United States Department of State

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INFORMATION MEMO FOR AMBASSADOR NINA FITE, ANGOLA

FROM: S/GAC Chair, Matthew Barnes and PEPFAR Program Manager, Michelle Zavila

THROUGH: Ambassador Deborah L. Birx, MD

SUBJECT: Fiscal Year (FY) 2021 PEPFAR Planned Allocation and Strategic Direction

Dear Ambassador Fite,

I sincerely hope that this note finds you and your team well, safe, and healthy. We are grateful for your leadership protecting staff through this difficult time.

This year has brought unprecedented challenges with the COVID-19 pandemic impacting the entire global community. Despite obstacles faced, what has remained unwavering is the tireless commitment and incredible resiliency of our PEPFAR program, partners, and team across the over 50 countries in which we work. This includes rapid program adaptations, emerging innovations, and client-centered solutions to ensure continuity of HIV services. As the threat of COVID-19 has impacted PEPFAR countries, PEPFAR country teams and programs have proven to be focused and resilient in the face of dual pandemics of HIV and COVID-19.

PEPFAR implementation over the past year has shown tremendous effort to maintain clients on treatment, initiating and accelerating client centered service delivery adaptations, while doing what was possible in HIV prevention programs deeply affected by COVID-19 shutdowns. The following themes have emerged across all of PEPFAR-supported countries; As the economic impact of COVID continues to be seen at both national and community levels, it is more important than ever to use granular data and expand what is working in specific SNUs for viral load coverage and suppression. We saw differential progress in this area independent of the impact of COVID19. Focus groups and deep analytics of client returning to care to ensure we are addressing the critical persistent and new structural barriers. Focus on areas of recent treatment interruption to understand how COVID may have created or exacerbated barriers to access and treatment continuity. Across all countries we see persistent gaps in pediatric diagnosis, treatment and viral suppression. Particular attention should be paid to the pediatric cascade and identifying challenges by district and country for clear and actionable plans. In addition, leverage OVC, DREAMS and other resources for clear accountability to work with mothers and improve early infant diagnosis by two months of age and strengthen resiliency among at-risk women and girls. Community-led monitoring must raise visibility and appropriate response to the needs of populations already vulnerable before COVID. The assessment of needs, and strategies to reinforce OVC caregivers and HIV-affected families in crisis should contribute to budget and activity planning for care and treatment, DREAMS, OVC and wraparound resources. Furthermore, analyzing expenditures at mechanism and program areas level, along with the work teams have done, to build relationships and co-planning with your partner government, the Global Fund, UN organizations and other donors. These relationships and planning efforts are critical to supply chain stability for key commodities as well as understanding COVID relief and other potential funding available in country to ensure most effective and efficient use of PEPFAR's contributions to the national HIV response in COP21.

We understand that specific programs will have carryover and others may not and these funds will be critical to ensure stabilization and expansion of critical prevention programming.

The COVID pandemic also laid bare the depth and breadth of inequities still across the globe and clear evidence that when constrained, Ministries of Health and governments make choices that differentially impact specific programming areas and specific populations. The pandemic revealed vulnerabilities in our non-public sector community efforts that we knew were present, and are now fully exposed, as these specific activities were the first to be dropped. Communities of women and children, and key populations including men who have sex with men, transgender individuals, sex workers, people who inject drugs, and people in prisons and other closed settings are not being adequately and sustainably supported by public-sector mechanisms. We have lost ground in all of our prevention services for all populations and for our most vulnerable and marginalized populations and must make every effort to recover.

Despite the disruptions caused by the COVID-19 pandemic, a number of countries have shown a level of resiliency were achieving epidemic control of HIV, and others are on the brink of epidemic control. With continued implementation, most PEPFAR countries are on a path to achieving program coverage goals. With that in mind, PEPFAR programs should focus on four key themes as we approach Country Operational Plan 2021 planning and implementation: advancing client-centered services; engaging with communities; implementing resilient and adaptive approaches; and supporting capacities for sustainable epidemic control.

We commend you and your team for your attention to the adoption and implementation of the public health policies that have the greatest impact on HIV, particularly as these very policies are critical to ensuring sustained HIV services during COVID-19. Also, we appreciate your role in supporting PEPFAR teams through this challenging period, and continuing to hold implementing partners accountable for their performance.

We are grateful to your incredible PEPFAR team in country, working together across agencies to ensure the most effective and efficient use of U.S. taxpayer dollars. We know there are strengths and weaknesses across the board and across the implementing agencies; and we look forward to working together to support those strengths and address those challenges.

We are very excited about your progress in:

- The full transition to a new program design focused on Prevention of Mother-to-Child Transmission (PMTCT) and family care through Technical Assistance (TA)
- Strong PMTCT program performance across all indicators
- Stable positivity yields, as well as an increase in index testing and overall linkage during COP19
- Encouraging progress in key policy commitments by Government of Angola (GRA)

Together with the Government of Angola and civil society leadership we have made tremendous progress together. Angola should be proud of the progress made over the past 18 years of PEPFAR implementation and we are deeply grateful for the ongoing deep coordination with the Global Fund and UNAIDS.

As you will see in COP guidance this year, there are no substantial changes in program direction. While assessing possible deficits in programming arising from COVID-19, our fundamental challenges continue and we again highlight 5 overarching issues we see across PEPFAR.

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. Ensuing all children are diagnosed and are on the best treatment regimens and virally suppressed

Moreover, we note the following specific key challenges in PEPFAR Angola:

- Delayed progress in the implementation of key policy commitments and insufficient Government ownership despite national policy adoption
- High usage of passive testing modalities such as VCT and Other PITC; inconsistent contact testing coverage, particularly for pediatric index testing
- Interruption in the continuity of client care, linkage, and adherence challenges among key demographics
- Low viral load coverage and low viral load suppression rates across all demographics, especially children
- Fiscal constraints and supply chain challenges that leave Angola vulnerable to the stock out of adult and pediatric ARVs in the next 3 months without new commodity procurement

A fuller set of details, including funding earmarks and specific program direction are included in the accompanying COP/ROP 21 PEPFAR Planned Allocation and Strategic Direction Summary

Consistent with the approach from last year, PEPFAR teams will once again be responsible for setting their targets in consultation with stakeholders. Teams should bear in mind that PEPFAR targets are not PEPFAR's but flow directly from the partner country government's commitment to the UNAIDS and SDG 3 goals. 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 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 has not achieved the 2020 goals and is not on track to achieve 2030 goals early which means sustaining the gains will need to be our constant focus.

S/GAC will not assign targets to countries, but only provide notional budget levels sufficient to achieve the full SDG goal and sustain gains made. **Teams will develop their own targets across PEPFAR program areas, with the treatment current target no less than the result that was to be achieved in COP 2020.** After the PEPFAR country team submits their COP 21 targets, the notional budget will then be adjusted to the presented level of ambition.

The PEPFAR Country/Regional Operational Plan (COP/ROP 2021) notional budget for Angola is **$12,400,000** inclusive of all new funding accounts and applied pipeline. All earmarks and program direction provided below must be met. 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 control.

We are hoping this 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.

PEPFAR, with partner governments, multilateral partners, and communities, continues to move rapidly toward control of the HIV pandemic and plan for sustainability of programs. Achieving epidemic control for HIV will be a remarkable accomplishment, saving millions of lives, significantly lowering the burden of HIV/AIDS in countries and communities, reducing the future costs required to sustain the HIV response, and building sustainable public health systems capacity in host countries.

Please note that within the next few days our PEPFAR Chairs and PEPFAR Program Managers (PPMs), working closely with our CAST teams, will plan to review this planning letter and details contained, herein, with your wider PEPFAR country team. Where PEPFAR successfully navigated disruption due to COVID-19 during 2020, it was a result of strong teams, local partners, communities, dedicated health and community workers, leveraging longstanding capacities and platforms established by PEPFAR. Our teams, partners, and communities worked together to adapt and further innovate program implementation and models of service delivery so that the adverse impacts of a dual pandemic threat on essential HIV services were mitigated. Stakeholder engagement is essential for a productive and impactful planning process. Included in this planning letter is an outline of the expectations for engaging key stakeholders and civil society, as we continue to finalize our approach to hosting a virtual 2021 COP planning and approval process.

I am so grateful to you and your entire team for your leadership and engagement in the planning, review and implementation of the President's Emergency Plan for AIDS Relief (PEPFAR) program, along with the community and Government to enhance PEPFAR's program impact.

Sincerely,

Deborah Birx

Attachment: **Fiscal Year (FY) 2021 PEPFAR Planned Allocation and Strategic Direction Summary.**

CC: **S/GAC – Matthew Barnes, Chair**
S/GAC -- Michelle Zavila, PEPFAR Program Manager
S/GAC -- Amaka Nwankwo-Igomu, PEPFAR Country Coordinator

Overview: Fiscal Year (FY) 2021 PEPFAR Planned Allocation and Strategic Direction

With input from the field teams through the quarterly POARTs, the agency self-assessments and from Headquarters Country Accountability and Support Teams (CAST), a thorough program review of your country over time has been conducted. This includes the end of year results of the Country Operational Plan (COP) 2019 and current COP 2020 implementation as we plan for COP 2021. We have noted the following key successes and challenges:

Successes:

1. Successfully transitioned from a Key Populations (KP) focused program in Luanda to a PMTCT focused program in four provinces (Cunene, Benguela, Huambo and Lunda Sul). The program used an integrated facility to community approach that aligned with the First Lady's Born Free to Shine initiative. The successful transition sets PEPFAR Angola up for continued progress in COP20.
2. PMTCT program performance was strong in COP19 with ANC testing and PBFW known status coverage at 95.5%, PMTCT ART linkage at 98% and a positivity yield of 4.8%.
3. HTS target positivity (5.6%) stayed relatively stable throughout COP19 despite a fluctuation in testing numbers due to COVID-19 lockdowns and restrictions, indicating that testing remained readily available to critical populations. Additionally, there was a large scale up of index testing and contacts elicited in Q2 with signs of recovery in Q4 following COVID restrictions. Despite a drop to 74.6% linkage during Q4, PEPFAR Angola saw increases in linkage since Q1. Female adults (+15) experienced a steady rise in linkage across quarters, achieving 80% in Q4.
4. There was promising progress in developing key policy commitments into national policy in COP19. Tenofovir, Lamivudine, and Dolutegravir (TLD) was approved as first line regimen for the country and multi-month dispensing (MMD) was approved from two weeks to three months in March 2020. While advances in national policy have been successful, the implementation of policy adaptations has proven difficult and slow to transition into standard practice.

Challenges:

1. During COP19, VCT and Other PITC made up 50% of HTS_TST, indicating a reliance on more passive and voluntary testing modalities. Index testing and contact elicitation did increase during Q2 and Q4, although it accounted for less than 5% of overall HTS_TST. While 73% of elicited adult contacts were tested during Q4, variance in the proportion of index cases accepted, contacts elicited, and contacts tested suggest data recording issues and/or a lack of understanding of the index testing process and follow through. Contact testing coverage for pediatric cases was particularly low (less than 55% of elicited contacts tested during Q2, Q3 and Q4).
2. Low linkage rates for young men and children of both sexes. Linkage rates were below 68% for men between ages 15-29 during Q4. Proxy linkage rates were consistently below 75% for C/ALHIV (<15) however young males somewhat steadily increased in linkage throughout COP19 (64.8% in Q4) while females C/ALHIV saw a steep decline in linkage during Q4 (45.8%).
3. PEPFAR Angola sustained substantial losses in the number of patients on treatment during Q3 (3% losses) and Q4 (5.7% losses). Overall, 5,324 clients were lost to follow-up and stopped treatment, with no given explanation. Interruption in the continuity of care was most prominent among females between ages 25-39. Retention was also an issue among +40-year-old patients.

The largest proportion of patients experienced an interruption in treatment after their initial three months on ART.

4. Delayed progress in the implementation of key policy commitments. Most notably, the hindrance of TLD, which the Government of Angola had approved for national policy in March 2020. Despite this advancement in policy, stock out and procurement issues have delayed the implementation of TLD as 1st line regimen. Similar implementation challenges have surfaced with MMD, which had been approved from a two-week to three-month policy in March 2020. MMD has been slow to implement due to impending stock out concerns.
5. Low viral load coverage (7.9%) and low viral load suppression rates (72.3%) across all demographics. Low viral load suppression rates were especially concerning among C/ALHIV (40%-50%).
    - Low viral load coverage issues are related to the shortage of lab resources in Angola, including human resources for health (HRH) and specimen transport limitations.
    - Low viral suppression rates are likely connected to the delayed roll out of TLD and dependency on less effective drug regimens such as NVP, as well as general adherence issues.

Given your country's status pursuant to achieving epidemic control, the following priority strategic and integrated changes are recommended:

1. Recalibrate policy engagement with GRA for near term implementation of national TLD policy (and associated procurement), country-wide expansion of 3-6-month MMD, and pediatric ARV optimization. Memorialize in Letter of Commitment between PEPFAR and GRA.
2. Maintain PMTCT focus for family-based care in 22 facilities with a stronger emphasis on case management and community level adherence.
3. Intentional scale up of safe and ethical index testing through trainings and technical guidance; introduce a validated risk assessment screening tool to optimize testing in facilities.
4. Implement a multi-pronged client-centered approach to address retention issues, especially among women aged 25-39.
5. Strengthen viral load testing capacity to address low testing coverage and suppression rates and improve turnaround time for return of results.
6. Improve the pediatric cascade through identifying index testing challenges, ART optimization, increased capacity for VL/EID testing, and improved advanced HIV disease management.
7. Strengthen facility to community data sharing practices, using the Letter of Cooperation with facility and community IPs as a foundation for strategic collaboration to improve case finding, linkage, and adherence across provinces. Improve quality and frequency of data sharing among implementing agencies necessary for an integrated program.
8. Consider a TLD procurement for PEPFAR program patient populations if GRA first verifiably commits to meaningful procurement of TLD and DTG-based regimens.
9. Continue technical assistance for a more modernized and client-centered supply chain, including initial implementation of decentralized drug distribution in two provinces; explore public-private partnerships for improved warehouse and distribution efficiency.

SECTION 1: COP/ROP 2021 PLANNING LEVEL

Based upon current analysis of spend levels, information submitted for the End-of-Fiscal Year 2020 (EOFY) tool, and performance data, the total COP/ROP 2021 planning level is comprised as follows:

Note – all pipeline numbers were provided and confirmed by your agency. Due to increased costs in FY 2020, including those due to COVID, and correspondingly lower applied pipeline going into COP21, COP envelopes have been decreased in some OUs so that S/GAC has funds reserved to address program gaps identified by PHIAs that have yet to be completed and to address other potential future requirements as the impacts of COVID on the program are better known. These funds will be allocated to OUs at a later date as appropriate.

TABLE 1: All COP 2021 Funding by Appropriation Year

	Bilateral				Central				Total
	FY21	FY20	FY19	Unspecified	FY21	FY20	FY19	Unspecified	TOTAL
Total New Funding	$ 11,867,465	$ -	$ -	$ -	$ 400,000	$ -	$ -	$ -	$ 12,267,465
GHP-State	$ 11,466,215	$ -	$ -		$ -	$ -	$ -		$ 11,466,215
GHP-USAID	$ -				$ 400,000				$ 400,000
GAP	$ 401,250				$ -				$ 401,250
Total Applied Pipeline	$ -	$ -	$ -	$ 132,535	$ -	$ -	$ -	$ -	$ 132,535
DOD				$ 132,535				$ -	$ 132,535
HHS/CDC				$ -				$ -	$ -
HHS/HRSA				$ -				$ -	$ -
PC				$ -				$ -	$ -
USAID				$ -				$ -	$ -
USAID/WCF				$ -				$ -	$ -
State				$ -				$ -	$ -
State/AF				$ -				$ -	$ -
State/EAP				$ -				$ -	$ -
State/EUR				$ -				$ -	$ -
State/PRM				$ -				$ -	$ -
State/SCA				$ -				$ -	$ -
State/SGAC				$ -				$ -	$ -
State/WHA				$ -				$ -	$ -
TOTAL FUNDING	$ 11,867,465	$ -	$ -	$ 132,535	$ 400,000	$ -	$ -	$ -	$ 12,400,000

SECTION 2: COP 2021 BUDGETARY REQUIREMENTS AND OTHER CONSIDERATIONS**

Countries should plan for the full Care and Treatment (C&T) level of $6,000,000 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 2021 Earmarks by Appropriation Year*

	Appropriation Year			
	FY21	FY20	FY19	TOTAL
C&T	$ 6,000,000	$ -	$ -	$ 6,000,000
OVC	$ -	$ -	$ -	$ -
GBV	$ -	$ -	$ -	$ -
Water	$ -	$ -	$ -	$ -

**Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks.*

***Only GHP-State will count towards the GBV and Water earmarks.*

TABLE 3: COP 2021 Initiative Controls

	Bilateral	Central	TOTAL
Total Funding	$ 12,000,000	$ 400,000	$ 12,400,000
Core Program	$ 12,000,000	$ -	$ 12,000,000
Cervical Cancer	$ -	$ -	$ -
Community-Led Monitoring	$ -	$ -	$ -
Condoms (GHP-USAID Central Funding)	$ -	$ 400,000	$ 400,000
DREAMS	$ -	$ -	$ -
HBCU Tx	$ -	$ -	$ -
One-time Conditional Funding	$ -	$ -	$ -
Surveillance and Public Health Response	$ -	$ -	$ -
VMMC	$ -	$ -	$ -

See Appendix 1 for detailed budgetary requirements and other budgetary considerations.

TABLE 4: State ICASS Funding

	Appropriation Year			
	FY21	FY20	FY19	Unspecified
ICASS	$-	$-	$-	

SECTION 3: PAST PERFORMANCE – COP/ROP 2019 Review

Table 5. COP/ROP OU Level FY20 Program Results (COP19) against FY21 Targets (COP20)

Indicator	FY20 result (COP19)	FY21 target (COP20)
TX Current <15	**507**	**8,105**
TX Current >15	**18,151**	**19,912**
TB Preventive Therapy	**435**	**22,462**

Table 6. COP/ROP 2019 | FY 2020 Agency-level Outlays versus Approved Budget

Agency	Sum of Approved COP/ROP 2019 Planning Level	Sum of Total FY 2020 Outlays	Sum of Over/Under Outlays
DOD	1,493,106	1,003,511	489,595
HHS/CDC	5,638,243	4,512,418	1,125,825
USAID	2,868,651	6,261,391	-3,392,740
Grand Total	**10,000,000**	**11,777,320**	**-1,777,320**

This figure only includes bilateral data at present.

Table 7. COP/ROP 2019 | FY 2020 Implementing Partner-level Significant Over-Outlays versus Approved Budget

The following IMs outlayed at least 110 percent in excess of their COP/ROP19 approved level.

Mechanism ID	Partner Name	Funding Agency	Total Planning Level	Total Outlays	Outlay Delta Check
18347	Population Services International	USAID	$72,000	$3,217,557	($3,145,557)
17308	FHI Development 360 LLC	USAID	$50,000	$276,911	($226,911)

This figure only includes bilateral data at present.

Table 8. COP/ROP 2019 | FY 2020 Results & Expenditures

Agency	Indicator	FY20 Target	FY20 Result	% Achievement	Program Classification	FY20 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	222,521	**129,067**	58%	HTS	$251,312	0%
	HTS_TST_POS	10,518	**6,210**	59%			
	TX_NEW	7,383	**4,360**	59.10%	C&T	$766,486	0%
	TX_CURR	14,921	**11,358**	76.10%			
DOD	HTS_TST	11,525	**12,332**	107%	HTS	$161,413	0%
	HTS_TST_POS	700	**1,618**	231.10%			
	TX_NEW	809	**1,487**	183.80%	C&T	$308,829	0%
	TX_CURR	8,442	**7,319**	86.70%			
USAID	HTS_TST	3,855	**1,845**	47.90%	HTS	$314,729	62%
	HTS_TST_POS	1,156	**236**	20.40%			
	TX_NEW	N/A	**N/A**	N/A	C&T	$435,881	30%
	TX_CURR	N/A	**N/A**	N/A			
				Above Site Programs		$1,777,694	
				Program Management		$1,570,064	

COP/ROP 2019 | FY 2020 Analysis of Performance

A data quality assessment (DQA), completed in August 2019, revealed a 1500% disparity between DHIS 2 and the actual patient population numbers counted in facilities. Since COP19 targets were based on DHIS 2 data, PEPFAR Angola anticipated low achievement across most indicator results given the substantial discrepancy in data. The TX_CURR target was readjusted and reflects the highest achieving target in COP19. More accurate DQA driven targets will be used in COP20.

- *Case Finding:*
  - **Overall:** PEPFAR Angola administered 143,244 HIV tests (60% target achievement) in COP19 and identified 8,064 PLHIV (65% target achievement). The cumulative testing yield for COP19 was 5.63%.
  - **Index Testing**: Index testing contributed to 13% of newly identified PLHIV and 30% of total positives identified in COP19 (new and known positives). Despite the large proportion of positives identified through index testing, the testing modality only made up 3% of overall HTS_TST. While HTS_INDEX numbers continued to rise throughout quarters for community testing, HTS_INDEX declined in facilities over COP19. There was a large disparity among index cases accepted, contacts elicited, and contacts tested. 52% of elicited adult contacts were tested during Q3, and 73% were tested during Q4 indicating encouraging progress. Contact testing coverage among pediatric cases (<15) needs improvement; under 55% of elicited contacts were tested during the last three quarters, the lowest being 32% during Q3.
- *Care & Treatment:*

- **Treatment Coverage**: 18,677 PLHIV were on treatment in PEPFAR supported facilities by the end of COP19. Given the updated target for TX_CURR, 79.9% target treatment coverage was achieved.
- **Linkage:** Overall, PEPFAR Angola had a 73% linkage rate. The program struggled with linkage among young males (15-29) and children (both sexes, <15). While linkage remained strong in the military program, Benguela, Cunene and Lunda Sul struggled to link male clients to treatment. The largest HIV treatment facility in Lunda Sul temporarily halted services during Q4 and ARV stock out issues resulted in the scaling back of MMD in Cunene, which also may contribute to suboptimal linkage.
- **New on Treatment:** TX_NEW numbers increased to 1,524 in Q4, nearing the number of newly enrolled clients on ART PEPFAR Angola had observed prior to COVID-19 related disruptions (Q2, TX_NEW=1,776). PEPFAR Angola did experience a decrease in TX_NET_NEW, with a growing loss of patients, in the third and fourth quarters.
- **Interruption in Treatment:** During Q4, the Military was able to retain 99.8% of their client population, however 2,780 patients were lost to follow up in Cunene and over 1,000 clients experienced an interruption in treatment in both Benguela and Lunda Sul. Interruption in treatment was most prominent among females 25-39 years old, and retention was also low among patients over 40. The greatest proportion of clients were lost to follow up after their first 3 months on ART.
- **Viral Load Testing & Suppression:** Viral Load testing decreased in the Military due to the repurposing of PCR machines for the country's COVID-19 response. Conversely, testing efforts increased in Benguela which can be accredited to a specific campaign to scale up laboratory testing quarter by quarter in this province. In terms of civilian viral load testing, 4 health facilities in Benguela and 2 health facilities in Huambo (via DBS samples) were able to conduct viral load testing during COP19. Viral suppression rates were extremely low for children and adolescents (40-50%). Civilian adults had higher viral suppression rates (80%) compared to adults in the Military (69%).

- *PMTCT:*
  - PEPFAR Angola achieved a 95.5% coverage rate for HIV testing in ANC and a 98% linkage to ART for pregnant women during COP19. Lunda Sul, Cunene and Benguela had over 95% HIV status coverage at ANC. Huambo had the lowest PMTCT_STAT coverage of the 4 provinces, but still maintained 90% coverage overall. During Q3, linkage to ART for PBFW declined in Benguela and Lunda Sul but rebounded significantly in Q4. All provinces had over 89% PMTCT_ART coverage in COP19.
- *Above-Site:*
  - **Supply Chain:** During COP19, PEPFAR, UNDP, INLS, CECOMA, and others held regular supply plan review meetings to determine readily available stock. While supply chain TA was effective in establishing more in-roads for ARV and condom purchases, there were many challenges due to an impending stock out of adult and pediatric ARVs. A halt in Global Fund commodities from February to July 2020 is resulting in the delay of ARVs nationally. PEPFAR, GRA, and key stakeholders (GF, UNDP, WBG, etc.) are to have regular supply chain management meetings to share information, troubleshoot problems and align on activities as appropriate during COP20. This stream of work is as high a priority for the OU as any.

- **Policy Engagement:** There was promising progress in developing key policy commitments into national policy in COP19. Tenofovir, Lamivudine, and Dolutegravir (TLD) was approved as first line regimen for the country and multi-month dispensing (MMD) was approved from two weeks to three months in March 2020. Despite the advancement in TLD policy, stock out and procurement issues have delayed its implementation as 1st line regimen. Similar implementation challenges were experienced with MMD. During Q2, 11,111 3-to-5-month ARV packages were dispensed. However, MMD dropped during the following quarters and C/ALHIV never received 3+ month dispensing for ARVs over the course of COP19. 3-6 MMD has been slow to implement across provinces, especially Cunene, due to impending stock out concerns.

- *Over-outlay Explanation:*
  - PSI's COP19 over-outlays are due to delayed disbursements from HIV/AIDS activities completed in prior COP cycles. At the cumulative level, PSI has not over-outlayed or over-spent; rather the partner has fully liquidated all obligations received. FHI 360's COP19 over-outlays are due to delayed payments from FY19 and higher than anticipated close-out costs. FHI 360's HIV/AID activities in Angola are completed. Please note that in Table 8 USAID's FY20 expenditure service delivery percentage reflects FHI 360 programming during COP18.

SECTION 4: COP/ROP 2021 DIRECTIVES

The following section has specific directives for COP 2021 based on program performance noted above. Please review each section carefully including the minimum program requirements and specific country directives.

Minimum Program Requirements (MPR)

All PEPFAR programs – bilateral and regional– were expected to have the following minimum program requirements in place by the beginning of COP20 implementation (FY2021). Adherence to these policies and practices is essential to the success of all PEPFAR programs at the national, subnational, and service delivery levels (e.g. facility, school, community). 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.

All PEPFAR programs are expected to meet all of the requirements below, and the COP21 Planning Meeting will include a review of the status of each requirement, including assessment of implementation (including barriers) at the point of client services. To the extent that any requirement(s) have not been met by the time of the COP21 Planning Meeting, the PEPFAR OU team will need to present a detailed description of existing barriers and the remediation plans proposed that will allow them to meet the requirement(s) prior to the beginning of FY2021. The list will be included in the Strategic Direction Summary (SDS), as well.

Failure to meet any of these requirements by the beginning of FY2022 may affect the OU budget. The minimum requirements for continued PEPFAR support include the table on the following page.

Table 9. COP/ROP 2021 (FY 2022) Minimum Program Requirements

Minimum Program Requirement	Status and issues hindering Implementation
Care and Treatment	
1. Adoption and implementation of Test and Start, with demonstrable access across all age, sex, and risk groups, and with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	Adopted as national policy in September 2017. Ongoing monitoring of SOPs and policy fidelity by health care workers and PEFAR implementing partners (IP) is required. PEPFAR Angola continues to provide technical support including standard operating procedures and tools to improve ART initiation.
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 who are ≥4 weeks of age and weigh ≥3 kg, and removal of all NVP- and EFV-based ART regimens.	Adopted as national policy in March 2020. TLD has not been procured by the government and thus rollout has not begun. GRA attributes failure to procure to fiscal constraints. GRA has provided a LoC to GF in December 2020 outlining 20% commitment toward ARVs (including TLD) funding nationally.
3. Adoption and implementation of differentiated service delivery models for all clients with HIV, including six-month multi-month dispensing (MMD), decentralized drug distribution (DDD), and services designed to improve identification and ART coverage and continuity for different demographic and risk groups.	March 2020 Nota Tecnica calls for 3-month dispensing. The translation reads: "People living with HIV and undergoing regular treatment should receive their antiretrovirals in an orderly manner and for a period of 03 (three) months, if service stocks allow it." INLS has established an MMD technical working group which PEPFAR continues to contribute to and monitor for fidelity. Despite being adopted as national policy, three to six-month MMD has not been consistent or attainable due to impending drug stock outs.
4. All eligible PLHIV, including children, should complete TB preventive treatment (TPT) by the end of COP21, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.	PEPFAR Angola is continuing to provide TA for expansion of TPT to all appropriate PLHIV in all PEPFAR-supported facilities. In COP20, compliance with the national policy is dependent on the availability of isoniazide, an issue that has been an important barrier for the TA approach. The GRA has provided a LOC to GF to increase their commitment to TB drugs (1st line & 2nd line) which would improve outcomes towards TPT.

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.	PEPFAR Angola continues to work with INLS to optimize VL and EID testing and appropriate patient level use of testing results in priority provinces. There were network optimization challenges due to COVID-19.
Testing	
1. 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 should be offered testing for HIV.	Established national index testing policy in August 2019 consistent with PEPFAR's minimum standards. All PEPFAR supported facilities have completed the RED CAP assessments and are in the process of identifying and addressing challenges. While the GRA is still considering policies for self-testing, with little focus/priority, increased emphasis on index testing remains a priority.
Prevention and OVC	
1. 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*)*	Not applicable at this time.
2. 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) facilitating linkage to treatment and 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	Not applicable at this time.
Policy & Systems	
1. 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.	No formal policy established, will readdress in COP22 per COP19 agreement.
2. OUs assure program and site standards are met by integrating effective quality assurance and Continuous Quality Improvement (CQI) practices into site and	PEPFAR Angola continues to implement continuous quality improvement (CQI) approaches from the national to site level. Strengthening the CQI protocol approach

program management. CQI is supported by IP work plans, Agency agreements, and national policy.	is needed. In COP21, PEPFAR Angola should implement monthly meetings and targeted CQI activities (gap analyses, etc.) to better identify, report, and respond to on-site challenges.
3. 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.	PEPFAR Angola supports the INLS in literacy activities where possible however, specific funding for marketing and widespread messaging has been limited.
4. Clear evidence of agency progress toward local, indigenous partner direct funding.	COP18: 7% Local / 93% International COP19: 31% Local / 69% International COP20: 36% Local / 64% International Community Led Monitoring partner to be selected in January 2021, kickoff in February 2021. Mother2Mothers remains PEPFAR Angola's main local partner.
5. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended	The Government of Angola has committed to double overall health spending from 3.7% to 7.1% of their national budget. However, it is not clear how much of this budget has been dedicated to HIV. For instance, GRA has not met their full commitments for commodity procurement.
6. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	Monitoring and reporting of morbidity and mortality outcomes is currently provided within PEPFAR health facilities.
7. Scale-up of case surveillance and unique identifiers for patients across all sites.	Discussions started in December 2019 and continue with INLS for unique identifiers, with a special emphasis on incorporating those for PMTCT, EID and Pregnant Women in COP20.

In addition to meeting the minimum requirements outlined above, it is expected that Angola will consider all the following technical directives and priorities:

Table 10. COP/ROP 2021 (FY 2022) Technical Directives

OU –Specific Directives
Government Policy
Strengthen policy engagement with GRA with emphasis on near-term implementation of: 1. GRA agreement to prioritize and procure TLD. 2. Full roll out of 3-to-6-month MMD once TLD is in county, inclusive of PBFW and new clients and with priority given to the 22 PEPFAR facilities. 3. As included in COP20 plans, optimize pediatric ARV regimens, and continue policy discussions for the full implementation and roll out of DTG-based regimens. 4. The above policy implementation priorities and accompanying timeline to be memorialized in Letter of Commitment between PEPFAR and GRA. • PEPFAR to consider procuring a predefined amount of TLD upon the GRA's initial, verifiable purchase, and confirmation of LOA. (Additional information included in Commodities & Supply Chain section).
HIV Testing
1. Implementation of a validated risk assessment screening tool to optimize the testing modality mix. 2. Intentional scale up of safe and ethical index testing and pro-active optimization of pediatric HIV case finding through: • Trainings and refresher courses for frontline workers and Ministry of Health (MOH) staff. • Improve case finding through a root cause analysis to identify and address factors potentially limiting uptake of safe and ethical index testing among adult and pediatric contacts. • Establish clearly defined bidirectional facility-community partnerships to actively facilitate testing all children at risk of HIV infection, including offering index testing to all biological children in accordance with COP21 guidance.
HIV Treatment & Retention
Implement a multi-pronged client-centered approach to address retention issues, especially among women aged 25-39: 1. Improve clinical-based case management and patient follow up as well as expanded data and communication systems for prompt identification of defaulters. 2. Strengthen community-based adherence programs and retention support by use of electronic reminders, group peer support, and/or transport allowance, etc. 3. Advancement of a three-to-six-month MMD policy to ensure client-centered continuity of care, especially for pregnant women and those newly enrolled on treatment. 4. Initial implementation of decentralized drug distribution (DDD) by way of community partners, in two provinces. 5. Improve outcomes for C/ALHIV through prompt ART regimen optimization, expansion of MMD, and family-centered differentiated care; support trainings for ART optimization and pediatric mentorship among community and facility HCWs.
Viral Load Coverage & Suppression
Strengthen viral load testing capacity to address low testing coverage and suppression rates and improve turnaround time for return of results: 1. Consider modest increase in laboratory Human Resources for Health (HRH) to strengthen lab testing capacity.

2. Continue expansion of the specimen transport network to include all necessary PEPFAR supported health facilities, including use MoD transportation services.
3. Consider implementing the following VL testing technologies, dependent on facility location and access to validated instruments:
    - Increase the use of EID/VL PoC instruments to address low testing coverage among HIV-exposed infants and to increase access to VL testing.
    - Strategically expand DBS usage for EID across additional provinces.

Advanced HIV Disease Management & TB (Pediatrics)

1. Improve adolescent screening for TB, malnutrition, and cryptococcal infection.
2. Work with the GRA and key stakeholders to establish policies, clinical guidance, and a well-informed quantification strategy for pediatric/adolescent advanced HIV disease commodities (e.g., testing/screening commodities, prophylactic and treatment regimens, etc.).

Commodities & Supply Chain

1. Consider procuring 3 to 6 months' worth of TLD for PEPFAR program patient populations if GRA first verifiably commits to meaningful procurement of TLD and DTG-based regimens for full remaining provincial populations.
2. Continue technical assistance for a more modernized and client-centered supply chain:
    - Build capacity at provincial-level for local ownership of supply chain, providing site-level support for commodity management, as well as explore potential public-private partnerships to facilitate sustainability and continuity of supply chain processes - i.e. storage and/or distribution (3PL).
    - Pursue decentralized drug distribution (DDD) for the purposes of increasing MMD (now at ~38% of TX_CURR) and supporting a family-centered treatment approach, targeting defaulting patients to ensure continuation of treatment.
    - Consider investment in stock alerting technologies in PEPFAR supported facilities to increase stock visibility.

Other Programming Adaptations Needed

1. Strengthen facility to community data sharing practices, using the Letter of Cooperation with facility and community IPs as a foundation for strategic collaboration to improve case finding, linkage, and adherence across provinces. Improve quality and frequency of data sharing among implementing agencies necessary for an integrated program.

COP/ROP 2021 Technical Priorities

Client Centered Treatment Services

COP21 planning must ensure treatment continuity for all current and new clients. To do this, programs must specifically and thoroughly address the challenge of interrupted antiretroviral treatment, especially after initiating ARVs and through young adulthood. Maintaining epidemic control, as measured by the proportion of PLHIV with viral suppression, will require long-term, continuous adherence to ART for an adult population that is 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 free, fit the lives of the clients, and empower clients to on ART to stay the course. PEPFAR requires development and full implementation of key client-centered policies and practices at the site-

level, including client education on the benefits of lifelong treatment, optimized treatment (dolutegravir-based therapy) and multi-month dispensing, convenient and safe ARV access arrangements, and community and client participation in design and evaluation of services.

Pediatric- and Adolescent-Centered Services

In COP21, PEPFAR programs are required to demonstrate improvement in pediatric case finding, including safe and ethical index testing, to close HIV treatment gaps across age and sex bands. Programs must move forward with the introduction and broad use of pediatric DTG formulations in FY21 (COP20), with full implementation expected to occur during the first quarters of FY22 (COP21). Programs need to further advance pediatric- and adolescent-specific continuity of treatment programming, including age-appropriate differentiated models of care and leveraging bidirectional synergies with clinical and OVC implementing partners. OUs must develop a comprehensive plan to achieve ≥ 90% viral load coverage and viral load suppression across all age and sex bands. To further reduce morbidity and mortality, clinical programs should include an evidence-based advanced HIV disease package of care for children and adolescents.

Community-led Monitoring

In COP 21, 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)

In COP 2021, PrEP should continue to be made widely available with a focus on getting PrEP, (including possible new PrEP options) to the people that need it. Groups to be prioritized for PrEP include HIV negative partners of index cases key populations including sex workers, men who have sex with men, transgender persons, people in prisons and other closed settings, people who inject drugs, adolescent girls and young women and, pregnant and breastfeeding women, in areas with high HIV incidence or with higher risk partners, and other identified serodifferent couples. Groups should be tailored to the OU's epidemic context.

TB/HIV

TB/HIV services must be integrated, including DSD and MMD models for both TB and TB preventive treatment (TPT). All PLHIV must be routinely screened for TB and have access to molecular diagnostic testing and/or point of care tests such as LF-LAM. TPT is considered routine HIV care, and all country programs must have offered TPT to all PLHIV on treatment by the end of COP21; targets have been set accordingly. Countries should budget for full coverage, and plan to use optimal regimens (3-HP) as supply allows.

Advanced HIV disease

The advanced disease package of care should be fully integrated into clinical care and includes diagnostics and therapeutics for tuberculosis and cryptoccal meningitis as well as cotrimoxazole. Countries should budget adequately for commodities including urinary LAM, CrAg, amphotericin B and flucytosine. Please see section 6.5.2 of the COP guidance.

Condoms and Lubricants

Condoms are key to a successful combination HIV prevention approach and are a cost-effective tool for preventing other sexually transmitted infections and unintended pregnancies. PEPFAR's goal is to ensure

high levels of use, equitable access to, and sustained demand for condoms and lubricants among key and priority populations and low-income groups. In COP21, through the Condom Fund, GHP-USAID will provide $20.3 million in assistance to PEPFAR-supported countries to procure and deliver condoms and lubricants to address key condom supply and demand issues This funding is in addition to funds allocated for condom programming and additional condom/lubricant procurement in each country from COP21 country funding as determined during the COP planning process.

PEPFAR Angola will have access to $400,000 from the Condom Fund in COP21/FY22, contingent upon adequate justification of need. Coordination with other donors that provide commodities, including the Global Fund, is also critical and expected. The process for estimating your country's total condom and lubricant need is outlined in the COP21 guidance. Among other items, this justification should include an outline of how PEPFAR Angola will support condom programming in FY22 with funds from your base COP21, the Condom Fund, the GF and/or other donors, and the host-country government. Please note that in FY22 there will also be limited funding available to cover unexpected or emergency condom and/or lubricant requests from PEPFAR-supported countries. Access to these funds will be provided on a first come, first served basis, and OUs will be required to provide a justification for why their special request is being made.

PLHIV Stigma Index 2.0

PEPFAR teams are required to either fund host country PLHIV network-led implementation of the revised PLHIV Stigma Index 2.0 utilizing the standard methodology, or complement Global Fund or other donors financing implementation of the PLHIV Stigma Index 2.0, if it has not already been implemented in the OU. If the revised PLHIV 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 21, whether supported by PEPFAR or other resources. Completion of the PLHIV Stigma Index 2.0 should be accompanied by a response and action plan discussed and agreed upon by all stakeholders that will address findings. Where the PLHIV Stigma Index 2.0 has already been conducted, COP/ROP 21 focus should be on concerted action to address findings.

Human Resources for Health (HRH) and Sustainability

Using data from the HRH Inventory completed in COP20 Q4, OUs are expected to complete a comprehensive HRH analysis to optimize staffing at the site- and above-site-levels. PEPFAR programs in countries that will be near to or reach 95/95/95 in the COP20 implementation cycle are required to develop and implement plans to sustain their progress and effectively retain clients in quality HIV treatment programs. Results from the Sustainability Index and Dashboard (SID) 2019 should inform the OUs on their progress and gaps related to the policies and technical areas for inclusion in the sustainability plans. Resource alignment data should be used to understand the HIV funding landscape-- especially with a more granular understanding of PEPFAR and GFATM investments-- who is paying for what services in order to enhance strategic collaboration and coordination and avoid duplication during the program planning cycle.

Cross-HIS Data interoperability - Use and Analysis

Improved data visibility, and analysis are essential for better understanding the HIV epidemic and reaching epidemic control.

PEPFAR Angola should 1) consistently and continuously use and analyze data at the individual patient level with aim of program improvement (e.g. use patient level data to understand retention differences across patient cohorts and create more tailored risk models and intervention). 2) utilize available data interoperability solutions to harmonize and triangulate data across EMRs, commodities, pharmacy dispensation, laboratory data, HRH and other data.

Systems Investments

PEPFAR teams are expected to align systems investments with key systems barriers to achieving epidemic control. System investments should also be aligned to achieving and maintaining minimum program requirements for COP including adoption and use of unique identifiers, building country capacity in disease surveillance and other core competencies to achieve and maintain epidemic control including country ability to perform continuous quality improvement. Systems investments that have achieved their goals should be candidates for countries to assume responsibility to achieve the minimum program requirement for increased responsibility and increased government expenditures.

Faith and Community Initiative (FCI)

Building upon PEPFAR's standing principle to ensure "every dollar is optimally focused for impact", OUs with continuing FCI investments should continue implementing best practices in accordance with FCI and COP21 Guidance. Priorities for COP21 FCI implementation for addressing gaps in reaching men and children include: coordination through an Inter-Faith Steering Committee to advance treatment literacy; and decentralized, continuing care through faith-engaged community posts, faith-engaged highly targeted HIV self-testing, and/or community adolescent treatment programs for youth living with HIV.

Innovative solutions and adaptive practices

There are extraordinary examples of innovation by our field teams and partners during COVID. These include adaptations and lessons learned that span across many of our technical and program areas as well as all countries we work in. Teams should look at ways to strengthen and improve our capacity to innovate, design, and create within the communities we serve. This includes systematically looking at the evidence base and how to learn from these examples as well as strengthen our methods to help scale proven strategies and interventions.

COP/ROP 2021 Active Engagement with Community and Civil Society (see section 2.5.3 of COP Guidance)

The full participation of community stakeholders and civil society in every stage of PEPFAR programming, planning, and monitoring as appropriate and consistent with applicable law, regulations and policy, from advocacy to service delivery, is critical to the success and sustainability of PEPFAR and the global effort to combat HIV. 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.

As in years past, civil society organizations are considered essential and invited to participate both in the virtual COP21 strategic planning meetings, as well as virtual approval meetings. .

This engagement, of both civil society, and of faith-based organizations/faith communities, specifically includes the sharing of FY 2020 Q4 and FY 2020 APR results and analyses and the convening of an in-country planning retreat with local stakeholders during the last two weeks of January 2021 in order to introduce and discuss all COP/ROP 2021 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP/ROP 2021. The PEPFAR investments to support the national response must be planned intentionally with the Global Fund with teams demonstrating how complementarity was achieved to ensure maximal impact on the HIV/AIDS epidemic is achieved.

In February and March 2021, PEPFAR will convene virtual meetings 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, faith-based

organizations/faith communities, and multilateral partners. Specific guidance for the 2021 virtual meeting delegations will be provided separately.

Engagement with all stakeholders is required beyond the meetings and throughout COP/ROP 2021 development, finalization, and implementation. As in COP/ROP 2020, the draft Strategic Direction Summary (SDS) and Data Pack are required to be shared with both CSO and FBO stakeholders for their input and comments at least 48 hours prior to submission of these materials to the Embassy Front Office. Please refer to the COP/ROP 2021 Guidance for a full list of requirements and engagement timelines.

APPENDIX 1: Detailed Budgetary Requirements

Care and Treatment (C&T): OU's COP/ROP 2021 minimum requirement for the C&T earmark is reflected in Table 2. If there is no adjustment to the COP/ROP 2021 new funding level due to an adjustment in applied pipeline, countries must program to the full Care and Treatment earmark amount across new FY 2021 GHP-State and GHP-USAID funding. The Care and Treatment earmark will be calculated as the sum of the following:

- 100% Care and Treatment (C&T) Program Areas
- 50% Testing (HTS) Program Areas
- 100% Above Site Program: Laboratory System Strengthening
- 70% Pregnant and Breastfeeding Women Beneficiary Group
- Proportional % Program Management (Proportional Program Management will vary by mechanism and will be determined by the amount of other interventions at the mechanism that count towards the C&T earmark)

Orphans and Vulnerable Children (OVC): OU's COP/ROP 2021 minimum requirement for the OVC earmark is reflected in Table 2. Countries must program to the full OVC earmark amount across new FY 2021 GHP-State and GHP-USAID funding. The OVC earmark will be calculated as the sum of the following:

- 85% (DREAMS initiative funding — commodities planned under DREAMS initiative — Any HTS interventions planned under DREAMS initiative — Any C&T intervention planned under DREAMS initiative)
- 100% (OVC Beneficiary group funding — commodities planned under any intervention with OVC beneficiaries — Any HTS planned under interventions with OVC beneficiaries
- Proportional Program Management (Proportional Program Management will vary by mechanism and will be determined by the amount of other interventions at the mechanism that count towards the OVC earmark)

Abstinence, Be Faithful/Youth (AB/Y) Reporting Requirement: If AB/Y-programmed activities do not reach a 50 percent threshold of all sexual prevention funding, as calculated by the formula below, in any country with a generalized epidemic, S/GAC is required to report to the appropriate Congressional committees on the justification for the decision. In such cases, teams should provide brief justifications and explain the rationale for prevention programming decisions given the epidemiologic context,

contributions of other donors, and other relevant factors. The written justifications should be uploaded as 'Budgetary Requirements Justification' to the document library of FACTS Info.

Abstinence, Be Faithful/Youth (AB/Y) programming, formerly captured in the HVAB budget code, will now be captured by using a combination of prevention program areas and beneficiaries, which are identified in the formula below. The numerator captures those interventions that are Abstinence, Be Faithful/Youth (AB/Y) programming, and the denominator approximates all sexual prevention activities. The proportion of Abstinence, Be Faithful/Youth (AB/Y) programming as a proportion of all sexual prevention activities is calculated by dividing the numerator by the denominator:

Numerator

Prevention: primary prevention of HIV and sexual violence

(For OVC, OVC caregivers, young people and adolescents, children, young women and adolescent females, girls, young men and adolescent boys, and boys)

+

Prevention: community mobilization, behavior, and norms change

(For OVC, OVC caregivers, young people and adolescents, children, young women and adolescent females, girls, young men and adolescent boys, boys, adults, not disaggregated)

Denominator

Prevention: primary prevention of HIV and sexual violence (all populations)

+

Prevention: **community mobilization, behavior, and norms change** (all populations)

+

50 % Prevention: **Not disaggregated** (all populations)

Gender Based Violence (GBV): OU's COP/ROP 2021 minimum requirement for the GBV earmark is reflected in Table 2. Your GBV earmark requirement is calculated as the total **new FY 2021** funding programmed to the GBV cross-cutting code. Your COP/ROP 2021 earmark is derived by using the final COP/ROP 2020 GBV earmark allocation as a baseline. The COP/ROP 2021 planned level of new FY 2021 funds for GBV can be above this amount; however, it cannot fall below it.

Water: OU's COP/ROP 2021 minimum requirement for the water earmark is reflected in Table 2. Your water earmark requirement is calculated as the total **new FY 2021 funding** programmed to the water cross-cutting code. Your COP/ROP 2021 earmark is derived by using the final COP/ROP 2019 water earmark allocation as a baseline. The COP/ROP 2021 planned level of new FY 2021 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 FY21, and must meet 40% by FY20. 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 FY21 as appropriate through their COP/ROP 2020 submission.

State ICASS: Table 3 shows the amount that the OU must program under State for ICASS Costs.

COP/ROP 2021 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/ROP 2021 implementation whenever possible in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. If an agency/OU combination has a history of over-outlays, or in cases where an agency/OU COP envelope has increased in recent years, there may not be sufficient funding to maintain a 3-month buffer. Any agency that anticipates ending COP/ROP 2020 implementation (end of FY 2021) with a pipeline in excess of 3 months is required to apply this excessive pipeline to COP/ROP 2021, decreasing the new funding amount to stay within the planning level.