

Approved



South Sudan
Country Operational Plan
FY 2014

Note: *Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.*



Operating Unit Overview

OU Executive Summary

Country Context

After experiencing decades of civil war which resulted in the death of 20% of the population and the displacement of an additional 40%, the Republic of South Sudan (RSS) became an independent nation on July 9, 2011. South Sudan's development challenges remain daunting. The country has some of the lowest human development statistics in the world for literacy, educational access, maternal and neonatal mortality, child survival, nutrition, family planning use, and access to safe water and sanitation. The majority of the population of South Sudan still lack access to the essential services of education, health, nutrition, safe water, and sanitation because of fragile or ineffective service delivery systems, a weak enabling environment, and institutions lacking adequate governance, capacity, management, financial, and operational systems. The pre-independence Sudan National Census of 2008 estimated the South Sudanese population at 8.26 million, however the current estimate may be as high as 12 million due to growth rates and returnees. Human resources for health in South Sudan remain weak with a chronic shortage of health professionals and approximately 1.5 doctors and two nurses per 100,000 people.

South Sudan has a generalized HIV epidemic of 2.7% (Southern Sudan Antenatal Care Clinics Sentinel Surveillance Report, 2012) with hyperendemic geographic areas in the southern Equatoria States documenting HIV prevalence as high as 15.7% in some locations. States report HIV sero-prevalence ranging from 0.3% (Northern Bahr El-Ghazal) to 6.8% (Western Equatoria). Existing data suggest that military personnel are similar to the general population in terms of HIV risk in South Sudan, and there is as yet no reliable data on other key populations including sex workers. In 2012, an estimated 152,000 South Sudanese were infected with HIV, among whom approximately 13% are children, and 16,000 new infections occur annually.

Approximately 62,000 people are in need of antiretroviral therapy (ART) under the current HIV treatment guidelines, and this number is expected to increase substantially after the adoption of Prevention of Mother to Child Transmission (PMTCT) Option B+ and earlier treatment start guidance which are expected to begin in 2014. As of September 2013, only 6,724 people including 264 children had received ART in South Sudan at 22 treatment sites, representing an ART coverage of less than 10% for adults and 3% for children. The estimated PMTCT coverage in the country is <7% and about 8.5% of HIV positive TB patients were on ART. The ratio of newly HIV infected adults to those newly on treatment - or the "tipping point" - was calculated at 10 for 2011. This demonstrates that South Sudan is one of the countries furthest behind in the region, if not globally, to turning back its HIV epidemic and its coverage for treatment and targeted prevention interventions is similar to where other countries in the region were in 2003-2005. Even



knowledge of HIV prevention is significantly behind compared to other countries in the region, with only 20.1% of women 15-49 knowing two effective methods for HIV prevention.

A 5 year National Strategic Plan (NSP) for HIV was developed and finalized in 2013. This process was led by the South Sudan AIDS Commission (SSAC) and Ministry of Health (MOH) with the support of PEPFAR and other key stakeholders. The Government of South Sudan (GoSS) estimates that the entire 5 year strategy will cost approximately USD 250 million to implement. SSAC and MOH lead the coordination of HIV development and technical partners in the country using a variety of fora including health sector coordination meetings and technical workings groups. Key stakeholders have endorsed the new NSP and development partners including PEPFAR have committed to assisting the government in successfully implementing it. PEPFAR will continue to collaborate closely with the MOH, SSAC and other partners including WHO, UNAIDS, UNICEF, UNDP to provide coordinated technical and financial assistance in rolling-out this long-term strategy.

PEPFAR is currently the single largest HIV donor in South Sudan. Previously, a larger proportion of HIV funds were provided through the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Round 4 grant until it ended in 2011. Since that time additional Global Fund monies have been available only for Continuity of Services (COS) for people already on HIV treatment. Between 2006 and 2013, Global Fund disbursed approximately USD 35 million under the South Sudan HIV grant, with some additional complementary activities being funded through separate tuberculosis and health systems strengthening grants including laboratory and other health infrastructure.

South Sudan is applying for further Global Fund support for all disease areas under the New Funding Mechanism (NFM) process, and it is targeting the HIV application for a June 2014 submission date. PEPFAR has been substantially supporting this process through funding and technical support to the development of NSP including costing, the national HIV Strategic Information Plan and other key national guidelines and strategies. In addition, PEPFAR in collaboration with UNAIDS is supporting the development of the NFM application as well as continuing to fund capacity building activities for the Global Fund Country Coordination Mechanism (CCM) using FY 2011 central funds for Global Fund collaboration. A USG representative also sits on the CCM representing bilateral health donors and coordinating PEPFAR collaborations with Global Fund.

At the time of this writing, there was no indication of what the new Global Fund funding package would be for the country as a whole or for HIV in particular. Given the on-going uncertainties around funding amounts, application timeframes, and disbursement dates, it seems likely that there will continue to be a significant funding gap in HIV programs that will not be covered by the Global Fund through 2016 and possibly beyond. It is also estimated that there could be an 18-24 months commodities gap in between the



conclusion of the PEPFAR Treatment Bridge funding (more detail below) and commodities purchased with new Global Fund monies including a potential 3-4 month gap for maintenance of people already on treatment. The total commodities to achieve the treatment targets required for a programmatic tipping point is approximately USD 2.24 million. PEPFAR South Sudan has identified adequate pipeline funds and new COP 2014 funds to cover ART technical assistance and all treatment commodities except for ART drug and a USD 1.6 million dollar gap remains.

GoSS funds for health programs remain unreliable and are not expected to provide a significant contribution to HIV or other health funding in the near future. The country continues to operate under an austerity budget, and ongoing conflicts with Sudan and frequent closures of the oil pipelines that are the foundation for South Sudan's economy have caused a severe fiscal crisis. The austerity budget adopted by the GoSS in FY 2012 sharply reduced the amount of funding available to support health programs, reducing already limited operational and capital expenditures. These measures have caused delays in paying health staff salaries, resulting in low morale and low attendance among staff. This issue greatly affects all service delivery points in South Sudan, including PEPFAR's investments.

Previous funds from the Multi-Donor Trust Fund (MDTF) to procure ARVs and related commodities have been fully expended.

In 2012, PEPFAR South Sudan funded the ART Treatment Bridge to sustain Global Fund activities in the absence of new funding rounds. PEPFAR was the only development partner positioned to cover the critical gaps left in ART, PMTCT and quality assurance when the Global Funds were no longer available and was the first to demonstrate that ART services can be successfully implemented in a primary health care environment.

PEPFAR South Sudan provided USD \$3.8 million over two years to fund commodities and technical assistance through the Supply Chain Management System (SCMS) and Columbia University-ICAP. Through this support, the HIV Treatment Bridge will provide ARVs for 12,000 patients, HIV test kits for approximately 250,000 individuals, and care for approximately 20,000 patients during 2013 and 2014. This funding represents a stop-gap measure not just to ensure people in need can access HIV care and treatment but also an opportunity for PEPFAR to provide technical assistance to the country to allow for wider-scale ART coverage and higher quality services as well as to increase capacity of GoSS to secure and successfully implement subsequent GF resources

In the first six months of Treatment Bridge implementation (April-September 2013), PEPFAR conducted intensive assessments of the national ART facilities, provided technical assistance to all 22 ART facilities in the country, and supported 2,226 new people on treatment through commodities. Through the PMTCT



Emergency Commodities Funds (ECF) expended in 2013, the Treatment Bridge funds, as well as on-going service delivery and technical assistance support in high HIV prevalence geographic areas, PEPFAR is currently funding approximately 85% of all PMTCT services, 30% of all people on treatment, 30% of care services, and 100% of all HIV testing commodities in the country.

PEPFAR is recognized as a key technical assistance (TA) provider for the country and has assisted in developing and testing new interventions. In addition to the national and facility-level treatment TA being delivered, PEPFAR provided TA to the development of integrated ART and PMTCT guidelines and the PMTCT Option B+ guidelines. The MOH has requested that PEPFAR implement Phase One of the PMTCT B+ roll-out strategy and these plans are currently underway for PEPFAR partners working in the high HIV prevalence Equatoria States.

PEPFAR has also initiated a laboratory Quality Assurance (QA) program and laboratory accreditation program in the country, and was the first to work with the MOH [REDACTED] to roll-out point-of-service CD4 machines (PIMA). PEPFAR supported Provider Initiated Counseling and Testing (PICT) curriculum development, training, and pilot roll-out which the MOH is adopting as the standard for their HIV program nationwide. PEPFAR continues to provide critical TA and funding in strategic information including national-level monitoring and evaluation, Antenatal Care (ANC) Surveillance Survey, and Bio-Behavioral Surveillance among higher risk populations including sex workers and the military.

PEPFAR focus in FY 2014

In December 2013, a PEPFAR inter-agency team from State Department, US Centers for Disease Control and Prevention (CDC), USAID and the Department of Defense (DOD) came together in South Sudan to finalize a 5 year PEPFAR strategic plan for the country. The purpose of the strategic plan was the following: 1) to align PEPFAR program priorities and resources within the new South Sudan HIV National Strategic Plan, 2) to define strategic programmatic and funding gaps, 3) to determine PEPFAR's strategic advantage in filling gaps under different funding scenarios including scaled-up GoSS and Global Fund support, 4) to provide a framework for future funding and staffing decisions and the most effective and evidence-based use of resources, 5) to provide a template for collaboration across agencies, PEPFAR-funded partners, and in-country stakeholders including the MOH and SSAC, and 6) to document guiding principles for the PEPFAR South Sudan program.

The PEPFAR Strategic Plan was developed through on-going consultations with GoSS and other key partners through MOH and SSAC fora. A stakeholders' meeting was held in 2013 to provide preliminary feedback on strategic direction and allow for extensive discussions and feedback from GoSS, local and international partners, and civil society. The PEPFAR in-country team then held internal discussions to



synthesize stakeholder recommendations and review against PEPFAR guidance. This process culminated in technical and management team visits from HQ in December 2013 to provide input into the strategic planning vision, goals and objectives including additional report-back to GoSS and other stakeholders. The results of the strategic plan were used for program and resource planning and prioritization for the FY 2014 COP.

The vision and objectives of the new 5 years PEPFAR strategic plan are the following:

Vision: By targeting geographically high HIV prevalence areas, PEPFAR will assist the Government of South Sudan to reach the HIV programmatic tipping point with 16,000 net new HIV patients on treatment and reducing new HIV infections below 13,000 by 2017.

Objective 1: Using a public health approach, improve the availability and quality of HIV services for families and other high-impact populations

Objective 2: Reduce the number of new HIV infections by implementing a balanced, evidence-based package of clinical services, focused interventions for higher risk populations, and general awareness

Objective 3: Provide an evidence-base to guide the national response to the epidemic by strengthening surveillance, monitoring and evaluation and health information systems

Objective 4: Support the diagnosis, treatment and prevention and surveillance of HIV through high-quality laboratory services

The strategic plan was developed to complement other programs and funding streams in the country, particular that of GoSS, Global Fund, and United Nations agencies. It was developed with the understanding that new Global Fund money may not be available in-country until late 2015 due to the uncertainty about timeframes and funding packages, and that PEPFAR needed to consider the most critical shorter and longer term investments that would have the greatest impact on the epidemic.

In the short term (1-2 years), PEPFAR will work in an “emergency” phase in order to move South Sudan below the “tipping point”, to fill critical funding gaps, and to implement targeted, cost-effective investments. Over the longer term (3-5 years), PEPFAR will move into a “sustainability” phase where its short-term investments including health commodities are absorbed into the Global Fund portfolio and the program plays an increasing role in providing evidence and models for effective interventions to be scaled into a national program and strengthening health systems and strategic information.



The Guiding Principles for this strategy include the following:

- 1) Reducing new HIV infections and HIV-related morbidity and mortality using targeted evidence-based interventions
- 2) Supporting the broader health system
- 3) Supporting the GoSS in implementing a results-oriented national response
- 4) Not setting up parallel systems
- 5) Promoting health equity through service distribution by disease burden and targeting populations who encounter structural barriers to accessing the health system
- 6) Increasing the quality of service delivery
- 7) Strengthening data for decision-making, data quality, and data use
- 8) Strengthening local organizations and civil society to receive funds and implement programs
- 9) Promoting sustainability and country ownership
- 10) Leveraging other USG and other partner funding
- 11) Coordinating closely with GoSS, Global Fund and other development partners
- 12) Promoting transparency and accountability in programmatic decision-making and implementation

The programmatic priorities that COP 2014 and beyond is aligned to are the following:

Programmatic Priority 1: Expand HCT (including PITC and family testing of index patients) at existing HIV treatment sites to increase the number of People Living with HIV (PLHIV) who know their status and are linked to care and treatment services.

Rational: Improves access through high-yield testing approaches at sites where treatment services already exist

Programmatic Priority 2: Improve access to ART services for pregnant and breastfeeding mothers, their partners, and children through targeted capacitation of basic ART service delivery at high yield PMTCT and HCT sites

Rational: Capitalizes on existing PEPFAR investments in PMTCT, HCT and TB services in selected high burden areas to improve access to treatment services

Programmatic Priority 3: Prioritize pediatric HIV testing, care and treatment within a family centered approach

Rational: Increases ability to find and treat HIV positive children

Programmatic Priority 4: Ensure quality programming in clinical, laboratory and prevention services as well as in data reporting and utilization

Rational: Improving the quality of HIV programming will improve coverage and impact



Programmatic Priority 5: Scale-up targeted high impact interventions for high risk populations

Rational: Sex workers and other high risk populations are not adequately reached by general population interventions

Programmatic Priority 6: Strengthen real-time monitoring of program performance and feedback loop

Rational: Enhanced monitoring and supportive supervision is critical to enhancing program coverage and quality

Programmatic Priority 7: Improve coordination and distribution of HIV commodities through targeted investments in strengthening the national supply chain

Rational: Reduces stock-outs and ensures PEPFAR and other partner inputs distributed and monitored correctly

Programmatic Priority 8: Advance the development of a sustainable infrastructure for South Sudan's workforce

Rational: Human resources for health remains a critical limitation to program quality and expansion

Programmatic Priority 9: Provide quality laboratory testing for the diagnosis and management of HIV

Rational: Quality laboratory systems remain critical limitations to program quality and expansion

Programmatic Priority 10: Support national surveillance, health information and data management systems to provide monitoring data

Rational: Strong monitoring is required to ensure the successful roll-out and evaluation of national response

Programmatic Priority 11: Clarify roles and responsibilities of PEPFAR South Sudan implementing partners to expand and ensure access to comprehensive, high quality HIV services to populations most affected by the disease

Rational: Improves efficiency of PEPFAR programming and allows targeted expansion

Programmatic Priority 12: Ensure effective management and oversight of site-level PEPFAR supported services in order to achieve clear performance targets and objectives

Rational: Standardization of partner expectations and monitoring systems facilitate more effective program management

Progress and Future



South Sudan does not have a Partnership Framework or Partnership Framework Implementation Plan, however the recently developed PEPFAR strategy and the implementation priorities for COP 2014 and in the future is discussed at length above.

South Sudan has not conducted a Country Ownership assessment, however in the development of the PEPFAR strategic plan and in on-going work with the MOH, SSAC and other key stakeholders, PEPFAR has worked on enabling country ownership by supporting GoSS in developing country-led strategic plans and in establishing systems that allow them to supervise, monitor and evaluate the implementation of their national response, improve the quality of their services, and strengthen the capabilities of service providers.

PEPFAR service delivery programs are established within Ministry of Health and indigenous faith-based facilities and PEPFAR does not support any parallel health service delivery in South Sudan. PEPFAR institutional capacity building programs twin international specialist organizations with their GoSS counterparts to strengthen local systems including laboratory, commodities and strategic information.

PEPFAR has worked closely with civil society to ensure that they have an active voice in HIV programs in South Sudan including strong engagement in the NSP and PEPFAR plans and supporting stakeholder engagement in Global Fund NFM development. There is not a strong private sector in South Sudan outside of the oil, transportation and telecommunications and even many of these companies are nascent. PEPFAR will continue to explore opportunities for private sector engagement, but at this time public-private programming does not play a large role in the country's health response.

Program overview

Strengthening HIV treatment including PMTCT Option B+ and program linkages

To address low ART and PMTCT coverage, a 5 year National Strategic Plan (NSP) for HIV was developed and finalized in 2013. The NSP includes very ambitious targets of expanding ART coverage to over 50,000 eligible patients (an almost 8-fold increase) within 5 years. This is to be accomplished through a combination of activities including decentralization of treatment services to new (about 60) ART sites. However, the document did not identify how the scale up will be funded, and while the NSP will provide the basis for South Sudan's application to GFATM under the NFM, it is unlikely to be fully funded to meet the aspirational targets in the NSP.

The treatment component of COP14 was prepared with the following principles in mind:



- GFATM will remain the core funder of the South Sudan treatment response, however to maximize their investment, PEPFAR should provide critical complementary support, most notably in technical assistance for care & treatment services. Given the very large unmet need and strengths of both donors, a well-coordinated joint effort will provide the best opportunity to improve ART coverage in South Sudan.
- To maximize the impact with limited resources, PEPFAR support will concentrate primarily in the three highest burden states (Central, Western and Eastern Equatoria), with much more limited TA support to existing ART sites outside those states
- To complement existing PEPFAR-supported PMTCT programming and to increase ART and PMTCT coverage, PEPFAR will help support the capacitation of a small number of high-volume USG-supported PMTCT sites in the Equatorias to offer full ART services.

During FY14, PEPFAR South Sudan will continue technical assistance to the ART sites through standardized, routine mentorship and supportive site supervision and will continue support to improve health care providers' capacity, including at the National and State HIV/AIDS Units, to deliver high quality HIV care and treatment services to PLHIV (adults and children). This will be done by: 1) providing additional on-site training and mentoring for clinical and laboratory staff, including support for multidisciplinary team processes for patient management, 2) supporting collaboration and partnership between various clinical services, and between government service providers and NGOs, by organizing partners meetings during site visits to local facilities, 3) improving drug supply management of ARVs and drugs for OI prophylaxis and treatment, as well as laboratory supplies, and 4) developing and introducing evidence-based approaches to increase PLHIV's access and adherence to HIV treatment and care services.

While some of the 22 existing ART sites are located in areas of conflict, the majority of sites (13 of 22) are located in the Equatoria States. The Equatorias have been less affected by conflict, though have seen an influx of internally displaced persons living with HIV. It is anticipated that in COP14, the majority of technical assistance will be focused on ART sites within these states, with targeted technical assistance to the remaining eight ART sites as the security situation allows.

The US Government is currently investing over \$50 million to improve primary health care services in Western and Central Equatoria States, two of the three states with the highest HIV burden in South Sudan, providing an important avenue to leverage and complement other USG funding to scale-up access to ART in high-burden areas. Some of the services already supported include some staff salaries, HTC and PMTCT. In COP 14, with limited additional PEPFAR support, 15 of the primary health care centers supported by PEPFAR will be capacitated to start providing full ART services. While this represents only a small fraction of what is needed to meet the goals of the South Sudan NSP, this is an important first step, particularly as the government adopts provision of ART for life for all pregnant women infected with HIV. The 15 primary health care centers targeted for ART capacitation will be selected based on burden of HIV



disease and availability of existing services. In COP14 and COP15, PEPFAR will expand the supportive supervision and mentorship visits currently provided to the 22 ART sites to the 15 newly capacitated USG-supported sites, with anticipated support for enrollment of up to 13,000 net new patients, as commodities allow. PEPFAR South Sudan will transition most of these activities to the MOH and GFATM when the Global Fund resources become available, though this is not likely to happen until early 2016, and may require a period of joint collaboration before full transition can occur. In the meantime, PEPFAR will support procurement of limited commodities (ARVs, CD4 test reagents, rapid test kits and some OI prophylaxis medicines) to support provision of basic care and treatment services at the new sites. This is done as there are no resources currently in country to fund procurement of commodities for newly identified HIV-infected individuals. However, PEPFAR will transition the full responsibility of procuring commodities to Global Fund once their resources become available in country in 2015.

In FY 14 and FY 15, PEPFAR will also work with the MOH to plan and roll-out Phase 1 implementation of Option B+. This will address both short term priorities for implementation and longer term planning for scale-up including combining Option B+ transition with treatment decentralization planning, emphasizing retention of mothers and infants, and simplifying the public health approach to Option B+ roll-out. PEPFAR will develop an operational plan and road map to Option B+ implementation that delineates roles and responsibilities of each partner, and a timeline for Option B+ rollout.

The operational plan development will address areas of commodities (including ART first line regimens and supply forecasting and management of rapid test kits and drugs), facility preparation (package of services and operational capacity, PMTCT/ART facility certification), and human resources for health (responsibilities of different cadres, training and clinical mentorship, staffing levels and distribution). The initial phase of Option B+ implementation will focus in Central and Western Equatoria States, starting at facilities where some functional capacity already exists. Three different service delivery approaches will be considered and evaluated in order to inform the national approach to implementation.

CDC PMTCT and HCT partners are ending in March 2014. A follow-on FOA will be published for HIV prevention, care and treatment strengthening and targeted service delivery in high prevalence areas that will go into effect the second half of the year.

Prevention among key populations

In FY 14, PEPFAR will implement a follow-on project to its current South Sudan HIV and AIDS Project (SSHAP) for key populations. The primary objective of the new project will be to increase uptake and use of community-based comprehensive HIV prevention care and treatment services by key populations. The project will also support community systems that create awareness and demand for HIV prevention, care



and treatment services. To implement these activities, capacity of civil society organizations will be strengthened to create awareness and increase service uptake among target beneficiaries. Whereas the project will primarily target key populations, this project will also serve as a conduit to facility-based comprehensive service support, ideally increasing demand for services at USG and GF supported facilities. The project will also provide support in the form of developing and disseminating communication materials for USG supported health facilities to support prevention message dissemination.

Effective HIV prevention interventions require packages of services that are tailored to the specific populations groups. Therefore the new project will implement tailor-made interventions targeting the different subsections of the target beneficiaries. The primary beneficiaries are the key populations who are most at risk of acquiring and transmitting HIV. These include sex workers, truck drivers and the transportation workers. Interventions for these groups will include behavioral and structural components, as well as biomedical components, in order to successfully avert new infections as well as foster adherence. Although there is limited data in South Sudan related to MSM, the project will deliberately explore interventions targeting this group. This will involve formative assessments to establish their existence, size estimation and group characteristics.

Core HIV prevention interventions for key populations will include community mobilization and empowerment, targeted behavior change communication, risk reduction counseling and skills training, HIV testing and counseling, condoms and lubricant promotion and distribution, and STI screening, prevention, and treatment. The hallmark of all this interventions will be a clearly documented linkage to family planning and linkage to and provision of HIV care and treatment (including adherence support).

PEPFAR will also work with the Ministry of Interior on structural interventions including formulating policies that protect and uphold fundamental human rights of persons.

Systems strengthening for strategic information and laboratory

In FY 14, PEPFAR will continue to support important systems strengthening activities that build the foundation of the public health system in the country including laboratory and strategic information. Given the lack of information on the HIV epidemic in South Sudan, PEPFAR South Sudan has placed considerable importance on supporting the MOH to develop an evidence-base from which to build its response.

PEPFAR South Sudan will support the following SI data collection and surveillance activities in FY14 and FY15: 1) conducting a bio-behavioral survey of female sex workers in Juba and Yambio, 2) conducting an HIV Impact Assessment in the three states with the highest HIV prevalence (Eastern, Central, and Western Equatoria), 3) supporting the MOH to conduct national ANC surveillance, 4) supporting the MOH



and implementing partners to collect accurate and reliable data by conducting a PMTCT data quality assessment with a view toward using PMTCT data for HIV surveillance, 5) implementing a data collection tool among PEPFAR partners to collect real-time bio-behavioral data from people accessing HTC services which will serve as a stop-gap measure until data from other studies are available, and 6) supporting MOH development of HIV Estimates and Projections with UNAIDS.

PEPFAR South Sudan will support the following SI capacity strengthening activities in FY14 and FY15: 1) training MOH, State MOH and County Health Department staff HIV, TB, and DHIS data collection, analysis and interpretation, 2) conducting quarterly state and county support supervision visits and follow up on action plans from trainings, 3) conducting quarterly cohort analysis at all HIV treatment sites as part of routine treatment supervision, mentoring and monitoring plans, 4) providing long-term hands-on mentoring of the MOH and NBS staff to conduct HIV surveillance, M&E, support health information systems, and analyze, interpret and use data, and 5) supporting the CCM to conduct site visits to monitor Global Fund HIV activities.

PEPFAR South Sudan has also prioritized supporting the MOH in strengthening the national laboratory system to achieve the goals outlined in the 2011-2015 National Medical Laboratory Strategic Plan (NMLSP). To further other PEPFAR programmatic needs, including clinical services and prevention, COP 14 will focus on supporting laboratory needs in the following areas: 1) strengthening the National Public Health Reference Laboratory through on-location capacity building support, 2) strengthening pre- and in-service training, 3) improving the quality of HTC by establishing a comprehensive quality management system (QMS), 4) implementing and expanding point-of-care (POC) CD4 testing, 5) improving overall clinical lab testing to support care and treatment of patients infected with HIV, 6) establishing and supporting HIV viral load testing and early infant diagnosis, and 7) strengthening the laboratory supply chain management system.

CDC will bid a new procurement for laboratory systems strengthening that will begin in April 2014 and will consolidate current quality assurance and laboratory capacity building including blood safety under a single partner.

GHI, program integration, central initiatives and other considerations

Global Health Initiative

South Sudan does not have a GHI strategy.

Multilateral engagement

PEPFAR will continue its commitment to collaborating with and strengthening multilateral engagement, particularly with Global Fund and United Nations agencies as described throughout the Executive Summary



and Global Fund documents.

Central Initiatives

South Sudan is applying for further Global Fund support for all disease areas under the New Funding Mechanism (NFM) process, and it is targeting the HIV application for a June 2014 submission date. PEPFAR has been substantially supporting this process through funding and technical support to the development of NSP including costing, the national HIV Strategic Information Plan and other key national guidelines and strategies. In addition, PEPFAR in collaboration with UNAIDS is supporting the development of the NFM application as well as continuing to fund capacity building activities for the Global Fund Country Coordination Mechanism (CCM) using FY 2011 central funds for Global Fund collaboration.

Other considerations

Contingency planning for an emergency operational environment

In July 2013, President Kiir of South Sudan dismissed then Vice-President Machar and his entire Cabinet. Since that time there were rising political and security tensions in the country culminating in fighting that broke out between Dinka and Nuer factions of Presidential Guard beginning in Juba on December 15th. The conflict saw early ethnic targeting of civilians and rapidly spread to other areas of the country including the northern Jonglei, Unity, and Upper Nile States.

On December 17th, US Embassy Juba ordered the evacuation of non-emergency staff from the country and most development partners rapidly followed suit. At the time of this writing, US direct hires remain in their agency headquarters and Locally Employed (LE) staff have evacuated to safer areas of South Sudan and surrounding countries. On-going talks between government and anti-government players have resulted in an agreement to cease hostilities that has already been marred by sporadic implementation and renewed violence. It is still unclear when US agencies will return to full operations in Juba, though other country missions are currently making plans to move additional essential staff back to South Sudan. Most implementing organizations also pulled out of South Sudan at the onset of violence, however the Western, Central (south of Juba) and Eastern Equatoria States have remained relatively stable, and partners returned to providing health services quite rapidly while health systems interventions have been paused until the situation fully normalizes.

The COP 2014 was written as a two year strategy under a "normal" (pre-crisis) operating environment with an eye to an operational start time of October 2015 when it is hoped that programmatic conditions will be more favorable. As part of this COP submission, there is an additional appendix that provides more detail on what the different operational scenarios are in a crisis stage and which critical program elements

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PEPFAR would focus on.

Pipeline

A pipeline analysis was conducted for all agencies and partners to determine funding levels for COP 14. An analysis of CDC total pipeline taking into consideration PMS reports as well as quarterly partner expenditures estimated total pipeline at approximately 6-7 months and a similar analysis of USAID estimated overall pipeline at approximately 12-13 months (not including SCMS commodities). DOD pipeline was 47% of total program budget at the end of September 2013, so the agency requested limited new funds in COP 14. Partners with larger pipelines that could support FY 14 implementation using prior year funds were given less funding and money was directed to service delivery, commodities and strategic information activities.

Staffing

Scale-up of critical services in South Sudan has been hindered in part due to limitations on hiring additional direct hire and LE staff. The US Embassy office and residential compounds are completely full, and it is unlikely that PEPFAR South Sudan will gain approval for any additional staff based on the premises. With this in mind, CDC obtained permission to move forward with co-location plans to house four locally employed staff at the MOH National Reference Laboratory, and the MOH has provided a formal donation of that space for PEPFAR staff. The recent outbreak of violence has pushed back plans for the required security upgrades and co-location waivers, but the program will continue to move forward with this new staffing plan when security has stabilized in the country. Three LE staff positions (1 laboratory, 1 prevention, care and treatment, and 1 MOH/GF capacity building and coordination) have been included in this COP to support the PEPFAR program. In addition, CDC is exploring the ability to post a senior direct hire or institutional contractor administrative position within a regional office to provide full-time support to the South Sudan office and spend a significant amount of time in-country. A direct hire position has been included in the staffing matrix and if this alternative hiring model is successful it will open up more opportunities to hire people with critical management and technical skills to better support the country.

Partner capacity

While during the start-up phases of the PEPFAR program in South Sudan it was difficult to identify strong partners to carry out the work, PEPFAR partners met or vastly exceeded a majority of key indicators in the FY 2012 operational year (see below) and have demonstrated they are able to implement strong service delivery and technical assistance programs.

- 1) Number of adults and children with advanced HIV infection newly enrolled on ART: 148% of target

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reached

- 2) Number of HIV positive adults and children receiving a minimum of one care service: 237% of target reached
- 3) Number of individuals who received HTC services for HIV and received their results: 98% of target reached
- 4) Number of pregnant women with known HIV status: 138% of target reached
- 5) Number of HIV positive women who receive ARVs to reduce mother to child transmission: 105% of target reached

In addition, CDC and USAID are issuing new procurements in COP 2014 to open up the pool of skilled partners.