United States Department of State

Washington, D.C. 20520

UNCLASSIFIED January 19, 2024

ACTION MEMO FOR:
AMBASSADOR N. NICK PERRY, JAMAICA
AMBASSADOR CANDACE A. BOND, TRINIDAD AND TOBAGO

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

THROUGH: GHSD – Dr. George Alemnji, Chair
GHSD – Grace Ferguson, PEPFAR Program Manager

SUBJECT: Fiscal Year (FY) 2025 PEPFAR Planned Allocation

Dear Ambassadors Perry and Bond,

To reach the global HIV/AIDS 2030 goals, it is critical that PEPFAR investments and activities are aligned with the unique situation of the partner countries we are supporting. This requires that we continue to work together to operationalize the PEPFAR Five-year Strategy, helping partner countries achieve or exceed the 95/95/95 HIV treatment targets by 2025, as well as provide a strong and sustainable public health infrastructure that can be leveraged to tackle current and emerging disease threats.

In response to stakeholder input and to make the 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 began in fiscal year 2024 (FY24) for COP and in fiscal year (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 regional operating plans; c) Technical Considerations, formerly a section within the Guidance, has been moved to an annex document and has only been revised 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. This year we included OU Chair recommendations for programmatic improvement for ROP23 implementation (Table 4).

The function and purpose of the COP/ROP process remains unchanged. We must 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 ROP changes are intended to preserve accountability, impact, and transparency, and to redesign or eliminate things that are no longer fit-for-purpose.

As our teams engage in the ROP process, these six priority considerations should be top of mind: (1) Assess new data and adjust implementation accordingly; (2) address performance gaps through policy actions and policy implementation; (3) lean into systems strengthening to sustain the response; (4) prioritize impact for the 1st 95 and for youth; (5) promote innovation and modernization; and (6) enhance interagency coordination and consistency across partners. I shared details on these priorities in our recent COM call and the COP/ROP All Hands Launch call and all PCOs have these presentations.

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 and in consideration of any updated epidemiologic data including surveys and surveillance, PLHIV estimates, program results that require significant adjustment, and any new macro dynamics (e.g., social, political, economic, GF GC7) at the country level. PEPFAR targets are not PEPFAR's but flow directly from Jamaica and Trinidad and Tobago'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. 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.

Convening with our partners to review country programs is our most important collaborative act. I have full confidence in our highly skilled teams and their ability to guide the process for ROP24, with governments, communities, civil society, faith-based organizations, and other partners continuing to assume a more active role. Our shared goal to end HIV/AIDS as a public health threat by 2030 should be the overarching motivation for all participants in the ROP process. As we proceed with

regional operational planning, we must all strive to uphold the PEPFAR Guiding Principles: respect/humility, equity, accountability/transparency, impact, and sustained engagement. We ask that teams carefully consider which discussants from each 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 a priority in this planning process.

Creating a safe and healthy space for community/civil society engagement will continue to be an integral part of this process. 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 the way we conduct business.

The PEPFAR ROP24 notional budget for **the Caribbean Region is Year 1 $17,706,120 and Year 2 $17,706,120,** inclusive of all new funding accounts and applied pipeline. The $1,000,000 listed for State/GHSD/PEPFAR has been made available to support regional public health systems strengthening and HIV/NCD integration activities. Case finding for HIV patients continues to be a challenge in the Caribbean region, resulting to over 40% of people being diagnosed late with advance HIV disease (AHD). Extending HIV case finding among people with NCDs will help improve HIV diagnosis and over all treatment outcomes. These funds will be used to support the Caribbean Regional Public Health Agency (CARPHA) in the hiring of Monitoring and Evaluation and Supply Chain staff to build regional capacities to support HIV/AIDS programs. Additionally, these funds will also support HIV awareness, testing and referral component of Ambassador Bond's NCD awareness, prevention and screening programs. The PEPFAR Addendum to Fiscal Year 2024 Technical Considerations specifically recommends that countries partner with others to integrated service provisions for people living with HIV to address comorbidities which impact HIV outcomes.

Table 1: Total Caribbean Region 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	$6,457,527	$-			$1,593,750	**$8,051,277**	$1,537,657	**$9,588,934**	$9,588,934
HHS/HRSA	$3,032,584	$-				**$3,032,584**	$-	**$3,032,584**	$3,032,584
USAID	$3,501,061	$-	$-	$-		**$3,501,061**	$-	**$3,501,061**	$3,501,061
State	$356,771	$-				**$356,771**	$-	**$356,771**	$356,771
State/GHSD /PEPFAR	$1,000,000	$-				**$1,000,000**	$-	**$1,000,000**	$1,000,000
State/WHA	$-	$-				**$-**	$226,770	**$226,770**	$226,770
TOTAL FUNDING	**$14,347,943**	**$-**	**$-**	**$-**	**$1,593,750**	**$15,941,693**	**$1,764,427**	**$17,706,120**	**$17,706,120**

Table 1A: ROP24 Planning Level Allocation by Country

Caribbean Regional

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
USAID	$193,880	$-	$-	$-		**$193,880**	$-	**$193,880**	$193,880
State/GHSD /PEPFAR	$1,000,000	$-				**$1,000,000**	$-	**$1,000,000**	$1,000,000
TOTAL FUNDING	**$1,193,880**	**$-**	**$-**	**$-**	**$-**	**$1,193,880**	**$-**	**$1,193,880**	**$1,193,880**

Jamaica

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	$5,164,583	$-			$1,593,750	**$6,758,333**	$1,105,228	**$7,863,561**	$7,863,561
HHS/HRSA	$2,730,349	$-				**$2,730,349**	$-	**$2,730,349**	$2,730,349
USAID	$3,307,181	$-	$-	$-		**$3,307,181**	$-	**$3,307,181**	$3,307,181
State	$356,771	$-				**$356,771**	$-	**$356,771**	$356,771
State/WHA	$-	$-				**$-**	$226,770	**$226,770**	$226,770
TOTAL FUNDING	**$11,558,884**	**$-**	**$-**	**$-**	**$1,593,750**	**$13,152,634**	**$1,331,998**	**$14,484,632**	**$14,484,632**

Trinidad and Tobago

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	$1,292,944	$-			$-	**$1,292,944**	$432,429	**$1,725,373**	$1,725,373
HHS/HRSA	$302,235	$-				**$302,235**	$-	**$302,235**	$302,235
TOTAL FUNDING	**$1,595,179**	**$-**	**$-**	**$-**	**$-**	**$1,595,179**	**$432,429**	**$2,027,608**	**$2,027,608**

Table 2: Congressional Directive Controls

	FY24	TOTAL
C&T	$9,755,652	**$9,755,652**
GBV	$23,000	**$23,000**

**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	**$17,706,120**	**$-**	**$17,706,120**
Core Program	$17,706,120	$-	**$17,706,120**

As in previous years, OUs may request limited changes to these controls working with their Chair/PPM and Management and Budget Liaison, who will work with GHSD leadership. Details of the control change request parameters and process will be distributed prior to the co-planning meetings. GHSD does not set a formal control for Community Led Monitoring (CLM); however, OUs must continue to program appropriately for CLM and discuss shifts in CLM-funded levels during the co-planning meeting.

Table 4: Chair Recommendations for ROP23 Programmatic Improvement

- Scale up effective case finding and treatment strategies for all populations – especially men ages 30-34, including implementation of self-testing at male health clinics, NCD treatment centers, and events with high male attendance. Self-test kits will include a QR code for HIV clinics and information.
- Integration of HIV testing, care and treatment into primary care sites and review HIV clinical outcomes from integrated HIV sites.
- Prioritize regional public health strengthening approaches and collaboration among Regional Public Health stakeholders in the Caribbean, specifically CARPHA.

Please note that within the next few days our GHSD 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 regional team.

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Thank you for your continued leadership and engagement during the ROP24 co-planning process.

Sincerely,

John Nkengasong

CC: GHSD – Rebecca Bunnell, Principal Deputy Coordinator (A)
GHSD – Irum Zaidi, Deputy Coordinator
GHSD – George Alemnji, Chair
GHSD – Grace Ferguson, PEPFAR Program Manager
Caribbean – Ava-Gay Timberlake, Acting PEPFAR Coordinator

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