



United States Department of State

Washington, D.C. 20520

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February 15, 2023

ACTION MEMO FOR AMBASSADOR VIRGINIA PALMER, GHANA (FOR WEST AFRICA REGION)

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

THROUGH: S/GAC - Diana Huestis, Co-Chair  
S/GAC - Elizabeth Sharp, Co-Chair  
S/GAC - Evans Yamoah, PEPFAR Program Manager

SUBJECT: Fiscal Year (FY) 2024 PEPFAR Planned Allocation

Dear Ambassador Palmer,

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

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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.

Country-specific context:

The conflicts in the northern regions of Mali and Burkina Faso and the related coup d'états in 2020-2022 in both countries have caused disruptions to health services, damage to health facilities, and internal displacement of millions of people. Since 2020, PEPFAR has responded to the evolving security situation by implementing unique differentiated service delivery models to meet the needs of internally displaced persons living with HIV, adjusting its geographic footprint as necessary,

and strengthening the treatment and prevention of HIV in Mali and Burkina Faso under these difficult circumstances.

Ghana has been experiencing hyperinflation (20-54%) and currency devaluation (55%) throughout 2022 and into 2023. These factors have led to concerns on key health commodity availability, potentially impacting the future HIV response. PEPFAR will work closely with the Government of Ghana, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other partners to ensure continuity of treatment, strengthen supply chains, and improve viral load coverage for people living with HIV in Ghana.

Approach:

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 the West Africa Region'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.

The PEPFAR ROP23 notional budget for The West Africa Region is **\$76,049,000** inclusive of all new funding accounts and applied pipeline. For PrEP, there are not formal controls in the system or in the tables below, but OUs are expected to program at least the amount that was programmed for ROP22. Similarly, the tables below do not set a formal control for Community Led Monitoring (CLM), but OUs must continue to program appropriately for CLM.

**Table 1: Total OU Funding**

Country	Op Div	Bilateral GHP- State	Central GHP- State	Bilateral GHP- USAID	Central GHP- USAID	GAP	Total New	Applied Pipeline	ROP23 TOTAL
Benin	USAID	\$ 4,391,350	\$ -	\$ -	\$ -		\$ 4,391,350	\$ -	\$ 4,391,350
	USAID/WCF	\$ 1,608,650	\$ -		\$ 100,000		\$ 1,708,650	\$ -	\$ 1,708,650
	<b>TOTAL FUNDING</b>	<b>\$ 6,000,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 100,000</b>	<b>\$ -</b>	<b>\$ 6,100,000</b>	<b>\$ -</b>	<b>\$ 6,100,000</b>
Burkina Faso	HHS/CDC	\$ 1,089,179	\$ -			\$ -	\$ 1,089,179	\$ 210,821	\$ 1,300,000
	USAID	\$ 4,195,641	\$ -	\$ -	\$ -		\$ 4,195,641	\$ 1,414,359	\$ 5,610,000
	USAID/WCF	\$ 2,890,000	\$ -		\$ 150,000		\$ 3,040,000	\$ -	\$ 3,040,000
	<b>TOTAL FUNDING</b>	<b>\$ 8,174,820</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 150,000</b>	<b>\$ -</b>	<b>\$ 8,324,820</b>	<b>\$ 1,625,180</b>	<b>\$ 9,950,000</b>
Ghana	DOD	\$ 900,000	\$ -				\$ 900,000	\$ -	\$ 900,000
	HHS/CDC	\$ 1,646,949	\$ -			\$ 453,051	\$ 2,100,000	\$ -	\$ 2,100,000
	USAID	\$ 7,883,960	\$ -	\$ -	\$ -		\$ 7,883,960	\$ -	\$ 7,883,960
	USAID/WCF	\$ 1,325,276	\$ -		\$ 410,000		\$ 1,735,276	\$ 125,764	\$ 1,861,040
	State/AF	\$ -	\$ -				\$ -	\$ 115,000	\$ 115,000
	<b>TOTAL FUNDING</b>	<b>\$ 11,756,185</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 410,000</b>	<b>\$ 453,051</b>	<b>\$ 12,619,236</b>	<b>\$ 240,764</b>	<b>\$ 12,860,000</b>
Liberia	DOD	\$ 510,000	\$ -				\$ 510,000	\$ -	\$ 510,000
	HHS/HRSA	\$ 1,015,828	\$ -				\$ 1,015,828	\$ 634,172	\$ 1,650,000
	USAID	\$ 6,542,000	\$ -	\$ -	\$ -		\$ 6,542,000	\$ -	\$ 6,542,000
	USAID/WCF	\$ 448,000	\$ -		\$ 100,000		\$ 548,000	\$ -	\$ 548,000
<b>TOTAL FUNDING</b>	<b>\$ 8,515,828</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 100,000</b>	<b>\$ -</b>	<b>\$ 8,615,828</b>	<b>\$ 634,172</b>	<b>\$ 9,250,000</b>	
Mali	USAID	\$ 8,201,658	\$ -	\$ -	\$ -		\$ 8,201,658	\$ -	\$ 8,201,658
	USAID/WCF	\$ 1,098,342	\$ -		\$ 60,000		\$ 1,158,342	\$ -	\$ 1,158,342
	<b>TOTAL FUNDING</b>	<b>\$ 9,300,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 60,000</b>	<b>\$ -</b>	<b>\$ 9,360,000</b>	<b>\$ -</b>	<b>\$ 9,360,000</b>
Senegal	DOD	\$ 499,167	\$ -				\$ 499,167	\$ 15,833	\$ 515,000
	HHS/CDC	\$ 500,000	\$ -			\$ -	\$ 500,000	\$ -	\$ 500,000
	USAID	\$ 6,034,000	\$ -	\$ -	\$ -		\$ 6,034,000	\$ -	\$ 6,034,000
	USAID/WCF	\$ -	\$ -		\$ 100,000		\$ 100,000	\$ -	\$ 100,000
<b>TOTAL FUNDING</b>	<b>\$ 7,033,167</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 100,000</b>	<b>\$ -</b>	<b>\$ 7,133,167</b>	<b>\$ 15,833</b>	<b>\$ 7,149,000</b>	
Sierra Leone	HHS/CDC	\$ 650,000	\$ -			\$ -	\$ 650,000	\$ -	\$ 650,000
	HHS/HRSA	\$ 4,868,886	\$ -				\$ 4,868,886	\$ 1,481,114	\$ 6,350,000
	USAID/WCF	\$ -	\$ -		\$ 100,000		\$ 100,000	\$ -	\$ 100,000
	State/SGAC	\$ 750,000	\$ -				\$ 750,000	\$ -	\$ 750,000
<b>TOTAL FUNDING</b>	<b>\$ 6,268,886</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 100,000</b>	<b>\$ -</b>	<b>\$ 6,368,886</b>	<b>\$ 1,481,114</b>	<b>\$ 7,850,000</b>	
Togo	USAID	\$ 6,778,920	\$ -	\$ -	\$ -		\$ 6,778,920	\$ -	\$ 6,778,920
	USAID/WCF	\$ 4,021,080	\$ -		\$ 180,000		\$ 4,201,080	\$ -	\$ 4,201,080
	<b>TOTAL FUNDING</b>	<b>\$ 10,800,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 180,000</b>	<b>\$ -</b>	<b>\$ 10,980,000</b>	<b>\$ -</b>	<b>\$ 10,980,000</b>
West Africa Regional	HHS/CDC	\$ 52,248	\$ -			\$ 50,000	\$ 102,248	\$ 637,752	\$ 740,000
	USAID	\$ 1,710,000	\$ -	\$ -	\$ -		\$ 1,710,000	\$ -	\$ 1,710,000
	USAID/WCF	\$ 53,333	\$ -		\$ -		\$ 53,333	\$ 46,667	\$ 100,000
	<b>TOTAL FUNDING</b>	<b>\$ 1,815,581</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 50,000</b>	<b>\$ 1,865,581</b>	<b>\$ 684,419</b>	<b>\$ 2,550,000</b>
<b>West Africa Region TOTAL</b>	<b>\$ 69,664,467</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,200,000</b>	<b>\$ 503,051</b>	<b>\$ 71,367,518</b>	<b>\$ 4,681,482</b>	<b>\$ 76,049,000</b>	

**Table 2: Congressional Directive Controls**

Country	Earmark	Appropriation Year	
		FY23	TOTAL
Benin	C&T	\$ 4,300,000	\$ 4,300,000
Burkina Faso	C&T	\$ 5,000,000	\$ 5,000,000
Ghana	C&T	\$ 6,000,000	\$ 6,000,000
Liberia	C&T	\$ 2,700,000	\$ 2,700,000
Mali	C&T	\$ 3,600,000	\$ 3,600,000
Senegal	C&T	\$ 3,000,000	\$ 3,000,000
Sierra Leone	C&T	\$ 3,600,000	\$ 3,600,000
Togo	C&T	\$ 7,800,000	\$ 7,800,000
<b>TOTAL</b>	<b>C&amp;T</b>	<b>\$ 36,000,000</b>	<b>\$ 36,000,000</b>

**Table 3: Programmatic/Initiative Controls**

Country	Funding	Bilateral	Central	TOTAL
<b>Benin</b>	<b>Total Funding</b>	\$ 6,000,000	\$ 100,000	\$ 6,100,000
	Core Program	\$ 6,000,000	\$ -	\$ 6,000,000
	Condoms (GHP-USAID Central Funding)	\$ -	\$ 100,000	\$ 100,000
<b>Burkina Faso</b>	<b>Total Funding</b>	\$ 9,800,000	\$ 150,000	\$ 9,950,000
	Core Program	\$ 9,800,000	\$ -	\$ 9,800,000
	Condoms (GHP-USAID Central Funding)	\$ -	\$ 150,000	\$ 150,000
<b>Ghana</b>	<b>Total Funding</b>	\$ 12,450,000	\$ 410,000	\$ 12,860,000
	Core Program	\$ 12,450,000	\$ -	\$ 12,450,000
	Condoms (GHP-USAID Central Funding)	\$ -	\$ 410,000	\$ 410,000
<b>Liberia</b>	<b>Total Funding</b>	\$ 9,150,000	\$ 100,000	\$ 9,250,000
	Core Program	\$ 9,150,000	\$ -	\$ 9,150,000
	Condoms (GHP-USAID Central Funding)	\$ -	\$ 100,000	\$ 100,000
<b>Mali</b>	<b>Total Funding</b>	\$ 9,300,000	\$ 60,000	\$ 9,360,000
	Core Program	\$ 9,300,000	\$ -	\$ 9,300,000
	Condoms (GHP-USAID Central Funding)	\$ -	\$ 60,000	\$ 60,000
<b>Senegal</b>	<b>Total Funding</b>	\$ 7,049,000	\$ 100,000	\$ 7,149,000
	Core Program	\$ 7,049,000	\$ -	\$ 7,049,000
	Condoms (GHP-USAID Central Funding)	\$ -	\$ 100,000	\$ 100,000
<b>Sierra Leone</b>	<b>Total Funding</b>	\$ 7,750,000	\$ 100,000	\$ 7,850,000
	Core Program	\$ 7,750,000	\$ -	\$ 7,750,000
	Condoms (GHP-USAID Central Funding)	\$ -	\$ 100,000	\$ 100,000
<b>Togo</b>	<b>Total Funding</b>	\$ 10,800,000	\$ 180,000	\$ 10,980,000
	Core Program	\$ 10,800,000	\$ -	\$ 10,800,000
	Condoms (GHP-USAID Central Funding)	\$ -	\$ 180,000	\$ 180,000
<b>West Africa</b>	<b>Total Funding</b>	\$ 152,248,000	\$ 2,400,000	\$ 154,648,000
<b>Regional</b>	Core Program	\$ 2,550,000	\$ -	\$ 2,550,000
<b>West Africa Region Total</b>	<b>Total Funding</b>	\$ 74,849,000	\$ 1,200,000	\$ 76,049,000
	Core Program	\$ 74,849,000	\$ -	\$ 74,849,000
	Condoms (GHP-USAID Central Funding)	\$ -	\$ 1,200,000	\$ 1,200,000

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 - Diana Huestis, Co-Chair  
S/GAC - Elizabeth Sharp, Co-Chair  
S/GAC - Evans Yamoah, PEPFAR Program Manager  
CDC - Raimi Ewetola, Acting Co-PEPFAR Coordinator  
USAID - Hugues Guidigbi, Acting Co-PEPFAR Coordinator