## **United States Department of State**



Washington, D.C. 20520

<u>UNCLASSIFIED</u> February 15, 2023

ACTION MEMO FOR AMBASSADOR BRINK, UKRAINE

FROM: S/GAC – U.S. Global AIDS Coordinator,

Ambassador Dr. John Nkengasong

THROUGH: S/GAC - Brendan Garvin, Chair

S/GAC - Ayibatari Burutolu, PEPFAR Program Manager

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

Dear Ambassador Brink,

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-forpurpose, 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.

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 Ukraine'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.

February 2023 marks one year of since Russia's full-scale invasion of Ukraine and we are mindful of the continuing impacts of the war on the Ukrainian population. Civilian casualties continue to rise, while critical infrastructure, including HIV treatment facilities, have been severely damaged and, in some cases, destroyed. The war has increased the cost of programming and operations due to labor market shifts and stressed supply chains. Widespread airstrikes targeting power, heat, and fuel storage, have led to frequent, widespread emergency and scheduled power outages. Significant numbers of patients have been forced to flee their homes to other areas of Ukraine, and neighboring countries. This has threatened HIV programming and created new priorities and geographic shifts. Despite seemingly insurmountable difficulties, the PEPFAR Ukraine team and its partners inside and outside of government have demonstrated extraordinary resilience in continuing to provide services for people living with HIV. The lengths to which implementers have gone to provide prevention, testing, and treatment services are truly an inspiration for what can be accomplished when the focus remains on providing services in the way people need them, even in the darkest of times.

We greatly appreciate Ukraine's strong track record of planning for and funding anti-retroviral treatment from its own resources. We also recognize that the current situation is unique and has created significant funding shortfalls for the Ukrainian budget. PEPFAR stands with Ukraine in this trying time. Accordingly, this planning letter includes additional funding for anti-retroviral treatment to ensure continuity in the provision of multi-month dispensing, which has been so critical to allowing people to remain on treatment through the disruptions of war. It also includes contingency funding to address any shortfalls that may arise outside of the normal planning cycle.

We look forward to seeing your team in Johannesburg and Warsaw at the coplanning 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. Systems must be reviewed to understand and address systems gaps that inhibit program goals.

The PEPFAR COP/ROP23 notional budget for Ukraine is \$118,500,000 (\$59,500,00 in Year 1 and \$59,000,000 in Year 2) inclusive of all new funding accounts and applied pipeline and includes the following surveys: 1) KP Survey (CDC) - \$500,000 in Year 1. 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-Sta	e Bilateral GHP-USAI	Central GHP-USAID	GAP	Tot	tal New	Applied Pipeline	Year 1 TOTAL	Year 2 NOTIONAL
DOD	\$ 465,298	3 \$ -				\$	465,298	\$ 34,702	\$ 500,000	\$ 500,000
HHS/CDC	\$ 18,486,804	4 \$ -			\$ 484,584	\$ 1	18,971,388	\$ 2,906,681	\$ 21,878,069	\$ 21,378,069
HHS/HRSA	\$ 1,825,000	) \$ -				\$	1,825,000	\$ 275,000	\$ 2,100,000	\$ 2,100,000
PC	\$ 134,112	2 \$ -				\$	134,112	\$ 367,224	\$ 501,336	\$ 501,336
USAID	\$ 14,511,417	7 \$ -	\$ -	\$ -		\$ 1	14,511,417	\$ 1,616,379	\$ 16,127,796	\$ 16,127,796
USAID/WCF	\$ 13,206,945	5 \$ -		\$ -		\$ 1	13,206,945	\$ -	\$ 13,206,945	\$ 13,206,945
State	\$ 260,100	) \$ -				\$	260,100	\$ -	\$ 260,100	\$ 260,100
State/AF	\$ -	\$ -				\$	-	\$ -	\$ -	\$ -
State/EAP	\$ -	\$ -				\$	-	\$ -	\$ -	\$ -
State/EUR	\$ 353,540	) \$ -				\$	353,540	\$ -	\$ 353,540	\$ 353,540
State/PRM	\$ -	\$ -				\$	-	\$ -	\$ -	\$ -
State/SCA	\$ -	\$ -				\$	-	\$ -	\$ -	\$ -
State/SGAC	\$ 4,572,214	1 \$ -				\$	4,572,214	\$ -	\$ 4,572,214	\$ 4,572,214
State/WHA	\$ -	\$ -				\$	-	\$ -	\$ -	\$ -
TOTAL FUNDING	\$ 53,815,430	) \$ -	\$ -	\$ -	\$ 484,584	\$ 5	54,300,014	\$ 5,199,986	\$ 59,500,000	\$ 59,000,000

**Table 2: Congressional Directive Controls** 

	Appropriation Year				
		FY23		TOTAL	
C&T	\$	24,000,000	\$	24,000,000	
OVC	\$	-	\$	-	
GBV	\$	-	\$	-	
Water	\$	-	\$	-	

<sup>\*</sup>Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks.

**Table 3: Programmatic/Initiative Controls** 

		Bilateral	Central	TOTAL		
Total Funding	\$	59,500,000	\$ -	\$	59,500,000	
Core Program	\$	59,000,000	\$ -	\$	59,000,000	
Community-Led Monitoring	\$	-	\$ -	\$	-	
KP Survey	\$	500,000	\$ -	\$	500,000	

<sup>\*\*</sup>Only GHP-State will count towards the GBV and Water earmarks

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 - Brendan Garvin, Chair

S/GAC - Ayibatari Burutolu, PEPFAR Program Manager

S/GAC - Aaron Banks, PEPFAR Coordinator