



United States Department of State

Washington, D.C. 20520

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February 15, 2023

ACTION MEMO FOR AMBASSADOR BERRY, NAMIBIA

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

THROUGH: S/GAC - Tara Reichenbach, Chair
S/GAC - Elizabeth Baldwin, PEPFAR Program Manager

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

Dear Ambassador Berry,

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 Namibia'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.

In alignment with efforts by the U.S. government to support diversity, equity, inclusion, and accessibility as well as to advance equity for underserved communities and prevent and combat discrimination or exploitation based on race, religion, age, gender identity, or sexual orientation, PEPFAR will work to ensure that

these principles are upheld, promoted, and advanced in all PEPFAR programs and in how we conduct business.

We look forward to seeing you in Johannesburg at the co-planning meetings to jointly understand and address the barriers to reach 95/95/95 by 2025 through a lens of PEPFAR's 5x3 strategic direction, aligned with your country's national program. Adaptive case finding is essential to find and treat the remaining populations and achieve these goals. Please array your budget considering the program budget controls for DREAMS, OVC non-DREAMS, and PrEP. For PrEP and AP3, there are not formal controls in the system or in the tables below, but your OU 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. Systems must be reviewed to understand and address gaps that inhibit program goals.

Namibia's progress towards 95/95/95 is remarkable. 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. Based on your program success, we are providing budget flexibility to further evolve the program while maintaining impact and integrating into partner country services and systems. Most program budget controls have been lifted, except cervical cancer, to provide that flexibility to program PEPFAR's shared vision with stakeholders in support of the national program for this new phase of the epidemic to sustain HIV impact.

We expect continued increases in population coverage, outcomes, and impact by further finding program and budget efficiencies, and integrating programs in host country services and systems. System gaps that inhibit achieving impact should be identified and addressed with a view to the systems improvements needed to sustain impact today and in the future. In COP23, please continue to assess and respond to gaps among pediatric populations, key populations and adolescent girls and young women. DREAMS programming is a critical program for AGYW, and program standards should align with COP guidance. Coverage and impact from prevention services i.e., VMMC, and PrEP must be maintained and scaled as needed. Community Led Monitoring (CLM) remains a priority for PEPFAR and all OUs must continue to program appropriately for CLM.

The PEPFAR COP23 two-year notional budget for Namibia is **\$167,891,125**, **Year 1 is \$86,440,500** and **Year 2 is \$81,450,625** inclusive of all new funding accounts and applied pipeline and includes the following surveys: 1) KP Survey (USAID) - \$700,000 in Year 1. The \$455,911 listed for State/SGAC should be programmed to agencies based on program need during the COP. 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	\$43,328,439	\$0			\$1,487,500	\$44,815,939	\$2,874,920	\$47,690,859	\$45,147,684
PC	\$198,392	\$0				\$198,392	\$1,017,608	\$1,216,000	\$1,216,000
USAID	\$32,524,006	\$403,000	\$0	\$0		\$32,927,006	\$18,805	\$32,945,811	\$30,522,221
USAID/WCF	\$2,141,368	\$0		\$400,000		\$2,541,368	\$998,632	\$3,540,000	\$3,540,000
State	\$162,628	\$0				\$162,628	\$0	\$162,628	\$162,628
State/AF	\$44,364	\$0				\$44,364	\$384,927	\$429,291	\$429,291
State/SGAC	\$455,911	\$0				\$455,911	\$0	\$455,911	\$432,801
TOTAL FUNDING	\$78,855,108	\$403,000	\$0	\$400,000	\$1,487,500	\$81,145,608	\$5,294,892	\$86,440,500	\$81,450,625

Table 2: Congressional Directive Controls

	Appropriation Year	
	FY23	TOTAL
C&T	\$35,000,000	\$35,000,000
OVC	\$19,000,000	\$19,000,000
GBV	\$1,100,000	\$1,100,000
Water	\$50,000	\$50,000

**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
Total Funding	\$85,637,500	\$803,000	\$86,440,500
Core Program	\$83,987,500	\$0	\$83,987,500
Cervical Cancer	\$950,000	\$0	\$950,000
Community-Led Monitoring	\$0	\$0	\$0
Condoms (GHP-USAID Central Funding)	\$0	\$400,000	\$400,000
KP Survey	\$700,000	\$0	\$700,000
USAID Southern Africa Regional Platform	\$0	\$403,000	\$403,000

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 COP23 process.

Sincerely,

John Nkengasong

CC: S/GAC - Tara Reichenbach, Chair
S/GAC - Elizabeth Baldwin, PEPFAR Program Manager
S/GAC - Cheryl Amoroso, PEPFAR Coordinator
S/GAC - Irum Zaidi, Deputy Coordinator
S/GAC - Mamadi Yilla, Acting Principal Deputy Assistant Secretary