
Young people's engagement in PEPFAR Processes

Strengthening youth engagement



OBJECTIVES



- ⊕ Raising awareness and increased understanding of PEPFAR processes
 - ⊕ Building young people living with HIV and Young Key Populations readiness to confidently engage in and influence PEPFAR COP processes
-



✚ Amanda Banda – global health advocacy expert

Working in the EECA, SSA, Asia, Pacific, Latin American contexts as well as national and community levels with CSOs and Communities, supporting their demand and securing real health access change for populations. Engaged with PEPFAR processes since 2012.



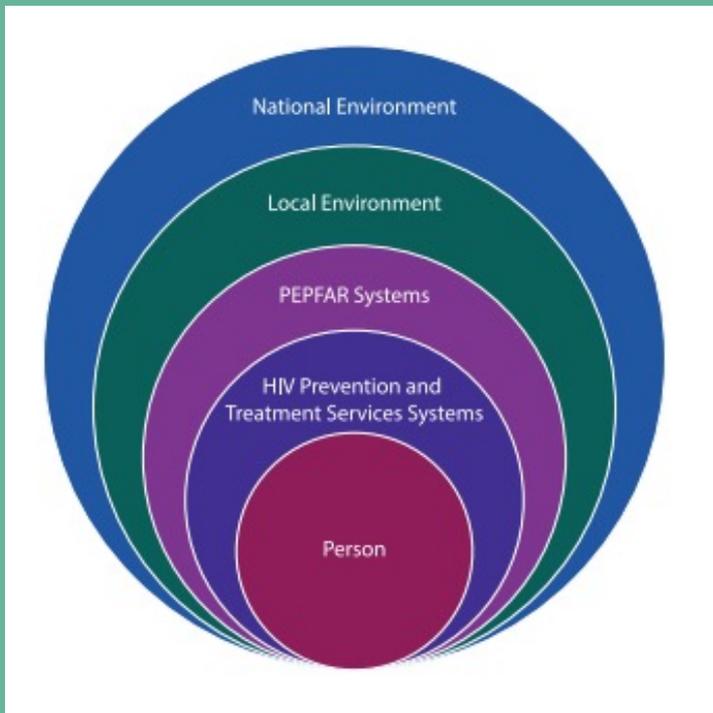
PEPFAR & HIV Response: National Context



KEY ACTORS IN NATIONAL HIV RESPONSE



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- The National Government: Ministry of Health, HIV Departments/Units
- National AIDS Councils
- Local Government/Provinces
- Donors (Mainly Global Fund, PEPFAR, + Others)
- Other Agencies: WHO, UNAIDS, etc.
- Private sector
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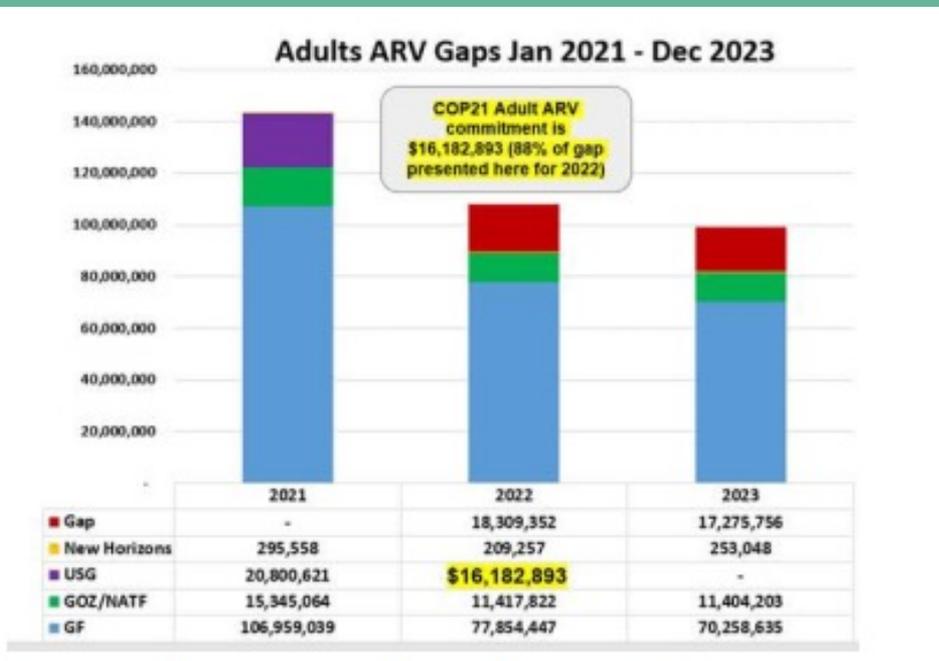


The layers of operation in terms of response:

- Most importantly, its about the recipients of prevention or treatment services.
- Bring to the table what's really important for young people and key populations accessing health services.

How key HIV stakeholders fund a particular program:

Example: Supply Chain for Adult ARVs



- ⊕ Graph shows a decrease in TLD procurement from 2021 to 2023 (it doesn't include stock already in country, carried over into 2022).
- ⊕ PEPFAR investments meet 88% of TLD gap for 2022 (COP21)

How key HIV stakeholders fund a particular program:

Example: Supply Chain for Adult ARVs

Adult ARV needs for 2021, 2022 and 2023

Year	2021	2022	2023
% ART Coverage	92	93	94
Target for the Year	1,188,387	1,211,379	1,234,592
Net monthly increase	4,996	1,916	1,934

- The plan is to ensure PEPFAR covers gaps as much as possible, specially for countries heavily dependent on donors.
- CSOs can use this PEPFAR presentation to demand that PEPFAR puts more money and that governments make plans for additional resources.

Session 1: PEPFAR Background

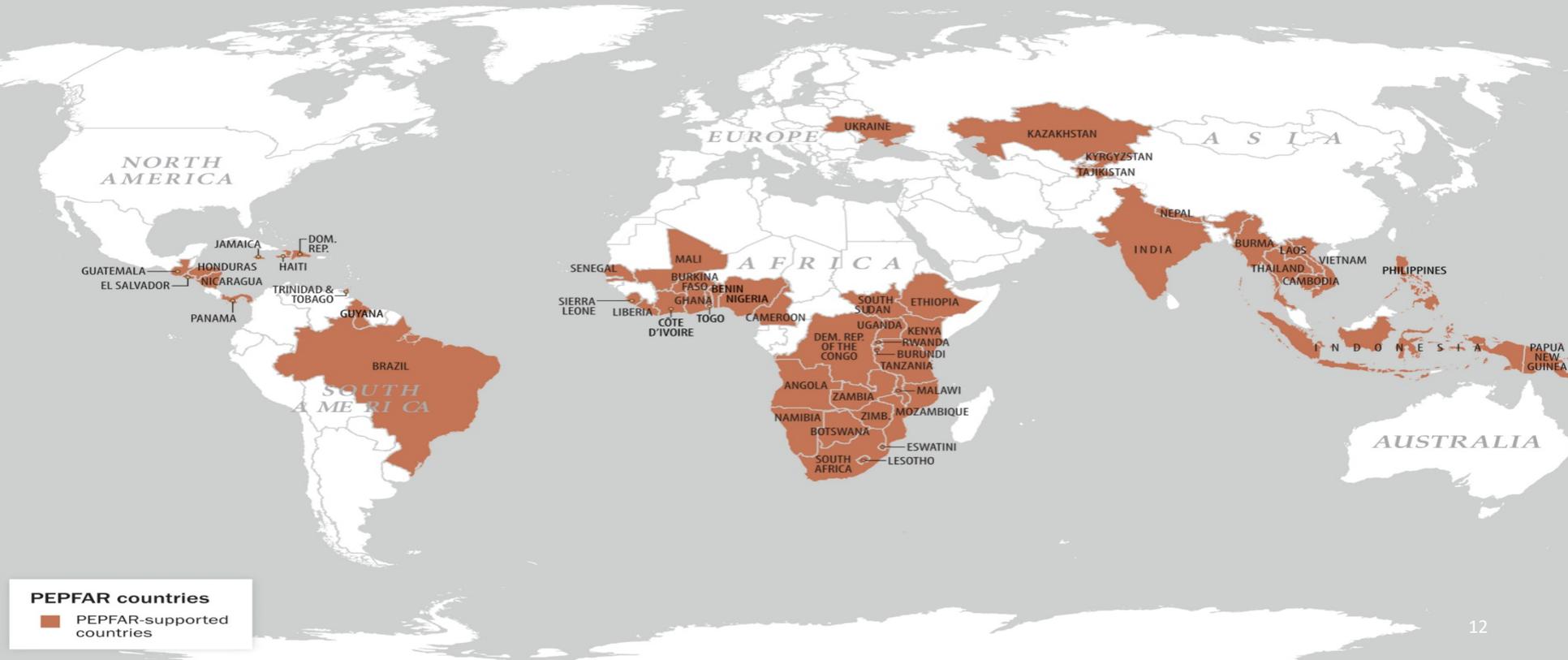
What is PEPFAR?



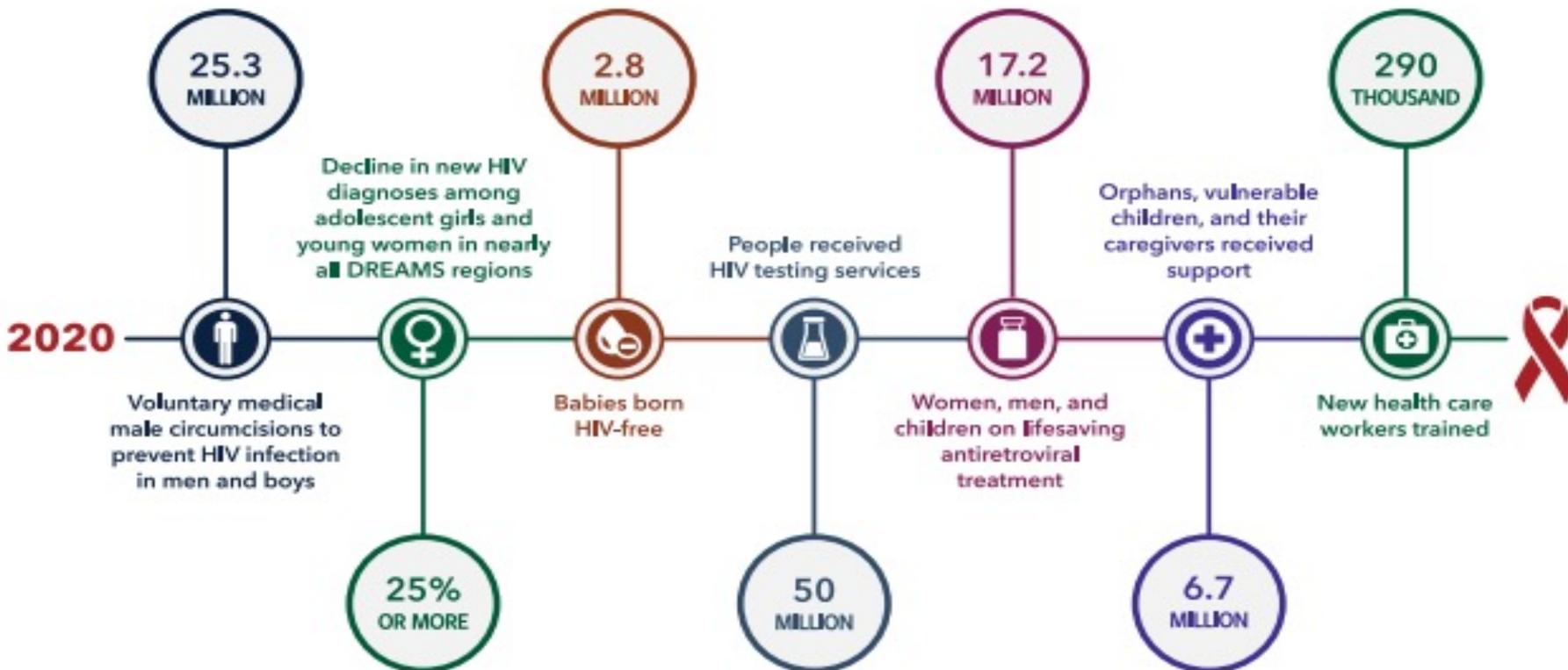
Created in 2003, the United States President's Emergency Plan for AIDS Relief (PEPFAR), funded by U.S. government, is the largest global health program with a total of over 100 billion USD worth of resources invested towards HIV so far.

Where is PEPFAR funding HIV programmes?

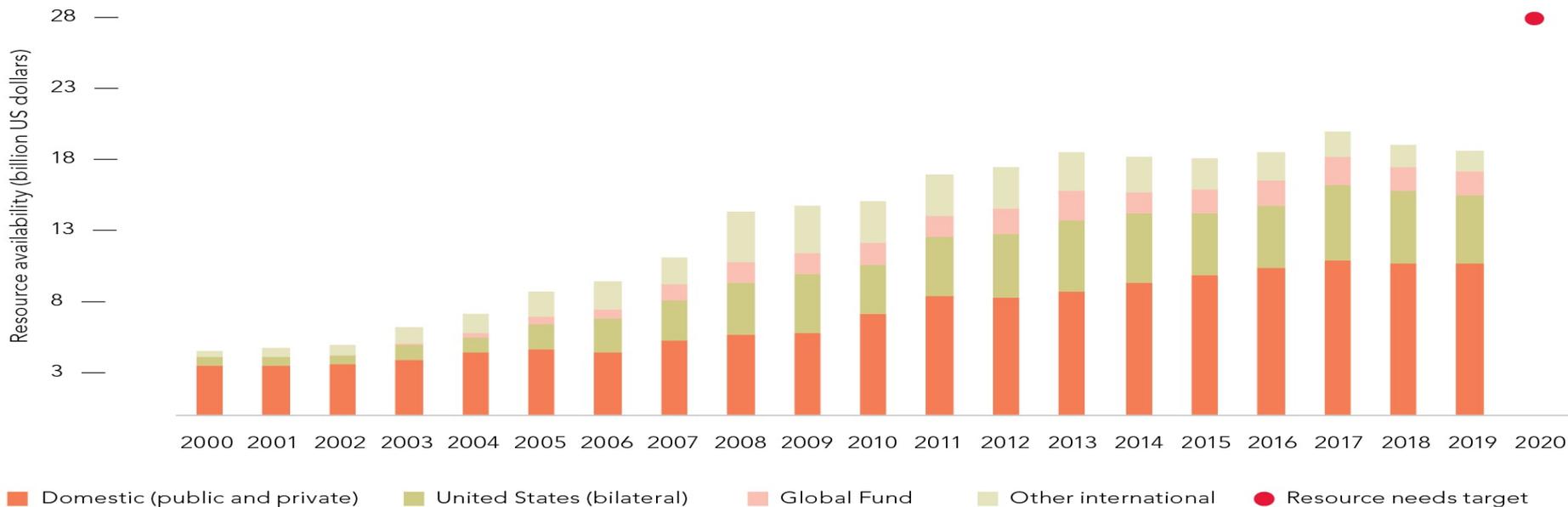
U.S. President's Emergency Plan for AIDS Relief



PEPFAR relevance in numbers



Resource availability and key funding sources for HIV in low- and middle-income countries, 2000–2019, with 2020 target resource needs



Source: UNAIDS financial estimates, July 2020 (see <http://hivfinancial.unaids.org/hivfinancialdashboards.html>).

Note: Constant 2016 US dollars.

PEPFAR relevance in numbers

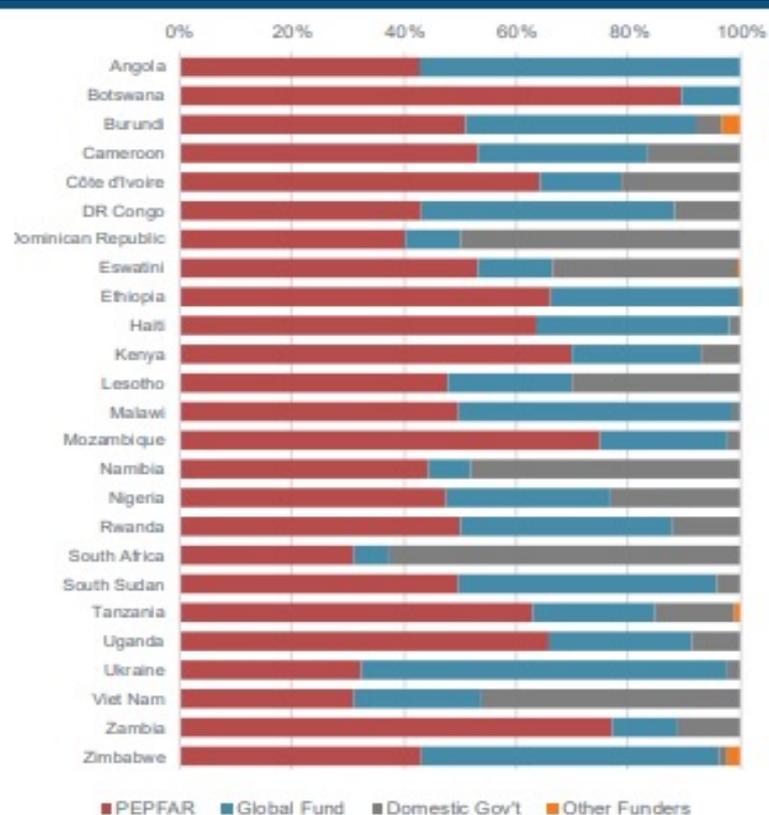
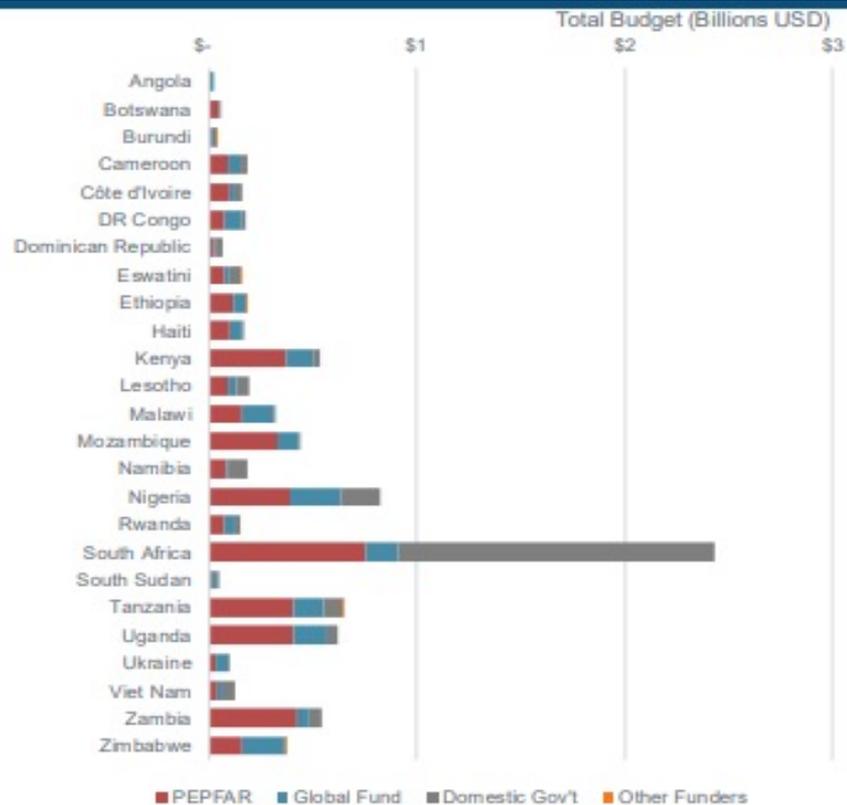
U.S. Funding for the President's Emergency Plan for AIDS Relief (PEPFAR), FY 2004 - FY 2022 Request

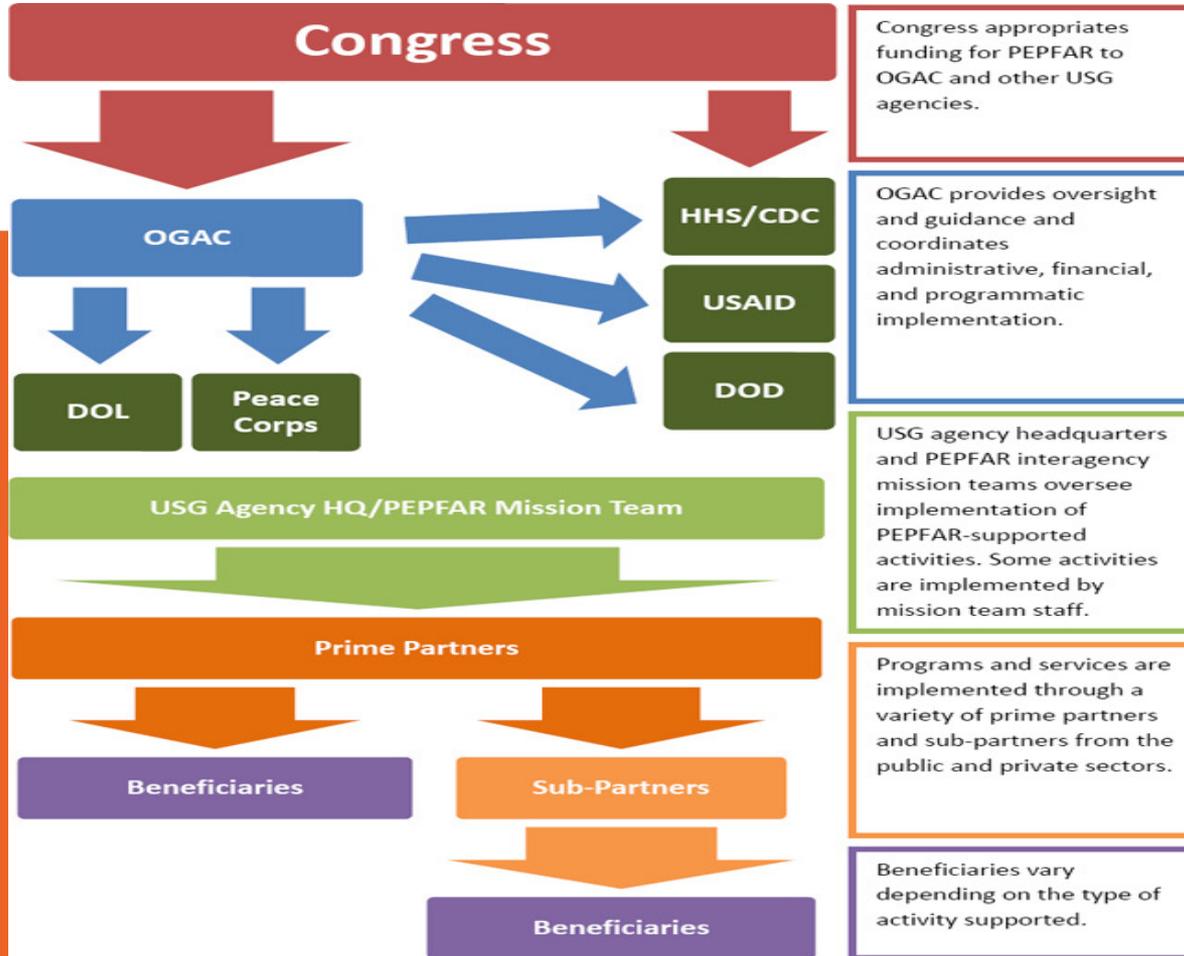
(In Billions)

■ Bilateral HIV ■ Multilateral (Global Fund + UNAIDS) ■ Emergency Funding



HIV investments by funder – PEPFAR supported countries



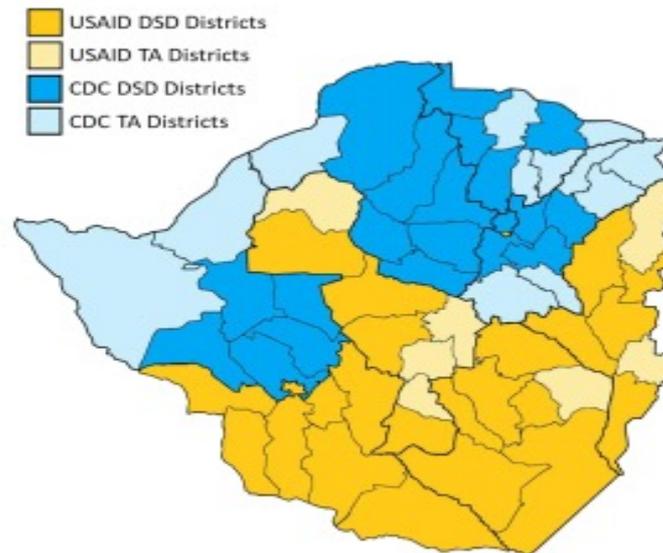


Reminder: Who is working where?

Province	District
Bulawayo	Bulawayo
	Harare
	Chitungwiza
Manicaland	Buhera
	Chimanimani
	Chungu
	Makoni
	Mutare
	Nyanga
Mashonaland Central	Bindura
	Centenary
	Guruve
	Mozowe
	Mtshini
	Mt. Darwin
Mashonaland East	Rushinga
	Shamva
	Chikomba
	Goromonzi
	Hwedza
	Mvurandwa
Mashonaland West	Mudzi
	Murehwa
	Mutoko
	Seke
	UMP
	Chegutu
Mashonaland West	Hurungwe
	Kariba
	Makonde
	Mhandara
	Sanyati
	Zvimba



Province	District
Mawingo	Blicha
	Chiredzi
	Chivi
	Sturbs
	Mvurungu
	Mwenezi
Matabeleland North	Doko
	Binga
	Sturbs
	Hwange
	Lupane
	Mkayi
Matabeleland South	Tsholotsho
	Umgwata
	Bertridsige
	Svubisa
	Gwanda
	Imbizo
Midlands	Mangochi
	Matobo
	Chimwene
	Chirumhanzu
	Gokwe North
	Gokwe South
Midlands	Gweru
	Kwekwe
	Mberengwa
	Shurugwi
	Zvishavane



District Support
CDC DSD Districts
USAID DSD Districts
Above-Site TA Districts

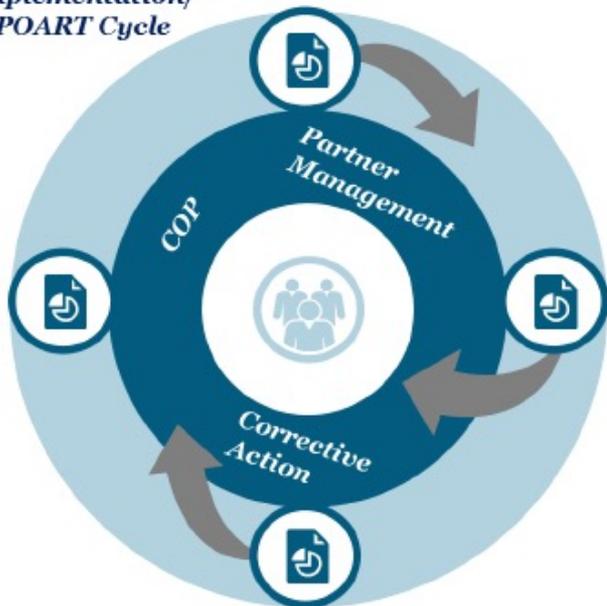
Session 2:

Annual Planning Processes of PEPFAR – Overview of Decision, Prioritisation Process

Country Operational Plans

PLANNING & IMPLEMENTATION CYCLE

*Implementation/
POART Cycle*

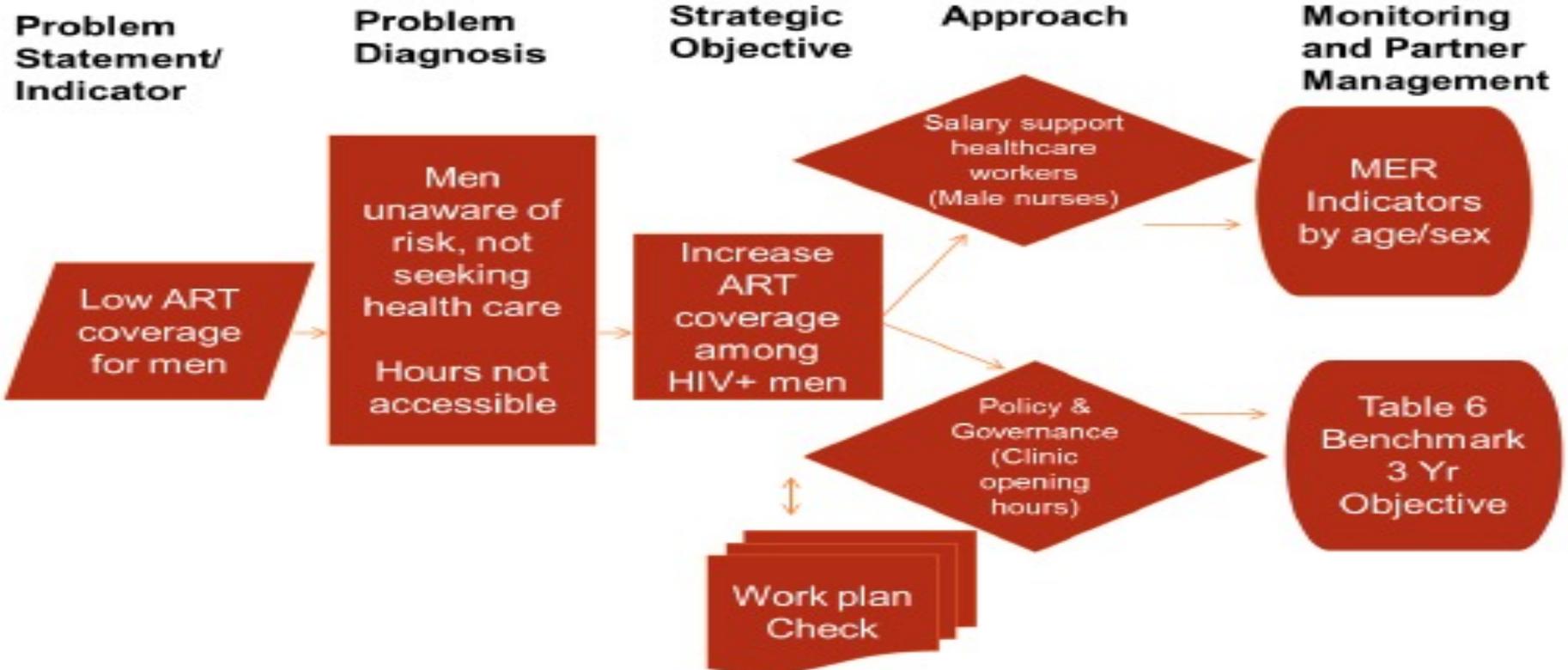


The Country Operational Plan (COP) is an annual plan created jointly by USAID and CDC that outlines how the billions of dollars in HIV funding from the U.S. government will be spent.

COP processes: what, who and how much PEPFAR will fund in each country

Country Operational Plans

WHAT IS PEPFAR TRYING TO FIGURE OUT





Country Operational Plans

WHAT IS PEPFAR DOING THROUGHOUT IN STEPS



STEP 1: gathering data on current context and carefully review COP22 Planning Level Letter issued by S/GAC and feedback for agency assessments.

STEP 2: a. Reviewing IP performance against financial data
b. Conducting curated and triangulated data analysis to assess achievement and challenges at the SNU and site levels. High performing sites are targeted for potentially expanding their programmes through increased funding.

STEP 3: set and align preliminary budgets, targets, and above-site activities based on performance.



Country Operational Plans

WHAT IS PEPFAR DOING THROUGHOUT IN STEPS



STEP 4: a. interrogate, adjust, examine, and align budgets and targets with strategic plan.

b. Submit to S/GAC for preview prior to COP22 meetings in order to evaluate the country team's proposal on all programmatic and budgetary levels.

STEP 5: Receiving feedback on proposals from S/GAC and Country Accountability and Support Team (CAST) for that Operating Unit; and adjusting proposal based on feedback.

STEP 6: finalizing and submitting COP22, including finalized SDS along with any additional required tools.

Critical Points that will PEPFAR decide by the end of the COP

- The goals and priorities for the country
- Approaches, “How’s”, Solutions and What strategies and interventions will be used by the Implementing Partners
- “Where” (which districts) and “who” (which populations) will be prioritised
- Targets
- Detailed budgets

TIP!! Use the same lens for deciding your specific asks – *What do you want PEPFAR to change specifically?*



Summary

ENGAGEMENT OPPORTUNITIES



What	When
DRAFT PEPFAR COP Guidance	Mid Nov-Mid Dec
Final COP Guidance	Early Jan
Planning Letters Release	Mid Jan
In Country Retreats	End Jan- early Feb
Regional Planning Management Meetings (all global and national stakeholders)	7 th – 14 th March
COP Approvals	End April to May (rolling basis)
Draft+ Final Country Strategic Direction Summaries	End April to May
Implementation of the COP	Starts 1 st Oct
Quarterly Reviews of Implementation Data	Every quarter

ENGAGEMENT OPPORTUNITIES

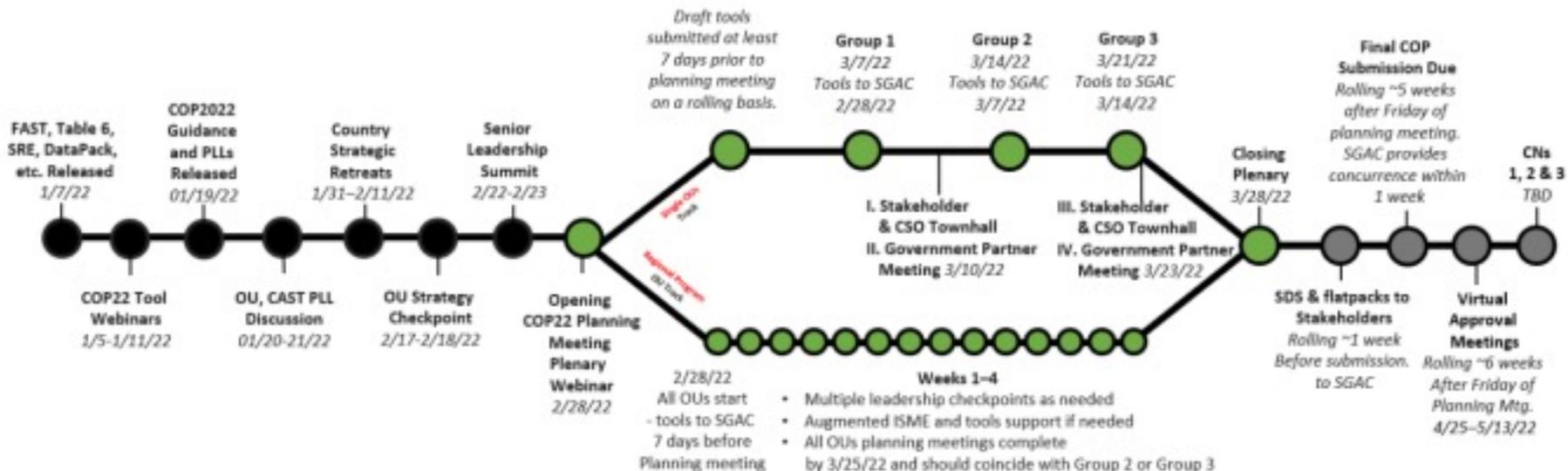
Key Milestones	Dates
Release of COP22 Tools: FAST, DataPack, Table 6, SRE, Supply Planning Tool	January 7, 2022
Release of COP22 Guidance and COP/ROP22 Planning Level Letters	January 19, 2022
Pre-retreat Meeting for Sustaining Impact Countries	January 27, 2022
In-country Planning Retreat	No later than week of February 7, 2022
Opening Plenary Webinar	February 28, 2022
Rolling submission and review of tools (DataPack, FAST, Table 6 Excel Workbook and SRE Tool) at least seven days prior to planning meeting.	<ul style="list-style-type: none"> • Group 1: February 28, 2022 • Group 2: March 7, 2022 • Group 3: March 14, 2022
COP22 Planning Meetings	<ul style="list-style-type: none"> • Group 1: Week of March 7, 2022 • Group 2: Week of March 14, 2022 • Group 3: Week of March 21, 2022
COP22 Submission Due	<ul style="list-style-type: none"> • Group 1: April 19, 2022 • Group 2: April 22, 2022 • Group 3: April 29, 2022
COP22 Virtual or Country Approval Meetings	All COP22 Approval Meetings should take place between April 25 – May 13, 2022

Single OUs and Regional Platforms

COP/ROP Preparation

Planning Meeting Execution

Closeout



COP Process Key Documents PEPFAR will share

Tool	Requirement	System of Completion / Tool / Template (location of tool/template)	Pre-COP22 Meeting Tool Submission
DataPack (for IM x PSNU level target setting)	All OUs	Tool (SharePoint: OU HQ Collaboration page)	Yes
FAST Budget and cross-cutting allocations	All OUs	Tool (SharePoint: OU HQ Collaboration page)	Yes
Table 6 Excel Workbook	All OUs	Template (SharePoint: OU HQ Collaboration page)	Yes
Surveys-Surveillance, Research, and Evaluation (SRE) Tool	Any OU with Surveys-Surveillance, Research and/or Evaluation activities for COP19-21	Template (SharePoint: OU HQ Collaboration page)	Yes
Resource Alignment Funding Landscape Table	All OUs	Template (OU teams receive pre-populated country profiles with PEPFAR and GFATM data to validate)	Yes
Strategic Direction Summary (SDS)	All OUs	Template (SharePoint: COP/ROP Resources page)	No
Commodities Supply Planning Tool	All OUs	Template	Yes

WHO IS INVOLVED?

Understanding and Influencing Key Stakeholders

- Makes ultimate decisions and *overrides country teams*
- CSOs must engage proactively with Ambassador for all issues that you have not succeeded lobbying with PEPFAR Country teams and Chairs –
- Prepare strong arguments:

Letter explaining issues, Country and Chair written feedback, data, why you disagree with the Country and Chair.

- How to contact:

Email at any time and **Town Hall Meeting** during the Regional Management Meetings and Approval meetings



PEPFAR (Interim) Ambassadors Contacts



Angeli Achrekar, DrPH, MPH – (Acting U.S. Global AIDS Coordinator), PDAS
Department of State – U.S. President’s Emergency Plan for AIDS Relief
(PEPFAR)

Phone (mobile): +1-202-615-5186

(office) +1-202-663-2802

Email: AchrekarA@state.gov

Country Chair:

- PEPFAR HQ Focal Person for specific country based in HQ

PEPFAR Program Manager (PPM):

- Liaising, coordinating, and facilitating collaboration among Field and HQ staff involved in the implementation and management of PEPFAR in-country activities;
- Supporting PEPFAR Chair to establish and maintain productive working relationships with stakeholders; and managing, coordinating, and facilitating the implementation of the PEPFAR program

How to contact: Request in-person meeting, letter, email me explaining issues, Country Coordinator written feedback, data, why you disagree with the Country Coordinator and teams/agencies. Contacts are all available with PEPFAR Watch.

PEPFAR HEADQUARTERS CONTACTS

Country	Chair	Pepfar Program Manager (PPM)
Burundi	Rachel Golin rgolin@usaid.gov	Pooja Vinayak pje6@cdc.gov
Burkina Faso (West- Africa bloc)	Fatuma Sanneh SannehFY@state.gov	Diana Huestis HuestisDL@state.gov
Kenya	Mike Ruffner RuffnerME@state.gov	Christalyn Steers-McCrum SteersCM@state.gov
Mozambique	Jason Bowman BowmanJJ@state.gov	Michelle Zavila ZavilaM@state.gov
Nigeria	Bill Paul paulws@state.gov	Lorin Letcher whk4@cdc.gov
South Africa	Jirair Ratevosian ratevosianj@state.gov	Matthew Wollmers WollmersM@state.gov
Uganda		

PEPFAR Washington leads from all the five agencies - USAID, CDC, Peace Corps, DoD, State Dept and Peace Corps

- Responsible for high level strategy, technical, budget and other strategic decisions regarding that specific country as useful for next step contentious decisions not reached at country level.

PEPFAR HQ team can block decisions but can also be an **ALLY** in challenging proposals and decisions of PEPFAR Country Teams. **Get them to hear you and see the issues from your lens!!!**



PEPFAR IN-COUNTRY COORDINATOR



- In some countries, the PEPFAR Coordinator also has a deputy Coordinator, both report to the US Chief of Mission in-country.
- In some cases, the US Chief of Mission can also be influential.
- The PEPFAR Coordinator leads in the in-country stakeholder engagement and US Government interagency coordination.

Engage not just with the Coordinator but also with the Heads and Technical Teams of specific departments of interest from all the five agencies USAID, CDC, Peace Corps, DoD, State Dept and Peace Corps

Please put everything in writing and ask for written feedback, with reasons of rejection for your asks (very crucial)!

- Engage previously and continuously with MoH to lobby on your priorities and to understand the MoH's priorities.
- MoHs can be allies but also the biggest bottleneck in winning, especially on Key Populations issues, and where they are reluctant to implement any of the minimum program requirements;
- Ministries of Health can at times adopt a gate keeper attitude, and even threaten CSOs to not expose and bring up sensitive issues in the meetings. COPs are an opportunity for CSOs to push back and win things that would not be won if left to the MoHs decisions and political will alone.

CSOs and PEPFAR can override some of the decisions from Ministries of Health (MoH). MoHs hold strong power at country level, but that power weakens at the regional level decisional meetings - leverage and maximise that!



GLOBAL AGENCIES & DONORS

GLOBAL FUND, WHO, UNAIDS, etc..



- WHO: Technical issues related to guidelines and evidence for WHO,
- UNAIDS: Human Rights and Community Issues
- GLOBAL FUND: resources alignment

Expect a ping pong, especially between GF and PEPFAR, and be prepared to push back to both. Reject PEPFARs responses that they will not do xyz because GF is doing it unless you see evidence or receive confirmation from the room. Still, you can push PEPFAR to do more even where GF has some resources.

Meet with those actors, virtually or in person where able to, send letters or emails.

Leverage of the presence of both Geneva and country level-based staff of these organisations to hold governments and PEPFAR country teams accountable.

IMPLEMENTING PARTNERS (IPs)

- Implementing partners are both international and local Orgs (e.g. FHI360, Jpiego, MSH, etc.)
- CSOs must manage partners' performance and implementation cost differences and gaps
- COP Guidances: increased exigencies for transition to local partner, but this remains a challenge.

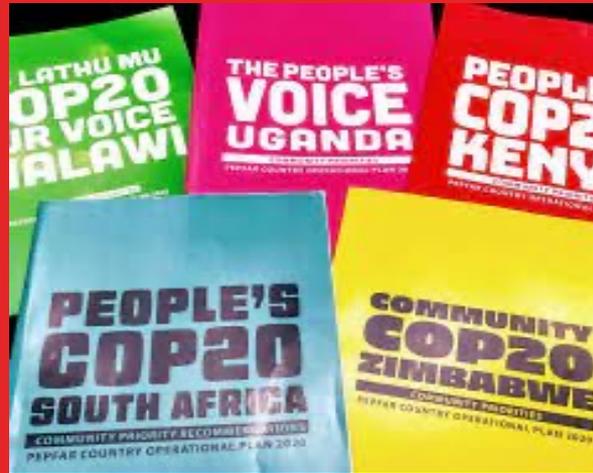
Still, CSOs must demand greater involvement of community-led and local organizations

- Collaborate, collaborate, network, speak with one voice, get strength in numbers;
- Ensure other CSOs buy into and understand your issues and can effectively push back with you and stand with you;
- Reach out to global CSOs, mobilize and lobby them to support and push through your asks. They are super influential and insiders on PEPFAR – and can provide strong technical support to local CSOs.



Pepfarwatch.org - Email: Info@pepfarwatch.org

- MUST READ PAGES 117- 123 of the COP GUIDANCE for Expectations from PEPFAR around each process meeting or documents
- https://www.state.gov/wp-content/uploads/2022/01/COP22-Guidance-Final_508-Compliant.pdf



EXAMPLE OF DEMANDS FROM CIVIL SOCIETY ORGANISATIONS IN ZIMBABWE

Stakeholder Recommendations & Responses

Stakeholder Recommendation	PEPFAR Zimbabwe Response
Expand PrEP program rollout	<ul style="list-style-type: none">Overall: 90% increase in budget; 70% increase in PREP_NEW; 75% increase in PREP_CURR
Roll out Microbicides for AGYW	<ul style="list-style-type: none">Demonstration project planned for DREAMS
Expand Investment in Key Population Programs	<ul style="list-style-type: none">Modest KP budget increase in otherwise declining budget year; increased targets in COP21; Continued investments in SW, MSM and transgender. Continued capacity building of CBOs
Support quality mental health services for PLHIV, KPs and others	<ul style="list-style-type: none">Friendship Bench being brought to scale; IPs to empower more PCs to provide relevant Mental Health counseling services as first point of contact; need for clear MOHCC guidance on HIV and Mental Health integration.
Improve Paediatric HIV Management and provide optimal Paediatric ART	<ul style="list-style-type: none">Increased pediatric ARVs budget by \$328K to cover 70% gap; all IPs (including Zvandiri and OVCs) are laser focused on this; PEPFAR will increase pediatric DTG coverage; POC EID will be supported.
Expand viral load to 85% of all eligible people; improve IST	<ul style="list-style-type: none">Increased budget for VL reagents by \$447,543 to help with VL surge; PEPFAR is working closely with GF on IST. GF will be saturating the PEPFAR supported districts as well as the remaining 23 districts.
Increase HRH including lab technicians, CATs, data clerks, nurses in PEPFAR districts	<ul style="list-style-type: none">PEPFAR's support for HR increased significantly in 2020; work on a joint HRH inventory and situational analysis is ongoing with donor group.
Consolidate and strengthen the existing Community-Led Monitoring (CLM)	<ul style="list-style-type: none">CLM investment remains at \$1M in COP21 despite downward budget year; first round of CLM grants is currently being finalized; PEPFAR CLM specialist hired and starts in June.

**COMMUNITY
COP21
ZIMBABWE**

COMMUNITY PRIORITY RECOMMENDATIONS

FOR PEPFAR COP21

1. KPs Program Outstanding Issues



- ❖ PEPFAR maintains at least \$8,586,386 supporting COP21 as well as integrating the lessons of KPIF implementation into how COP funding is allocated and programmed-**CSOs reject the funding cut for KPs**
- ❖ Address non clinical determinants of health for KPs: PFLAG, HRL, HRV, IPV, Life skills
- ❖ Strengthen support for community case-based management for KPs to meet the unique needs of clients and improve the service experience for communities on the fringes
- ❖ Support the provision of gender affirming interventions such as provision of hormonal therapy and other medical equipment such as binders for trans and gender diverse persons (*Learning from the Vietnam Case referenced in the COP21 guidance*).
- ❖ Strengthening the capacity of the community footprint to actively participate in retention in care (delivery of the MMD ART supplies)
- ❖ Use of virtual platforms (tele- health) to support clients on ART strengthen the public sector to provide KP friendly HIV treatment supporting the expansion of service delivery in KP DICs
- ❖ Invest in Treatment and support for Victims of GBV for KPs

1.1.KPIF



- ❖ Continued investment through the KPIF, retaining technical expertise in the TSC to coordinate and support efforts towards entrenching the HIV response for KPs in the public sector and anchored within strengthened KP led community-based organizations
- ❖ Reconfigure the funding mechanism (as is case under CLM) for KPIF to ensure that resources reach grassroot, peer to peer KP led organizations. CSOs recommend PEPFAR to consider having a purse under KPIF funded through the PEPFAR small grants program.
- ❖ Provide technical support for expansion and capacity building of service provision for key populations through the public sector.

2. Dapivirine Ring Outstanding Issues



CSOs welcome the Response to the Community COP21 that PEPFAR will address the Dapivirine Ring in COP21. However, CSOs want to know if the Dreams Project via PSI under USAID and USAIDs Central Support outside of COP will include the following:

- ❖ With MoH and CSOs, lobby for the expediting of registration of the Dapivirine Vaginal Ring (DVR) and, eventually, long-acting cabotegravir for prevention (CAB-LA).
- ❖ PEPFAR in COP21 should already identify programs and models of care for the rollout of the Ring
- ❖ PEPFAR in COP21 should budget for the provider training needs for rolling out the Ring
- ❖ Fund community and civil society roles in leading communications, demand generation and engagement in program design and roll out
- ❖ PEPFAR to consider integration of Ring into SRH services including FP as well as community models



3. Invest in Men, Boys and AGYW Prevention Models/Approaches



- ❖ PEPFAR to support SBCC programs for out of school Youth including expansion of the DREAMS program and strengthening and adopting models such as the Brother-to-Brother model, the SASA model for engaging ABYM
- ❖ PEPFAR to expand the condom program by providing a wider choice of condoms for young people.
- ❖ Support fast track models for men at facilities and in communities through medicine collection points and community drug delivery point, and male community ART groups to improve adherence and retention.

7. Mental Health/Psychosocial support



- ❖ Extend counselling services for PLHIV, Adolescents, Young People and Adults +50 Living with HIV particularly those reporting drug and substance abuse such as the Trans community that is reporting increased self-injection of hormonal products.
- ❖ Adopt and expand existing Counselling Services models such as Friendship Bench Model, hotline and virtual platform approaches. Use of peer driven psychosocial support modelled after the Friendship Bench initiative
- ❖ Support and KP CBOs with KP friendly psychosocial counsellors to provide mental health support.
- ❖ Invest in training of frontline health care providers to conduct routine screening and first line support for KPs in psychosocial distress

8. HRH Outstanding Issues



- ❖ Hire about 95 mix of lab scientists and data clerks in line with COP20 commitments. Out of the 133 lab scientists and Data Clerks, only 43 scientists are contracted so far. In addition, district laboratories and diagnostic centers need 55 Lab Scientists and 55 SMLTs to improve turnaround time.
- ❖ Increase the number of Community ART Treatment Services (CATS) from the current 885 to 1500 and consider layering with other approaches.
- ❖ Fund at least 800 Psychosocial Support and Mental Health (on average 20 per district) support.

10. Other Treatment Outstanding Issues

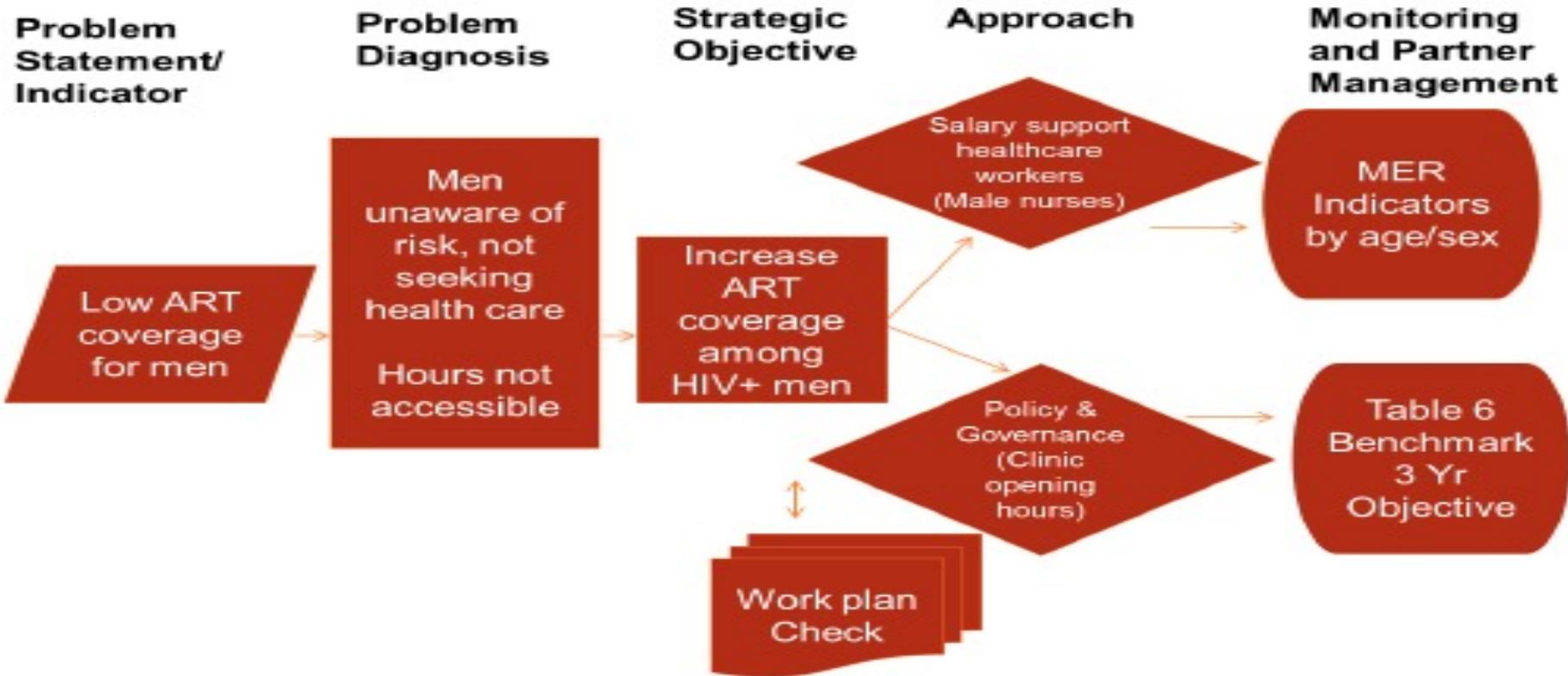


- ❖ Aging with HIV: In COP21, PEPFAR should support a Needs Assessment survey to assess the impact of HIV on older adults (≥ 50 years) with HIV in Zimbabwe.
- ❖ PEPFAR COP21 to incorporate DSDs e.g. MMD for reaching AGYW and KP to access SRHR, HIV/AIDS and COVID-19 services and OFCAD model
- ❖ Strengthen supply chain for HIV/ SRHR commodities for effective Multi Month Scripting and Dispensing (MMD)
- ❖ PEPFAR to work with MOHCC to ensure **true** removal of User fees



Preparing for Engagement

RECAP: Preparation and Positioning Your Engagement





RECAP: Critical Points for PEPFAR's decision at the end of the COP Process



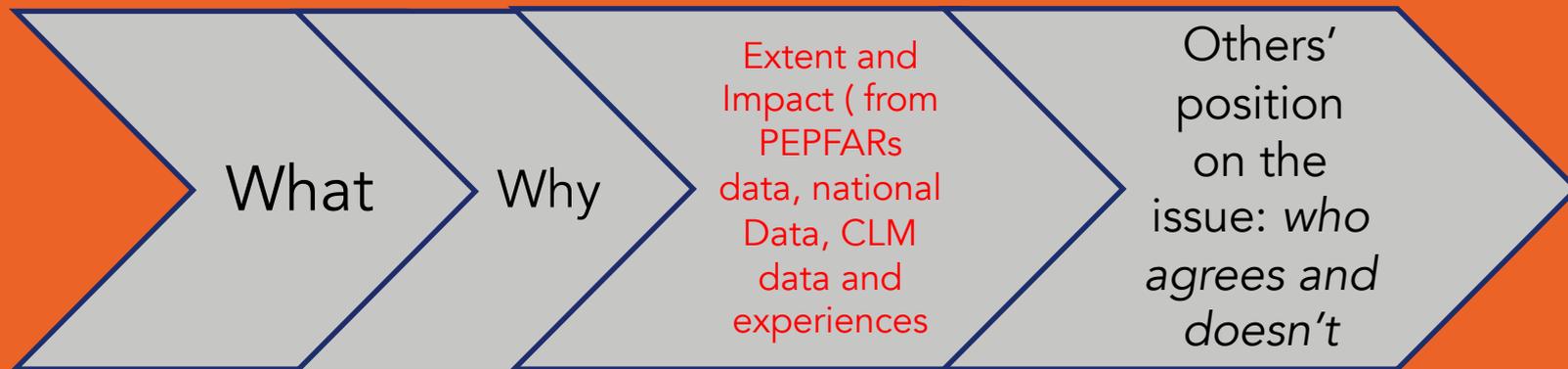
- The goals and priorities for the country;
- Proposed approaches, "how's", solutions and what strategies and interventions will be used by the IPs
- "Where" and "who" will be prioritised
- The targets / goals
- A detailed budget

TIP: Use the same as lens especially for deciding your specific asks – *what do you want PEPFAR to specifically change* – look at every piece of information from this lens and perspective to determine your feedback to proposed interventions, targets, budgets, etc.

Developing and Framing CSOs Asks/Demands

IDENTIFYING AND ANALYSING THE ISSUES

KEY ELEMENTS FOR YOUR ANALYSIS



✓ What are your proposed solutions: be very detailed

Qualitative

- Surveys
- Questionnaire
- Focus group
- Interviews
- Observations
- Client or doctor stories
- Photo essays etc

Quantitative

- Surveys
- Questionnaires
- National HIV data
- PEPFAR Data
- Baseline studies
- Your own CLM data

PEPFAR LANGUAGE

HOW TO GATHER DEMANDS AND INFO

CSOs Priorities (see following slides for examples of how to word the demands/priority)

What PEPFAR currently says about the issues (for your country, see COP Guidance, country Planning Letter, previous SDS and Quaterly Data)

Gaps in current practices, approaches and Solutions according to CSOs (refer to slides 49, 50 and 52)

Use EXACT language of what PEPFAR should do with EXACT Targets and Budgets, Populations, Locations and specific models of care (name it by name if it has a name should they implement)

Your CSO Priority must be SMART in wording and MUST contain:

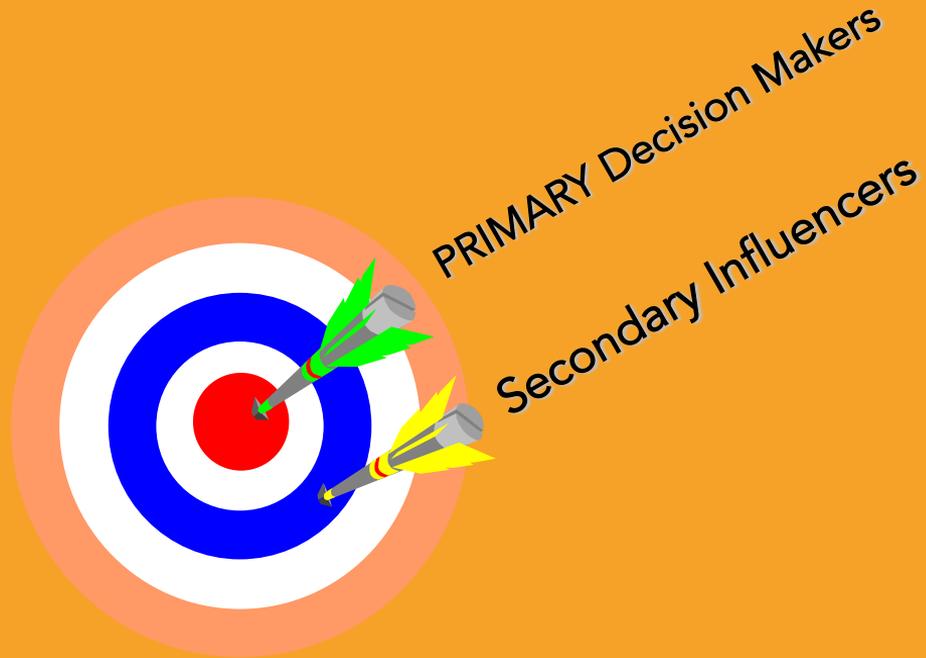
- **What** do you want to change? What is your objective? What is the issue you want to address?
- **Define targets:** degree of change or expansion, % or specific number
- **Budgets:** How much more money are you asking for?

Your CSO Priority must be SMART in wording and MUST contain:

- **Where:** in which PEPFAR locations/districts/sites
- **How:** Models of Care you want to be implemented or expanded-
NAME IT
- **For Who:** For specific Target Population? e.g AGYW or everyone?

You have developed and
worded your demands,
now what??

POWER + ACTORS + TARGET MAPPING





STAKEHOLDERS MAPPING



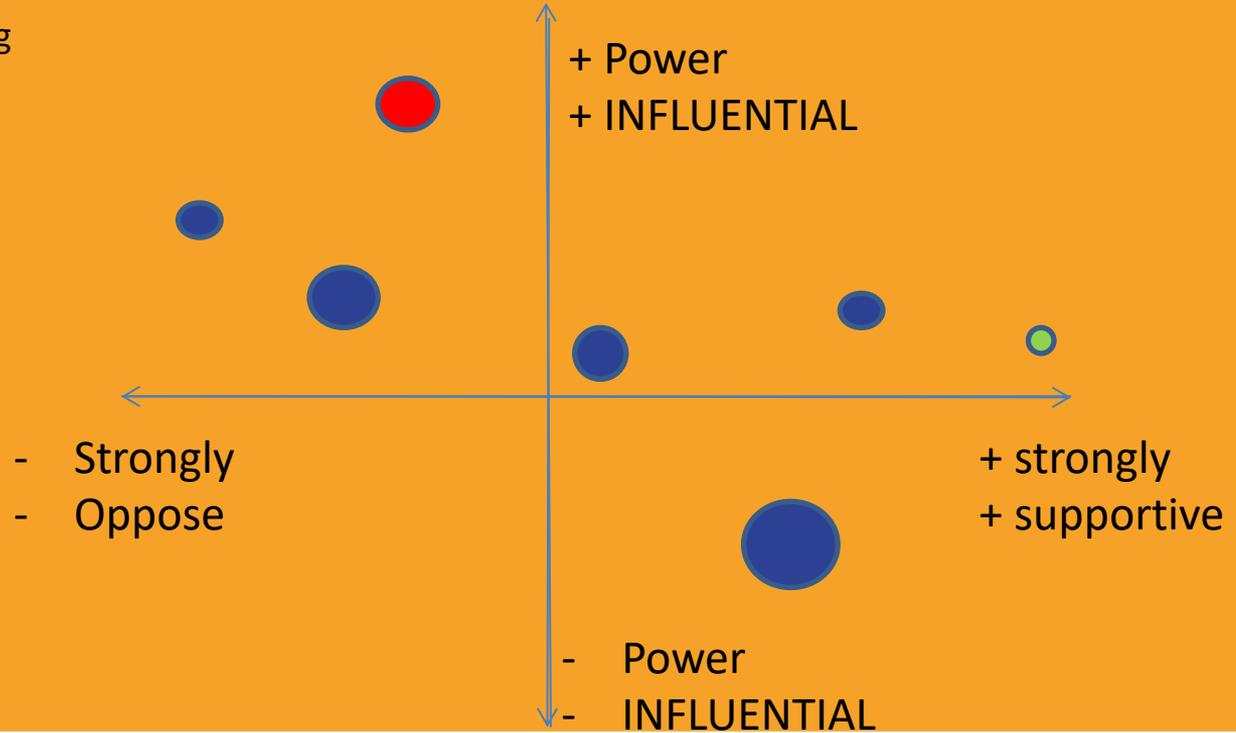
	Stakeholder 1	Stakeholder 2	Stakeholder 3
Stakeholders name (person / organisation)			
Interests in the issue (and responsibilities in the issue)			
Opposition or support on the issue (strong ally, medium, neutral, medium or strong opponent)			
Influence over the issue (unknown, no influence, moderate, significant, very influential)			
Relevance			

TIP: FOCUS on Individual(s) inside organisations and their influencers for faster results.
WHO is on the FENCE?

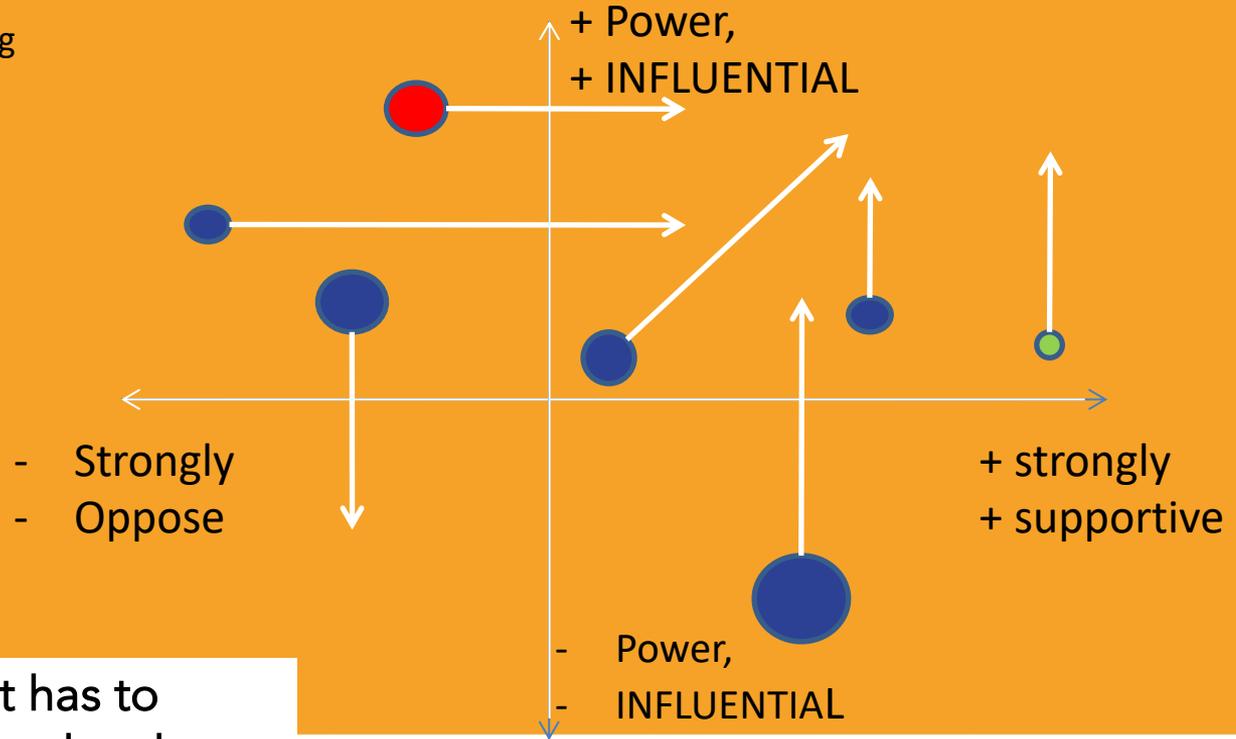
Green = you/objective/positioning

Red = decision maker

Blue = other actors

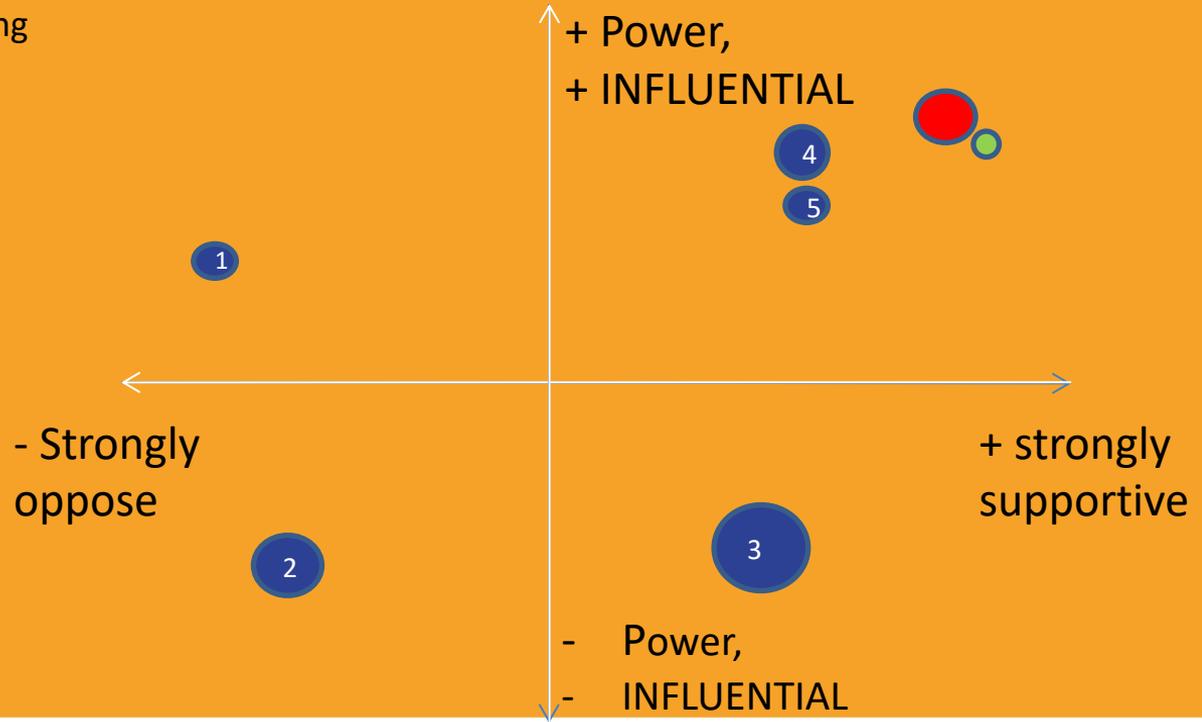


Green = you/objective/positioning
Red = decision maker
Blue = other actors



This is the picture of what has to happen (in which direction they have to move = intention = ideally!)

Green = you/objective/positioning
Red = decision maker
Blue = other actors



You have the demands/priorities,
you understand the actors and
stakeholders and you are
connected to CSOs,
Now What?



Summary

ENGAGEMENT OPPORTUNITIES



What	When
DRAFT PEPFAR COP Guidance	Mid Nov-Mid Dec
Final COP Guidance	Early Jan
Planning Letters Release	Mid Jan
In Country Retreats	End Jan- early Feb
Regional Planning Management Meetings (all global and national stakeholders)	7 th – 14 th March
COP Approvals	End April to May (rolling basis)
Draft+ Final Country Strategic Direction Summaries	End April to May
Implementation of the COP	Starts 1 st Oct
Quarterly Reviews of Implementation Data	Every quarter

PEPFAR 2022 Country and Regional
Operational Plan (COP/ROP) Guidance
for all PEPFAR-Supported Countries



Detailed over 700+ pages of instructions for preparing country plans:

- Guidelines for engagement with stakeholders including CSOs and expectations
- Draft released Mid Nov for comments to Mid December
- Final early Jan
- Includes Minimum Program Requirements and expectations of PEPFAR
- Contains Technical Guidance
- Timelines and schedules for meetings

- ACTION: Bring your Comments/ Request Changes



United States Department of State
Washington, D.C. 20520

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January 19th, 2022

INFORMATION MEMO FOR CHARGE d'AFFAIRES THOMAS HASTINGS, ZIMBABWE

FROM: S/GAC – Acting U.S. Global AIDS Coordinator, Principal Deputy Assistant Secretary, Dr. Angeli Achrekar, DrPH, MPH

THROUGH: Therese Wingate, Chair and Jennifer Cole, PEPFAR Program Manager

SUBJECT: Fiscal Year (FY) 2023 PEPFAR Planned Allocation and Strategic Direction

Dear Chargé Hastings,

First and foremost, I sincerely hope that you and your team are safe and healthy. I am extremely grateful for your ongoing leadership of the PEPFAR program and additional COVID-19 response efforts during this difficult year.

While countries around the world continue to manage the effects of the COVID-19 pandemic, and the U.S. government acts on its commitment of support, it is encouraging to see vaccines making their way around the globe. The COVID response efforts – and continued use of the PEPFAR platform to support testing and vaccine delivery and uptake at point of care settings – are essential to our ability to provide ongoing care and life saving support for people living with HIV. The PEPFAR program has faced many challenges as a program during this period. Nevertheless, the PEPFAR family and partners have carried the mission forward while enduring significant personal impacts of COVID-19. Despite these challenges, what remains true is the strength and resilience of PEPFAR in partnership with countries and communities – through our teams, and our programs in the midst of dueling pandemics

Tremendous effort has been made by PEPFAR over the year to protect and accelerate the HIV gains, while leveraging the platform to respond to COVID-19 as well.

PEPFAR Country/Regional Operational Plan (COP/ROP 2022) (for implementation in FY2023) represents a pivotal year in PEPFAR, as several countries are reaching or approaching the agreed upon UNAIDS 95/95/95 benchmarks for attaining epidemic control. As countries approach these benchmarks, while pivoting from “scaling to close gaps” to “sustaining” epidemic control, we must ensure HIV program and population equity, address outstanding barriers that threaten to derail progress made in reducing new HIV infections and associated mortality, and tailor our programs to serve all populations.

ACTION / QUESTIONS TO ASK:

- What concerns and issues do you have over budgets and priorities?
- What concerns do governments and other stakeholders have?
- What PEPFAR supports of or is aligned on with CSOs?
- What do CSOs disagree with and how will you raise and reflect this feedback on the planning letters with PEPFAR?

TABLE 4: Programmatic Controls: Programmatic controls are used to track programmatic directives that can be tracked by a combination of program area and/or beneficiary. Programmatic controls may overlap with Initiatives, for example PrEP for Adolescent Girls and Young Women may count towards both the DREAMS Initiative and the PrEP (AGYW) programmatic control. See Appendix 1 for more detailed information on programmatic controls.

	Bilateral	Central	TOTAL
Total Funding	\$ 6,346,200	\$ -	\$ 6,346,200
PrEP (AGYW)	\$ 3,299,200	\$ -	\$ 3,299,200
PrEP (KPs)	\$ 3,047,000	\$ -	\$ 3,047,000

Example: Status of Minimum Programme Requirements

Adoption and implementation of Test and Start



Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections



Evidence of treatment and viral load literacy activities supported by MoH, NAC – U=U messages



Scale-up of case surveillance and unique identifiers for patients across all sites.



Rapid optimization of ART



Scale-up of index testing and self-testing



Clear evidence of agency progress toward local, indigenous partner direct funding



Adoption and implementation of DSD models for all clients with HIV



Elimination of all formal and informal user fees in the public sector



Evidence of host government assuming greater responsibility of the HIV response



All eligible PLHIV should complete TPT by the end of COP 2021, & cotrimoxazole must be integrated into HIV clinical care.



Integrating effective quality assurance and CQI practices into site and program management



Monitoring and reporting of morbidity and mortality outcomes



Attained



Will be met by Sept 2021



Will be met by Sept 2022



Example: Agenda Country Retreat Meeting



MONDAY, JANUARY 31

INTRODUCTION TO COP22: OVERVIEW AND PRIORITIES

Time	Agenda	Preparers/Presenters
14:00-14:10	Welcome & Introduction: Overview of Goals, Deliverables, Roles, Responsibilities & Agenda	PEPFAR Office
14:10-14:15	Opening Remarks	Embassy Front Office
14:15-14:45	Session 1: What's New for COP 22 <ul style="list-style-type: none"> Budget Overview including earmarks and other funding requirements Summary of policy directives and technical approaches Program focus in COP 21 for PEPFAR Zimbabwe 	S/GAC Chair Teri Wingate
14:45-15:30	Session 2: High Level Summary of Government of Zimbabwe (GOZ) Achievements & Priorities <ul style="list-style-type: none"> Presentation of national achievements & priorities Feedback on COP22 guidance and technical direction 	Dr. Owen Mugurungi, Director HIV/TB, MOHCC
15:30-16:00	Session 3: Global Fund Portfolio in Zimbabwe <ul style="list-style-type: none"> GF support to Zimbabwe's COVID-19 Response GF HIV, TB and Malaria achievements and priorities for 2022 Alignment with PEPFAR's COP22 strategy 	Tatjana Peterson, GF Portfolio Manager
16:00-16:30	Session 4: Civil Society Achievements and Priorities <ul style="list-style-type: none"> Presentation on notable achievements during 2021 CSO Priorities for 2022 Feedback on PEPFAR's COP22 guidance and technical direction 	CSO Representative
16:30-17:00	Session 5: Review of Zimbabwe HIV Estimates	Blessing Wazara Trust Chiguvare Mutsa Mhangara
17:00	End Day 1	

Example: Agenda Country Retreat Meeting

TUESDAY, FEBRUARY 1

GOAL 1: ACCOMPLISH THE MISSION

Time	Agenda	Preparers/Presenters
14:00-14:05	Welcome and Agenda Review	PEPFAR Office
14:05-14:45	Session 6: Case-Finding and other screening programs (COVID-19 adaptations, current status and plans for COP22) <ul style="list-style-type: none"> • Case identification • Cervical Cancer/PMTCT • TB screening and TPT • Discussion (20 Minutes) 	Onesimo Maguwu Rickie Malaba Ponesai Nyika Talent Maphosa Ruth Bulaya-Tembo
14:45-16:10	Session 7: Person-Centered Prevention (COVID-19 adaptations, current status and plans for COP22) <ul style="list-style-type: none"> • VMMC • DREAMS • KP • OVC • Condom Strategy • Discussion: (20 Minutes) 	John Mandisarisa Tinashe Tembo Patience Matambo Collen Marawanyika Samson Chidiya
16:10-17:00	Session 8: Continuity of Treatment (COVID-19 adaptations, current status and plans for COP22) <ul style="list-style-type: none"> • Implementation challenges and solutions from 2021 • Tracking across non-PEPFAR districts • COP22 Strategies for Pediatric and Adult Treatment • Discussion (10 minutes) 	Ponesai Nyika Tendai Nyagura
17:00	End Day 2	



Example: Agenda Country Retreat Meeting



WEDNESDAY, FEBRUARY 2, 2022

GOAL 2: BUILD ENDURING CAPABILITIES

Time	Agenda	Preparers/Presenters
14:00-14:05	Welcome and Agenda Review	PEPFAR Office
14:05-15:00	Session 9: The Third 95 Viral Load Scale-Up & Laboratory Programming <ul style="list-style-type: none"> Update on the current state of the PEPFAR Zimbabwe laboratory program (including VL). Key program successes and approaches to close gaps within the VL-EID Cascade Strategies and budget for COP 22 towards universal coverage Discussion (15 minutes) 	Prisca Chikwanda Millicent Matenheyi Ruth Bulaya-Tembo Solomon Mukungunugwa
15:00-16:00	Session 10: People-Centered Supply Chain <ul style="list-style-type: none"> Overview of PEPFAR/Global Fund investments in supply chain management Current status of commodity stocks and funding gaps Challenges and successes of supply chain and addressing gaps in COP 22 Discussion (20 minutes) 	Millicent Matenheyi James Batuka Takudzwa Machirori Judith Chaumba UNDP
16:00-16:30	Session 11: Human Resources for Health (HRH) <ul style="list-style-type: none"> Review of PEPFAR's HRH footprint Adjustments for COP22 Discussion (10 minutes) 	Chiedza Marisa Matthews Maruva
16:30-17:00	Session 12: Electronic Health Records (EHR) <ul style="list-style-type: none"> Review EHR development and implementation progress COP22 priorities Discussion (10 minutes) 	Mobby Muzamhindo Mutsa Mhangara
18:00	End Day 3	



Example: Agenda Country Retreat Meeting



THURSDAY, FEBRUARY 3, 2022

GOAL 3: BUILD LASTING COLLABORATIONS

Time	Agenda	Presenters
14:00-14:05	Welcome and Agenda Review	PEPFAR Office
14:05-15:00	Session 13: Sustainable Epidemic Control <ul style="list-style-type: none"> • State of Sustainability – 2021 Index and Dashboard • Minimum Program Requirements • Sustainability Framework • Discussion (20 minutes) 	Judith Chaumba Matthews Maruva Talent Maphosa
15:00-15:45	Session 14: GOZ Thoughts on Sustainability <ul style="list-style-type: none"> • Zimbabwe Country Context • Zimbabwe Roadmap for Increased Domestic Health Financing and Responsibility • Zimbabwe National HIV/AIDS Strategic Plan (2021-2025) • Discussion (20 minutes) 	MOHCC
15:45-16:30	Session 15: Community-Led Monitoring (CLM) <ul style="list-style-type: none"> • Discussion on 2021 achievements in CLM • COP22 vision for CLM • Discussion (20 minutes) 	ACT Co-Chairs Deloune Matongo
16:30-16:50	Strategy Retreat Participant Feedback and Recommendations	
16:50-17:00	Wrap-up and Way Forward	PEPFAR Office
17:00	End Day 4	



REGIONAL PLANNING MEETINGS KEY TIMELINE



- **Group 1: Week of March 7, 2022**
 - **Single OUs**
 - Nigeria, Rwanda, Cameroon, Mozambique, Ukraine, South Sudan, South Africa
 - **Sustaining Impact OUs**
 - Lesotho
- **Group 2: Week of March 14, 2022**
 - **Single OUs**
 - Burundi, Dominican Republic, Zimbabwe, Tanzania, Côte d'Ivoire, Ethiopia, Democratic Republic of Congo, Angola, Malawi
 - **Sustaining HIV Impact OUs**
 - Uganda
 - **Regional Platforms**
 - West Africa Region
- **Group 3: Week of March 21, 2022**
 - **Single OUs**
 - Vietnam, Zambia, Haiti
 - **Sustaining Impact OUs**
 - Kenya, Botswana, Eswatini, Namibia
 - **Regional Platforms**
 - Western Hemisphere Region, Asia Region



EXAMPLE OF APPROVAL LETTER



United States Department of State
Washington, D.C. 20520

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April 16, 2019

ACTION MEMO FOR DEBORAH L. BIRX, AMBASSADOR-AT-LARGE; COORDINATOR OF THE UNITED STATES GOVERNMENT ACTIVITIES TO COMBAT HIV/AIDS AND U.S. SPECIAL REPRESENTATIVE FOR GLOBAL HEALTH DIPLOMACY

SUBJECT: Uganda Country Operational Plan 2019 Approval

Recommendations

Approve the Uganda Country Operational Plan (COP) 2019 with a total budget of \$409,237,739 including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

Uganda	New Funding Full account CP*	Pipeline**	Total Budget FY2020 Implementation
Total Budget	342,032,210	67,205,429	409,237,739
COP 19 Bilateral	342,032,210	67,205,429	409,237,739

* New Funding may refer to FY 2019 or other FY appropriations newly allocated for implementation in FY 2020 with COP 2019; accounts indicated in detailed tables.

** Pipeline refers to funding allocated in prior years and approved for implementation in FY 2020 with COP 2019.

Approve a total FY 2020 outlay for COP 2019 implementation that does not exceed the total approved COP 2019 budget of \$409,237,739. Any prior year funds that are not included within this COP 2019 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2020 without additional written approval. The new FY 2019 funding and prior year funds approved within this memo as a part of the total COP 2019 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2020– must be submitted to and approved by S/GAC.

Approved funding will be made available to agency headquarters for allocation to country platform to implement COP 2019 programming and priorities as outlined below and in the appendix.

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Approval Meeting: Opportunity for CSOs to validate and approve everything –
It is Ok to say CSOs don't agree to the COP for the specific countries!

Burundi
Country Operational Plan
(COP) 2021
Strategic Direction Summary
May 3, 2021



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- Investment profile
- **Narrative** of how PEPFAR will spend and allocate resources
- Summary of data used to plan and allocate resources
- Approaches to be implemented in summary

Also includes:

- Detailed country context and epi profile
- Activities, approaches by program areas
- Geographical and population prioritisation
- Program support: Lab, HRH, Policy and governance issues etc

ACTION: Request specific language to ensure what was agreed during the country and regional meetings is included in detail!

TIPS AND TRICKS

USE THE BEST ADVOCACY TATICS

Once your actors are positioned on the map, decide which are the key ones you're going to concentrate on and how you're going to engage with them and who does what

- Those that support your position and have power: make best use of them to help you push
 - Those that don't support your position and have power: PEPFAR, or Govt, you will have to escalate and be bold in your approaches, do not back up and do not take no for an answer, do not give up ! They will come around if you have strong points !!!
-



TRANSITION COUNTRIES

APPROACHES & TACTICS



- **Speak Up, Ask questions and expect answers.** Halt and hold conversations in a holding pattern- because PEPFAR wants to move on, they will have to respond or create a separate meeting.
 - Strategically present all demands and ask for **word for word responses** to the CSOs demands, refuse to move conversations forward until issues are clarified.
 - Negotiate for a **rapid meeting during break** times to go through contentious issues.
 - **Request virtual meetings with the Chair and PPMs** before and or after meetings especially to iron out burning issues and negotiate.
 - **Use your allies** WHO, GF, Govt and other global CSOs to help you push.
 - If overly ignored and discussions continue, reject participation and do not endorse the COP.
 - **Campaigning!...Last Resort**
-

1. Do NOT be intimidated! **You're the Experts** and Why PEPFAR is here: **OWN the SPACE !!**
 2. INFLUENCING PEPFAR COPS is both Science and an ART: no universal formula but we also have lessons learnt and know what works.
 3. BE STRATEGIC: Engage with clear SMART objectives and PRE-defined Outcomes. It's about what PEPFAR wants to do and not what you think should be done.
 4. PRIORITISE and BE BOLD with your demands - and FIGHT HARD, NEGOTIATE, BUILD CONSENSUS AROUND THEM!
 5. Keep to minimum well analysed high hanging priorities per country: **3 to 5 is ideal - no shopping list.**
-

-
6. **SPEAK PEPFAR LANGUAGE:** Understand PEPFARs Data, Your CLM Data and Human Interest stories, national data.
 7. **PUT THINGS in WRITING** and expect written responses to each demand: Be Part of Peoples COPs where Present, if not, Use Available Tools.
 8. **Use MULTIPLE LAYERS** and entry Points of engagement: Country level engagement is not enough, the biggest shifts happen at regional and HQ level meetings and engagements (also lobby Govt, Global Fund, WHO, other CSOs, UNAIDS, Implementing Partners, US Ambassadors, Technical Teams in USAID, CDC, etc).
 9. **Leverage power of Coordination and collaboration with other CSOs:** reach out for expert support.
 10. **OWN THE SPACE** - understand and play the politics, don't take no for an answer, keep pushing, escalate tactics
-

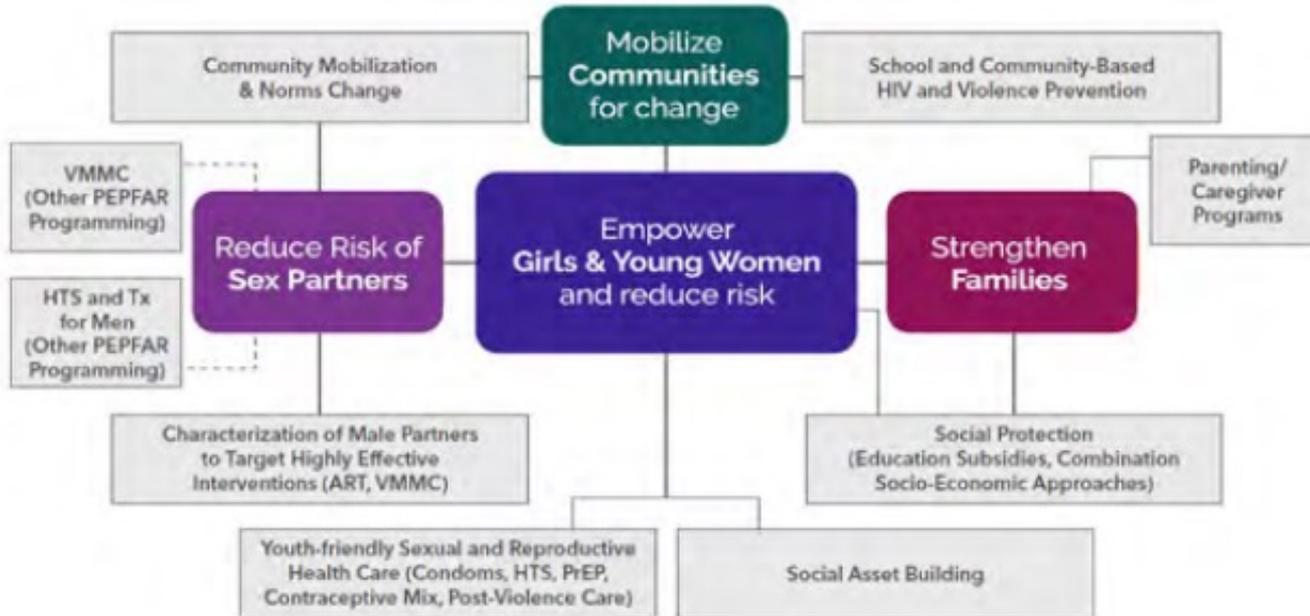
1. PEPFAR data granulated data up to facility level: <https://data.pepfar.net/>
 2. PEPFAR COP22 Guidance: <https://www.state.gov/2022-country-operational-plan-guidance/>
 3. Examples of previous year's final outputs of this process (final approved country operational plans, strategic direction summaries, budgets etc): <https://bit.ly/2sid5MZ>
 4. PEPFAR WATCH: Incredible Resources for CSOs <https://bit.ly/34fkoCt>
Email: info@pepfarwatch.org for how they can be part of the wider CSOs learning, sharing and impacting.
-

Additional Resources

1. <https://www.kff.org/global-health-policy/fact-sheet/the-u-s-presidents-emergency-plan-for-aids-relief-pepfar/>
2. <https://www.state.gov/pepfar/>
3. PEPFAR data granulated data up to facility level, <https://data.pepfar.net/>
 - PEPFAR COP22 Guidance- <https://www.state.gov/2022-country-operational-plan-guidance/>
 - For examples of previous year's final outputs of this process (final approved country operational plans, strategic direction summaries, budgets etc) see <https://bit.ly/2sid5MZ>
 - PEPFAR WATCH- Incredible Resources for CSOs <https://bit.ly/34fkoCt> . Email info@pepfarwatch.org for how they can be part of the wider CSOs learning, sharing and impacting
 - <https://www.state.gov/wp-content/uploads/2021/02/PEPFAR2021AnnualReporttoCongress.pdf>

Extra Slides

Dreams Core Package



Key Populations: build on strong foundation to strengthen quality of client-centered approaches

COP20 Current Program	Emphasis in COP21
Expanded DSD	<p>Strong Performance Due to Expanded DSD Client Centered Services and Program Innovations</p> <ul style="list-style-type: none">• Comprehensive Case Management• Adherence Support• Community ART initiation/dispensation, MMD, DSD assistants, integrated TB, community VL collection
Strengthened support across cascade	<p>Strong differentiated support for KP across clinical cascade, including for PrEP and VLS</p> <ul style="list-style-type: none">• Continued PrEP Scale-up• Differentiated HTS, including HIVST• Strengthening KP friendly public sector sites
Introduction of new activities and innovations	<p>Initiated both TG and cross border activities; virtual support; increased violence prevention and response activities; transition of LP; community led monitoring; TSC fully standing</p> <ul style="list-style-type: none">• Integration of screening & support for violence, substance abuse, mental health, referrals for children of KP• Quality assurance: community led monitoring, role of TSC• Continued KP engagement through TSC and KP Forum• Capacity building for local KP CBOs• Integration of KPIF into COP: support to TSC and cross border activities