



United States Department of State

Washington, D.C. 20520

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January 19, 2024

ACTION MEMO FOR AMBASSADOR ERIC GARCETTI, INDIA

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

THROUGH: Tracy L. Carson, Chair  
Trista Bingham, Co-Chair  
Neha Safaya, PEPFAR Program Manager

SUBJECT: Fiscal Year (FY) 2025 PEPFAR Planned Allocation

Dear Ambassador Garcetti,

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 to achieve or exceed the 95-95-95 HIV clinical cascade targets by 2025, as well as to 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 country/regional operational planning (COP/ROP) process more fit-for-purpose, there are many improvements to this year's process, including: a) transitioning from an annual planning process to two-year operational planning to facilitate longer-term thinking. The shift to a two-year cycle began in fiscal year 2024 (FY24) for country operational planning (COP) and in fiscal year (FY25) for ROP24 and India; b) a redesigned COP/ROP Guidance document that is a shorter, more strategic, and more useful resource to support country/regional teams as they work with stakeholders to develop country and 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

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Core Standards to better reflect PEPFAR's role as a respectful partner helping to enable the goals of national HIV efforts. This year we also 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 COP/ROP24 changes are intended to preserve accountability, impact, and transparency, and to redesign or eliminate things no longer fit-for-purpose.

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-level dynamics (e.g., social, political, economic, Global Fund, GC7) at the country level. PEPFAR targets are not PEPFAR's but flow directly from India'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/regional programs is our most important collaborative act. I have full confidence in our highly skilled teams and their ability to guide the process for COP/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 COP/ROP process. As we proceed with 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 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 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 COP24 **Year 1 budget for India is \$24,460,000**, inclusive of all new funding accounts and applied pipeline.

**Table 1: Total India 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	\$8,673,026	\$-			\$2,000,000	\$10,673,026	\$1,099,696	\$11,772,722	\$11,772,722
HHS/HRSA	\$1,356,641	\$-				\$1,356,641	\$50,637	\$1,407,278	\$1,407,278
USAID	\$9,679,183	\$-	\$-	\$-		\$9,679,183	\$1,500,817	\$11,180,000	\$11,180,000
State/SCA	\$100,000	\$-				\$100,000	\$-	\$100,000	\$100,000
<b>TOTAL FUNDING</b>	<b>\$19,808,850</b>	<b>\$-</b>	<b>\$-</b>	<b>\$-</b>	<b>\$2,000,000</b>	<b>\$21,808,850</b>	<b>\$2,651,150</b>	<b>\$24,460,000</b>	<b>\$24,460,000</b>

**Table 2: Congressional Directive Controls**

	FY24	TOTAL
C&T	\$8,644,922	\$8,644,922
OVC	\$2,118,937	\$2,118,937

*\*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	\$24,460,000	\$-	\$24,460,000
Core Program	\$22,616,887	\$-	\$22,616,887
OVC (Non-DREAMS)	\$1,843,113	\$-	\$1,843,113

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 Programmatic Improvement in ROP23**

- Assess the impact of ROP 23 technical assistance models that expand PEPFAR’s implementation in contiguous geographies.
- Accelerate the scale up of innovative and impactful testing and case finding strategies to address gaps in the first 95, including strategies to reach young people and young KP. Intensify efforts to strengthen treatment continuity, including utilizing monitoring and evaluation measures to improve patient re-engagement activities.
- Strengthen policy and programmatic efforts to ensure key HIV service innovations such as PrEP and self-testing are available and accessible to key populations.

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.

Thank you for your continued leadership and engagement during the COP24 co-planning process.

Sincerely,

John Nkengasong

CC: GHSD – Rebecca Bunnell, Principal Deputy Coordinator (A)  
GHSD – Irum Zaidi, Deputy Coordinator  
GHSD – Tracy L. Carson, Chair  
GHSD – Trista Bingham, Co-Chair  
GHSD – Neha Safaya, PEPFAR Program Manager  
India – Sara Klucking, PEPFAR Coordinator