



United States Department of State

Washington, D.C. 20520

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February 15, 2023

ACTION MEMO FOR CHARGE d’AFFAIRES TRACEY ANN JACOBSON, ETHIOPIA

FROM: S/GAC – U.S. Global AIDS Coordinator,  
Ambassador Dr. John Nkengasong

THROUGH: S/GAC - Shawn Wesner, Chair  
S/GAC - Janet Choongo, PEPFAR Program Manager

SUBJECT: Fiscal Years (FY) 2024 and 2025 PEPFAR Planned Allocation

Dear Chargé Jacobson,

To end HIV/AIDS as a global public health threat by 2030, it is critical that PEPFAR supported HIV-response investments and activities are aligned with the unique situation of the partner countries we are supporting. This will also require that together, we chart a successful course for operationalizing the PEPFAR Five-year Strategy that will help our partner countries achieve or exceed the 95/95/95 HIV treatment target by 2025, as well as provide a strong public health infrastructure that can be leveraged to tackle current and emerging disease threats.

In response to stakeholder input and to make the COP/ROP process more fit-for-purpose, there are many improvements to this year’s process: a) transitioning from an annual planning process to 2-year operational planning to facilitate longer-term thinking. The shift to a 2-year cycle will begin in fiscal year 2024 (FY24) for COP and in fiscal year 2025 (FY25) for ROP; b) a redesigned COP/ROP Guidance Document that is a shorter, more strategic, and more useful resource to support country teams as they work with stakeholders to develop country and/or regional operating plans; c) Technical Considerations, formerly a section within the Guidance, has been moved to an annex document and have only been revised from COP/ROP22 Guidance where necessary; and d) Minimum Program Requirements have been reframed as Core Standards to better reflect PEPFAR’s role as a respectful partner helping to enable the goals of national HIV efforts.

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The function and purpose of the COP/ROP process remains unchanged. We need to maintain an inclusive process, use data for decision making, maximize partnership and interagency collaboration, and pursue program and policy priorities efficiently for maximum impact. All COP/ROP changes are intended to preserve accountability, impact, and transparency, and to redesign or eliminate things no longer fit-for-purpose.

There is a lot of anticipation leading up to this year's COP and I have full confidence in our highly skilled team and in our ability to guide the process as our partner countries play a leadership role; with communities, civil society, faith-based organizations, and other partners continuing to assume a more active role as well. Convening with our partners to plan country operations is our most important collaborative act. You set the tone in this critical planning process, and I am calling on each of you to ensure that the PEPFAR family adheres to the new PEPFAR Code of Conduct. Our shared goal to end the HIV/AIDS epidemic in our respective PEPFAR partner countries should be the overarching motivation. As we proceed with the COP process, we should strive to uphold PEPFAR Guiding Principles: respect/humility, equity, accountability/transparency, impact, and sustained engagement.

We ask that teams carefully consider which discussants from the country are invited to join the co-planning meeting, ensuring that both the technical needs (health, finance) and political needs (foreign affairs, private sector) are well represented. Stakeholder engagement is essential for a productive and impactful planning process, and civil society engagement will continue to be an integral part of this planning process.

Consistent with the approach from years past, PEPFAR teams will be responsible for setting their own targets across PEPFAR program areas in consultation with stakeholders. PEPFAR targets are not PEPFAR's but flow directly from Ethiopia's commitment to the U.N. Sustainable Development Goal (SDG) 3 target of ending the global AIDS epidemic as a public health threat by 2030 while also advancing interdependent SDGs.

Ethiopia's progress towards 95/95/95 has continued to advance. At the co-planning meeting, we look forward to hearing your plans to reach and maintain 95/95/95 by 2025, and address adaptive case finding, particularly for young people, which is essential to achieving these goals. Given progress towards 95/95/95, some of the

program budget controls have been relaxed, while cervical cancer and PrEP controls have been maintained. For PrEP, there is not a formal control in the system or in the tables below, but Ethiopia is expected to program at least the amount that was programmed for COP22. Similarly, the tables below do not set a formal control for Community Led Monitoring (CLM), but OUs must continue to program appropriately for CLM. System gaps that inhibit achieving impact should be identified and addressed with a view to the systems improvements needed to sustain impact in the future.

Although many program budget controls have been lifted, we expect that population coverage, outcomes and impact will continue to increase by further finding program and budget efficiencies and integrating programs in partner country services and systems.

In COP23, please continue to assess and respond to gaps among pediatric populations, key populations and adolescent girls and young women. Coverage and impact from relevant prevention services i.e., VMMC, and PrEP must be maintained and scaled as needed.

The PEPFAR COP/ROP23 two-year notional budget for Ethiopia is **\$222,900,000**, **Year 1 is \$111,850,000 and Year 2 is \$111,050,000**, inclusive of all new funding accounts and applied and includes the following surveys: 1) KP Survey (CDC) - \$800,000 in Year 1. The \$5,000,000 listed for State/SGAC should be programmed to agencies during the COP for recovery activities. The Year 2 notional amount is subject to change pending FY 2024 appropriations.

**Table 1: Total OU Funding**

Op Div	Bilateral GHP-State	Central GHP-State	Bilateral GHP-USAID	Central GHP-USAID	GAP	Total New	Applied Pipeline	Year 1 TOTAL	Year 2 NOTIONAL
HHS/CDC	\$47,020,414	\$0			\$2,787,500	\$49,807,914	\$12,770,712	\$62,578,626	\$61,778,626
HHS/HRSA	\$137,282	\$0				\$137,282	\$67,744	\$205,026	\$205,026
USAID	\$22,817,449	\$0	\$0	\$0		\$22,817,449	\$5,424,142	\$28,241,591	\$28,241,591
USAID/WCF	\$7,523,676	\$0		\$400,000		\$7,923,676	\$4,819,658	\$12,743,334	\$12,743,334
State	\$118,901	\$0				\$118,901	\$0	\$118,901	\$118,901
State/AF	\$2,962,522	\$0				\$2,962,522	\$0	\$2,962,522	\$2,962,522
State/SGAC	\$5,000,000	\$0				\$5,000,000	\$0	\$5,000,000	\$5,000,000
<b>TOTAL FUNDING</b>	<b>\$85,580,244</b>	<b>\$0</b>	<b>\$0</b>	<b>\$400,000</b>	<b>\$2,787,500</b>	<b>\$88,767,744</b>	<b>\$23,082,256</b>	<b>\$111,850,000</b>	<b>\$111,050,000</b>

**Table 2: Congressional Directive Controls**

	Appropriation Year	
	FY23	TOTAL
C&T	\$57,500,000	\$57,500,000
OVC	\$12,000,000	\$12,000,000
GBV	\$1,000,000	\$1,000,000
Water	\$300,000	\$300,000

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

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

**Table 3: Programmatic/Initiative Controls**

	Bilateral	Central	TOTAL
<b>Total Funding</b>	<b>\$111,450,000</b>	<b>\$400,000</b>	<b>\$111,850,000</b>
Core Program	\$106,522,557	\$0	\$106,522,557
Cervical Cancer	\$4,127,443	\$0	\$4,127,443
Community-Led Monitoring	\$0	\$0	\$0
Condoms (GHP-USAID Central Funding)	\$0	\$400,000	\$400,000
KP Survey	\$800,000	\$0	\$800,000

As in previous years, OUs may request limited changes to these controls working with their Chair/PPM and Management and Budget, who will work with S/GAC leadership. Details of the control change request parameters and process will be distributed prior to the co-planning meetings.

Please note that within the next few days our S/GAC Chairs and PEPFAR Program Managers (PPMs), working closely with our headquarters support teams, will review this planning letter and details contained herein, with your wider PEPFAR country team.

Once again, thank you for your continued leadership and engagement during the COP/ROP23 process.

Sincerely,

John Nkengasong

CC: S/GAC - Mamadi Yilla, Acting Principal Deputy Coordinator  
S/GAC - Irum Zaidi, Deputy Coordinator

S/GAC - Shawn Wesner, Chair

S/GAC - Janet Choongo, PEPFAR Program Manager

S/GAC - Aimee Rurangwa, PEPFAR Coordinator