United States Department of State

Washington, D.C. 20520

UNCLASSIFIED January 13th, 2021

INFORMATION MEMO FOR AMBASSADOR STEPHANIE SULLIVAN, WEST AFRICA REGION

FROM: S/GAC Chair, Fatuma Y. Sanneh and PPM, Diana L. Huestis

THROUGH: Ambassador Deborah L. Birx, MD

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

Dear Ambassador Sullivan,

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-19 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 COVID-19; use focus groups and deep analytics of clients 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-19 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-19. 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-area levels, 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-19 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 stabilizing and expansion of critical prevention programming.

The COVID-19 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; we look forward to working together to support those strengths and address those challenges.

We are very excited about your progress in:

- Accelerating the TLD transition across the region in FY20
- Increasing the percentage of patients receiving multi-month dispensing (MMD) of ARVs in FY20
- Rapid scale-up of index testing in accordance with the safe and ethical index testing guidelines

Together with the host-country governments of the West Africa Regional countries and civil society leadership, we have made tremendous progress. The West Africa Region 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 five overarching issues we see across PEPFAR;

1. Continued new HIV infections in adolescents and young women
2. The need to support 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 the PEPFAR West Africa Region:

- Gaps in viral load coverage and the need to increase viral load suppression across the region
- Deficits in the supply chain for HIV commodities, including optimization of forecasting, ordering, and transportation, working alongside Global Fund and host-country counterparts
- Shortfalls in case-finding and continuity of treatment (retention), particularly in younger and key populations

A fuller set of details, including funding earmarks and specific program direction are included in the accompanying 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. 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. Within the West Africa Region, Burkina Faso, Senegal, and Togo have made tremendous progress toward their 2020 goals and are on track to achieve 2030 goals early, which means sustaining the amazing gains will need to be our focus. In contrast, Ghana, Liberia, Mali, and Sierra Leone did not achieve the 2020 goals and are not on track to achieve the 2030 goals early, which means making greater progress 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 ROP 2020.** After the PEPFAR country team submits their ROP21 targets, the notional budget will then be adjusted to the presented level of ambition.

The PEPFAR Regional Operational Plan (ROP 2021) notional budget for the West Africa Region is **$80,900,000** inclusive of all new funding accounts and applied pipeline. In addition, a portion of this funding will go toward adding Benin as a new country to the PEPFAR West Africa Region, and we look forward to bringing the lessons-learned from high-performing countries in the region to fight the HIV epidemic in Benin alongside the Global Fund and the government of Benin. 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 host-country governments of the West Africa Regional countries and civil society of the West Africa Region, 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 ROP. The expectation

is for country teams and agencies to propose to S/GAC the targets they believe are achievable and feasible and hold their partners 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 ROP 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 U.S. 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**

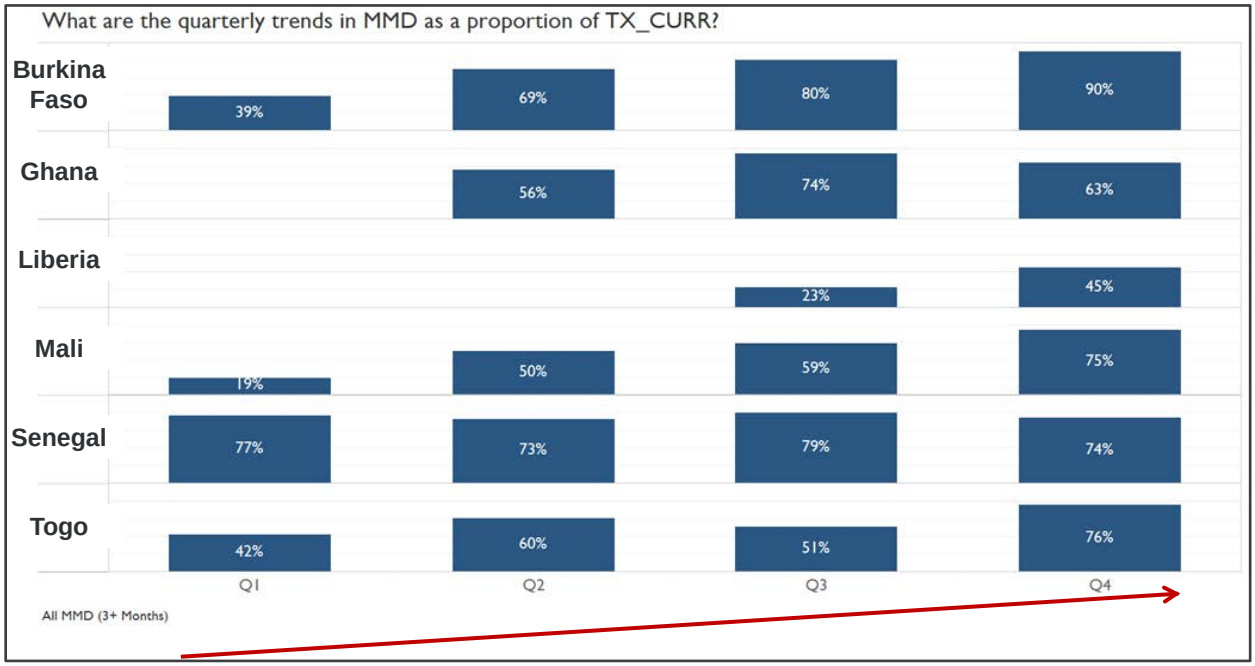
CC: **S/GAC – Fatuma Y. Sanneh, Chair; Diana L. Huestis, PPM; and Akua Kwateng-Addo, acting PEPFAR Coordinator**

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 region over time has been conducted. This includes the end-of-year results of the Regional Operational Plan (ROP) 2019 and current ROP 2020 implementation as we plan for ROP 2021. We have noted the following key successes and challenges:

Successes:

1. During FY20, PEPFAR's West Africa Region contributed to the significant acceleration of the TLD transition across most countries in the region. Specifically, Ghana and Togo scaled up from <5% TLD at the start of the year to >50% by the end of the year, while Burkina Faso, Liberia, Mali, and Senegal increased from <5% on TLD to between 10-40%. However, the proportion of patients receiving TLD was typically higher at PEPFAR sites than at non-PEPFAR sites, indicating there is still work to be done to support full TLD transition at the national level.
2. Multi-month dispensing (MMD) is a patient-centered approach allowing for fewer clinic visits during the year. With the exception of Senegal, MMD rates were very low across the West Africa Region at the start of FY20. Accelerated in part by the COVID-19 pandemic, the proportion of patients receiving MMD increased dramatically during ROP19, with increases from 30-55%. As the majority of those receiving MMD were given 3-4 months of ARVs, it is critical to sustain and expand upon ROP19 MMD gains, including shifting from 3-month to 6-month MMD in ROP21.



3. As populations approach epidemic control, case-finding methods must shift toward those strategies mostly likely to find the final remaining PLHIV who do not know their status. Index testing is the ideal strategy, but requires enhanced training for healthcare providers and counseling of patients. FY20 saw the launch and scaling-up of index testing for the first time in most countries in the West Africa Region, and was relaunched in FY20 Q3/Q4 following the safe and ethical index testing and

5Cs guidelines. Yield from index testing varied across countries within the region, from 14-15% in Ghana and Liberia to 30-50% in Burkina Faso, Mali, Senegal, and Togo. In FY21 and beyond, the West Africa Region should share best-practices and increase the proportion of index testing within current guidelines to identify more PLHIV and improve program performance to save more lives.

Challenges:

1. With the formal launch of the West Africa Region as an OU in ROP19, countries focused on the first and second 90s – identifying PLHIV and getting them on lifesaving ARVs. To complete the clinical cascade and achieve epidemic control, the program must now increase viral load coverage (VLC) and achieve higher viral load suppression (VLS) across the region. In ROP19, VLC was uniformly below the targets and varied from 5-40% across most countries. Lack of equipment and reagents, insufficient laboratory capacity, poor data tracking methodology, and problems with sample transportation have been identified as barriers to higher achievement in VLC, and need to improve in ROP20 and beyond. In addition, for those PLHIV who did receive a viral load test, VLS ranged from 70-87%. These VLS rates are still below the target of at least 90% - indicating a need to optimize ARV regimens and improve adherence. Additionally, coverage and suppression levels for pediatrics were below those of adults across the region, and improvement of pediatric treatment has already been identified as a challenge to be addressed in ROP21.
2. No treatment program can be successful without the right commodities in place, including test kits, ARVs, and viral load reagents. Furthermore, ensuring appropriate supply levels requires using data for decision-making. Across the West Africa Region, several countries have identified delays in commodity arrivals due to effects of the COVID-19 pandemic on a supply chain already in need of improvement before the pandemic. At the end of ROP19, previously unplanned procurements were made for test kits in Ghana and pediatric ARVs in Togo, and the implementation of 6-month MMD was delayed across the region due to a lack of available ARVs. In ROP20 and beyond, PEPFAR teams should work closely with the Global Fund, host-country governments, and implementing partners to further strengthen and help build resilience in the HIV supply chain, including optimization of forecasting, ordering, and transportation.
3. Current regional levels for continuity of treatment (retention) range from 90-95%, and PEPFAR's target is at least 98%. Index testing yields were generally high and ranged from 14-51% across the region, but the relative proportion of positives found by index texting remained low at 9-29%, well below the targeted range of 30-70% (target depends on progress toward epidemic control). The West Africa Region should focus on improving upon its safe and ethical index testing strategy for case-finding and enhancing continuity of treatment, using effective methods such as increasing peer-to-peer support, tracing interruptions in treatment (lost-to-follow-up), and other patient-centered approaches. Additionally, the region should continue KPIF-like activities to support testing, treatment, and retention of KPs while reducing stigma and discrimination in the region.

Given the region's mixed status of near-achievement in some countries and others needing further progress toward epidemic control, the following priority strategic and integrated changes are recommended:

1. Accelerating the TLD transition across all countries in the region, shifting from 3-month MMD to 6-month MMD as quickly as possible, and advancing the roll out of PrEP across the region.

2. Expanding geographies beyond the ROP20 footprint to scale up PEPFAR successes in countries where appropriate (Togo, Ghana, and Sierra Leone) and maintaining ROP20 geography while focusing on programmatic improvement in other countries (Burkina Faso, Liberia, Senegal, Mali).
3. Improving case-finding and treatment outcomes for pediatrics, including index testing of all children from HIV-positive mothers and adoption of DTG 10mg into national treatment regimens for pediatrics.
4. Enhancing ongoing cooperation with host-country governments, multilateral organizations, and other partners to adopt PEPFAR best-practices in non-PEPFAR-supported sites, contributing to program sustainability.
5. Taking full advantage of the regional knowledge base, expertise, best-practices, and innovations to improve overall program performance in the region and provide the framework for a successful relaunch of USG HIV activities in Benin. This includes fully staffing up by filling vacant positions such as the PEPFAR Regional Coordinator, expanding regional collaboration on lab and other technical areas, and building SI capacity.

SECTION 1: 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 ROP 2021 planning level is comprised as follows: Note – all pipeline numbers were provided and confirmed by the relevant agencies. Due to increased costs in FY 2020, including those due to COVID-19, and correspondingly lower applied pipeline going into COP21, COP/ROP 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 future potential requirements as the impact of COVID-19 on the program are better known. These funds will be allocated to OUs at a later date as appropriate.

TABLE 1: All ROP 2021 Funding by Appropriation Year

	Bilateral				Central				Total
	FY21	FY20	FY19	Unspecified	FY21	FY20	FY19	Unspecified	TOTAL
Total New Funding	**$ 76,133,752**	**$ -**	**$ -**	**$ -**	**$ 900,000**	**$ -**	**$ -**	**$ -**	**$ 77,033,752**
GHP-State	$ 75,630,701	$ -	$ -		$ -	$ -	$ -		**$ 75,630,701**
GHP-USAID	$ -				$ 900,000				**$ 900,000**
GAP	$ 503,051				$ -				**$ 503,051**
Total Applied Pipeline	**$ -**	**$ -**	**$ -**	**$ 3,866,248**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 3,866,248**
DOD				$ 479,186				$ -	**$ 479,186**
HHS/CDC				$ 2,938,157				$ -	**$ 2,938,157**
HHS/HRSA				$ -				$ -	**$ -**
PC				$ -				$ -	**$ -**
USAID				$ 65,159				$ -	**$ 65,159**
USAID/WCF				$ 383,746				$ -	**$ 383,746**
State				$ -				$ -	**$ -**
State/AF				$ -				$ -	**$ -**
State/EAP				$ -				$ -	**$ -**
State/EUR				$ -				$ -	**$ -**
State/PRM				$ -				$ -	**$ -**
State/SCA				$ -				$ -	**$ -**
State/SGAC				$ -				$ -	**$ -**
State/WHA				$ -				$ -	**$ -**
TOTAL FUNDING	**$ 76,133,752**	**$ -**	**$ -**	**$ 3,866,248**	**$ 900,000**	**$ -**	**$ -**	**$ -**	**$ 80,900,000**

TABLE 1a: West Africa Region ROP 2021 Country Allocations (excluding condom funding)

TOTAL ROP21 PLANNING LEVEL: $80,000,000		ROP20 Funding	Proposed Programmatic Updates*
Benin	$ 6,000,000	n/a	Implementation in 6 southern provinces
Burkina Faso	$ 10,800,000	$ 7,477,841	6-MMD, TLD, PrEP, VLC, IDP
Ghana	$ 13,000,000	$ 9,583,215	6-MMD, TLD, PrEP, VLC, add sites
Liberia	$ 10,000,000	$ 9,199,097	6-MMD, TLD, PrEP, VLC
Mali	$ 10,000,000	$ 9,649,266	6-MMD, TLD, PrEP, VLC, IDP
Senegal	$ 8,000,000	$ 7,658,957	6-MMD, TLD, PrEP, VLC
Sierra Leone	$ 8,500,000	$ 5,000,000	6-MMD, TLD, PrEP, VLC, add sites
Togo	$ 11,800,000	$ 6,004,333	6-MMD, TLD, PrEP, VLC, add sites
West Africa Region M&O	$ 1,900,000	$ 1,750,157	Support for regional staff and activities
Total	**$ 80,000,000**	**$ 56,322,866**	**Regional increase: $23,677,134 (42%)**

***Further details provided under Section 4: ROP 2021 Directives**

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

Countries should plan for the full Care and Treatment (C&T) level of $25,000,000 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	$ 25,000,000	$ -	$ -	**$ 25,000,000**
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: ROP 2021 Initiative Controls

	Bilateral	Central	TOTAL
Total Funding	**$ 80,000,000**	**$ 900,000**	**$ 80,900,000**
Core Program	$ 80,000,000	$ -	**$ 80,000,000**
Cervical Cancer	$ -	$ -	**$ -**
Community-Led Monitoring	$ -	$ -	**$ -**
Condoms (GHP-USAID Central Funding)	$ -	$ 900,000	**$ 900,000**
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 – ROP 2019 Review

Table 5. ROP OU-Level FY20 Program Results (ROP19) against FY21 Targets (ROP20)

Country	Indicator			
	TX_CURR <15		TX_CURR ≥15	
	ROP19 result	ROP20 target	ROP19 result	ROP20 target
Burkina Faso	1,089	2,326	24,747	28,413
Ghana	531	2,217	13,878	21,879
Liberia	192	966	2,866	14,724
Mali	271	2,432	6,661	33,091
Senegal	110	102	4,159	6,131
Sierra Leone	n/a	0	n/a	7,044
Togo	1,723	2,819	31,230	41,086
West Africa Region Total	**3,916**	**10,862**	**83,541**	**152,368**

Table 6. 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
Planned			
DOD	1,050,000	1,110,770	-60,770
HHS/CDC	5,370,000	3,036,257	2,333,743
State	80,000	48,367	31,633
USAID	19,515,000	17,059,091	2,455,909
Central			
USAID	12,515,986	10,177,427	2,338,559
Grand Total	**38,530,986**	**31,431,912**	**7,099,074**

Table 7. 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 ROP19 approved level:

Operating Unit	Mechanism ID	Partner Name	Funding Agency	Total Planning Level	Total Outlays	Outlay Delta Check
Ghana	18415	Chemonics International, Inc.	USAID	$542,760	$870,420	($327,660)
Mali	81295	Chemonics International, Inc.	USAID	$263,000	$431,506	($168,506)
Senegal	82193	Africare	DOD	$180,000	$307,612	($127,612)
Liberia	82194	Community Empowerment Program CEP Inc	DOD	$203,000	$255,967	($52,967)
Liberia	81281	Chemonics International, Inc.	USAID	$275,000	$319,241	($44,241)
Liberia	104087		DOD	$147,000	$174,473	($27,473)

Table 8. ROP 2019 | FY 2020 Results & Expenditures

Country	Indicator	FY20 Target	FY20 Result	% Achievement	Program Classification	FY20 Expenditure	% Service Delivery
Burkina Faso	HTS_TST	44,129	**31,651**	72%	HIV Testing	$693,651	69%
	HTS_TST_POS	4,679	**4,765**	102%			
	TX_NEW	5,279	**4,594**	87%	Care and Treatment	$2,529,811	85%
	TX_CURR	22,799	**25,836**	113%			
				Above-Site Programs		$497,552	
				Program Management		$1,122,093	
Ghana	HTS_TST	180,355	**123,137**	68%	HIV Testing	$1,237,367	71%
	HTS_TST_POS	13,789	**5,321**	39%			
	TX_NEW	12,810	**4,535**	35%	Care and Treatment	$1,355,089	64%
	TX_CURR	19,955	**14,409**	72%			
				Above-Site Programs		$890,743	
				Program Management		$1,922,142	
Liberia	HTS_TST	15,059	**34,117**	227%	HIV Testing	$984,171	54%
	HTS_TST_POS	2,207	**2,655**	120%			
	TX_NEW	2,056	**2,407**	117%	Care and Treatment	$832,330	50%
	TX_CURR	3,581	**3,058**	85%			
				Above-Site Programs		$214,347	
				Program Management		$893,655	
Mali	HTS_TST	27,404	**22,884**	84%	HIV Testing	$589,093	83%
	HTS_TST_POS	3,703	**2,592**	70%			
	TX_NEW	3,450	**2,213**	64%	Care and Treatment	$511,599	72%
	TX_CURR	3,753	**6,932**	185%			
				Above-Site Programs		$999,087	
				Program Management		$700,358	

Senegal	**HTS_TST**	8,394	**7,598**	91%	HIV Testing	$665,365	93%
	HTS_TST_POS	1,180	**1,038**	88%			
	TX_NEW	1,209	**1,008**	83%	Care and Treatment	$982,175	19%
	TX_CURR	3,101	**4,269**	138%			
				Above-Site Programs		$1,174,819	
				Program Management		$936,702	
Togo	**HTS_TST**	112,072	**94,079**	84%	HIV Testing	$2,176,728	75%
	HTS_TST_POS	13,569	**13,318**	98%			
	TX_NEW	15,265	**12,821**	84%	Care and Treatment	$2,593,043	86%
	TX_CURR	37,490	**32,953**	88%			
				Above-Site Programs		$754,276	
				Program Management		$1,647,844	

ROP 2019 | FY 2020 Analysis of Performance

OU/PSNU Levels

- KP prevention targets (KP_PREV) were met and exceeded by far across the region (111-226%), with Senegal as the only exception (68%).
- Despite the negative effects of the COVID-19 pandemic and the temporary halt of index testing on case-finding programs throughout the region, all countries in the region achieved over 70% of their HTS_TST_POS and TX_NEW targets, with the exception of Ghana (39 and 35%, respectively).
- Yields from index testing were high (14-51%), but their relative contribution to overall testing numbers were low and need to increase under the safe and ethical index testing guidelines
- Burkina Faso, Mali, and Senegal exceeded their TX_CURR targets (112-169%), while Ghana, Liberia, and Togo fell short of their treatment targets (72-88%).
- Across the region, viral load coverage targets were not met, and viral load suppression rates for pediatrics, women under 30, and men under 35 need to improve.

Partner and Financial Performance

- Ending AIDS in West Africa, funded by USAID in Burkina Faso and Togo; Linkages, funded by USAID in Liberia; and Africare, funded by DOD in Senegal, have all met or come close to meeting their testing targets and are performing well relative to their fiscal expenditures (Figure 1).
- Strengthening the Care Continuum, funded by USAID in Ghana; Linkages, funded by USAID in Mali; Neema, funded by USAID in Senegal; and the Community Empowerment Program, funded by DOD in Liberia, underperformed in their testing targets (Figure 1).
- Ending AIDS in West Africa, funded by USAID in Burkina Faso and Togo; Linkages, funded by USAID in Liberia and Mali; Neema, funded by USAID in Senegal; Africare, funded by DOD in Senegal; and the Community Empowerment Program, funded by DOD in Liberia, have all met or come close to meeting their treatment targets and are performing well relative to their fiscal expenditures (Figure 2).
- Strengthening the Care Continuum, funded by USAID in Ghana, underperformed in its treatment targets (Figure 2), and an improvement plan has already been completed (July-December 2020).

Figure 1. ROP 2019 | FY 2020 Fiscal Performance – Testing

Implementing Mechanism		Prime Partner	Funding Agency	2020 HTS Budget	2020 HTS Expenditure	2020 % HTS Budget Expended	2020 HTS_TST % Achievement	2020 HTS_TST_POS % Achievement
Total				**$6,966,644**	**$6,334,357**	**91%**	**82%**	**77%**
17318	Strengthening the KP Care Continuum	John Snow Inc (JSI)	USAID	$1,153,282	$1,237,367	107%	68%	39%
81056	Ending AIDS in West Africa (#EAWA)	FHI Development 360 LLC	USAID	$1,054,720	$693,651	66%	71%	101%
81139	Global Health Supply Chain-Rapid Test Kits (RTKs)	Remote Medicine Inc.	USAID	$111,896				
81280	LINKAGES	FHI Development 360 LLC	USAID	$718,000	$962,015	134%	243%	120%
81294	LINKAGES	FHI Development 360 LLC	USAID	$657,000	$589,093	90%	84%	70%
81364	ISD-HB Neema	INTRAHEALTH INTERNATIONAL, INC.	USAID	$542,000	$616,120	114%	63%	79%
81436	Ending AIDS in West Africa (#EAWA)	FHI Development 360 LLC	USAID	$2,126,746	$1,749,425	82%	84%	98%
81441	GHSC-RTK	Remote Medicine Inc.	USAID	$460,000	$427,303	93%		
82193	82193 Senegal DOD	Africare	DOD	$80,000	$49,245	62%	1019%	257%
82194	82194 Liberia DOD	Community Empowerment Program CEP Inc	DOD	$63,000	$10,138	16%	6%	7%

Figure 2. ROP 2019 | FY 2020 Fiscal Performance – Treatment

Implementing Mechanism		Prime Partner	Funding Agency	2020 C&T Budget	2020 C&T Expenditure	2020 % C&T Budget Expended	2020 TX_NEW % Achievement	2020 TX_CURR % Achievement
Total				**$9,546,935**	**$8,764,679**	**92%**	**69%**	**95%**
81280	LINKAGES	FHI Development 360 LLC	USAID	$635,250	$722,940	114%	117%	76%
81364	ISD-HB Neema	INTRAHEALTH INTERNATIONAL, INC.	USAID	$826,695	$896,137	108%	74%	145%
81436	Ending AIDS in West Africa (#EAWA)	FHI Development 360 LLC	USAID	$1,326,453	$1,224,102	92%	84%	88%
81294	LINKAGES	FHI Development 360 LLC	USAID	$494,600	$454,319	92%	64%	169%
17318	Strengthening the KP Care Continuum	John Snow Inc (JSI)	USAID	$1,700,000	$1,246,225	73%	35%	72%
81056	Ending AIDS in West Africa (#EAWA)	FHI Development 360 LLC	USAID	$1,460,000	$720,279	49%	87%	112%
18428	TBD - Lab	Association of Public Health Laboratories, Inc. (THE)	HHS/CDC		$108,864			
82193	82193 Senegal DOD	Africare	DOD	$10,000	$49,209	492%	261%	116%
82194	82194 Liberia DOD	Community Empowerment Program CEP Inc	DOD	$40,000	$27,528	69%	9%	114%

SECTION 4: ROP 2021 DIRECTIVES

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

Minimum Program Requirements (MPRs)

All PEPFAR programs – bilateral and regional – were expected to have the following minimum program requirements in place by the beginning of ROP20 implementation (FY 2021). 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 ROP21 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 ROP21 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 FY 2021. The list will be included in the Strategic Direction Summary (SDS), as well.

Failure to meet any of these requirements by the beginning of FY 2022 may affect the OU budget. The minimum requirements for continued PEPFAR support include the table on the following page.

Table 9. 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.	Test and Start has been adopted across all 7 ROP20 West Africa Region countries, and countries are making progress toward >95% linkage for all groups. Progress in full implementation of Test and Start and higher linkage beyond PEPFAR sites, particularly for KPs, are more challenging due to stigma and discrimination in the region.
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.	The TLD transition made rapid progress in FY20, with improvements forecasted in FY21 as new ARV orders are filled with TLD instead of legacy regimens. NVP-based regimens have generally been eliminated, and teams will focus on adoption of DTG-based regimens for pediatrics in ROP20.
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.	In FY20, the West Africa Region significantly accelerated the roll out of MMD, particularly in the final 2 quarters. In FY21 and beyond, dispensing must increase from 3-month to 6-month for most patients. Decentralized drug distribution also increased throughout the year, and peer-led services to improve services for KPs scaled up.
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.	n/a – no TPT services in the West Africa Regional Program

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.	VL/EID optimization remains a challenge across the West Africa Region; ROP20 activities are focused on improving reagent availability, sample transportation systems, and data systems needed to return results within 4 weeks. Significant progress still needs to be made to make viral load and EID access universally available across the region.
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.	Index testing has been rolled out across the region, and sites have undergone the required evaluations and remediations for safe and ethical index testing. Now that improvements have been made and training has been conducted, countries should rapidly scale up index testing to increase the proportion of new positives identified via index testing. Self-testing pilots have started in several countries, but policies need to be further pushed for at the national level. All countries have policies in place to test all children with an HIV-positive biological parent.
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*)*	PrEP policies have now been adopted in each country, an improvement since the start of ROP19. Most countries started PrEP programs during ROP19, some supported by PEPFAR and others supported by the Global Fund or other donors. Sierra Leone will be rolling out PrEP for the first time in CY21.
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	n/a – no OVC activities in the West Africa Regional Program
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.	Policies to eliminate formal and informal user fees are now in place in all 7 countries, and community groups are monitoring in-country implementation. Most countries in West Africa charge nominal fees to all citizens for basic health services ($1-2/year), and surveys are underway to monitor these costs and ensure they are not a barrier to clients receiving HIV-related services.
2. 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.	CQI practices began with the formalization of the West Africa Region in ROP19, and are now included in ROP20 IP work plans. SIMS visits are used to monitor quality of service delivery.
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.	Viral load and treatment literacy activities are now being undertaken in most countries in the region, including messaging around the TLD transition and U=U. Sierra Leone, being new to PEPFAR, has the most room for improvement. Stigma continues to be pervasive throughout the region.
4. Clear evidence of agency progress toward local, indigenous partner direct funding.	Many local, indigenous partners are sub-recipients to PEPFAR IPs, but capacity of local organizations to serve as prime partners needs to be further developed. The roll out of community-led monitoring activities in ROP20 will allow direct local funding for the first time in many countries in the region. In ROP21, countries should aim to add local partners where possible and increase the overall percentage of funds going to local vs. international partners.
5. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended	Within the region, Liberia, Burkina Faso, and Togo provide the highest relative proportion of funding toward their HIV responses. Political will, in the form of increased funding for HIV, continues to lag in Ghana. Political instability and security concerns in both Mali and Burkina Faso pose a threat to these countries' abilities to increase health investments in the near future. The

	impacts of the COVID-19 pandemic threaten the ability of host-country governments to increase or even meet their budgets for the HIV response.
6. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	Morbidity and mortality outcomes were monitored and reported for the first time in ROP19, and reporting improved throughout ROP19 implementation. The difficulty for some clinicians and case managers to track interruption in treatment (LTFU), primarily due to incorrect contact information, is a threat to complete monitoring and reporting of morbidity and mortality outcomes.
7. Scale-up of case surveillance and unique identifiers for patients across all sites.	The scale-up of unique identifiers has progressed in all countries, but still needs to be implemented beyond PEPFAR-supported sites in some countries.

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

Table 10. ROP 2021 (FY 2022) Technical Directives

OU–Specific Directives
HIV Treatment
1. Accelerate the roll out of MMD for all patients, and increase the relative proportion of 6-month MMD
2. Continue to accelerate the TLD transition in all countries in the region, including for women of childbearing potential, and the adoption of DTG-based regimens for pediatrics alongside the removal of any remaining NVP- and EVF-based regimens
3. Improve viral-load access, including commodity availability, lab capacity, and data systems, to ensure at least 95% viral load coverage for all eligible patients in the region
4. Strengthen patient-centered approaches, including at the peer-navigator, community, and clinical levels, to improve linkage, continuity of treatment (retention), and VLS for all PLHIV, including children
HIV Prevention
1. Continue, expand, and initiate PrEP programs for patients testing negative and at-risk populations
2. Continue and expand activities to counter stigma and discrimination against PLHIV and KPs, including working alongside faith-based and civil society organizations
Other Government Policy or Programming Changes Needed
1. Ensure self-testing policies are in place in each country in the region and that self-testing is available
2. Supply chain optimization for all HIV commodities (testing, treatment, and viral load), potentially to include starting centralized supply chain visibility approaches for the region
3. In Burkina Faso and Mali, continue support for PLHIV in IDP situations and other approaches to optimize case-finding and treatment under challenging security situations

ROP 2021 Strategic Direction

Region-wide, closing the remaining gaps in the clinical cascade must be a priority in ROP21. Optimization of case-finding, including expansion of safe and ethical index testing, scaling of patient-centered approaches to improve linkage and continuity of care, and improvements in viral load coverage should be prioritized in ROP21 planning. Additionally, supply chain strengthening including data-use for decision-making, 6-month MMD, complete TLD transition, and PrEP activities should be planned for and implemented in ROP21. Support for commodities purchases to enable a more rapid TLD transition, 6-month MMD, and PrEP should be considered, where appropriate. Increased support to local partners must be considered and community-led monitoring activities begun in ROP20 should continue.

In **Ghana**, approaches which have been successful in making progress in the Western Region should be expanded to nearby geographic regions (e.g., Western North and Ahafo), while continuing to accelerate the TLD transition, expand PrEP and 6-month MMD, and improving VLC. In **Burkina Faso**, the current geographic footprint should be maintained while making progress toward 95-95-95; programming should focus on increasing MMD from three months to six months, completing the TLD transition, improving VLC, and continuing support for IDPs. In **Togo**, PEPFAR will focus on the regional priorities outlined above and will begin making progress toward 95-95-95, using the successful models which have been implemented for that past two years to expand northward to cover more of the country's PLHIV.

In **Senegal** and **Liberia**, the current (ROP20) geographic footprint should be maintained, with programming focused on 6-month MMD, full TLD transition, enrolling more eligible clients on PrEP, continuing stigma-reduction activities, and increasing funding and capacity-building of local partners. In **Mali**, the current (ROP20) geographic footprint should be maintained, with programming focused on 6-month MMD, full TLD transition, enrolling more eligible clients on PrEP, continuing stigma-reduction activities, and continuing support for IDPs.

In **Sierra Leone**, PEPFAR will focus on the regional priorities outlined above, while potentially expanding its geographic footprint to add 1-2 additional high-burden districts (at the request of the government of Sierra Leone and the Global Fund). PEPFAR Sierra Leone will also continue supply-chain strengthening activities, maintain activities to build CCM capacity, increase PrEP availability and enrollment, and begin KPIF-like stigma-reduction activities.

And in **Benin**, PEPFAR implementation will begin, modeled on the successful programs in Burkina Faso and Togo, with a focus on ensuring all PEPFAR MPRs are rapidly put in place, case-finding and treatment is optimized to reach the remaining 13,100 PLHIV not on treatment in the 6 southern provinces, and continuity of care and VLS is prioritized for those already on treatment. PEPFAR will work alongside the Global Fund, the government of Benin, and other stakeholders to coordinate site-selection, determine commodity needs and ensure smooth procurement, and improve coordination, following the successful model of Togo's steering committee.

ROP 2021 Technical Priorities

Client-Centered Treatment Services

ROP21 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 ROP21, 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 (ROP20), with full implementation expected to occur during the first quarters of FY22 (ROP21). 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 ROP21, 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 ROP21, 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.

Advanced HIV disease

The advanced disease package of care should be fully integrated into clinical care and includes diagnostics and therapeutics for tuberculosis and cryptococcal 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.

The PEPFAR West Africa Region will have access to **$900,000** from the Condom Fund in ROP21/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 the West Africa Region will support condom programming in FY22 with funds from your base ROP21, the Condom Fund, the Global Fund 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 ROP21, 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, 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 ROP20 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.

The PEPFAR West Africa Region 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) and 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. Systems investments should also be aligned to achieving and maintaining minimum program requirements for ROP21 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.

Innovative solutions and adaptive practices
There are extraordinary examples of innovation by our field teams and partners during COVID-19. 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.

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 ROP21 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 ROP 2021 tools, guidance, results and targets as well as the proposed trajectory and strategy for 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 ROP 2021 development, finalization, and implementation. As in 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 2021 guidance for a full list of requirements and engagement timelines.

APPENDIX 1: Detailed Budgetary Requirements

Care and Treatment (C&T): The West Africa Region's ROP 2021 minimum requirement for the C&T earmark is reflected in Table 2. If there is no adjustment to the 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): The West Africa Region's 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): The West Africa Region's 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 ROP 2021 earmark is derived by using the final ROP 2020 GBV earmark allocation as a baseline. The ROP 2021 planned level of new FY 2021 funds for GBV can be above this amount; however, it cannot fall below it.

Water: The West Africa Region's 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 ROP 2021 earmark is derived by using the final ROP 2019 water earmark allocation as a baseline. The 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 4 shows the amount that the OU must program under State for ICASS Costs.

ROP 2021 Applied Pipeline (see section 9.1.2 of COP21 guidance)

All agencies in the West Africa Region should hold a 3-month pipeline at the end of 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 ROP 2020 implementation (end of FY 2021) with a pipeline in excess of 3 months is required to apply this excessive pipeline to ROP 2021, decreasing the new funding amount to stay within the planning level.