



United States Department of State

Washington, D.C. 20520

UNCLASSIFIED

January 19, 2024

ACTION MEMO FOR AMBASSADOR MARIA E. BREWER, LESOTHO

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

THROUGH: GHSD/PEPFAR – Michael Ruffner, Chair  
GHSD/PEPFAR – Matt Wollmers, PEPFAR Program Manager

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

Dear Ambassador Brewer,

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 maintain an inclusive process, use data for decision making, maximize partnership and interagency collaboration, and pursue program and policy priorities efficiently

UNCLASSIFIED

for maximum impact. This year we have also 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 help identify areas that will enable Lesotho to reach and maintain 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 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 past years, 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 at the country level (e.g., social, political, economic, GF GC7). PEPFAR targets are not PEPFAR's alone, as they flow directly from Lesotho'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 Lesotho is \$67,000,000** inclusive of all new funding accounts and applied pipeline.

**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                  | \$714,235           | \$-                |                     |                   |                  | \$714,235           | \$150,418          | \$864,653           |
| HHS/CDC              | \$24,947,993        | \$-                |                     |                   | \$512,500        | \$25,460,493        | \$929,762          | \$26,390,255        |
| PC                   | \$845,338           | \$-                |                     |                   |                  | \$845,338           | \$131,280          | \$976,618           |
| USAID                | \$32,611,889        | \$1,401,000        | \$-                 | \$-               |                  | \$34,012,889        | \$1,903,255        | \$35,916,144        |
| USAID/WCF            | \$1,894,711         | \$-                |                     | \$200,000         |                  | \$2,094,711         | \$-                | \$2,094,711         |
| State                | \$87,028            | \$-                |                     |                   |                  | \$87,028            | \$-                | \$87,028            |
| State/AF             | \$666,489           | \$-                |                     |                   |                  | \$666,489           | \$4,102            | \$670,591           |
| <b>TOTAL FUNDING</b> | <b>\$61,767,683</b> | <b>\$1,401,000</b> | <b>\$-</b>          | <b>\$200,000</b>  | <b>\$512,500</b> | <b>\$63,881,183</b> | <b>\$3,118,817</b> | <b>\$67,000,000</b> |

**Table 2: Congressional Directive Controls**

|     | FY24         | TOTAL        |
|-----|--------------|--------------|
| C&T | \$30,916,087 | \$30,916,087 |
| OVC | \$10,687,873 | \$10,687,873 |
| GBV | \$200,000    | \$200,000    |

|       |           |           |
|-------|-----------|-----------|
| Water | \$600,000 | \$600,000 |
|-------|-----------|-----------|

*\*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>\$65,399,000</b> | <b>\$1,601,000</b> | <b>\$67,000,000</b> |
| Core Program                            | \$64,418,344        | \$200,000          | \$64,618,344        |
| Cervical Cancer                         | \$980,656           | \$-                | \$980,656           |
| USAID Southern Africa Regional Platform | \$-                 | \$1,401,000        | \$1,401,000         |

As in previous years, OUs may request limited changes to these controls working through 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**

- Continue to close any remaining gaps across the clinical cascade to reach the 95-95-95 targets across all age, sex, and geographic subpopulations by 2025. Efforts should be especially focused on the most pronounced gaps, such as case-finding, in general, and among women and men ages 18-34 in particular. The team and its partners should also simplify clinical and community services while maintaining patient outcomes.
- Strengthen efforts to reduce preventable mortality among PLHIV, including screening for TB, Advanced HIV Disease, and cervical cancer, and providing TB Preventive Therapy (TPT) for all who are eligible. Improved performance across all TB indicators is critical since Lesotho’s levels of TB incidence and HIV prevalence remain among the highest in the world.
- Identify areas of the PEPFAR portfolio that can be retired or phased out. Optimize, simplify, and integrate programs into Government of Lesotho systems, including the use of national health systems. Further advance Lesotho’s sustainability agenda by collaborating with UNAIDS and more fully engaging the Government of Lesotho, in order to remain on track to develop a sustainability roadmap by World AIDS Day 2024 that promotes and

facilitates the expansion of the administrative, financial, and technical capacities of governmental and institutional partners.

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 the 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 – Michael Ruffner, Chair  
GHSD – Matt Wollmers, PEPFAR Program Manager  
Lesotho PCO – Andy Pelletier, PEPFAR Coordinator  
Lesotho PCO – Christine Hooyman, PEPFAR Deputy Coordinator