



United States Department of State

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January 19, 2024

ACTION MEMO FOR AMBASSADOR LUCY TAMLYN, DEMOCRATIC REPUBLIC OF THE CONGO

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

THROUGH: GHSD – Hilary Wolf, Chair  
GHSD – Michelle Yang, PEPFAR Program Manager

SUBJECT: COP23 YEAR 2 / Fiscal Year (FY) 2025 PEPFAR Planned Allocation

Dear Ambassador Tamlyn,

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.

Last year, we responded to stakeholder input by launching improvements to the COP process to make it more fit-for-purpose. This year, with the COP23 two-year plan, country teams are to collaboratively perform a Midterm Review to assess progress towards achieving the goals stated in COP23; identify significant programmatic shifts required to achieve COP23 goals in YR2 and reach 95/95/95 by 2025; and review COP23 investments in strengthening and sustaining public health systems to identify priority areas for sustainability roadmap development discussions. We anticipate a reduced level of effort for our country teams through limited revisions to the FAST, PASIT, SRE, Target Setting Tool (TST), and Supply Planning Tools (SPT). Any changes to COP23 should focus on significant strategic shifts, leveraging data and discussions during the FY23 Q4 POART, with intent to

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maintain an inclusive process, use data for decision making, maximize partnership and interagency collaboration, and pursue program and policy priorities efficiently for maximum impact. This year we included OU Chair recommendations for programmatic improvement for COP23 Year 1 implementation (Table 4). Additional resources such as the GHSD performance analysis have been provided to teams to help identify areas for improvement for the Democratic Republic of the Congo to reach 95/95/95.

As our teams conduct the Midterm Review, 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 1<sup>st</sup> 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 the Democratic Republic of the Congo'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 the Midterm Review, 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 Midterm Review. As we proceed with the COP Midterm Review, we must all strive to uphold the PEPFAR Guiding Principles: respect/humility, equity, accountability/transparency,

impact, and sustained engagement. We ask that teams engage the same discussants from the country that were invited to join the COP23 co-planning meetings, ensuring that both the technical needs (health, finance) and political needs (foreign affairs, private sector) are well represented.

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 manner we conduct business.

As a reminder, we established notional levels for this year's COP23 Year 2 process at the beginning of the last COP cycle, anticipating minimal changes assuming a relatively steady availability of resources for PEPFAR. However, upon compiling, finalizing, and reviewing our overall financial outlook for COP23 Year 2, we find it necessary to adjust those notional levels. These adjustments, primarily in the form of reductions totaling approximately \$120 million across the COPs, are essential due to continued decreases in available pipeline and prudent risk management amidst uncertainties in the appropriations process.

The PEPFAR COP23 **Year 2 budget for the Democratic Republic of the Congo is \$105,000,000** inclusive of all new funding accounts and applied pipeline. The \$7,500,000 listed for State/GHSD/PEPFAR has been made available to fill the gaps in HIV programming and above-site activities such as health system strengthening, and Laboratory system support. These funds will be utilized for training laboratory and commodity staff, digitalization of health records, and strengthening data management system with a focus on enhancing overall HIV health system strengthening. During COP development, this funding should be programmed through interagency discussion and collaboration with the Chair and PPM.

**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 2 TOTAL
DOD	\$2,652,995	\$-				\$2,652,995	\$542,795	\$3,195,790
HHS/CDC	\$29,634,112	\$-			\$825,000	\$30,459,112	\$-	\$30,459,112
HHS/HRSA	\$577,064	\$-				\$577,064	\$-	\$577,064
USAID	\$16,541,439	\$-	\$-	\$-		\$16,541,439	\$2,766,979	\$19,308,418
USAID/WCF	\$41,770,946	\$-		\$525,000		\$42,295,946	\$-	\$42,295,946
State	\$379,162	\$-				\$379,162	\$-	\$379,162
State/AF	\$631,346	\$-				\$631,346	\$653,162	\$1,284,508
State/GHSD/PEP FAR	\$7,500,000	\$-				\$7,500,000	\$-	\$7,500,000
<b>TOTAL FUNDING</b>	<b>\$99,687,064</b>	<b>\$-</b>	<b>\$-</b>	<b>\$525,000</b>	<b>\$825,000</b>	<b>\$101,037,064</b>	<b>\$3,962,936</b>	<b>\$105,000,000</b>

**Table 2: Congressional Directive Controls**

	FY24	TOTAL
C&T	\$60,203,459	\$60,203,459
OVC	\$8,839,183	\$8,839,183
GBV	\$400,000	\$400,000
Water	\$100,000	\$100,000

*\*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
<b>Total Funding</b>	<b>\$104,475,000</b>	<b>\$525,000</b>	<b>\$105,000,000</b>
Core Program	\$93,071,994	\$-	\$93,071,994
Condoms (GHP-USAID Central Funding)	\$-	\$525,000	\$525,000
General Population Survey	\$4,000,000	\$-	\$4,000,000
OVC (Non-DREAMS)	\$7,403,006	\$-	\$7,403,006

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 Midpoint Review.

**Table 4: Chair Recommendations for Programmatic Improvement in COP23-YR1**

Priority Areas for COP23 Year 1	Implementation Improvements
Improve data quality to identify programmatic gaps and inform implementation of HIV prevention and treatment activities to close health equity gaps among key and priority populations.	Enhancing data quality through a patient verification exercise and Data Quality Assessment (DQA) and improving future data quality assurance by implementing Continuous Quality Improvement (CQI) activities.
Improve testing and case finding, continuity of treatment, and viral load coverage among key and priority populations to achieve 95-95-95.	Enhancing case finding strategies in key populations (KP), adolescent girls and young women (AGYW), women of childbearing age, children, and men, by implementing a systematically validated screening tool. Mitigating the risk of viral load testing reagent stockouts, reducing delivery turnaround time, and improving 2-month Early Infant Diagnosis (EID) coverage to aim at ensuring the population's viral load status awareness.
Scale up of prevention activities to reduce new HIV infections, including PrEP and strengthening PMTCT.	Scaling up PrEP for KP, Men, and AGYW. Strengthening mother-baby pair cohort monitoring to prevent vertical transmission of HIV.

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 country team.

We look forward to engaging with you throughout the Midterm Review process and working with all partners to identify any significant strategic shifts needed to address the barriers that prohibit reaching 95/95/95 by 2025 through a lens of PEPFAR’s 5x3 strategic direction, aligned with your country’s national program.

Thank you for your continued leadership and engagement during the COP23 Midterm Review.

Sincerely,

John Nkengasong

CC: GHSD – Rebecca Bunnell, Principal Deputy Coordinator (A)  
GHSD – Irum Zaidi, Deputy Coordinator  
GHSD – Hilary Wolf, Chair  
GHSD – Michelle Yang, PEPFAR Program Manager  
DRC PCO – Shirley Dady, PEPFAR Coordinator