UNCLASSIFIED January 13, 2021

INFORMATION MEMO FOR AMBASSADOR WILLIAM POPP, GUATEMALA, AND AMBASSADOR DONALD TAPIA, JAMAICA, WESTERN HEMISPHERE

FROM: S/GAC Chairs, Kristin Kelling and Alexander Cumana, and PPM Jacqueline O'Friel

THROUGH: Ambassador Deborah L. Birx, MD

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

Dear Ambassadors Popp and Tapia:

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 COVID-19. 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:

Central America:

- While loss to follow up was considerable in Central America, the cumulative number of clients increased slightly due to linking positives to treatment, despite COVID-19. They need to address retention issues regardless of net gain. Central America also scaled direct service delivery implementation strategy at site level, continued to build on recency testing successes from FY19, and developed innovative case finding solutions during the height of the pandemic.

Caribbean:

- Despite challenges across the sub-region associated with COVID-19, Jamaica met most of its treatment target in ROP19. Jamaica also showed promising gains in return to treatment and viral load suppression in Q4 that we hope to see continue into ROP20. Trinidad and Tobago continued to excel in testing, and we look forward to seeing results as they bolster index testing as a primary case-finding strategy across the sub-region.

- In Jamaica a new cooperative agreement was signed on October 1, 2020 between the CDC and the Ministry of Health and Wellness that supports PEPFAR's efforts to strengthen prevention, care, and treatment; strategic information; and laboratory systems. There will also be an emphasis in Jamaica on strengthening contact tracing.

Region At Large:

- Even in a fully virtual setting and without the benefits of in-person site visits, the two sub-regional teams continued making progress toward full regionalization by participating in each other's POART calls and hosting various technical exchanges. Central America provided technical assistance to the Caribbean by collaborating on development of a partner management dashboard. Country teams are encouraged to continue to share and review data, as well as exchange best practices during this critical juncture in our regional program.
- For your situational awareness, we are continuing the special PEPFAR assistance supporting HIV activities in countries impacted by the Venezuela regional crisis, including Colombia and Peru. This will build on the progress in treatment and monitoring gained over the last two years to assist this vulnerable refugee populations.

Together with the Governments in the Western Hemisphere Region and civil society leadership we have made tremendous progress together. Countries in the 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 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 Western Hemisphere:

Central America:

- The Northern Triangle area (El Salvador, Honduras and Guatemala) show problems across the cascade and lag behind in the first 95 in all three countries. Now that the expansion is moving forward, it is important to accelerate scale-up and rapidly adopt innovations and policies in Northern Triangle countries to improve case finding (e.g., PITC, Real Time Recency surveillance, GSM, PrEP).
- Panama has one of the worst HIV/AIDS epidemics in the sub-region per capita. Late diagnosis continues to be a problem. Viral Load Coverage in Panama is abysmal and needs to be addressed. Substantial improvement is needed in order to achieve at least 90% of clients on treatment reaching viral suppression. PEPFAR activities in Nicaragua are limited due to the

socio-political crisis, but Nicaragua also needs to find innovative ways to address low viral load coverage and suppression.

Caribbean:

- Overall, the Caribbean continues to underperform in terms of case finding and placing new patients on treatment. The Caribbean only met 35% of its positive test target in FY20 and 65% of its new treatment target. Index testing needs to be expanded, particularly in Jamaica, and cascade drop off at finding partners of clients needs to be addressed. One barrier to overcome in Jamaica is the need to eliminate the requirement for lab tech to confirm HIV diagnosis. Supporting the scale-up of HIV self-testing and task-shifting from lab techs to lay/counselor testers for HIV confirmatory diagnosis will likely improve case finding.
- In FY20, the Caribbean invested considerable resources in testing that did not lead to a yield worthy of the investment. Partner spending must better track to the results expected. Partner management efforts need to be intensified to prevent major over-outlays and unauthorized spending, particularly in Jamaica. Implementing partners continue to expend funds on programs without sufficient, or in some cases any budget amounts in a given ROP cycle
- HRH data should trend downwards in countries where our footprint is shrinking, such as Guyana.

Region At Large:

- Both Central America and the Caribbean are lagging in the implementation of some PEPFAR Minimum Program Requirements, and this needs to be urgently addressed at the policy level. Country teams in both sub-regions need to prioritize and work diplomatically to expedite the transition to TLD/Dolutegravir regimens for all eligible clients. The Caribbean needs to ensure continued commodities security in order to rapidly scale up MMD, and both sub-regions need to ensure consistent implementation as countries immediately phase out Nevirapine-based and other outdated regimens. This transition is also important because of high rates of NNRTI resistance in Central America and across the region. Central America suffers from a critical weakness in MMD implementation. Some requirements have been 'in progress' for an extended period and need to be fully implemented throughout the region. Top priorities include expanding MMD beyond 3 months (not just on an emergency basis due to COVID-19), transition to TLD/Dolutegravir regimens, and adoption of Index Testing MOH National Guidelines.
- The entire region also needs to focus on ARV optimization, as it is urgently needed to improve viral load suppression and treatment retention.
- Poor linkage continues to be a concern in the Caribbean, and retention of clients is an issue throughout the region. It is critical to expand case finding, ART coverage, and embrace client-centered services in order to improve linkage and retention. Although we are hopeful that the redesign in Jamaica has alleviated some of this issue as seen by improved return to treatment in Q4 FY20, Central America saw steady increases in patients lost to follow up. Countries need to address ongoing retention challenges by enhancing client-centered approaches and services. Over-testing needs to be addressed, as shown in Guyana which over-tests and has a low testing yield.
- Laboratory issues are prevalent throughout the region. While some countries experienced issues with viral load backlog pre-COVID-19, including Jamaica, the pandemic has had a substantial impact on laboratory services across the treatment and care cascade. Issues that impact patient

monitoring urgently need to be resolved. Reductions and delays of viral load testing have been reported and the results are not being returned due to COVID-19.

- Due to slow progress in some indicators across the region, it is essential to use data to drive programming and accelerate progress toward epidemic control. Countries need to move toward more rapid use of data in order to make real-time changes and improve services for client-centered care.
- Countries in the region continue to be impacted by the ongoing Venezuela regional crisis, which has been further exacerbated by COVID-19. Special PEPFAR assistance will be maintained to support PLHIV in affected countries, including Colombia and Peru. To date, 5.4 million people have fled Venezuela, with more than 4.6 million now residing in nearby countries. As of 2018 an estimated 8,000 of these refugees are PLHIV, which is likely a gross underestimate.

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.

ROP21 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. The Region has not achieved the 2020 goals and is not on track to achieve 2030 goals early which means sustaining the amazing 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 ROP20.** After the PEPFAR country teams submit 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 Western Hemisphere Region, including special assistance to the Venezuela regional crisis, is **$80 million** 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 Governments in the Region and civil society, believes is critical for 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 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 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 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 – Kristin Kelling, Alexander Cumana, Jacqueline O'Friel, Victoria Nibarger, Hermence Matsotsa**

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 Regional Operational Plan (ROP) 2019 and current ROP20 implementation as we plan for ROP21. We have noted the following key successes and challenges:

Central America's overall performance was mixed, albeit with encouraging ideas and initiatives that will carry forward into ROP21. In terms of progress towards the 95-95-95 goals, substantial gaps remain and vary by country. Following deep-dive analyses by sex, age group and SNUs presented in ROP20, while most undiagnosed infections were among men, there was a substantial number of women living with HIV unaware of their status, indicating that coverage of current case-finding strategies would not be sufficient to reach the first 95 despite PEPFAR's contribution to the national cascades. Central America achieved only 65% of its testing targets, resulting in a 4.5% yield and only 2,471 new positive cases identified. To that end, an additional $6 million was budgeted for expansion to 27 new sites in the Northern Triangle region to help find PLHIV in the three countries with the biggest issues in the first 95. We hope to see an upward trajectory in case finding in Central America during ROP20 and build upon those gains in ROP21. It is important to acknowledge that the testing yield rebounded in Q3 and Q4 2020. Central America fared better with treatment targets across all countries in ROP20, meeting 93% of its target, with Panama specifically even improving over its target by 1,000 patients.

Viral load coverage and suppression varied by site across countries, demonstrating the importance of strengthening viral load networks and supply chain efforts in the region. In Panama, issues center on the lack of linkage between testing clinics and laboratories, as well as training and barriers to key populations. Additionally, based on programmatic data, the majority of PLHIV in Central America and Brazil are not diagnosed in a timely manner, with much opportunity for improvement by scaling up active case finding strategies. Recency results showed active transmission occurring across all population groups, indicating the need to scale active case-finding strategies not only in MSM but also among high-risk self-identified heterosexuals particularly through index testing. Although the volume of testing among MSM declined as a result of the COVID-19 pandemic, HIV testing yield among MSM in El Salvador, Guatemala and Honduras has increased considerably in recent quarters. Results from index testing efforts showed a 45% yield at KP sites throughout the region, but with only 69% of index cases accepting the strategy and an average of 1.7 partners reported per index case –both below PEPFAR guidance levels. Both Brazil and Nicaragua far exceeded targets across the cascade, an encouraging sign as Brazil scales up and takes ownership of its monitoring program. The Country Team should consider more aggressive targets in both Brazil and Nicaragua. Broader index testing measures show struggles across Central America, with less than 40% accepted and 1.2 partners per case.

Overall, the Caribbean team did not reach their FY20 HIV-positive and new treatment targets, mainly due to Jamaica's low performance (33% of HTS_TST_POS and 79% of TX_NEW targets achieved) and both Barbados and Trinidad and Tobago's low performance in TX_NEW (26% and 57%, respectively). The TX_NEW achievement represents a decrease compared to FY19. Jamaica, however, did improve its treatment target from FY19 to FY20, achieving 97% in FY20, an increase of over 300 patients. Linkage to treatment remains a challenge among 15-24 year olds in Jamaica. Jamaica's revised PLHIV estimate is 32,617 for FY20. Of these, 48% who know their status in Jamaica are on ARV treatment. In the Caribbean, several implementing partners reported expenditures that exceeded their FY20 budgets, or expended funds on previous ROP budgets.

Given Western Hemisphere's status of near achieving epidemic control, the following priority strategic and integrated changes are recommended:

1. Implement Minimum Program Requirements across the entire region, with a particular focus on MMD >3 months in Central America and TLD transition for all eligible clients
2. Case finding in Central America, which includes leveraging Northern Triangle site expansion to improve the first 95 in all three countries
3. Focus on return to treatment campaigns in the Caribbean and Central America
4. Improve linkage to treatment in Jamaica by implementing best practices across sites
5. Improve Viral Load Coverage in Panama and Jamaica by breaking barriers for key populations, improving education and drug adherence, and better linking testing clinics and laboratories
6. Analyzing budget and expenditure data and ensuring outlays are linked to current budgets and expected performance by partner

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 ROP21 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 ROP 2021 Funding by Appropriation Year

	Bilateral				Central				Total
	FY21	FY20	FY19	Unspecified	FY21	FY20	FY19	Unspecified	TOTAL
Total New Funding	**$ 75,916,269**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 75,916,269**
GHP-State	$ 72,700,019	$ -	$ -		$ -	$ -	$ -		$ 72,700,019
GHP-USAID	$ -				$ -				$ -
GAP	$ 3,216,250				$ -				$ 3,216,250
Total Applied Pipeline	**$ -**	**$ -**	**$ -**	**$ 4,083,731**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 4,083,731**
DOD				$ 104,958				$ -	$ 104,958
HHS/CDC				$ 1,531,257				$ -	$ 1,531,257
HHS/HRSA				$ 47,811				$ -	$ 47,811
PC				$ -				$ -	$ -
USAID				$ 1,278,018				$ -	$ 1,278,018
USAID/WCF				$ -				$ -	$ -
State				$ -				$ -	$ -
State/AF				$ -				$ -	$ -
State/EAP				$ -				$ -	$ -
State/EUR				$ -				$ -	$ -
State/PRM				$ -				$ -	$ -
State/SCA				$ -				$ -	$ -
State/SGAC				$ -				$ -	$ -
State/WHA				$ 1,121,687				$ -	$ 1,121,687
TOTAL FUNDING	**$ 75,916,269**	**$ -**	**$ -**	**$ 4,083,731**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 80,000,000**

TABLE 1a: Western Hemisphere ROP 2021 Notional Allocations

Total ROP21 Planning Level: $80,000,000		
Caribbean	$	20,700,000
Central America	$	45,500,000
Brazil	$	2,800,000
Venezuela Regional Crisis	$	6,500,000
Regional Funding	$	4,500,000
Total	**$**	**80,000,000**

**SGAC also intends to transfer $1.5 million for Guyana for implementation in FY21 and FY22.*

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

Countries should plan for the full Care and Treatment (C&T) level of $40 million 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: ROP 2021 Earmarks by Appropriation Year*

	Appropriation Year			
	FY21	FY20	FY19	TOTAL
C&T	$ 40,000,000	$ -	$ -	$ 40,000,000
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	Comments/Notes
Total Funding	**$ 80,000,000**	**$ -**	**$ 80,000,000**	
Core Program	$ 80,000,000	$ -	$ 80,000,000	
Cervical Cancer	$ -	$ -	$ -	
Community-Led Monitoring	$ -	$ -	$ -	
Condoms (GHP-USAID Central Funding)	$ -	$ -	$ -	
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	$ 432,305	$ -	$ -	

SECTION 3: PAST PERFORMANCE – ROP 2019 Review

Table 5. Western Hemisphere Region FY20 Program Results (ROP19) against FY21 Targets (ROP20)

Indicator	FY20 result (ROP19)	FY21 target (ROP20)
TX Current <15	462	208
TX Current >15	92,364	135,924
VMMC >15	N/A	N/A
DREAMS (AGYW PREV)	N/A	N/A
Cervical Cancer Screening	N/A	N/A
TB Preventive Therapy	2,239	914

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	452,502	-	452,502
HHS/CDC	21,311,000	19,298,748	2,012,252
HHS/HRSA	3,000,000	2,350,763	649,237
State	1,144,635	617,131	527,504
USAID	28,483,823	20,853,949	7,629,874
Grand Total	**54,391,960**	**43,120,591**	**11,271,369**

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.

Country	Mechanism ID	Partner Name	Funding Agency	Total Planning Level	Total Outlays	Outlay Delta Check
Guatemala	102061		USAID	$ 1,659,997	$ 4,292,602	$ (2,632,605)
Jamaica	100052	Regents of the University of California, San Francisco, The	HHS/CDC	$ 551,988	$ 1,124,597	$ (572,609)
Panama	100091	Population Services International	USAID	$ 129,492	$ 529,723	$ (400,231)
Jamaica	102075		USAID	$ 917,944	$ 1,282,855	$ (364,911)
Jamaica	81228	Family Health International	USAID	$ 800,000	$ 1,158,204	$ (358,204)
Guyana	100027	Chemonics International, Inc.	USAID	$ 25,000	$ 282,420	$ (257,420)
El Salvador	100096	University Research Co., LLC	USAID	$ 328,257	$ 538,861	$ (210,604)
Panama	100143	INTRAHEALTH INTERNATIONAL, INC.	USAID	$ 600,000	$ 764,048	$ (164,048)
El Salvador	100139	INTRAHEALTH INTERNATIONAL, INC.	USAID	$ 1,139,792	$ 1,291,878	$ (152,086)
Jamaica	100068	AMERICAN SOCIETY OF CLINICAL PATHOLOGY	HHS/CDC	$ 64,483	$ 187,319	$ (122,836)
El Salvador	100120	Plan International USA, Inc.	USAID	$ 404,667	$ 511,221	$ (106,554)
Panama	100099	University Research Co., LLC	USAID	$ 111,832	$ 130,576	$ (18,744)

Table 8. ROP 2019 | FY 2020 Results & Expenditures

Agency	Indicator	FY20 Target*	FY20 Result	% Achievement	Program Classification	FY20 Expenditure	% Service Delivery
DOD	HTS_TST	2,279	0	0%	HTS	$728	100%
	HTS_TST_POS	33	0	0%			
	TX_NEW	40	2	5%	C&T	$2,203	0%
	TX_CURR	131	67	51.15%			
	VMMC_CIRC						
	OVC_SERV						
HHS/CDC	HTS_TST	67,935	48,410	71.26%	HTS	$2,614,848	100%
	HTS_TST_POS	10,764	1,962	18.23%			
	TX_NEW	18,217	5,597	30.72%	C&T	$5,551,953	87.69%
	TX_CURR	70,385	56,431	80.17%			
	VMMC_CIRC						
	OVC_SERV						
HHS/HRSA	HTS_TST	7,228	131	1.81%	HTS	$185,689	100%
	HTS_TST_POS	1,269	35	2.76%			
	TX_NEW	4,786	511	10.68%	C&T	$1,062,015	0%
	TX_CURR	11,530	5,353	46.43%			
	VMMC_CIRC						
	OVC_SERV						
USAID	HTS_TST	47,954	16,952	35.35%	HTS	$1,877,200	92.45%
	HTS_TST_POS	5,909	868	14.69%			
	TX_NEW	8,997	2,493	27.71%	C&T	$10,756,547	93.43%
	TX_CURR	50,896	35,126	69.02%			
	VMMC_CIRC						
	OVC_SERV						
				Above Site Programs		5,098,463	
				Program Management		7,090,546	

**Targets do not reflect recent Operational Plan Updates (OPUs) approved for both Central America and Caribbean.*

ROP 2019 | FY 2020 Analysis of Performance

Central America

Overall performance in C&T continued to be strong in FY20 despite disruptions caused by COVID-19. HTS dipped below its robust gains in FY19, although the region saw improvements in both HTS and yield percentage in Q3 and Q4 as the program shifted to more innovative COVID adaptations. Though there has been an increase in new HIV diagnosis among male and female adults (ages 15+) across all provinces in FY20, testing yields have been steadily maintained or declining and ICT yields have fluctuated over time, which the exception of Nicaragua. Additional attention should be given ensuring HIV testing services are being offered in a standard manner and ensure that index testing is scaled with fidelity across all OUs. Retention continues to be a major concern. Central America met only 26% of its TX_NEW target in FY 2020. This continued a years-long trend of underperformance in this area. Nicaragua and Brazil far exceeded its HTS and TX targets across the board. Brazil, in particular, issued 8,017 self-test kits in FY 2020, achieving 160% of its target.

Caribbean

While the Caribbean continued to underperform in TX_NEW and HTS_TST_POS, gains were realized in both HTS_TST and TX_CURR. HTS and TX targets were reduced to better align with Jamaica's national strategy. Despite stringent national lockdowns across the Caribbean due to COVID-19, the region administered 2,000 more tests when compared to FY19, and virtually matched its FY19 TX_NEW achievement. ROP21 discussions must in part focus on the region's continued issues in low test yields, retention, and linkage to treatment.

Partner and Financial Performance

Central America

No major partner performance issues were observed in Central America. Regular engagement with partners contributed to strong partner performance. The decreases in partner performance and expenditures across the region are mainly attributed to a delay in the allocation of funding for site expansion in the Northern Triangle. No results are available for DoD, as their funding was specifically tied only to Northern Triangle site expansion. Four major over-outlays were reported in FY 2020 with satisfactory explanations, as funding was pivoted through the region to account for delays in Northern Triangle expansion.

Caribbean

Significant and recurring issues remain with implementing mechanisms expending funds when there is no applicable budget. In the ROP20 PLL, we highlighted issues with Abt Associates expenditure imbalance. In FY 2020, 7 implementing partners spent more than $1.6 million in funds with no corresponding budget. While financial delays causing late expenditures is a typically satisfactory reason, the over-outlays in the Caribbean are continuous and pervasive. In HTS_TST, several partners reported complete expenditures on their budget, while exceeding their testing targets. In these cases, however, the yield percentage hovered around 3%.

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 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 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 Western Hemisphere 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 FY21. The list will be included in the Strategic Direction Summary (SDS), as well.

Failure to meet any of these requirements by the beginning of FY22 may affect the Region's 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.	All countries have adopted Test and Start policies at the national level.
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.	Continued engagement is needed for Trinidad and Tobago and Jamaica; TLD transition has not begun in Nicaragua due to continuing political instability.
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.	MMD has been adopted by all countries; Trinidad and Tobago experienced decreases due to low stock and/or stock out risks.
4. All eligible PLHIV, including children, should complete TB preventive treatment (TPT) by the end of ROP21, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.	N/A
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	N/A

EID and annual viral load testing and results delivered to caregiver within 4 weeks.	
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 adopted across the region. Self-testing has been implemented in Brazil. Self-testing policy has been developed in Trinidad and Tobago. A pilot has been completed in Jamaica.
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 is available in all countries, with the exception of El Salvador, Honduras, and Nicaragua. Jamaica and Trinidad and Tobago should continue to engage to expand PrEP availability for KPs and high-risk HIV-negative individuals.
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
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.	N/A
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.	QA and CQI practices have been introduced across the region, but countries should continue to support CQI practices consistently and use SIMS data to identify areas for continuous improvement.
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 viral load literacy messaging are currently being implemented across the region.

U=U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.	
4. Clear evidence of agency progress toward local, indigenous partner direct funding.	Countries should continue making progress toward local partner funding.
5. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended	All countries should demonstrate evidence of year on year increases of host government expenditures for the HIV response.
6. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	N/A
7. Scale-up of case surveillance and unique identifiers for patients across all sites.	All countries should continue making investments in systems and patient-level tracking.

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

Table 10. ROP 2021 (FY 2022) Technical Directives

Central America/Brazil–Specific Directives
HIV Treatment
1. Identify profile of LTFU patients and barriers to retention in Guatemala
2. Improve and scale client-centered services to initiate ART within 7 days of diagnosis and retain patients throughout the region
3. Expedite transition to TLD for all PLHIV in El Salvador, Guatemala, Honduras, and Panama
4. Increase viral load coverage and suppression across all age groups in both sexes, especially in Panama
HIV Prevention
1. Find the right balance between social network testing and index testing
2. Scale recency testing with appropriate quality assurance and CQI monitoring activities throughout the region
3. Continue to expedite implementation of PrEP and self-testing activities in El Salvador, Guatemala, Honduras, and Panama
Other Government Policy or Programming Changes Needed
1. Increase MMD to >3 months

Caribbean–Specific Directives
HIV Treatment
1. Identify profile of LTFU patients and barriers to retention in Jamaica
2. Improve linkage to treatment services after HIV diagnosis with a particular focus on 15-24 yo in Jamaica
3. Improve client-centered services to retain PLHIV, especially men <24 yo in Jamaica
HIV Prevention
1. Find the right balance between social network testing and index testing
2. Expedite implementation of recency testing with appropriate quality assurance and CQI

monitoring activities throughout the region
3. Continue to expedite implementation of PrEP and self-testing activities throughout the region
Other Government Policy or Programming Changes Needed
1. Better monitor partner expenditures and increase fidelity in outlays to budgets

1. 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 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 COP21, 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 COP21, 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.

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 COP21, 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/ROP21 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 Western Hemisphere 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). 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.

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.

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 FY20 Q4 and FY20 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 ROP21 tools, guidance, results and targets as well as the proposed trajectory and strategy for ROP21. 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 ROP21 development, finalization, and implementation. As in ROP20, 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/ROP21 Guidance for a full list of requirements and engagement timelines.

APPENDIX 1: Detailed Budgetary Requirements

Care and Treatment: Western Hemisphere Region's ROP21 minimum requirement for the care and treatment earmark is reflected in Table 2. If there is no adjustment to the ROP21 new funding level due to an adjustment in applied pipeline, countries must program to the full Care and Treatment earmark amount across new FY21 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): Western Hemisphere Region's ROP21 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): Western Hemisphere Region's ROP21 minimum requirement for the GBV earmark is reflected in Table 2. Your GBV earmark requirement is calculated as the total **new FY21** funding programmed to the GBV cross-cutting code. Your ROP21 earmark is derived by using the final ROP20 GBV earmark allocation as a baseline. The ROP21 planned level of new FY21 funds for GBV can be above this amount; however, it cannot fall below it.

Water: Western Hemisphere Region's ROP21 minimum requirement for the water earmark is reflected in Table 2. Your water earmark requirement is calculated as the total **new FY21 funding** programmed to the water cross-cutting code. Your ROP21 earmark is derived by using the final ROP19 water earmark allocation as a baseline. The ROP21 planned level of new FY21 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 implementing agency in Western Hemisphere Region 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 ROP20 submission.

State ICASS: Table 4 shows the amount that the Region 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 the Region should hold a 4-month pipeline at the end of COP/ROP21 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 ROP envelope has increased in recent years, there may not be sufficient funding to maintain a 4-month buffer. Any agency that anticipates ending ROP20 implementation (end of FY21) with a pipeline in excess of 4 months is required to apply this excessive pipeline to ROP21, decreasing the new funding amount to stay within the planning level.