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January 14, 2020

**INFORMATION MEMO FOR AMBASSADOR PETERSON, Eswatini**

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

**SUBJECT: FY 2020 PEPFAR Planned Country Allocation and Strategic Direction**

Dear Ambassador Peterson:

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. Your PEPFAR team in country is extraordinary and we are fortunate to witness their passion and compassion. We are very excited about this progress:

- PEPFAR Eswatini implemented a multi-intervention surge approach to achieve the national 90-90-90 HIV coverage targets by the end of FY18; and, through a combination of targeted HIV testing and back-to-care efforts, have reached and enrolled 92% of HIV positive persons identified in treatment with 87% viral load suppression.
- Achieved viral load suppression results in adults of greater than 95% across all regions, and, in children, greater than 85% -- with viral load coverage between 82-85% by region.
- Consistent effort on scaling index testing has resulted in an increase in HIV positive yield to greater than 20%, and, with a higher number of men identified through index texting than women, index testing demonstrates the utility of this modality of testing as a means of reaching men.
- Together with the Government of Eswatini and civil society leadership we have made tremendous progress together. Eswatini should be proud of the progress made over the past 16 years of PEPFAR implementation and we are deeply grateful for the ongoing deep coordination with the Global Fund and UNAIDS.

We did want to highlight both overarching issues we see across PEPFAR and a few specific to Eswatini. 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

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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 PEPFAR Eswatini:

- While the national treatment cascade shows high rates of coverage, ART coverage is less than 90% for children, young women and men 25-29 years.
- Even as index testing has scaled, facility-based testing results had lower numbers of contacts elicited than anticipated, which, in turn, limited the effectiveness of the overall contribution of index testing to HIV positives identified.
- The trend in new positives identified has held constant over FY18 and FY19, but with limited growth in the treatment cohort due to difficulties with client retention, resulting in marked differences between regions.

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 derive 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 VMMC's. Since 2016 PEPFAR and the Global Fund 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. Eswatini is on track to achieve and sustain the 2020 and 2030 goals if specific programmatic gaps are addressed.

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 be adjusted to the presented level of ambition. Additional funding is available as ambition funding for treatment and VMMC.

The PEPFAR Country/Regional Operational Plan (COP/ROP 2020) notional budget is \$71,072,000 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 (FY2020 treatment current funded in COP19) \$41,400,000
  - a. The care and treatment budget is determined by all of your FY18 C/T expenditure services and commodities (no RTK commodities), including all aspects of the health system inclusive of human resources, laboratory and systems, commodities (exclusive of RTKs), 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 \$28,900,000
    - ii. ARV drugs and treatment commodities (everything except RTKs) \$2,000,000
    - iii. TB preventive treatment \$2,700,000
    - iv. Cervical cancer \$3,000,000
    - v. For earmark purposes 50% of M/O costs \$4,800,000
    - vi. Care and Treatment qualifies for ambition funds if addresses gap #3-5
2. Continued orphans and vulnerable children funding to include DREAMS vulnerable girls less than 20-year-old. \$19,560,000 broken down by:
  - a. HKID or \$6,700,000 dollars for continued historical OVC services
  - b. DREAMS funding of \$14,000,000 of which 85% is for vulnerable girls under 20, \$11,900,000
  - c. 10% of M/O or \$960,000
3. Continued VMMC funding based on your percent of VMMC in the appropriate age band of >15 years old
  - a. Total VMMC \$1,700,000

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- b. VMMC qualifies for ambition requests
- 4. Dramatic expansion of DREAMS programming \$14,000,000 as noted above, of which \$11,900,000 is for vulnerable girls under 20 and the remaining \$2,100,000 is for other DREAMS programming
- 5. Continued expansion of Key Populations prevention and expansion of PrEP depending on country submitted targets
  - a. Key Population (non-treatment but includes RTKs) \$1,300,000
  - b. PrEP total: \$1,100,000 dollars
- 6. RTK and service support to ANC HIV testing \$72,000
- 7. Remaining 40% M/O based on COP19 \$3,840,000

Total COP2020 notional budget of \$71,072,000 (comprised of \$69,071,994 new and \$2,000,006 pipeline).

Overall, across the PEPFAR portfolio, we have dramatically increased DREAMS funding to address prevent new infections in adolescent girls and young women. For the first time we find across all districts implementing DREAMS, declines in new diagnoses of HIV in young women. These funds should be used to expand to the highest burden districts not current covered and saturate in urban areas.

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. Testing support outside of ANC should be consistent with any targets above FY2020 treatment current and be submitted with any ambition funding. Targets reflecting continued and sustained OVC programming and KP programming. For DREAMS, PrEP, cervical cancer and Preventive TB, increased targets consistent with the level of increased budgets.

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 Eswatini and civil society of Eswatini 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 and VMMC, with commensurate increased partner level targets. This funding is available to agency partners with the highest performance with evidence that they are addressing the one of the critical gaps outlined above. Budget requests must be consistent with the cost of expanded targets and address one of the gaps in programming #3-5 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 Data Pack 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

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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 Eswatini'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

Subject to COP Development and Approval