effects, inconvenience, lack of time, poor customer service, stigma and discrimination, or life circumstances. Maintaining long-term viral suppression necessitates planning and implementing services that are convenient and fit the lives of the clients, and make it easy for patients on ART to continue treatment. PEPFAR requires development and full implementation of key client-centered policies and practices at the site-level, including optimized treatment (dolutegravir-based therapy) and multi-month dispensing, convenient ARV pick-up arrangements, and community and client participation in design and evaluation of services. PEPFAR Angola must ensure 100% "known HIV status" for biological children of TX_CURR clients (15+), including chart review and retrospective elicitation of eligible biological children.

Community-led Monitoring

In COP 20, all PEPFAR programs are required to develop and support and fund a community-led monitoring activity through State Department Ambassador's small grants in close collaboration with independent, local civil society organizations and host country governments. Collaboration with community groups, civil society organizations and patients/beneficiaries can help PEPFAR programs and health institutions diagnose and pinpoint persistent problems, challenges, and barriers to effective service and client outcomes at the site level.

Pre-Exposure Prophylaxis (PrEP)

Groups to be prioritized for PrEP include those testing negative in index testing but remaining at increased risk of HIV acquisition by virtue of unprotected exposure to a PLHIV with unsuppressed viral load, key populations including sex workers, men who have sex with men, transgender persons, people who use drugs, adolescent girls and young women, including pregnant and breastfeeding women, in areas with high HIV incidence or with high risk partners, and other identified serodiscordant couples. (Groups will be tailored to country context).

TB Preventive Treatment (TPT)
TPT is considered routine HIV care, and all country programs must have offered TPT to all PLHIV on treatment by the end of COP20; targets have been set accordingly. Countries should budget for full coverage, and plan to use optimal regimens (3-HP) as supply allows.

PLHIV Stigma Index 2.0
PEPFAR teams are required to either fund host country PLHIV network-led implementation of the revised Stigma Index 2.0, or complement Global Fund or other donors financing implementation of the Stigma Index 2.0, if it has not already been implemented in the OU. This revised U.S. government compliant version can begin the process of baseline data collection for evaluating the future impact of interventions on reducing stigma, and can inform future HIV program planning. If the revised Stigma Index 2.0 has not been previously conducted in the OU, then PEPFAR teams must work with UNAIDS, Global Fund or other donors to ensure its implementation during COP 20, whether supported by PEPFAR or other resources.

COP 2020 Stakeholder Engagement (see section 2.5.3 of COP Guidance)

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/ROP 2020 remains a requirement for all PEPFAR programs, and as such the COP/ROP 2020 process will engage with stakeholders early and frequently. This engagement specifically includes the sharing of FY 2019 Q4 and FY 2019 APR results and analyses and the convening of an in-country planning retreat with local stakeholders during the last two weeks of January 2020 in order to introduce and discuss all COP/ROP 2020 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP/ROP 2020. 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. The PEPFAR investments to support the national response must be planned intentionally with the Global Fund New Funding requests with teams demonstrating how complementarity was achieved to ensure maximal impact on the HIV/AIDS epidemic is achieved.

In February and March 2020, PEPFAR will convene in-person meetings in Johannesburg, South Africa, Bangkok, Thailand, and Atlanta, GA 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. Specific guidance for the 2020 meeting delegations have been provided elsewhere. Engagement with all stakeholders is required beyond the meetings and throughout the COP/ROP 2020 development and finalization process. As in COP/ROP 2019, 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 2020 Guidance for a full list of requirements and engagement timelines.

APPENDIX 1: Detailed Budgetary Requirements

Table 10. New Funding Detailed Initiative Controls

	COP 2020 Planning Level			
	FY20			COP 20 Total
	GHP-State	GHP-USAID	GAP	
Total New Funding	**$ 11,860,066**	**$ -**	**$ 401,250**	**$ 12,261,316**
Core Program	$ 8,360,066	$ -	$ 401,250	**$ 8,761,316**
COP 19 Performance	$ 3,500,000			**$ 3,500,000**
HKID Requirement ++	$ -			**$ -**

++DREAMS countries with GHP-USAID funding can use FY20 GHP-USAID funding to meet their FY20 HKID Requirement. These countries include: Kenya; Nigeria; South Africa; Tanzania; Uganda; and Zambia

Care and Treatment: If there is no adjustment to the COP 2020 new funding level due to an adjustment in applied pipeline, countries must program to the full Care and Treatment amount from Part 1 of the planning level letter across all funding sources. Additionally, due to Congressional earmarks, some of the care and treatment requirement must be programmed from specific funding sources, as indicated above in Table 2. Your care and treatment requirement for the purposes of Congressional earmarks is calculated as the sum of total new FY 2020 funding programmed to the HTXS, HTXD, HVTB, HBHC, PDTX, PDCS, HLAB budget codes, 80% of the total funding programmed to the MTCT budget code, and 50% of the total funding programmed to the HVCT budget code.

*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 OU 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 2020 Applied Pipeline (See Section 9.1.2 Applied Pipeline of COP Guidance)

All agencies in Angola should hold a 3 month pipeline at the end of COP 2020 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 2019 implementation (end of FY 2020) with a pipeline in excess of 3 months is required to apply this excessive pipeline to COP 2020, decreasing the new funding amount to stay within the planning level.