United States Department of State

Washington, D.C. 20520

UNCLASSIFIED January 14, 2020

INFORMATION MEMO FOR AMBASSADOR LEONARD, Nigeria

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

SUBJECT: FY 2020 PEPFAR Planned Country Allocation and Strategic Direction

Dear Ambassador Leonard:

First, I wanted to personally thank you and the Deputy Chief of Mission for your dedication to PEPFAR and achieving the most possible with the taxpayer dollars. The ability to translate these dollars into effective and impactful programming has and continues to be core to our success. We continue to applaud the work you did collectively to define and refine the understanding of the epidemic in Nigeria and translating those findings into action to support the people of Nigeria. Your PEPFAR team in country has embarked on a new trajectory in partnership with the Government of Nigeria (GoN) and the Nigerian community to accelerate progress. This letter recognizes that you are early into the acceleration and is committing the second year of your acceleration funds as we evaluate progress together. We remain committed to these joint goals in partnership with government and civil society. We are excited about realizing the dramatic increase in service delivery access through decreased out of pocket expenses instituted by the State Governors and we look forward towards full implementation. In addition, we are really pleased with your progress in:

- Using NAIIS results to plan and launch a surge in Akwa Ibom and Rivers, accelerating efforts to identify people living with HIV and link them to care. Overall the team-initiated care for 160,000 PLHIV
- Securing political support for the surge, particularly with elimination of user fees for HIV treatment and related services in several states, which is a crucial requirement of a successful program.
- Demonstrating ability to use continuous quality improvement (CQI) methods at the site level to change practices, including key minimum program requirements of multi-month dispensing of antiretroviral drugs, and transitioning to dolutegravir based regimens (DTG).

We did want to highlight both overarching issues we see across PEPFAR and a few specific to Nigeria. 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 on the best treatment regimens and virally suppressed

We acknowledge that the PEPFAR team is just embarking on this new strategy for Nigeria but we ask that you pay attention to the above as many countries share these issues and they may expand in Nigeria as you expand access to prevention and treatment services.
Moreover, we note the following challenges specific to PEPAR Nigeria:

- Scaling up of intensive efforts to establish standards of client centered service for every PEPFAR-supported site and to use CQI methods to ensure standards are met.
- Further improvement in both the efficiency and pace of case finding will be needed to reach overall treatment goals. Yield still shows considerable variability by state, by partner, and by agency.
- Key systems improvements that will require USG PEPFAR agencies to accomplish together, in collaboration with MoH, include establishing the NDR as the trusted and shared record for ART clients, and optimizing supply chain visibility and forecasting to ensure access to key commodities to better support client centered service.

PEPFAR targets for Nigeria are not PEPFAR's target but flow directly from the UNAIDS Fast Track Strategy of 2016. Since 2016, both the PEPFAR strategy and targets 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 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. Nigeria is in the UNAIDS category of needing to accelerate to achieve the SDG3 goal.

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 continue to fund the ambition the team committed to last year with the second year of acceleration funding. This funding was committed last year as part of a two-year acceleration and SGAC remains committed to the goals and targets we negotiated together last year during COP development.

The PEPFAR Country/Regional Operational Plan (COP/ROP 2020) budget is $371,135,000 inclusive of all new funding accounts and applied pipeline and inclusive of the second year of the acceleration funds of $65,431,380.

In the next 48 hours, more detailed descriptions of 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 3.3 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 LEONARD, NIGERIA

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, we have thoroughly reviewed progress of the program in your country 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:

Key Successes for PEPFAR Nigeria from FY19 include:

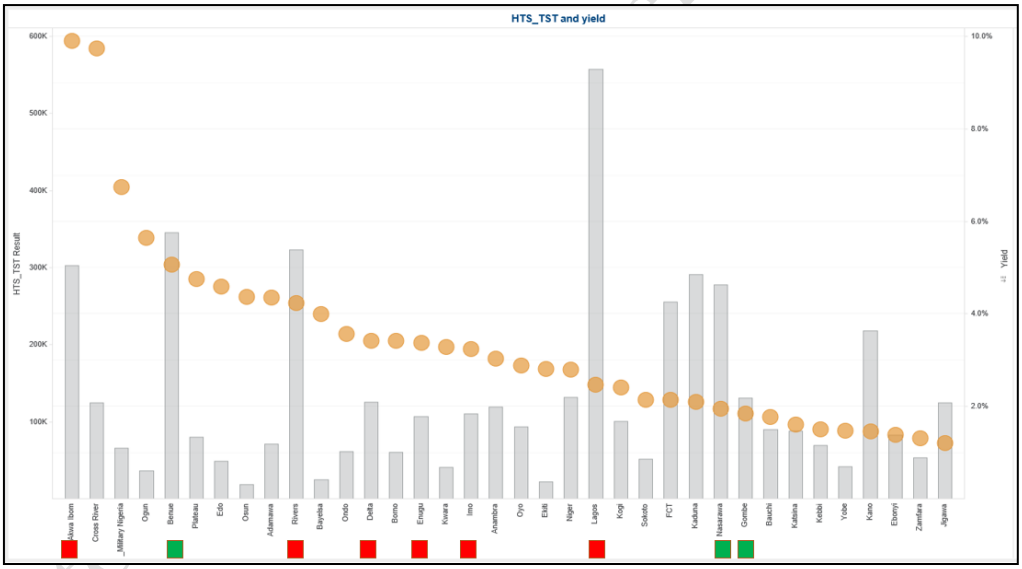
- Using NAIIS results to plan and launch a surge in Akwa Ibom and Rivers, accelerating efforts to identify people living with HIV and link them to care. Overall the team- initiated care for 160,000 PLHIV.
- Demonstrating progress in smart, efficient, targeted, case finding methods: including significant progress in bringing index testing to scale and using NAIIS and program data to drive community-based testing in high-prevalence areas and populations.
- Securing political support for the surge, particularly with elimination of user fees for HIV treatment and related services in several states, which is a crucial requirement of a successful program.
- Demonstrating ability to use continuous quality improvement (CQI) methods at the site level to change practices, including key minimum program requirements of multi-month dispensing of antiretroviral drugs, and transitioning to dolutegravir based regimens (DTG).
- Making progress toward a fully functioning National Data Repository, a critical tool for effective and efficient patient care and program management.
- Tuberculosis Preventive Therapy (TPT) coverage among PLHIV within Nigeria has been effectively implemented and should be noted as a country wide achievement.
- Achieving historically unprecedented results within their OVC program across all agencies and partners with an OVC_SERV

achievement of 109.5% and an OVC_HIVSTAT achievement of 106.4%.

Nonetheless, PEPFAR Nigeria still has opportunities for improvement:

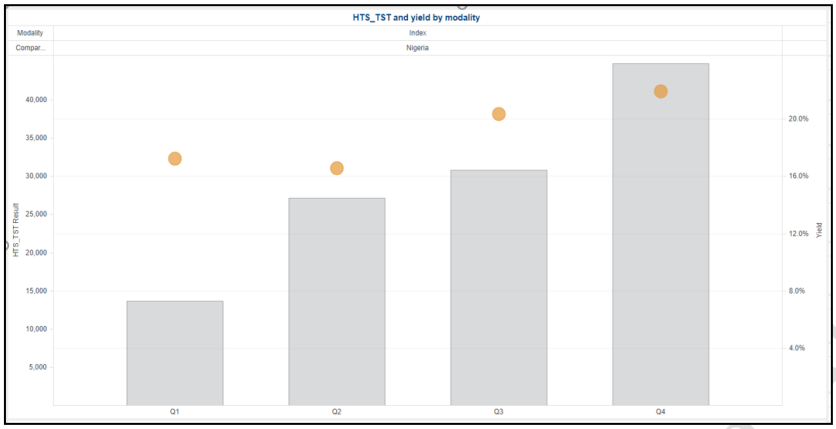
- During FY 2019, while 160K people started treatment, the total number of people currently on treatment only grew by 60,000 patients. This difference underscores the importance of client centered, effective services in every site that make it easy for people living with HIV to stay on continuous treatment without barriers. This will require vigorous efforts to establish standards of client centered service for every PEPFAR- supported site and to use CQI methods to ensure standards are met. This means that in FY2020, even if everyone stays on treatment, 400,000 people will need to start and stay on treatment to reach the national targets.
- Case finding progress (yield) still shows considerable variability by state, by partner, and by agency. Figure 1 illustrates the varying yield of 1.6% to almost 10% by PSNU. Both the pace and the efficiency of case finding will need to be accelerated quickly to achieve existing, ambitious goals.

Figure 1. COP18 (FY19) HTS_TST and Yield By PSNU



- Similarly, index testing has shown considerable improvement quarter by quarter during FY19 as can be seen in the trend chart of Figure 2 below. While PEPFAR Nigeria has seen significant improvement within this marker of first 90 achievement, the OU is still below the goal of 30% of HTS_POS being derived from this modality per the agency self-assessments and this will be an area of focused improvement during COP20. Additionally, there is considerable variability in yield from index testing across PSNUs, and opportunities for sharing of best practices with PSNUs with sub-optimal results.

Figure 2. COP18 (FY19) HTS_TST Index Modality and Yield FY19 Trend



- The USG PEPFAR team must work together to establish the NDR as a trusted and definitive record of HIV services by all stakeholders and across all states. The NDR should be used to monitor and shape efforts to advance retention and continuity of treatment.
- The USG PEPFAR team must also work with appropriate stakeholders to optimize supply chain visibility and forecasting to better support client centered services.

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	$231,239,788	$ -	$ 65,000,000			$296,239,788
GHP-State	$179,277,288	$ -	$ 65,000,000			$244,277,288
GHP-USAID	$ 50,000,000	$ -	$ -			$ 50,000,000
GAP	$ 1,962,500	$ -	$ -			$ 1,962,500
Total Applied Pipeline		$ 65,431,380		$ 7,497,124	$ 1,966,708	$ 74,895,212
DOD		$ 1,140,183		$ 1,197,391	$ -	$ 2,337,574
HHS/CDC		$ 29,420,700		$ -	$ -	$ 29,420,700
HHS/HRSA				$ -	$ -	$ -
PC				$ -	$ -	$ -
State				$ -	$ -	$ -
USAID		$ 34,870,497		$ 6,299,733	$ 1,966,708	$ 43,136,938
TOTAL FUNDING	$231,239,788	$ 65,431,380	$ 65,000,000	$ 7,497,124	$ 1,966,708	$371,135,000

**Based on agency reported available pipeline from EOFY.*

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

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	$ 150,000,000	$ -	$ 65,000,000	**$ 215,000,000**
OVC	$ 25,900,000	$ -	$ -	**$ 25,900,000**
GBV	$ 6,746,055	$ -	$ -	**$ 6,746,055**
Water	$ 437,000	$ -	$ -	**$ 437,000**

** 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. For countries with GHP-State and GHP-USAID funds the C&T and OVC earmark requirements can be met with FY20 funding from any combination of the two accounts*

TABLE 3 : All COP 2020 Initiative Controls

	COP 20 Total
Total Funding	**$ 25,900,000**
VMMC	$ -
Cervical Cancer	$ -
DREAMS	$ -
HBCU Tx	$ -
COP 19 Performance	$ -
HKID Requirement	$ 25,900,000

***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 (15+ / <15)	**827,687/ 39,047**	**1,192,871/ 75,665**
PrEP (NEW/CURR)	**379 /623**	**14,430/ 17,359**
TB Preventive Therapy	**274,332**	**1,124,208**

**All FY19 (COP18) results were derived from PEPFAR Panorama.*
**All FY20 (COP19) targets were taken from the COP19 approval memo or the final COP19 data pack.*

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

Nigeria/Agency	Sum of Approved COP/ROP 2018 Planning Level	Sum of Total FY 2019 Outlays	Sum of Over/Under Outlay Deltas
Nigeria	311,211,753	286,404,900	24,806,853
DOD	10,495,879	9,125,007	1,370,872
HHS/CDC	98,200,003	95,776,496	2,423,507
HHS/HRSA	-	161,496	(161,496)
State	757,094	580,482	176,612
USAID	201,758,777	180,761,419	20,997,358

**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.*

Nigeria's total FY19 outlay level of $ 286,404,900 is below your approved spend level of $311,211, 753 (COP 2018 budget). Within this total, all agencies spent below their approved level.

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

***** *This table was based off the FY19 EOFY submissions but edited to reflect OPUs as of January 15, 2020. Agencies outlaid to the following Implementing Mechanisms 125% or more in excess of their COP18 approved planning level.*

Mech ID	Partner Name	Funding Agency	COP 18 Total Planned Funding (from FACTS as of 10/24)	Total Outlays During FY 19	Outlay Delta Check	Outlay Justification: Required if total outlays during FY 19 exceed approved COP 18 planning level OR if total outlays during FY 19 are 10% less than approved COP18 planning level
17747	Henry Jackson Foundation	DOD	2,247,563	3,866,223	(1,618,660)	COP17 (FY18) invoices totaling $1.6M outlaid in FY19; amount reported in FY18 EOFY tool. This is not an over outlay.
16850	AIDS Prevention Initiative in Nigeria, LTD	HHS/CDC	-	157,284	(157,284)	This outlay is a result of adjustments/outlays on expired ward that have occurred during the close/financial reconciliation out process.
16828	AIDS Prevention Initiative in Nigeria, LTD	HHS/CDC	-	509,846	(509,846)	This outlay is a result of adjustments/outlays on expired award that have occurred during the close/financial reconciliation out process.
18438	AFENET CDC HQ	HHS/CDC	-	103,682	(103,682)	This is a multi-country award managed by HQ

18664	American Society for Microbiology	HHS/CDC	-	30,417	(30,417)	This is a multi-country award managed by HQ. Partner self-reported FY19 outlay data, collected by CDC HQ, indicates that actual FY19 outlays are $78,405.
10004	Association of Public Health Laboratories	HHS/CDC	-	57,632	(57,632)	This is multi-country award managed by HQ. Partner self-reported FY19 outlay data, collected by CDC HQ, indicates that actual FY19 outlays are $93,213.
18645	Regents of the University of California, San Francisco, The	HHS/HRSA	-	161,496	(161,496)	COP17 funding spent during Q1 to finalize the SOW
18070	DEVTECH SYSTEMS, INC.	USAID	-	326,611	(326,611)	Mechanism outlays are a reconciliation in the financial system of previous year activities.
17728	Catholic Relief Services	USAID	513,843	2,530,647	(2,016,804)	FY19 outlays reflect timing of final billing; all activities completed during FY18
18648	JHPIEGO	USAID	-	68,101	(68,101)	FY19 outlays reflect timing of final billing; all activities completed during FY18.
14169	Abt Associates	USAID	-	49,856	(49,856)	FY19 outlays reflect timing of final billing; all activities completed during FY18.
14302	John Snow Inc (JSI)	USAID	-	700,994	(700,994)	FY19 outlays reflect timing of final billing; all activities completed during FY18.
17739	United Nations Children's Fund	USAID	-	28,387	(28,387)	An accounting adjustment may be required to reflect the proper financial position of the activity.
18647	Palladium International, LLC	USAID	-	240,377	(240,377)	FY19 outlays reflect timing of final billing; all activities completed during FY18.

**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 Result	FY19 Target	% Achievement	Program Classification	FY19 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	2,864,947	3,426,898	83.6%			
	HTS_TST_POS	82,055	91,645	89.5%	HTS	$4,526,736	37%
	TX_NEW	80,955	84,142	96.2%			
	TX_CURR	525,832	609,794	86.2%	C&T	$32,582,159	41%
	OVC_SERV	737,588	709,952	103.9%	SE for OVC	$13,407,671	53%
					Above Site Programs	$21,030,851	
					Program Management	$18,226,307	
DOD	HTS_TST	61,657	67,251	91.7%			
	HTS_TST_POS	3,842	4,027	95.4%	HTS	$451,131	21%
	TX_NEW	3,724	3,697	100.7%			
	TX_CURR	31,482	32,156	97.9%	C&T	$3,093,397	22%
					Above Site Programs	$641,127	
					Program Management	$1,638,389	
USAID	HTS_TST	1,827,168	1,771,411	103.1%			
	HTS_TST_POS	80,640	71,410	112.9%	HTS	$12,576,075	82%
	TX_NEW	77,274	63,076	122.5%			
	TX_CURR	309,420	369,529	83.7%	C&T	$133,790,067	81%
	OVC_SERV	375,735	306,535	122.6%	SE for OVC	$6,726,320	84%
					Above Site Programs	$4,469,987	
					Program Management	$13,034,016	

COP 2018 | FY 2019 Additional Analysis of Performance

The PEPFAR Nigeria team is encouraged to maintain its continual review of OU performance data and to use these analyses to identify lessons and innovations to expand across the PEPFAR portfolio of Nigeria. Below S/GAC provides more detail on areas of achievement and opportunities for improvement as outlined from their FY19 results.

- Viral Load Coverage (VLC) were not met across all partners, with only Henry Jackson Foundation (HJF), funded by DoD, having achieved over 80% of their target.
- The FY19 results from two surge states are highlighted below, Akwa Ibom and Rivers. In Figures 3 and 4, the enhanced efforts of partners to increase yield in surge states is evident starting in Q3 for Akwa Ibom and Q4 for Rivers. The increased efforts of partners in these states is to be commended. We encourage the PEPFAR Nigeria team to maintain the momentum of Surge efforts.

Figure 3. FY19 Performance of Surge State
Akwa Ibom

Indicator	2019						
	Q1 Result	Q2 Result	Q3 Result	Q4 Result	Cum. Results	Target	% Achievement.
HTS_TST - N	54,768	51,111	93,838	86,982	286,699	211,376	135.63%
HTS_TST_POS – N	2,521	2,617	11,657	11,245	28,040	17,028	164.67%
TX_NEW - N	2,534	2,699	11,960	11,619	28,812	14,488	198.87%
TX_NET_NEW – N	(6,257)	7,256	11,369	16,732	29,100		
TX_CURR - N	26,588	33,844	45,213	61,945	61,945	54,320	114.04%
TX_PVLS - D	12,849	11,405	18,128	35,863	35,863	51,536	69.59%

Figure 4. FY19 Performance of Surge State
Rivers

Indicator	2019						
	Q1 Result	Q2 Result	Q3 Result	Q4 Result	Cum. Results	Target	% Achievement.
HTS_TST - N	49,880	43,122	39,310	190,522	322,834	182,345	177.05%
HTS_TST_POS - N	2,091	2,099	1,778	7,672	13,640	10,933	124.76%
TX_NEW - N	1,747	1,795	1,633	7,265	12,440	10,074	123.49%
TX_NET_NEW - N	(5,090)	1,858	(4,127)	16,873	9,514		
TX_CURR - N	24,183	26,041	21,914	38,787	38,787	40,190	96.51%
TX_PVLS - D	11,504	12,297	8,560	14,972	14,972	19,149	78.19%

Partner Performance

The PEPFAR Nigeria team is encouraged to maintain its continual review of partner performance. Additionally, they are advised to use this review to prevent, identify, and intervene in the face of partner underperformance and over-expenditure. Regarding this, analyses conducted at S/GAC makes the following observations about partner performance. Please note that the results below exclude PSNUs with large partner shifts such as Anambra, Lagos, Rivers, and Kano. Because of the transition to Global Fund Anambra was removed from all the analysis below. The three remaining PSNUs were removed due to partner changes and have received separate reviews.

- The Heartland Alliance International partner, funded by USAID, have met their targets particularly TST_POS (169.78%), TX_NEW (206.06%), TX_CURR (238.79%) and are performing well. S/GAC recommends that USAID agency personnel review lessons learned from any innovative approaches of this partner and integrate them into their partner management across the portfolio.
- The Catholic Caritas Foundation of Nigeria partner, funded by CDC, have met their targets particularly TST_POS (121.18%), TX_NEW (131.19%), and achieved 94.34% of TX_CURR target. S/GAC recommends that CDC agency personnel work with partner staff to understand the driving forces behind this achievement and integrate them into the partner management strategies across CDC.
- The Henry M. Jackson Foundation, funded by DoD, achieved their TX_CURR target (97.5%), and are to be commended for their FY19 performance. Any innovative approaches for retention that can be integrated into Nigeria's wider strategic plan should be identified by agency staff for the benefit of PEPFAR Nigeria.
- Family Health International (FHI), funded by USAID, overperformed within TST_POS (131.92%) and TX_NEW (144.23%), but had the lowest performance within TX_CURR (90.47%) across all USAID partners while simultaneously slightly over-outlaying their COP18 budget. While this partner performed well in many respects, the apparent large contribution of FHI's program to the agency's shortfall in TX_CURR achievement is noted.
- APIN Public Health Initiatives, funded by CDC, had average performance across TX_NEW (93.26%) and TX_CURR (91.38%), but had comparatively lower performance for TST_POS (85.90%). Simultaneously, only 5,713 PLHIV were reflected as TX_NET_NEW of the 30,127 PLHIV linked to care in FY19. This difference appears to have had a significant negative impact on program growth for the whole agency. S/GAC recommends that CDC agency personnel work with APIN partner staff to better understand factors negatively impacting program growth for this partner, and take steps to improve both partner and agency performance within this achievement indicator.
- The Centre for Integrated Health Programs (CIHP), funded by CDC, underperformed across multiple programmatic areas, particularly TST_POS (86.43%), TX_NEW (84.04%), TX_CURR (83.87%), and VLC (58%). However, with the exception of VLC, they do not have a history of

underperformance. Based on this assessment, S/GAC recommends that the field team monitor this partner's performance closely and enhance their partner management of CIHP as appropriate.

- The Institute of Human Virology (IHVN), funded by CDC, had subpar performance across multiple indicators, including TST_POS (62.95%), TX_NEW (71.58%), and TX_CURR (77.51%). Additionally, IHVN had a negative program growth during FY19. In contrast, IHVN displayed excellent performance in Rivers during Q3 and Q4 implementation of FY19. Based on this assessment, S/GAC recommends that the field team carefully monitor and manage this partner in non-surge PSNUs.

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/ROP 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/ROP 2020, the failure to meet any of these requirements will result in reductions to the Nigeria budget. (See Section 2.2. of COP Guidance)

Table 9. COP 2020 (FY 2021) Minimum Program Requirements

	Minimum Program Requirement	Status	Outstanding Issues Hindering Implementation
C a	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]	Nigeria has adopted a Test & Start policy at all PEPFAR sites which has led to 50% of all new positives initiated on treatment same day since COP18. The team has scaled up the immediate initiation of ART for all persons newly diagnosed with HIV infection per COP19 guidance.	While the adoption of the Test & Start policy has been met with success in Nigeria, additional work still needs to be done reaching specific age/sex cohorts, particularly younger individuals, that the program has failed to link with the same success.
	2. Rapid optimization of ART by offering TLD to all PLHIV weighing >30 kg (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]	A main aim of COP19 is to continue to use remaining TLE stock and complete the TLD transition. The transition to TLD regimens has made considerable progress and is a highlight of the program with over 50% on TLD by Q3.	While much progress has been made on the TLD transition, there is still more work that needs to be done. The TLD transition has not been even across all PSNUs, and the team will need to roll over lessons learned to struggling PSNUs and IMs.

	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]	The team is currently implementing DSD approaches in all sites that include a minimum of 6-month ART delivery for stable patients, and other strategies that ensure ART coverage and utilization by men and young age cohorts. They have been meeting with great success incorporating up to 67% of their cohort as of Q3 FY19.	Scale-up of MMD has been uneven across all PSNUs, and the team will need to roll over lessons learned from PSNUS with greater success. Additionally, reaching and keeping men, particularly younger men, continues to be a challenge, and the utilization of MMD to keep these PLHIV in care should be a main objective of COP20.
	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]	Field teams continue to scale TB preventive therapy for all eligible PLHIV and TB_PREV targets currently reflect TPT as a routine part of the clinical cascade.	The Nigeria Field team has had early success with scaling up TPT and will need to maintain this momentum through COP19 and into COP20.

[1] Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization, September 2015
[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] Latent Tuberculosis infection: Updated and consolidated guidelines for programmatic management. Geneva: World Health Organization, 2018

	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 results delivered to caregiver within 4 weeks.	The field team continues its' scale-up of VL/EID coverage, particularly for those persons 20 years or younger. During fiscal year 2019, the team was able to improve VL coverage from 48% to 80% by Q4 for the entire country while slightly improving VL suppression achievement as well.	Uneven distribution of VLC achievement across partners and PSNUs continues to be a hinderance for the completion of this minimum program requirement and will require further identification of best practices shared across partners.

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.[4]	The PEPFAR Nigeria team is scaling up index partner testing and self-testing to maximize case finding and optimize the cost per positive. They have increased yield from index testing to approximately 21% by the end of FY19 and continue to optimize their index testing strategies.	While scaling of index testing has been met with success in FY19, this achievement has not been evenly distributed across all partners and PSNUs. Additionally, per index testing for children under age 19 of PLHIV needs to be maintained. While index testing of adults needs improvement particularly with contact testing of contacts elicited.
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)[5]	The PEPFAR Nigeria team is coordinating a large scale of PrEP New across the country in strategically identified PSNUs with populations at elevated risk of HIV acquisition. Nigeria now has targets for PrEP_NEW and PrEP_CURR for the first year ever in COP19 and will be closely monitoring the results of this scale-up on a semi-annual reporting cycle.	In order to maximize the impact of PrEP, PEPFAR Nigeria will need to ensure PrEP availability to key populations and other populations with high risk of HIV acquisition within the country, and to achieve this PEPFAR Nigeria may need to expand services to KP in some SNUs.
	8. 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) 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)	The PEPFAR Nigeria team is maintaining its year-on-year improvement of testing and linking eligible OVC (0-17) and continue to monitor OVC transition. Thus far, the team has had the most successful year of target achievement within the OVC program area to-date. In COP20, OVC and clinical implementing partners in Nigeria must continue to work	Thus far there have not been many identified outstanding issues hindering implementation, and in fact the team will be building off the success of the Nigeria OVC program to improve retention for children on ART. The aim for PEPFAR Nigeria will be the 100% enrollment of HIV infected children and adolescents and strengthened facility-community

[4] 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/

[5] 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).

	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.	together to ensure that 90% or more of children and adolescents on ART with PEPFAR support in OVC SNUs are offered the opportunity to enroll in the comprehensive OVC program.	linkages through OVC programming. Additionally, the team is currently scaling up their Operation Trip Zero (OTZ) the asset-based programming initiative aimed at adolescents during FY20.
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.[6]	The PEPFAR Nigeria team continues to work with state and local governments as well as key stakeholders to extend HIV services to lower income residents through domestic resource mobilization and the social health insurance scheme, thus reimbursing the client for the operational costs associated with a clinic visit.	The achievement of this minimum program requirement is not to be understated in FY19, and the main issue hindering this MPR's achievement in COP19 and COP20 will be maintaining the momentum and monitoring and assuring informal user fees do not become common practice again.
	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.[7]	While CQI practices have not been referenced directly in previous years, CQI principles have been embedded in the standard of practice for PEPFAR Nigeria, and the team will continue to support partner management, work plans, agency agreements, and national policies that embolden the CQI approach to care.	One issue identified by the team as hindering progress towards CQI practices has been a gap in human resources of agency personnel available to expand partner management. Additional dedicated agency personnel would allow agencies to accelerate partner implementation of a culture of CQI.
	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 regarding U = U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.	The PEPFAR Nigeria team continues to develop a national strategic plan for scale-up of viral load access for patients at PEPFAR supported sites and have been implementing U=U mass media campaigns to empower patients and reduce stigma across the country.	There is an ongoing need to implement demand creation strategies for VL coverage within Nigeria, and to improve patients' awareness for VL test through mass media campaigns and VL alerts. Maintaining this momentum through COP19 and into COP20 will ensure gains in VLC achievement are maintained.
	12. Clear evidence of agency progress toward local, indigenous partner prime funding.	Each agency is working with their H/Q team to ensure an increase of local and indigenous partners in COP19.	There have been no outstanding issues identified as hindering the progress of this MPR to-date.
	13. Evidence of host government assuming greater responsibility of the HIV	The PEPFAR Nigeria team is working with the GoN to increase domestic resources to	The GoN has shown great strides in working alongside PEPFAR Nigeria to eliminate user fees

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

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

	response including demonstrable evidence of year after year increased resources expended.	eliminate user fees and increase access to HIV prevention and treatment services for all persons.	from all sites. Maintaining this support will be key to the sustainability of this initiative, and building momentum for the GoN to assume even more responsibility for the HIV response.
	14. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	The PEPFAR Nigeria team is establishing an active public health surveillance system capable of identifying new outbreaks as they develop and accurately track quality of care, morbidity and mortality indicators of subpopulations.	There have been no outstanding issues identified as hindering the progress of this MPR to-date.
	15. Scale-up of case-based surveillance and unique identifiers for patients across all sites.	The PEPFAR Nigeria team is utilizing a patient biometric solutions (PBS) at PEPFAR sites where patients are enrolled on ART and encourage all comprehensive partners to utilize EMR and PBS.	Scale-up of the PBS has been steady with approximately 33% of clients incorporated to date. No issues hindering implementation have been identified to date.

In addition to meeting the minimum requirements outlined above, it is expected that Nigeria will meet the technical directives and priorities below.

Table 10. COP 2020 (FY 2021) Technical Directives

Nigeria –Specific Directives
HIV Treatment
1. Continue to rapidly refine and scale high-yield case-finding strategies. Increase reliance on index testing (implemented with care to assure consent and confidentiality), and data-driven testing in high-prevalence communities and social/sexual networks. Curtail support of low yield sites and inefficient case finding strategies.
2. Fully use updated NAIIS results and program data to ensure efforts to surge and scale ART prioritize impact for control of HIV transmission. Maintain focus on PSNUs and communities with high unmet need. Interrupting transmission in areas of high acquisition risk is critical
3. Tailor strategies around specific age/sex groups with low ART coverage, such as adults aged 20-24 with attention to particular challenges reaching young men and young women.
4. Use National Data Repository (NDR) and other data sources as needed to assess and monitor continuity and retention, and to inform efforts to improve and monitor client centered service that reduce risk of interrupted therapy across all age and sex cohorts within Nigeria.

5. Use IP, PSNU, and site level analysis to determine which sites are contributing significantly to program loss and gains. Use CQI to understand root causes and advance performance.
6. Continue to expand viral load coverage while maintaining suppression rates. Ensure best practices from successful partners are identified and scaled across agencies and partners.
7. Focus on completing the TLD transition and advancing 6-month MMD, building off the momentum from FY19 achievements and expanding best practices from PSNUs whose programs have successfully implemented these shifts in practice.
HIV Prevention
1. Build a strong foundation for the scale-up of PrEP across the country ensuring access for populations/patients at high risk of HIV acquisition. This includes but likely is not limited to KP.
2. Complete TPT for PLHIV. The program is on track to cover entire TX_CURR cohort during FY2019, but plan for surge related growth in need.
Policy and Systems Support
1. The PEPFAR Nigeria team must work to establish the NDR (National Data Repository) as a trusted record, fully accessible and useful for USG agencies and care providers. Use data from NDR to maximize the impact of retention analysis, and that all agencies have equal access to conduct these analyses.
2. Ensure all PEPFAR supported facilities directly enter their logistics data on a monthly basis into the Nigeria Health Logistics Management Information System (NHLMIS) to inform transparent and accurate supply planning and resupply of commodities.
3. Support the Federal Ministry of Health (FMoH) with implementation of the nation's first Public Private Partnership (PPP) management contract and transitioning ownership of the two pharma-grade warehouses in Abuja and Lagos to the Government of Nigeria (GoN). The private sector distribution contracts should include a logistics optimization exercise to ensure cost effective health commodity delivery.
4. Focus on implementation of a scalable and sustainable Product Master Data Management (PMDM) program supported by a Product Information Management (PIM) application that can serve as a central repository for the country's product master data and including integration with other regulatory, health and/or supply chain information systems and visibility to all supply chain partners supporting Nigeria’s supply chain programs.

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. *Nigeria's 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.

OVC

To support the Minimum Program Requirement described above, in COP 20 clinical sites and OVC implementing partners should jointly develop formal relationships, such as a memoranda of understanding (MOU), outlining the roles and responsibilities of each member of the multi- disciplinary care team and addressing key issues such as bi-directional referral protocols, case conferencing, shared confidentiality, and joint case identification. PEPFAR-supported treatment clinicians should play a key role in training OVC community case workers to build their knowledge in areas such as adherence, retention, and disclosure.

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/ROP 2020 Guidance for a full list of requirements and engagement timelines.

APPENDIX 1: Detailed Budgetary Requirements

TABLE 11: New Funding Detailed Initiative Controls

	COP 2020 Planning Level									
	FY20			FY19			FY17			COP 20 Total
	GHP-State	GHP-USAID	GAP	GHP-State	GHP-USAID	GAP	GHP-State	GHP-USAID	GAP	
Total New Funding	$179,277,288	$ 50,000,000	$ 1,962,500	$ -	$ -	$ -	$ 65,000,000	$ -	$ -	$296,239,788
Core Program	$153,377,288	$ 50,000,000	$ 1,962,500				$ 65,000,000			$270,339,788
COP19 Performance	$ -									$ -
HKID Requirement ++	$ 25,900,000									$ 25,900,000
										$ -
										$ -
										$ -
										$ -

++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

TABLE 12: Acceleration 20 Applied Pipeline

	COP 20
Total	$ 65,431,380

***These funds are FY2019 appropriation funds that were transferred to USG Agencies during COP 2019 planning.*

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.

Orphans and Vulnerable Children (OVC): Countries must program to the full OVC amount from Part 1 of the planning across all funding sources. Your OVC requirement is made up of the HKID Requirement (see details below) and 85% of the DREAMS non-HKID programmed funds for all new FY 2020 funds. Additionally, due to Congressional earmarks, some of the OVC requirement must be programmed from specific funding sources, as indicated above in Table 2. The COP 2020 planned level of new funds for the OVC earmark can be above this amount; however, it cannot fall below it.

HKID Requirement: Nigeria's COP 2020 minimum requirement for the HKID budget code is reflected in Table 3 and is a subset of the OVC earmark. Your COP 2020 HKID requirement is derived based upon the approved COP 2019 HKID level inclusive of OVC and prevention intervention for children under 19 budget codes. The COP 2020 planned level of new funds for HKID can be above this amount; however, it cannot fall below it.

*Gender Based Violence (GBV): Nigeria's COP/ROP 2020 minimum requirement for the GBV earmark is reflected in Table 2. Your GBV earmark requirement is calculated as the total **new FY 2020** funding programmed to the GBV cross-cutting code. Your COP 2020 earmark is derived by using the final COP/ROP 2019 GBV earmark allocation as a baseline. The COP 2020 planned level of new FY 2020 funds for GBV can be above this amount; however, it cannot fall below it.*

*Water: Nigeria's COP 2020 minimum requirement for the water earmark is reflected in Table 2. Your water earmark requirement is calculated as the total **new FY 2020 funding** programmed to the water cross-cutting code. Your COP 2020 earmark is derived by using the final COP 2019 water earmark allocation as a*

baseline. The COP 2020 planned level of new FY 2020 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 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/ROP 2019 submission.*

COP 2020 Applied Pipeline (See Section 9.1.2 Applied Pipeline of COP Guidance)
All agencies in Nigeria should hold a 3 month pipeline at the end of COP/ROP 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/ROP 2019 implementation (end of FY 2020) with a pipeline in excess of 3 months is required to apply this excessive pipeline to COP/ROP 2020, decreasing the new funding amount to stay within the planning level.