



United States Department of State

Washington, D.C. 20520

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February 15, 2023

ACTION MEMO FOR

AMBASSADOR ELIZABETH BAGLEY, BRAZIL
CHARGÉ d’AFFAIRES FRANCISCO PALMIERI, COLOMBIA
AMBASSADOR WILLIAM H. DUNCAN, EL SALVADOR
AMBASSADOR WILLIAM POPP, GUATEMALA
AMBASSADOR LAURA FARNSWORTH DOGU, HONDURAS
AMBASSADOR N. NICK PERRY, JAMAICA
AMBASSADOR KEVIN K. SULLIVAN, NICARAGUA
AMBASSADOR MARI CARMEN APONTE, PANAMA
AMBASSADOR LISA KENNA, PERU
AMBASSADOR CANDANCE A. BOND, TRINIDAD AND TOBAGO

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

THROUGH: S/GAC - Jacqueline O’Friel, Co-Chair
S/GAC - Laura Tison, Co-Chair
S/GAC - Erin Riley, PEPFAR Program Manager

SUBJECT: Fiscal Year (FY) 2024 PEPFAR Planned Allocation

Dear Ambassadors and Chargé d’Affaires:

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

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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 two-year operational planning to facilitate longer-term thinking. The shift to a two-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.

There is a lot of anticipation leading up to this year's ROP 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 ROP 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 the Western Hemisphere'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 Western Hemisphere Regional Program is \$ 81,206,000 inclusive of all new funding accounts and applied pipeline and also includes \$300,000 for a USAID Key Population (KP) Survey in Panama. 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 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.

Table 1: Total OU Funding

	Bilateral GHP-State	Central GHP-State	Bilateral GHP-USAID	Central GHP-USAID	GAP	Total New	Applied Pipeline	Year 1 TOTAL
TOTAL WESTERN HEMISPHERE REGIONAL PROGRAM	\$ 74,314,747	\$ -	\$ -	\$ -	\$ 3,216,250	\$ 77,530,997	\$ 3,675,003	\$ 81,206,000
Western Hemisphere Region								
USAID	\$ 193,880	\$ -	\$ -	\$ -		\$ 193,880	\$ -	\$ 193,880
State/SGAC	\$ 351,444	\$ -				\$ 351,444	\$ -	\$ 351,444
TOTAL	\$ 545,324	\$ -	\$ -	\$ -	\$ -	\$ 545,324	\$ -	\$ 545,324
Brazil								
HHS/CDC	\$ 2,397,705	\$ -			\$ -	\$ 2,397,705	\$ 1,102,295	\$ 3,500,000
TOTAL	\$ 2,397,705	\$ -	\$ -	\$ -	\$ -	\$ 2,397,705	\$ 1,102,295	\$ 3,500,000
Colombia								
HHS/CDC	\$ 2,470,670	\$ -			\$ -	\$ 2,470,670	\$ -	\$ 2,470,670
USAID	\$ 500,000	\$ -	\$ -	\$ -		\$ 500,000	\$ -	\$ 500,000
TOTAL	\$ 2,970,670	\$ -	\$ -	\$ -	\$ -	\$ 2,970,670	\$ -	\$ 2,970,670
El Salvador								
DOD	\$ 134,600	\$ -				\$ 134,600	\$ -	\$ 134,600
HHS/CDC	\$ 4,035,117	\$ -			\$ -	\$ 4,035,117	\$ -	\$ 4,035,117
USAID	\$ 6,406,046	\$ -	\$ -	\$ -		\$ 6,406,046	\$ -	\$ 6,406,046
TOTAL	\$ 10,575,763	\$ -	\$ -	\$ -	\$ -	\$ 10,575,763	\$ -	\$ 10,575,763
Guatemala								
DOD	\$ 307,321	\$ -				\$ 307,321	\$ -	\$ 307,321
HHS/CDC	\$ 5,506,513	\$ -			\$ 1,622,500	\$ 7,129,013	\$ 377,584	\$ 7,506,597
USAID	\$ 9,118,435	\$ -	\$ -	\$ -		\$ 9,118,435	\$ -	\$ 9,118,435
State	\$ 92,571	\$ -				\$ 92,571	\$ -	\$ 92,571
State/WHA	\$ 125,313	\$ -				\$ 125,313	\$ 314,168	\$ 439,481
TOTAL	\$ 15,150,153	\$ -	\$ -	\$ -	\$ 1,622,500	\$ 16,772,653	\$ 691,752	\$ 17,464,405
Honduras								
DOD	\$ 101,700	\$ -				\$ 101,700	\$ -	\$ 101,700
HHS/CDC	\$ 3,555,452	\$ -			\$ -	\$ 3,555,452	\$ -	\$ 3,555,452
USAID	\$ 5,027,060	\$ -	\$ -	\$ -		\$ 5,027,060	\$ -	\$ 5,027,060
TOTAL	\$ 8,684,212	\$ -	\$ -	\$ -	\$ -	\$ 8,684,212	\$ -	\$ 8,684,212
Jamaica								
HHS/CDC	\$ 6,886,890	\$ -			\$ 1,593,750	\$ 8,480,640	\$ -	\$ 8,480,640
HHS/HRSA	\$ 2,093,480	\$ -				\$ 2,093,480	\$ 851,129	\$ 2,944,609
USAID	\$ 3,566,707	\$ -	\$ -	\$ -		\$ 3,566,707	\$ -	\$ 3,566,707
State	\$ 377,190	\$ -				\$ 377,190	\$ -	\$ 377,190
State/WHA	\$ -	\$ -				\$ -	\$ 309,366	\$ 309,366
TOTAL	\$ 12,924,267	\$ -	\$ -	\$ -	\$ 1,593,750	\$ 14,518,017	\$ 1,160,495	\$ 15,678,512
Nicaragua								
HHS/CDC	\$ 1,806,622	\$ -			\$ -	\$ 1,806,622	\$ -	\$ 1,806,622
USAID	\$ 401,954	\$ -	\$ -	\$ -		\$ 401,954	\$ -	\$ 401,954
TOTAL	\$ 2,208,576	\$ -	\$ -	\$ -	\$ -	\$ 2,208,576	\$ -	\$ 2,208,576
Panama								
HHS/CDC	\$ 3,262,530	\$ -			\$ -	\$ 3,262,530	\$ -	\$ 3,262,530
USAID	\$ 9,259,070	\$ -	\$ -	\$ -		\$ 9,259,070	\$ -	\$ 9,259,070
TOTAL	\$ 12,521,600	\$ -	\$ -	\$ -	\$ -	\$ 12,521,600	\$ -	\$ 12,521,600
Peru								
HHS/CDC	\$ 1,429,330	\$ -			\$ -	\$ 1,429,330	\$ -	\$ 1,429,330
TOTAL	\$ 1,429,330	\$ -	\$ -	\$ -	\$ -	\$ 1,429,330	\$ -	\$ 1,429,330
Trinidad and Tobago								
HHS/CDC	\$ 1,047,147	\$ -			\$ -	\$ 1,047,147	\$ 665,461	\$ 1,712,608
HHS/HRSA	\$ 260,000	\$ -				\$ 260,000	\$ 40,000	\$ 300,000
State/WHA	\$ -	\$ -				\$ -	\$ 15,000	\$ 15,000
TOTAL	\$ 1,307,147	\$ -	\$ -	\$ -	\$ -	\$ 1,307,147	\$ 720,461	\$ 2,027,608
Venezuela								
USAID	\$ 3,600,000	\$ -	\$ -	\$ -		\$ 3,600,000	\$ -	\$ 3,600,000
TOTAL	\$ 3,600,000	\$ -	\$ -	\$ -	\$ -	\$ 3,600,000	\$ -	\$ 3,600,000

Table 2: Congressional Directive Controls

	Appropriation Year	
	FY23	TOTAL
C&T	\$ 35,760,000	\$ 35,760,000
OVC	\$ -	\$ -
GBV	\$ -	\$ -
Water	\$ -	\$ -

**Only GHP-State and GHP-USAID will count towards the earmarks (Care and Treatment, OVC, GBV, and Water).*

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

Table 3: Programmatic/Initiative Controls

	Bilateral	Central	TOTAL
Total Funding	\$ 93,397,389	\$ -	\$ 93,397,389
Core Program	\$ 93,097,389	\$ -	\$ 93,097,389
Community-Led Monitoring	\$ -	\$ -	\$ -
KP Survey	\$ 300,000	\$ -	\$ 300,000

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

Irum Zaidi, Deputy Coordinator

Jacqueline O’Friel, Co-Chair

Laura Tison, Co-Chair

Erin Riley, PEPFAR Program Manager

Tisa Barrios-Wilson, PEPFAR Coordinator for Central America and Brazil

Simone Jackson, PEPFAR Coordinator for the Caribbean