# Review of the Implementation of the Protecting Life in Global Health Assistance Policy

## Executive Summary

On January 23, 2017, President Trump issued a Presidential Memorandum that reinstated the "Mexico City Policy" for family-planning assistance awarded by the U.S. Agency for International Development (USAID). That Memorandum further directed the Secretary of State, in coordination with the Secretary of Health and Human Services (HHS), to implement a plan to extend the Policy to "global health assistance furnished by all departments or agencies" to the extent allowable by law. The expanded Policy is referred to as "Protecting Life in Global Health Assistance (PLGHA)" and requires foreign non-governmental organizations (NGOs) that receive global health assistance from affected Federal Departments and Agencies to agree that they will not perform or actively promote abortion as a method of family planning or provide financial support to any other organization that conducts such activities. PLGHA applies to all new and existing grants and cooperative agreements issued by the Departments of State (State), Defense (DoD) and HHS and USAID to provide global health assistance.

In February 2018, the Department of State released the "Protecting Life in Global Health Assistance Six-Month Review," which summarized the implementation efforts of U.S. Government Departments and Agencies through the end of Fiscal Year (FY) 2017.[1] The six-month review called for a second review to enable a more thorough examination of the Policy's benefits and challenges.

The purpose of the Policy is to prevent American taxpayers from subsidizing abortion through global health assistance provided for populations in need. As President Trump said in his address to the United Nations General Assembly in September of 2019, "Americans will also never tire of defending innocent life [...and] we in America believe that every child — born and unborn — is a sacred gift from God."[2] Notably, two of the largest and most-vocal organizations that have attempted to assert a global right to abortion on demand, International Planned Parenthood Federation and Marie Stopes International, declined to agree to PLGHA and therefore forfeited their eligibility for global health assistance funding from the U.S. Government.

### *Findings of the Second Review*

The majority of foreign NGOs that receive U.S. global health assistance funding have accepted the terms of PLGHA in their awards. In total, only eight out of 1,340 prime awardees with awards in

[1] The six-month review, including follow-on actions, is available at https://www.state.gov/protecting-life-in-global-health-assistance-six-month-review/, and at https://www.usaid.gov/whatwe-do/global-health/cross-cutting-areas/legislative-Policy-requirements.

[2] https://www.whitehouse.gov/briefings-statements/remarks-president-trump-74th-session-united-nations-general-assembly

place between May 2017 and September 30, 2018, have declined to agree to the Policy, as well as a small portion of sub-awardees.

**Table 1. Health Awards and Awardees That Declined to Agree to the Terms of PLGHA**

| Agency | Total Prime Health Awards* | Prime Awardees That Declined to Agree to the Terms of PLGHA** | Sub Awardees That Declined to Agree to the Terms of PLGHA |
|---|---|---|---|
| State (Office of the Global AIDS Coordinator) | 335 | 0 | 0 |
| USAID | 486 | 6 | 47*** |
| HHS**** | 466 | 1 | 0 |
| DoD***** | 53 | 1 | — |
| **TOTAL** | **1,340** | **8** | **47** |

*Prime awards in place between May 15, 2017, and September 30, 2018. Departments and Agencies do not systematically collect information on sub-awards and therefore do not have a total number of sub-awards that provide global health assistance.
**Total declinations since May 2017.
***This figure includes two HIV/AIDS sub-awards under which recipients declined to agree to the Policy during the drafting of this report. USAID is tracking the transition of those activities to replacement recipients, but does not currently have complete data available, and as a result, the qualitative data presented later in this report do not reflect the two sub-awards. This figure excludes one case in which a prime recipient inappropriately presented a sub-recipient with the PLGHA provision in a sub-award not funded with U.S. global health assistance and the sub-recipient declined to agree to the terms of the Policy. Please see the section below on Appropriate Application of the Policy for additional information.
****HHS prime awards in place between May 31, 2017, and September 30, 2018.
*****DoD was not able to collect information on sub-awards.

Because 53 of the 55 prime and sub-recipient declinations occurred under USAID's agreements, this report focuses significantly on USAID's data. In particular, USAID has noted a number of overall findings relating to the impact of declinations on its global health programs:

- The declinations occurred in awards that span various health technical areas, including HIV/AIDS, voluntary family planning/reproductive health, tuberculosis, maternal and child health, nutrition, and cross-cutting innovation activities.

- In most cases in which a recipient or sub-recipient declined to agree to the terms of PLGHA, USAID and/or the prime partner successfully transitioned activities to ensure the continuity of global health assistance. Most declinations connected to USAID did not produce a disruption of health care or significant delays in the provision of services. However, USAID found that, in a

few cases, the declination resulted in some impact on the delivery of health care, including for HIV/AIDS, voluntary family planning/reproductive health, tuberculosis, and nutrition programming.

- Slightly more than half, or 60 percent, of the awards with declinations included funding for the provision of health care to clients. The remaining 40 percent focused on other types of health activities. While these awards offer health-related benefits to clients, they generally do not involve the direct provision of health care to such clients.

- Of the declinations, three of the six prime awards involved health-care delivery, and each of them reported that some disruption in the provision of health care resulted from their declination.

- Thirty-one of the 47 sub-awards that declined to agree to PLGHA involved some health-care delivery. Fewer than half of these (12 out of 31) reported a gap or disruption in the delivery of health care as a result of a declination.

The U.S. Government is committed to protecting human life before and after birth. The principles set forth in PLGHA and the significant funding the U.S. Government devotes to global health assistance clearly illustrate these dual priorities. Following declinations of PLGHA, the U.S. Government has worked to transition activities to new partners as quickly as possible to prevent or resolve instances in which delays or gaps in services could or have occurred. The principles set forth in PLGHA and the significant funding the U.S. Government devotes to global health assistance clearly illustrate these dual priorities. Departments and Agencies that provide global health assistance should continue to develop materials to support prime partners in clearly communicating the intent, implementation, and compliance with PLGHA. Such materials include fact sheets, discussion guides, and monitoring resources.

## I. Background on the Protecting Life in Global Health Assistance Policy

On January 23, 2017, President Trump issued a Presidential Memorandum that reinstated the January 22, 2001, Presidential Memorandum on the "Mexico City Policy" for family-planning assistance awarded by the U.S. Agency for International Development (USAID), and directed the Secretary of State, in coordination with the Secretary of Health and Human Services (HHS), to implement a plan to extend the Policy to "global health assistance furnished by all departments or agencies" to the extent allowable by law. The expanded Policy is referred to as "Protecting Life in Global Health Assistance (PLGHA)."

On May 9, 2017, the Secretary of State, in coordination with the Secretary of HHS, approved the implementation plan for PLGHA. Since the Policy's launch, the Department of State (State) has worked closely with USAID, HHS, and the Department of Defense (DoD) to implement the Policy consistently and examine progress in carrying it out.

On February 7, 2018, State released a six-month review of PLGHA that summarized the efforts of U.S. Government Departments and Agencies to implement the Policy through the end of Fiscal Year 2017 and identified actions to address challenges.[3] Since then, the Departments and Agencies that provide global health assistance have clarified aspects of the Policy and updated training and tools to implement it. The six-month review took place early in the Policy's implementation. For this reason, the Administration decided to provide for an additional assessment of the implementation of PLGHA to enable a more thorough examination of its benefits and challenges.

## II. Implementation of PLGHA by U.S. Government Departments and Agencies

Grants, Cooperative Agreements, and Contracts

Since the approval of the implementation plan for PLGHA, four Federal Departments and Agencies have included the PLGHA standard provision in all new or modified grants and cooperative agreements that provide global health assistance. After a six-month review, the U.S. Government made two changes to the standard provision for grants and cooperative agreements to address the actions identified by the review. Under the new language, violations of the standard provision will result in termination unless the U.S. Government Department or Agency that issued the award determines that other corrective action is warranted. The U.S. Government also modified the language in the PLGHA standard provision to clarify that the Policy's requirements do not apply to recipients/beneficiaries of in-kind training and technical assistance if they are foreign non-governmental organizations (NGOs) that are not recipients of an award or sub-award of U.S. global health assistance funds.

[3] The six-month review, including follow-on actions, is available at https://www.state.gov/protecting-life-in-global-health-assistance-six-month-review/, and at https://www.usaid.gov/whatwe-do/global-health/cross-cutting-areas/legislative-policy-requirements.

Consistent with the PLGHA implementation plan, State, HHS, and USAID initiated the process of developing a PLGHA contract clause through rulemaking. The proposed provision is the subject of a proposal before the Federal Acquisition Regulations (FAR) Council. The clause would be included in contracts for supplies or services for U.S. Government global health assistance. Contracts exclusively for the acquisition of commercial items and services as defined in FAR Part 2.101, such as pharmaceuticals, medical supplies, logistics support, data management, and freight forwarding would be exempt. The contract clause would apply to foreign NGOs that receive U.S. Government global health assistance funding, either as prime contractors or as sub-contractors under contracts with U.S. or foreign NGOs. PLGHA will not apply to contracts for global health assistance until the rule-making process is completed.

Exemptions

The Secretary of State may, in consultation with the Secretary of HHS, authorize case-by-case exemptions from PLGHA. In reviewing exemption requests, State considers factors such as the existence of a public health emergency, the possibility of extreme and irreversible disruption in service, the availability of other qualified organizations, and other potentially extenuating circumstances in a particular case. State coordinates the process for considering requests for an exemption from the PLGHA, and works with affected Departments and Agencies to review requests.

To date, State has received two exemption requests. After careful consideration, the Secretary of State concluded that an exemption was not warranted in either case. These decisions did not affect on-going programming.

Ongoing Training

Departments and Agencies that are providing global health assistance have coordinated on training materials and other tools to assist U.S. Government staff and implementing partners in understanding and applying PLGHA, including a publicly available e-learning course produced by USAID. Between October 1, 2017, and February 15, 2019, more than 20,150 individuals from around the world took the course, including implementing partners, U.S. Government staff, and other stakeholders.

Within the U.S. Government interagency, USAID has taken the lead on translating training materials and the PLGHA standard provision included in applicable grants and cooperative agreements into several languages to facilitate greater comprehension of the Policy by a range of implementing partners. USAID's PLGHA standard provision is currently available in Spanish and Arabic on the public USAID website (https://www.usaid.gov/global-health/legislative-policy-requirements). USAID's e-learning course on PLGHA is also currently available in Spanish. USAID is continuing to work on additional translations, including French-language materials. USAID is designing additional tools to facilitate the implementation of the Policy and help ensure that implementing partners fully understand it.

USAID regularly provides in-person training to the Agency's staff in Washington and in the field, and to implementing partners to strengthen their understanding of PLGHA and facilitate the consistent implementation of it. To date, USAID's in-person and virtual trainings have reached hundreds of staff of implementing partners. Following the approval of the implementation plan for PLGHA in May 2017 and the release of the six-month review in February 2018, USAID met with prime implementers of centrally managed awards issued out of Washington to provide information and updates regarding the Policy. USAID hosts annual calls with Missions that receive funding for voluntary family planning, maternal and child health, and HIV/AIDS to discuss health-related statutory and policy requirements. Since 2017, these calls have covered PLGHA in-depth.

HHS Operating Divisions that receive and manage global health assistance continue to use and refer implementing partners to the USAID free public e-learning course. The Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH), and the Substance Abuse and Mental Health Services Administration (SAMHSA) work closely and cooperatively with their implementing partners to ensure they are aware of the course. The relevant HHS Operating Divisions, program, and grants specialists have developed specific guidance to specific programs and countries. HHS widely distributed the PLGHA Frequently Asked Questions (FAQs) cleared for public distribution on August 27, 2018, to the Department's programs and grants community, and posted them on the HHS website.[4]

State's Office of the U.S. Global AIDS Coordinator and Health Diplomacy (S/GAC), through robust interagency collaboration, has developed and disseminated implementation guidance for the PLGHA Policy through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) 2019 Country Operational Plan (COP) guidance to support all PEPFAR country teams in the implementation of the Policy. The PEPFAR 2019 COP Guidance is available on www.pepfar.gov, and includes links to the e-learning course on PLGHA and resources to provide additional information about it. In 2017 and 2018, S/GAC hosted PLGHA field-training webinars joined by PLGHA Agency co-leads to provide Agency-specific information on compliance with PLGHA to PEPFAR field teams.

DoD trains its relevant headquarters staff on an ongoing basis, and its field staff participate in the S/GAC training described above.

## III. Benefits and Challenges of the Implementation of PLGHA

Methodology

Relevant Departments and Agencies (S/GAC, USAID, HHS, and DoD) requested the following data from their field teams regarding affected awards:

- Number of bilateral awards that provide global health assistance;
- Number of prime implementing partners that receive global health assistance that have declined to agree to the PLGHA standard provision in their award; and

[4] https://www.hhs.gov/sites/default/files/hhs-interagency-plgha-faqs-august-2018.pdf.

- Number of sub-recipients that have declined to agree to the PLGHA standard provision in their sub-award.[5]

For each prime or sub-recipient that declined to agree to the PLGHA terms, the Departments and Agencies collected additional information, including the following:

- Start date for activities;
- Original end date for activities (if the recipient had not accepted the terms of PLGHA);
- Expected end date for activities;
- Brief description of activities provided; and
- Action or plan to transition activities to another partner.

The above-described data-collection continued through May 8, 2019.

Because of the number of declinations that USAID identified, the Agency gathered and analyzed additional information on the transition of activities under its affected awards. USAID collected initial information from 58 Missions, 12 Washington Operating Units, and prime implementing partners that receive global health assistance to establish the number of prime awards and sub-awards under which an organization declined to agree to the Policy. USAID then developed a qualitative survey tool to systematically gather data on the prime awards and sub-awards under which an organization declined to agree to the Policy. USAID also gathered more in-depth information surrounding these declinations, with a focus on better understanding the steps taken to transition activities to substitute partners. USAID worked in coordination with prime implementing partners to collect this information with regard to affected sub-awards.

Through the qualitative data collection and subsequent analysis, USAID identified trends related to the ability to transition various types of health activities to replacement implementing partners. As part of this analysis, USAID reviewed any changes in programmatic coverage and specific areas of programmatic expertise.

## Assistance Agreements Affected by the PLGHA Policy

Table 1 below provides information about the number of affected agreements with prime implementing partners, *i.e.*, those organizations that have a direct funding agreement with a U.S. Department or Agency, and the numbers of prime- and sub-awardees that declined to agree to the terms of PLGHA, across all affected Departments and Agencies.

Recipients of global health assistance from Federal Departments and Agencies must agree to the PLGHA standard provision in the following:

- All new grants and cooperative agreements that provide global health assistance, and

[5] DoD was not able to collect information about sub-awardees.

- All existing grants and cooperative agreements that provide global health assistance when such agreements are amended to add new funding.

Since the launch of the Policy, nearly all prime partners that have had the opportunity to accept it have done so: A prime partner declined in only eight instances out of 1,340 prime awards in place between May 2017 and September 30, 2018. Information about sub-awards under prime agreements is more limited because Departments and Agencies have a direct legal relationship only with prime recipients of global health assistance. As part of this review, USAID, HHS, and State took steps, including through contacting prime recipients, to learn about sub-awardees that declined to agree to the Policy's terms. We are aware of 47 USAID sub-awardees that have done so.

**Table 1: Health Awards and Awardees That Declined to Agree with the Terms of PLGHA**

| Agency | Total Prime Health Awards* | Prime Awardees That Declined to Agree to the Terms of PLGHA** | Sub-Awardees That Declined to Agree to the Terms of PLGHA |
|---|---|---|---|
| State (S/GAC) | 335 | 0 | 0 |
| USAID | 486 | 6 | 47*** |
| HHS**** | 466 | 1 | 0 |
| DoD***** | 53 | 1 | --- |
| **TOTAL** | **1,340** | **8** | **47** |

*Prime awards in place between May 15, 2017, and September 30, 2018. Departments and Agencies do not systematically collect information on sub-awards and therefore do not have a total number of sub-awards that provide global health assistance.
**Total declinations since May 2017.
***This figure includes two HIV/AIDS sub-awards under which recipients declined to agree to the Policy during the drafting of this report. USAID is tracking the transition of those activities to replacement recipients, but does not currently have complete data available, and as a result, the qualitative data presented later in this report do not reflect the two sub-awards. This figure excludes one case in which a prime recipient inappropriately presented a sub-recipient with the PLGHA provision in a sub-award not funded with U.S. global health assistance and the sub-recipient declined to agree to the terms of the Policy. Please see the section below on Appropriate Application of the Policy for additional information.
****HHS prime awards in place between May 31, 2017, and September 30, 2018.
*****DoD was not able to collect information on sub-awards.

## Award Declinations

When a foreign NGO chooses not to agree to the terms of the PLGHA standard provision in its award, the U.S. Government does not provide any additional global health assistance to that

organization. In such a case, the declination does not affect previously obligated funds, and partners may spend down existing or previously obligated funding while the Federal Department or Agency works to redirect future funding to other organizations. The awarding Department or Agency might need to take steps to terminate an award partially or fully, which could include working with the partner to develop a close-out plan that would allow for programmatic continuity and the orderly wind-down of activities.

Transitioning U.S. Funding to New Partners that Accept the Terms of PLGHA

When an organization declines to agree to the terms of the Policy, and the Department or Agency redirects funds to other organizations, the amount of funding directed for respective recipient countries remains the same. This section describes the transitions of global health assistance that S/GAC, DoD, HHS, and USAID have executed to ensure beneficiaries experience limited or no disruption in care. Given that the majority of PLGHA-based declinations involved USAID prime and sub-awardees, this report provides details about how USAID's staff and implementing partners transitioned global health assistance from entities that declined USAID assistance because of PLGHA to entities that accepted the terms of PLGHA.

As shown in Table 1, all of S/GAC's partners accepted the terms of PLGHA. The majority of these awards support the development of small, local organizations through PEPFAR's Small Grants Program. These grants provide an opportunity for U.S. Government Country Teams to address diverse capacity issues specific to each country context, including, but not limited to, training for local press to cover HIV/AIDS effectively, building capacity within civil-society organizations to combat stigma and discrimination, developing education and cultural programs for the prevention and awareness of HIV, providing job skills training for women and girls who are living with HIV, and developing networks of people who are living with HIV to increase their retention in care.

To date, one applicant for DoD funding to train health providers (a U.S. NGO that responded to a Request for Proposals) declined to agree to the terms of PLGHA in one country in September 2017, and DoD did not award the grant. Another NGO active in that country agreed to take on the grant activities, and DoD awarded the funding and activities to the second NGO in April 2018.

One HHS partner declined to accept the PLGHA standard provision. This partner's project period was set to end in 2019 but, because U.S. funding would not be renewed, the partner announced its intent to end the activities under the awards early, in March 2018. HHS identified a new implementing organization with a similar scope of work. The declining partner worked with the transitioning organization to take over the program in April 2018. HHS reported a smooth process with no gaps in care.

***Summary Data for USAID***

USAID systematically collected information from across the Agency on 486 grants and cooperative agreements that receive global health assistance to identify awards affected when an organization declined to agree to the terms of PLGHA. USAID collected information from 58 Missions,

12 Washington Operating Units, and prime implementing partners that receive global health assistance to establish the number of prime awards and sub-awards under which an organization declined to agree to the Policy.

The vast majority of foreign NGOs to which USAID provided global health assistance funding subject to PLGHA during the review period accepted the conditions on awards and continue to participate in the Agency's global health programs. The table below presents data related to declinations in USAID-funded awards of global health assistance.

**Table 2: NGO Declinations of USAID Grants and Cooperative Agreements Subject to PLGHA**
*(Date range of data collection on declination: May 15, 2017 - May 8, 2019)*

| Operating Unit | Total Prime Health Awards | Prime Awards Declined | Sub-Awards Declined |
|---|---|---|---|
| **Missions** | 372 | 3<br><br>*Geographic Distribution:*<br>• Two in Asia; and<br>• One in sub-Saharan Africa. | 30<br><br>*Geographic Distribution:*<br>• 24 in Sub-Saharan Africa;<br>• Five in Asia; and<br>• One in Latin America. |
| **Bureau for Global Health** | 114 | 3<br><br>*Geographic Distribution:*<br>• Two global awards that were operating in multiple countries. | 17<br><br>*Geographic Distribution:*<br>• Eight in Sub-Saharan Africa;<br>• Three in Asia;<br>• Two in the Caribbean. |
| **Totals** | 486[6] prime awards | 6 | 47[7] |
| **Totals by Type of Health Funding** | | Two in voluntary family planning/reproductive health (FP/RH);<br>Two in cross-cutting innovation;<br>One in HIV/AIDS;<br>One in tuberculosis. | 20 in HIV/AIDS;<br>13 in FP/RH;<br>Eight integrated (maternal and child health, nutrition, infectious diseases, HIV/AIDS and/or FP);<br>Four in tuberculosis;<br>One in maternal and child health; and<br>One in nutrition. |

[6] This total figure of 486 only represents *prime awards* issued by USAID. USAID does not systematically collect information on sub-awards; therefore, the Agency does not have available a total number of sub-awards that provide global health assistance.

[7] This table includes two HIV/AIDS sub-awards under which recipients declined to agree to the terms of PLGHA during the drafting of this report. USAID is tracking the transition of those activities to replacement recipients, but does not have complete data available, and as a result, the qualitative data presented later in this report do not reflect these two sub-awards. This table excludes one sub-award that did not receive global health assistance, but the sub-recipient was inappropriately presented with the PLGHA standard provision and declined to agree to the PLGHA terms. Please see the section on Appropriate Application of the Policy for additional information.

***Key Findings***

After reviewing the data and information gathered, USAID has noted a number of overall findings:

- The vast majority of foreign NGOs that received global health assistance from USAID have accepted the terms of PLGHA in their awards and sub-awards. USAID found that the majority of all awards affected by declinations did not experience a disruption in the delivery of health care or significant delays in implementation.

- Since USAID began implementing PLGHA in May 2017, the Agency has the following results:

    - Prime partners declined to agree to the policy's terms in only six of 486 awards, or 1.2 percent of USAID prime global health awards.

    - Recipients of sub-awards declined to agree to the terms of the Policy in 47 instances. USAID does not systematically collect information on sub-awards, and, as a result, does not have a total number of sub-awards that receive global health assistance. However, many prime awards typically have at least one, and, in many cases, multiple sub-awards; as a result, USAID believes the number of sub-awards under prime awards that receive global health assistance is far greater than 486.

    - These figures include the three prime awards and 12 sub-awards previously reported by USAID in the PLGHA Six-Month Review released in February 2018.

- The declinations occurred in awards that span various health technical areas, including HIV/AIDS, voluntary family planning/reproductive health, tuberculosis, maternal and child health, nutrition, and cross-cutting innovation activities.

- Most affected awards and sub-awards did not experience a disruption of health care or significant delays. However, USAID found that, in a few cases, a declination resulted in some impact on the delivery of health care, including for HIV/AIDS, voluntary family planning/reproductive health, tuberculosis, and nutrition programming:

    - Three of the six prime awards involved health care delivery, and each of them reported a temporary disruption.

    - Thirty-one of the 47 sub-awards involved some delivery of health care, as well as the provision of health information, linkages to health care and/or health products at the community level:
        - Slightly less than half of the sub-awards that involved the delivery of health care (12 of the 31) reported a gap or disruption in delivery.

- In most cases in which a sub-recipient declined to agree to the terms of PLGHA, the prime partner successfully transitioned activities to another organization. Prime implementing partners achieved these transitions by, in part or in whole, implementing the activities directly or shifting the implementation to another existing USAID sub-recipient. Prime partners demonstrated resilience to ensure the continuity of activities; however, some noted that unplanned partner transitions resulted in extra costs to the project to redesign approaches, recruit new staff, and build the capacity of new partners to ensure the achievement of results.

***Prime Awards***

USAID identified six awards that were receiving global health assistance for which the prime recipient declined to agree to the terms of PLGHA after its launch in 2017. Because USAID directly issues prime awards, the Agency gathered detailed information on the impact of the declinations on USAID-funded activities from USAID staff who manage these six awards. In this analysis, USAID specifically considered issues such as the transition of activities to other partners or the timely close-out of an award, any disruption in the provision of health care or other health support, and the effect on USAID's overall partner base. In many cases, USAID effectively planned for and executed a transition to new partners while the declining organization finished out any remaining global health assistance already obligated to the award. A brief analysis of each prime award for which the prime partner declined to accept the terms of PLGHA appears below. USAID is only providing the names of organizations in cases in which the partner announced publicly that it was terminating its assistance relationship with the U.S. Government because of PLGHA.

*Voluntary Family Planning*

USAID identified two prime implementing partners that declined to accept the terms of PLGHA in connection with large, centrally managed family-planning awards, which the Agency reported in the State Department's 2018 Six-Month Review of PLGHA. In 2014, USAID/Washington issued three awards under an umbrella mechanism called the Support for International Family Planning and Health Organizations II: Sustainable Networks (SIFPO2). These awards share the goal of increasing access to, and the use of, high-quality, affordable, voluntary family-planning methods, health information, and products globally by strengthening and leveraging each prime organization's global reach through its local affiliates, network of clinics, or other health platforms. Through these central awards, the Office of Population and Reproductive Health within the Bureau for Global Health at USAID/Washington funds "core activities" to focus on advancing global leadership in voluntary family-planning programs, while USAID field Missions can "buy in" to the global award to pay for specific activities in their countries (referred to as "field-support buy-ins"). USAID also used these awards to implement certain activities to combat HIV/AIDS and other infectious diseases, particularly in response to the Zika epidemic. Under the umbrella mechanism, two of the three prime implementing partners—the International Planned Parenthood Federation (IPPF) and Marie Stopes International (MSI)—declined to agree to PLGHA. Both awards began in 2014, and the total estimated amounts of the awards were $71.8 million for IPPF and $74 million for MSI.

USAID took several steps to ensure the work conducted under these two awards continued, following declinations by IPPF and MSI. First, USAID transitioned some of the core and field-support activities previously implemented under the IPPF and MSI awards to the remaining third award recipient under the SIFPO2 umbrella mechanism. In addition, USAID/Washington worked with field Missions to identify other qualified organizations to take on voluntary family-planning activities that they would otherwise have conducted through the IPPF and MSI awards. For example, in Nigeria, USAID transitioned the voluntary family-planning and awareness-raising activities under MSI successfully to other partners or completed them as planned. Moving forward, USAID will integrate similar voluntary family-planning activities into a future award following a programmatic redesign in the Federal Republic of Nigeria unrelated to PLGHA. As part of the new approach, the Agency will strategically consolidate and deepen health investments in a smaller geographic region. Finally, USAID actively took steps to identify organizations capable of continuing similar voluntary family-planning work, particularly in countries with smaller numbers of available partners.

Despite these efforts, in some instances USAID struggled under both the IPPF and MSI awards to find replacement partners to replicate exactly what the two organizations had been doing. In the Republics of Liberia and Togo, for example, no other partners that operate in country are prepared to implement integrated, voluntary family planning through both mobile outreach and local fixed clinics, as IPPF affiliates had been doing. In the Federal Republic of Ethiopia; the United Republic of Tanzania; and the Republics of Mali, Madagascar, and Sénégal, Missions needed additional time to identify other organizations to implement voluntary family-planning interventions that MSI had been performing under SIFPO2 through mobile outreach to poor and rural populations at the community level. USAID continues to work in these countries to build the capacity of public- and private-sector sites or other implementing partners to offer similar options.

USAID also found that, in some cases, IPPF and MSI continued certain activities originally funded by USAID when other donors offered substitute financing following the organizations' declination of the terms of PLGHA. For example, in the Republics of Burkina Faso and Niger, other donors provided funding to support MSI's work to build the capacity of public-sector facilities to provide a range of voluntary family-planning options. In Burkina Faso, USAID's replacement partner did not continue working in two food-insecure regions of the country in which the Agency had planned to integrate voluntary family planning with investments in agriculture and nutrition. Other donors stepped in to deliver similar voluntary family-planning activities in the two regions.

*HIV/AIDS*

A prime recipient of an HIV/AIDS award issued by USAID in the Republic of Zimbabwe under PEPFAR declined to accept the terms of PLGHA in its agreement. In 2016, the Zimbabwe Mission issued the "Adolescent Girls and Young Women Health for Life 360" award to SAfAIDS, a foreign NGO. The total estimated cost of the award was $15 million. Under this award, SAfAIDS implemented a youth leadership program to contribute to PEPFAR's Determined, Resilient, Empowered, AIDS-Free, Mentored (DREAMS) partnership, with the goal to reduce new HIV infections among Zimbabwean adolescent girls and young women between the ages of 15 and 24. SAfAIDS's activities included facilitating in-school and out-of-school clubs for the prevention of HIV and gender-based violence;

addressing harmful community norms that increase vulnerability to HIV; and "social assets building"[8] for adolescent girls and young women.

Following the declination, USAID successfully transitioned these activities to an existing prime partner, a U.S. NGO, under a different award, with minimal disruption. The replacement partner conducts similar community-based activities within the same geographic areas and priority populations and has maintained clients' access to HIV-prevention interventions. The shift resulted in a delay of less than one month in programming for in-school and out-of-school clubs, as the new implementing partner hired staff from the original implementer.[9]

*Tuberculosis*

A prime recipient of a tuberculosis (TB) award issued by USAID in the Republic of India in 2013 declined to accept the terms of PLGHA in its agreement. Under the agreement, the foreign NGO was functioning as a local innovation hub to develop novel TB solutions through a crowd-sourcing approach; the total estimated cost of the award is $2 million. The activities included boosting adherence to treatment for TB through information and communication technology, diagnostics, and sharing successful models with other high-burden TB countries. This award was part of a USAID alliance aimed at leveraging expertise, resources, and capabilities from the private sector and other stakeholders and received a one-to-one funding match from private-sector actors and other development donors.

As a result of the declination, the recipient was no longer eligible for global health assistance remaining in its award's Total Estimated Amount. Even without receiving additional global health assistance, the organization finished the remaining planned activities with the amount USAID already had obligated to it. As part of the final phase of the project, the prime implementer worked with the Government of India (GOI) to test and scale up innovations in TB diagnostics in the public sector. The project finished its training of GOI staff and integrate innovative data-collection systems into the GOI's national database, which will help ensure the sustainability of the approaches developed through USAID's funding despite the ending of the award.

*Cross-Cutting Health Awards*

A prime recipient of a USAID award in India designed to scale up mobile health (mHealth) technologies in coordination with the Indian Union Ministry of Health and Family Welfare (MOHFW) declined to accept the terms of PLGHA in its agreement; the Mission issued the award in 2015, and its total estimated cost was $3.2 million. The mHealth innovations sought to increase the uptake of priority health behaviors by pregnant women, mothers of children up to two years of age, and their families across India.

[8] Defined in the DREAMS 2017 Guidance as methodologies that employ a "whole girl" approach to addressing the multiple vulnerabilities to HIV infection, including social isolation, economic security, lack of access to services, and sexual and gender-based violence, experienced by the most-marginalized adolescent girls in the poorest communities.

[9] See Annex 2 for further details about PLGHA and HIV/AIDS programming.

First, unrelated to the implementation of PLGHA, the MOHFW decided not to scale up one of the planned interventions because of a change in priorities, which contributed to USAID's ability to reduce the scope of the partner's award. Second, the award was already near its planned end date, and the prime implementer successfully completed its remaining activities under a smaller Scope of Work. As a result, the Agency did not need to transition activities to a new recipient and the declination had limited impact on the activity. Subsequently, the USAID partner provided technical assistance to the MOHFW to expand the platforms for other mHealth innovations through the end of the project. Following the completion of the USAID-funded activities, the MOHFW will be able to continue independently a messaging service for families with information on pregnancy and children's health and a mobile training course on reproductive, maternal, newborn, and child health for frontline health workers.

A USAID/Washington prime recipient under a small-grant initiative to mobilize diverse stakeholders to source new development solutions declined to accept the terms of PLGHA in its agreement, issued the award in 2016, with a total estimated cost of $500,000. The Agency successfully restructured the activity to focus on strengthening an innovation marketplace and transitioned it to another, existing partner. While this delayed implementation of activities for several months, the change did not affect the delivery of any health care because of the nature of the award.

***Overview of Sub-Awards***

Based on information provided by prime recipients of global health assistance, USAID identified 47 sub-awards affected by an organization's declining to agree to the terms of PLGHA. Because USAID has a direct legal relationship with prime implementing partners and not with sub-recipients (a concept referred to as "privity"), the Agency's information on sub-awards can only reflect what prime partners report to USAID. The majority of the sub-awards affected by declinations operated in sub-Saharan Africa, across 19 countries. Other declinations occurred in awards in Asia (primarily South Asia), as well as several in Latin America and the Caribbean.

USAID identified two HIV/AIDS sub-awards under which recipients declined to agree to the Policy's terms during the drafting of this report. USAID is tracking the transition of these activities to substitute recipients but does not have complete data available on the two sub-awards. The following sections provide information on the 45 sub-awards for which USAID collected and reviewed information on the transition of health activities:

*Variety of Programmatic Approaches Affected*

USAID implements a variety of approaches to achieve its goals of preventing maternal and child deaths, controlling the HIV/AIDS epidemic, and combating infectious diseases. Slightly more than half, or 60 percent, of the affected sub-awards included support for the provision of health care to clients (*e.g.*, anti-retroviral treatment [ART] and testing for HIV/AIDS, testing for communicable diseases, antenatal care, or counseling for voluntary family-planning counseling and method provision). The remaining 40 percent of the affected sub-awards focused on other types of activities such as raising awareness and promoting healthy behaviors; capacity-building for youth development; policy, advocacy,

and social accountability; research; and health innovation. While these awards offer health-related benefits to clients, they generally do not involve the direct provision of health care.

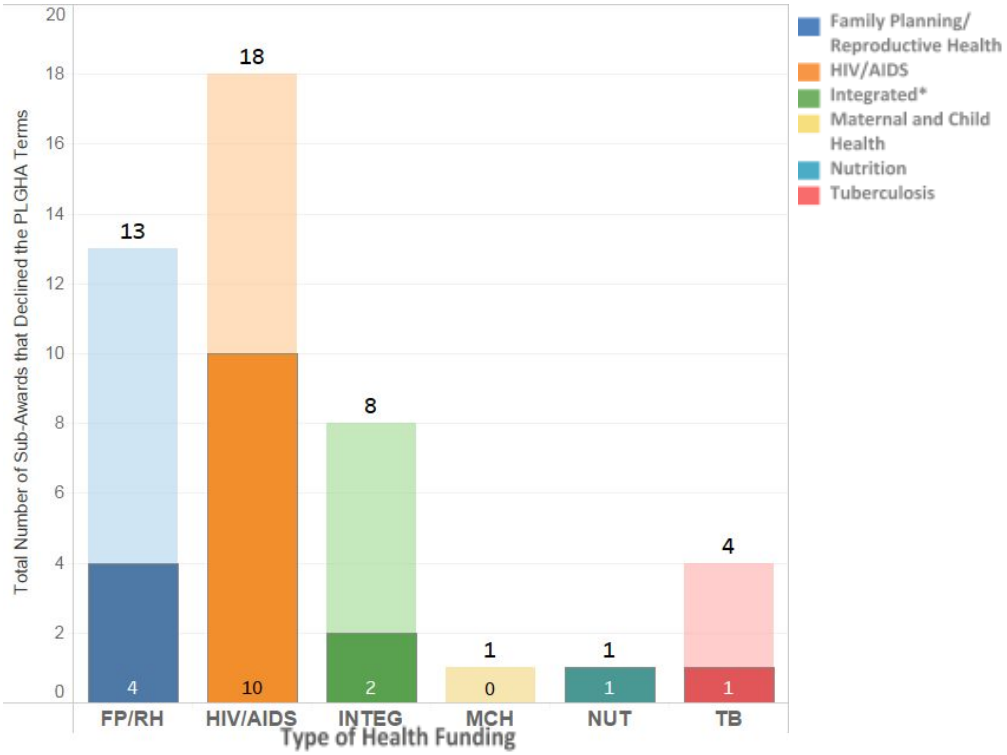
*Size of Sub-Awards Affected*

USAID found that more than half (or 26 sub-awards) of the total 45 affected sub-awards for which USAID has data had total planned budgets of less than $1 million. Approximately one quarter (or 11 sub-awards) of the affected sub-awards had total planned budgets of $1–3 million, and the remaining eight sub-awards had planned total budgets over $3 million. In terms of geographic trends, six of the eight affected sub-awards in Asia were over $1 million dollars. In particular, the relatively large size of affected sub-awards in India and Bangladesh required transitioning a larger proportion of activities under the prime global health award. This contextual factor contributed to implementation delays and the restructuring of certain aspects of USAID's health portfolios in South Asia.

*Successful Transition of Activities*

For the majority of affected sub-awards, the prime partner ensured the continuation of project activities with minimal disruption. In most cases, the prime recipient began directly implementing the activities previously undertaken by a declining organization, in whole or in part, or identified another existing USAID sub-recipient to conduct the activities. Most of these prime recipients are U.S. NGOs, which sometimes relied on hiring staff from the declining sub-recipients to enable a smooth transition.

**Chart 1: USAID Global Health Sub-Awards That Reported Disruption/Gap in the Provision of Health Care or Implementation Delays Greater than Three Months**




The inset numbers represent the total number of sub-awards by health funding type that reported a gap or disruption in delivery of health-care or an implementation delay greater than 3 months.
*Integrated - funding from maternal and child health, nutrition, infectious diseases, HIV/AIDS, and/or family planning.

*Instances of Delays in Implementation and Disruption of Health Care*

While prime recipients often transitioned activities to new organizations without difficulty, USAID found some instances in which partners did not quickly identify a qualified replacement, which resulted in the disruption of health care or delays in implementation of greater than three months. In addition, in some cases, prime partners found suitable replacement NGOs for some, but not all, components of the original activities, which required the re-scoping of awards. Most notably, this affected certain models for delivering health care to clients, specifically: mobile outreach for, and the delivery of voluntary family planning, including voluntary sterilization; the prevention of HIV/AIDS; social franchising,[10] particularly for voluntary family planning; and integrated HIV prevention and care and treatment in welcoming settings that protect the privacy of key populations most at risk of acquiring or transmitting HIV.[11]

USAID-funded prime partners encountered such challenges in four sub-awards to provide voluntary family planning in West Africa. Difficulty finding suitable replacement partners led to

[10] A "social franchise" is a network of private-sector health care providers linked through agreements to provide socially beneficial health care under a common brand and set of standards.

[11] The Office of the U.S. Global AIDS Coordinator defines "key populations" as people who inject drugs, men who have sex with men, transgender persons, sex workers, and prisoners.

significant disruption in mobile outreach under these USAID family-planning awards. In Sénégal, for example, the prime recipient struggled to find a substitute partner to operate mobile clinics. Despite the partner's efforts to intensify mobile outreach efforts by the public sector, the project experienced gaps in mobile family planning for seven to eight months. Following this disruption, medical regional teams from the Senegalese Government now provide mobile outreach and care to the same target populations and geographic coverage as under the USAID-funded award.

Other partners reported challenges in replacing sub-recipients with expertise in community health, particularly in maintaining broad geographic coverage with community-based outreach. For example, after a sub-recipient declined to accept the terms of PLGHA, the prime partner redistributed the original sub-recipient's intervention areas to three other existing sub-recipients based on their existing locations and capacity. While the partner successfully and quickly transitioned all of the community-mobilization activities, the replacement partners are conducting them in different geographic areas, with a more limited reach. The original sub-recipient had a catchment area of 8.8 million in 59 Sub-Districts, but only covered some rural areas. The three sub-recipients that implement the activities currently have a catchment area of 5.3 million in 18 Sub-Districts, but cover all rural areas.

*Effect on Sub-Awards Under PEPFAR*

USAID found that of the 18 PEPFAR sub-awards in which a sub-recipient declined the terms of PLGHA, 13 had been providing access to HIV/AIDS prevention, care, and treatment for key populations. Half of the declinations, or nine of 18, occurred among sub-recipients under a single, centrally managed USAID/award under PEPFAR for key populations affected by HIV.

While many prime recipients successfully transitioned their PEPFAR sub-awards, USAID found some instances in which declinations resulted in delays in, and/or the disruption of, activities focused on key populations. Five transitions of USAID partners under PEPFAR led to the loss of mobile outreach for testing, care, and treatment for HIV among key populations who face barriers at static clinics, which affected activities in 15 sub-national units in total. The prime partners shifted to referral models for ART and reproductive health, including screening for cervical pre-cancer and voluntary family planning. In one case, an organization's declination resulted in the disruption of clients' access to ART at four PEPFAR-funded treatment sites starting from the fourth quarter of FY17, as the substitute partner awaited certification from the national government to initiate clients on ART and referred clients to public-sector sites in the interim. (One site received certification in the third quarter of FY 2018, and one site received certification in the second quarter of FY 2019, and in the third quarter of FY 2019 the Ministry of Health [MOH] issued an approval letter to all remaining sites to provide ART.) To minimize disruptions and loss to follow-up in treatment for HIV, the project provided technical assistance to public-sector referral facilities to ensure friendly and accessible care for key populations while sites awaited certification. The prime partner supported the scale-up of the substitute recipients by equipping and staffing its current clinics and funding its expansion to new Districts and sites.

Of the remaining five of the 18 affected PEPFAR sub-awards, four related to orphans and vulnerable children and one to VMMC. USAID found minimal disruption and delays because of the declinations in the four USAID/PEPFAR sub-awards intended to serve orphans and vulnerable children

affected by HIV. In each of these transitions to replacement organizations, the prime partners minimized the disruption of care for beneficiaries by absorbing trained staff from the declining sub-recipient or working with a replacement partner already engaged in the project's consortium.

USAID had one sub-recipient decline under a bilateral VMMC project under PEPFAR, and the prime recipient assumed the scope of the declining sub-recipient. There were no gaps in the provision of VMMC during the transition; however, the uptake of VMMC declined while the prime partner hired additional staff.

*Impact on Other Health Activities*

USAID found limited impact from the declinations in the 18 sub-awards that did not involve the direct provision of health care. In most cases, partners successfully transitioned activities to substitute organizations. In several others, the project's activities had not yet begun, which minimized any effect of transitioning activities to new organizations. Moreover, USAID has not identified any change in geographic coverage or ability to reach target populations that resulted from a declination of the terms of the PLHGA Policy by an organization under an award that did not involve the delivery of health care.

USAID did, however, find three instances in which transitions to new partners affected community outreach and certain programmatic expertise. For example, under a USAID-funded research-focused award to improve Policy and services on nutrition in Bangladesh, the prime recipient had identified a sub-recipient to test community-based, door-to-door, multi-sectoral nutrition interventions. When the sub-recipient declined to accept the terms of PLGHA, the prime recipient could not find another sub-recipient with the same capacity for the community-based research. As a result, the prime partner redesigned the research study without the community-based intervention component, which set the project behind schedule by six months to a year. USAID found a similar challenge in a sub-award to generate and disseminate evidence on the systemic impediments to the provision of maternal and child health care and the availability of human resources for health in the Republic of Uganda. Momentum slowed on some of the activities, including advocacy on maternal and child health, particularly commodity-security and human resources for health.

***Effect on Awards for TB***

USAID made adjustments to its TB program, particularly in India, to comply with PLGHA. Since 1998, USAID has worked with the Government of India (GOI) to combat TB and invested more than $140 million to strengthen the capacity of national, state, and district-level TB programs. USAID's spending on TB in India represents 11 percent of the Agency's overall budget for the disease ($30 million out of $261 million in Fiscal Year 2018), and the highest allocation of funding for TB for any country (more than double the next-highest).

In recent years, USAID's TB program in India has focused on supporting the GOI to improve the early detection and treatment of TB patients in the private sector. The declination of the one prime grantee resulted in only limited effect, largely because the particular activity did not focus on working with private providers.

Nevertheless, to ensure compliance with the Policy, USAID has reshaped its approach to working with Indian private health care providers. USAID has shifted its TB activities previously implemented in the private sector toward diagnostic and treatment interventions in the public sector. While this shift will ultimately strengthen the capacity of the public sector, it has changed how USAID can reach clients with early TB diagnosis in the private sector, where many such patients present for care. However, consistent with the recent clarification of the PLGHA standard provision identified in the PLGHA Six-Month Review of the Policy, the terms of PLGHA apply to the recipients/beneficiaries of training and technical assistance only if they receive an award or sub-award with global health assistance. This clarification will facilitate USAID's efforts to continue to train private providers in India.

USAID identified three sub-awards under a centrally managed award (two in Bangladesh and one in the Republic of Madagascar) in which a sub-recipient declined to agree to the terms of PLGHA. USAID worked with stakeholders to reapportion intervention areas and/or delivery sites to ensure they continued to receive TB support and technical assistance from another partner or donor. While the Global Fund to Fight AIDS, Tuberculosis and Malaria, in particular, took on additional sites, delays in implementation occurred during the renegotiation of the in-country technical-assistance relationships. The award in question was a centrally managed TB award, which USAID extended in some countries, so that the grant ended later than originally planned. However, USAID provided the extension for programmatic reasons unrelated to the PLGHA Policy.

***Effect on USAID's Partner Base***

Overall, the implementation of the PLGHA Policy has not led to widespread changes in the roster of foreign NGO recipients of USAID global health assistance. In most cases in which a sub-recipient declined to agree to the terms of the PLGHA Policy, the prime partner successfully transitioned activities to another organization. Prime implementing partners achieved these transitions by, in part or in whole, implementing the activities directly or shifting the implementation to another existing USAID sub-recipient. In only seven out of 45 total sub-award declinations for which USAID has data did activities transition to a new foreign NGO sub-recipient. All seven of these cases occurred in USAID awards under PEPFAR. In five of the seven cases for which the prime partner identified a new foreign NGO to assume the scope of work of the declining organization, the project faced delays in implementation as the new partner hired staff and made adjustments to their intervention models to reach the intended beneficiaries.

***Appropriate Application of the Policy***

Following the findings from the PLGHA Six-Month Review, USAID intensified outreach to staff to improve their knowledge and understanding of the Policy. One area of particular focus has been the appropriate application of the Policy to awards that receive global health assistance. USAID is aware of one sub-award that did not include global health assistance to which a prime recipient inappropriately applied PLGHA, which resulted in a declination. The sub-award included USAID funds

for democracy and governance, which are not global health assistance, and thus not subject to the Policy. The prime recipient inappropriately presented the sub-recipient with PLGHA, which it declined to accept. USAID has taken steps to ensure better understanding of the Policy's applicability, including through regular communication with Missions, as well as dedicated sections on applicability for in-person and e-learning training materials.

## IV. Conclusion

The vast majority of the U.S. Government's implementing partners accepted the PLGHA standard provision when presented with it. When organizations declined the terms of PLGHA, the transitions to alternative health providers have been, for the most part, smooth. In some cases, other donors or the host government have stepped in to fill gaps that occurred because of a declination of PLGHA. Only in limited instances has the Agency struggled to identify new partners or sub-awardees with comparable skill sets, networks, or capacity for outreach as those who declined the terms of PLGHA. To some extent, this has been addressed by a prime recipient or an existing sub-recipient directly implementing the activities; in some cases, the prime achieved this transition by absorbing trained staff from the declining organization. Delays and gaps in care have occasionally occurred. Key areas in which the transition to new partners has been particularly challenging include mobile outreach for the delivery of voluntary family planning and the prevention of HIV/AIDS; social franchising, especially for voluntary family planning; the engagement of private-sector stakeholders in programming for TB; and integrated approaches to achieving HIV outcomes, particularly in welcoming settings that protect the privacy of key populations who are most at risk of acquiring or transmitting HIV. The partners that are providing this care and declining to accept the terms of PLGHA did not seek exemptions. The U.S. Government remains committed to providing global health assistance and has worked to transition activities to new partners as quickly as possible. The U.S. Government is committed to protecting life—both before and after birth.

U.S. Government Departments and Agencies that implement PLGHA have increased information and guidance available to partners on the application of PLGHA. Even with the release of publicly available answers to frequently asked questions, a widely accessed e-learning course, and translated versions of the PLGHA standard provision, further outreach regarding PLGHA is needed. In the course of implementing the Policy, the Departments and Agencies understand that sub-recipients and organizations new to U.S. Government global health programs might struggle to understand the PLGHA standard provision. Although Federal Departments and Agencies have a legal relationship only with prime recipients, there is a particular need for additional information and guidance that prime implementers can share with their sub-recipients. Federal Departments and Agencies that are providing global health assistance should continue to develop materials to support prime recipients in clearly communicating PLGHA's intent, implementation, and compliance. Such materials could include fact sheets, discussion guides, and monitoring resources.

**Annex 1: Status of Actions from the Six-Month Review of the Protecting Life in Global Health Assistance (PLGHA) Policy**

Background: On February 7, 2018, the Department of State released the Six-Month Review of PLGHA, which summarizes the efforts of U.S. Government Departments and Agencies to implement PLGHA, and identified challenges that have arisen. The Review identified several actions related to implementation, compliance, and oversight. In particular, Departments and Agencies would work to clarify certain aspects of the Policy, including through revision to the PLGHA standard provision inserted in all covered grants and cooperative agreements, and provide updated training and tools to implement it. The information below presents the intended actions set forth in the PLGHA Six-Month Review, issued on February 8, 2018, as well as steps taken in response.

1. Provide harmonized training on PLGHA, as well as translate answers to frequently asked questions (FAQs) into appropriate languages.

   *Federal Departments and Agencies that are providing global health assistance issued answers to FAQs about PLGHA in August 2018. They issued answers to additional FAQs in June 2019, widely disseminated them, and posted them on all relevant departmental and agency websites.*

   *This report's "Ongoing Training" section (pp. 2-3) discusses training extensively.*

2. Clarify that U.S. Government Departments and Agencies must include the PLGHA standard provision in awards to U.S. State or local government entities.

   *The June 2019 PLGHA FAQs clarified that a U.S. public university does not itself need to comply with the standard provision's prohibition on performing or promoting abortion, but is required to flow down the standard provision to its foreign NGO (FNGO) sub-recipients.*

   *This clarification superseded any previous guidance on this aspect of PLGHA.*

3. Revise the PLGHA standard provision to clarify that FNGOs subject to the Policy may not provide financial support to other FNGOs for the purpose of performing or actively promoting abortion as a method of family planning.

   *The Secretary of State announced on March 26, 2019, that the financial-support language of the PLGHA standard provision in affected grants and cooperative agreements will remain unchanged. FNGOs that receive global health assistance may not provide financial support, with any source of funds and for any purpose, to other FNGOs that perform or actively promote abortion as a method of family planning.*

4. Revise the standard provision to clarify that if an FNGO fails to comply with PLGHA, the U.S. government may require corrective action instead of terminating the award immediately.

*Consistent with the PLGHA Six-Month Review, U.S. Government Departments and Agencies have modified the termination language in the PLGHA standard provision for grants and cooperative agreements. Under the new language, violations of the standard provision will result in termination unless the U.S. Government Department or Agency that issued the award determines that other corrective action is warranted.*

5. Revise the standard provision to clarify that PLGHA applies to recipients of training and technical assistance only if they are FNGOs that receive U.S. global health assistance funds.

   *Consistent with the PLGHA Six-Month Review, U.S. Government Departments and Agencies have modified the language in the PLGHA standard provision in grants and cooperative agreements related to in-kind training and technical assistance. The revised standard provision clarifies that the requirements of the PLGHA Policy do not apply to recipients/beneficiaries of in-kind training and technical assistance if they are foreign NGOs that are not recipients of an award or sub-award of U.S. global-health assistance funds.*

6. Develop guidance for PEPFAR implementing agencies on how to use site visits to monitor compliance with the PLGHA Policy.

   *On January 1, 2019, PEPFAR launched Site Improvement through Monitoring System (SIMS 4.0), which included a PLGHA Core Essential Element (CEE) intended to assess the implementation of the PLGHA Policy by PEPFAR implementing partners subject to the Policy. The PLGHA CEE is integrated into monitoring visits to PEPFAR-funded above-site locations subject to the PLGHA Policy at the national or sub-national level. All Federal Departments and Agencies and partners that implement PEPFAR are required to conduct specific compliance-monitoring activities at the site-level in addition to monitoring compliance with the PLGHA Policy at the above-site CEE. This module is a key component of broader processes at each Federal Department and Agency that implements PEPFAR related to ensuring compliance with PLGHA. SIMS 4.0 materials are posted publicly on www.pepfar.gov. S/GAC routinely updates answers to FAQs to respond to inquiries from PEPFAR field teams in real-time, and posts them on the office's DATIM Support site, widely accessible to both U.S. Government Departments and Agencies and partners that implement PEPFAR.*

7. Conduct a further review of the implementation of the PLGHA Policy.

   *This report reflects the further review.*

**Annex 2: Operating Units for the President's Emergency Plan for AIDS Relief (PEPFAR)**

The majority of declinations did not result in the disruption of the prevention, care, and treatment of HIV or significant delays in implementation based on data from PEPFAR reporting systems, which actively track the performance of partners at the sub-national level across all Operating Units. Prime implementing partners funded by PEPFAR reported some disruptions following the implementation of the PLGHA Policy from May 2017 (third quarter of Fiscal Year [FY] 2017) through March 2018 (second quarter of FY 2018), which affected 11 PEPFAR Operating Units across a range of platforms, including testing for HIV; the initiation of treatment for HIV; and activities to prevent, care for, and treat HIV among key populations.

The following are the countries in which a transition took place[12]:

- Barbados (HIV-testing and prevention programming among key populations);
- Republic of Botswana (HIV testing, the initiation of treatment for HIV, prevention programming among key populations P, and programs for orphans and vulnerable children);
- Republic of Burundi (HIV-testing, the initiation of treatment for HIV, and prevention programming among key populations);
- Central America (HIV-testing and prevention programming among key populations);
- Democratic Republic of Congo (HIV-testing, the initiation of treatment for HIV, and prevention programming among key populations);
- Kingdom of Eswatini (HIV-testing, the initiation of pre-exposure prophylaxis [PrEP], and voluntary medical male circumcision);
- Republic of Malawi (HIV-testing, the initiation of treatment for HIV, and prevention programming among key populations);
- Republic of Mozambique (HIV-testing, the initiation of treatment for HIV, prevention programming among key populations, and programs for orphans and vulnerable children);
- Republic of South Africa (Programs for orphans and vulnerable children);
- Republic of Trinidad and Tobago (prevention programming among key populations and HIV-testing); and
- Republic of Zambia (HIV-testing, the initiation of treatment for HIV, and prevention programming among key populations).

As of May 2019, all service-delivery partners were successfully transitioned, and all indicators have shown a recovery in performance. The below charts show two illustrative examples from Mozambique (Figures 1 and 2) and Malawi (Figures 3 and 4), which demonstrate the overall performance of the PEPFAR program in each Operating Unit across a number of reporting periods, as well as the performance of awards in the specific PEPFAR sub-national units where PEPFAR sub-partners declined to agree to the terms of the PLGHA policy.

[12] USAID identified two HIV/AIDS sub-awards under which recipients declined to agree to the Policy during the drafting of this report. USAID is tracking the transition of those activities to replacement recipients but does not currently have complete data available on these two sub-awards.

**Figure 1: Number of Individuals who Receive HIV Testing Services (HTS) and Received their Test Results (Mozambique)** *Top lines: Total tests, Bottom lines: Tests with positive results*

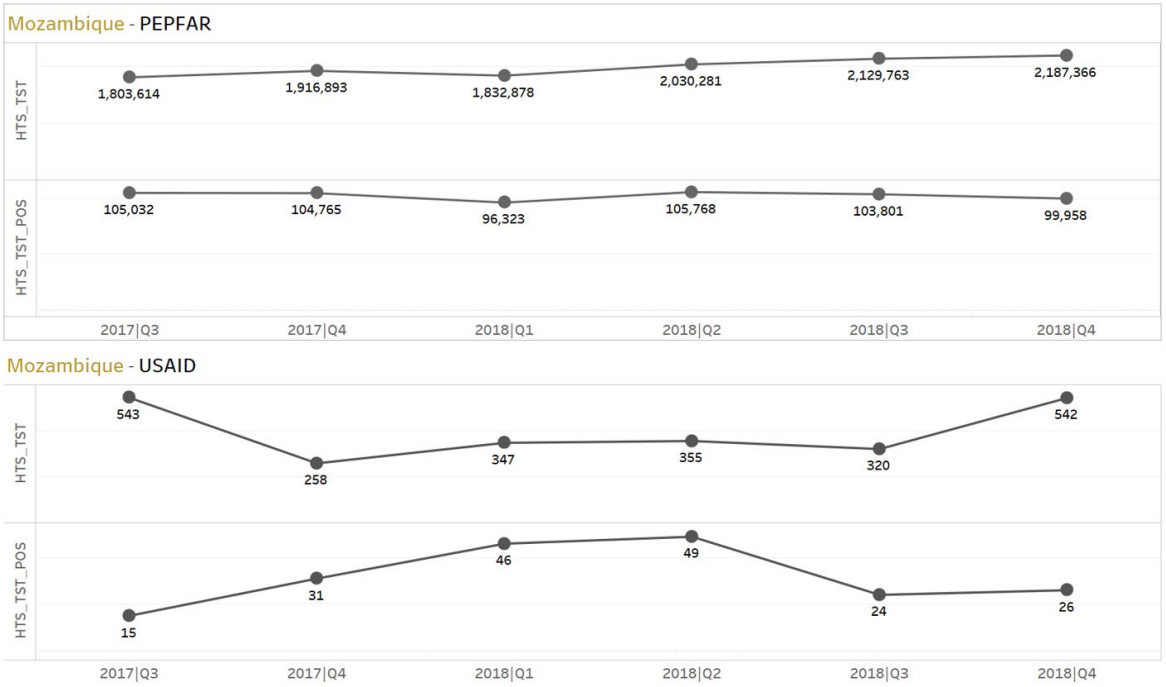



**Figure 2: Number of Key Populations Reached with Individual and/or Small Group-Level HIV Prevention Interventions Designed for the Target Population (Mozambique)**

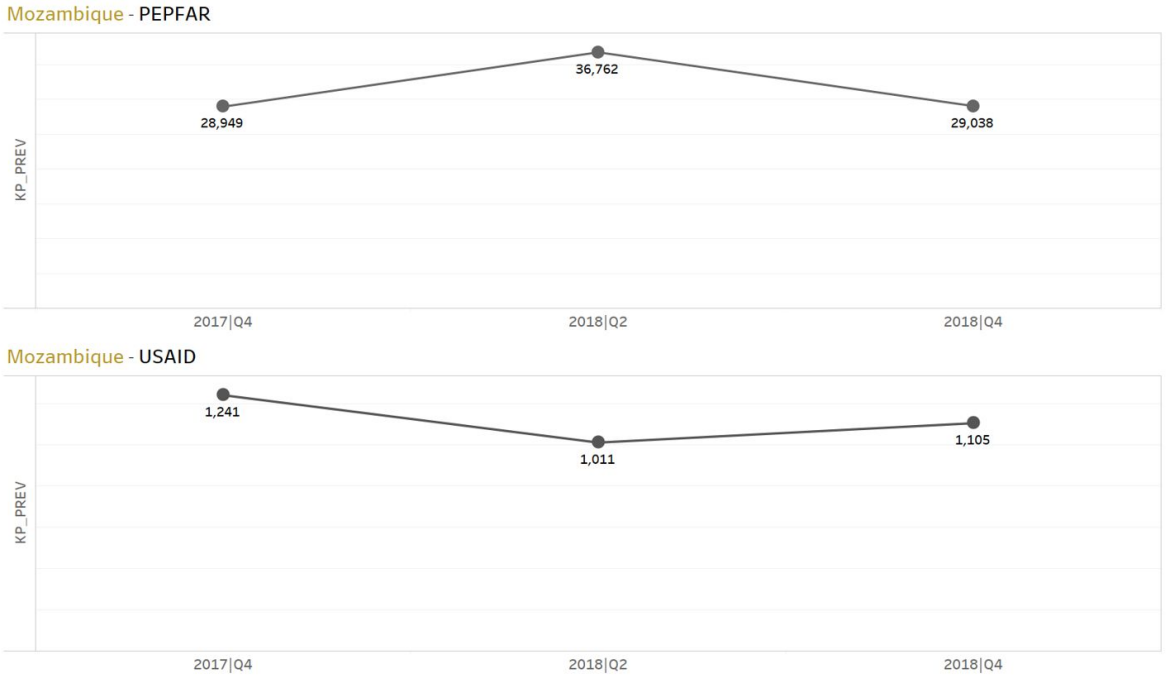


**Figure 3: Number of Individuals who Receive HIV Testing Services (HTS) and Received their Test Results (Malawi)** *Top lines: Total tests, Bottom lines: Tests with positive results*

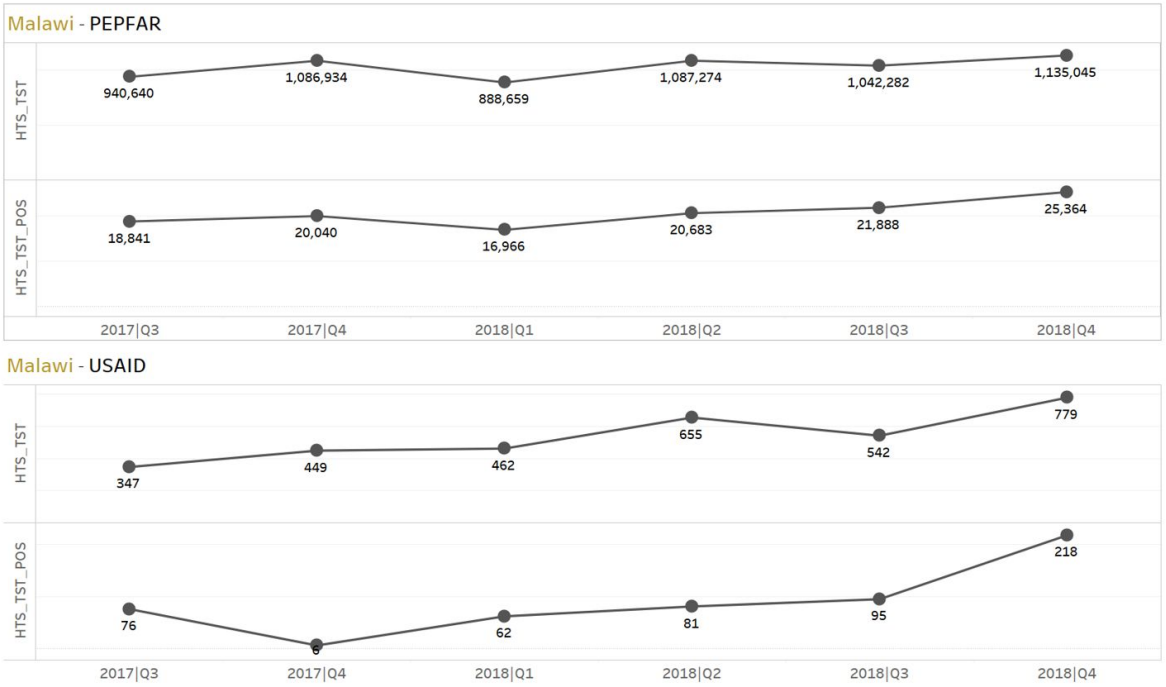



**Figure 4: Number of Key Populations Reached with Individual and/or Small Group-Level HIV Prevention Interventions Designed for the Target Population (Malawi)**