

September 13, 2022

Ambassador Dr. John Nkengasong
U.S. Global AIDS Coordinator and Special Representative, Global Health Diplomacy
President's Emergency Plan for AIDS Relief (PEPFAR)
Washington, DC

Dear Ambassador Nkengasong,

We are community members, key populations, and civil society leaders from PEPFAR supported countries and around the world. We have worked for decades to improve the impact and accountability of PEPFAR.

We are writing to you today because we are deeply troubled by reports that PEPFAR is considering eliminating the in-person Regional Planning Meeting (RPM) process as part of the Country Operational Plan (COP) cycle starting in FY24. Specifically, we are responding to the memo from August 18, 2022 from yourself to PEPFAR staff stating:

S/GAC will shorten the COP/ROP process such that it can be completed in eight to 10 weeks. The first four weeks will focus on in-country strategy development with key partners and civil society, followed by an in-country planning meeting with the S/GAC Chair, PEPFAR Program Manager (PPM) and Country Accountability and Support Team (CAST). Once an agreement on strategy has been reached, teams will shift focus to completing necessary tools, with validation checks from headquarters staff. The process will conclude with a virtual approval meeting with me and all stakeholders.

In-person global RPMs, with one week allocated per country (or one week per regional program) for communities, governments, USG staff, and UN partners to engage in a deep dive into country program strategies, budgets, successes, and weaknesses over the course of a week have been an integral part of COP process. When COVID-19 temporarily stopped in-person COP planning after the last global, in-person RPM in 2020, we repeatedly requested PEPFAR resume in-person meetings, with the same week-long schedule for each country, at minimum the same number of representatives, and with the same planning tools, as quickly as possible. We considered this issue so important, it was one of the first matters we raised to you after your swearing in, both in written requests and in face-to-face meetings. In response, you stated that we would return to Johannesburg to resume COP planning as it had been, because you agreed that this was a strategic space where real engagement with community voices happened.

From the August 18 memo language quoted above, the restructured COP development process seems to exclude in-person Johannesburg meetings, while introducing other deeply concerning provisions such as two-year rather than one-year COP planning timelines. We welcome clarification on this point as we are astonished and saddened that the promise of returning to these in-person meetings would be broken. We respectfully call for these processes to be maintained and that standards for community engagement be strengthened under your leadership—not weakened.

We have welcomed your long-awaited arrival and look forward to supporting and partnering with you in pursuing the five pillars and three enablers that will guide PEPFAR under your leadership. In-person RPMs alongside in-country strategic retreats, completion of PEPFAR

tools, and related quarterly POART data reviews are all crucial to achieving the goals you have laid out.

The RPMs and related meetings are places where we share crucial evidence from community-led monitoring and from the contexts in our countries. We work with PEPFAR staff, our governments, and other stakeholders to identify issues and propose solutions to the problems that continue to undermine success in the HIV response. In many countries, we do this through the development and publication of Peoples' COPs, documents that contain our strategic demands and are typically welcomed by PEPFAR as a tool for true accountability.

We cannot overstate how important the transparency and engagement that characterizes the in-person COP process has been. It has built shared political leadership and consensus among actors who often have widely divergent views on the HIV response. PEPFAR has created a truly unique setting where Ambassadors, Ministers of Health, grassroots leaders, key populations, civil society organizations, and U.S. government, Global Fund staff, UN technical experts, and representatives of communities together grapple with the most important questions of vision, ambition, and access to the benefits of scientific advancement. **Moreover, it has vastly outperformed other U.S. government funded health and development programs because of this design feature.** These efforts have led to improved Implementing Partner (IP) performance, better outcomes for people living with HIV, and innovation in primary prevention, and help ensure key populations and civil society partners are able to participate in meaningful ways in the process.

For example, with the in-person RPM model, key populations have been supported and able to participate in collaborating with governments in their COPs, even in places where civic participation is complicated by criminalization, a lack of social protections, and substantial under-counting of population estimates.

Key populations in particular have suffered the most setbacks as a result of virtual COP planning during 2021 and 2022, with country planning efforts minimizing and dismissing mission-critical concerns expressed by criminalized and highly vulnerable groups that are often stigmatized by government as well as civil society. **We do not wish to go back to our faces being missing at the tables of decision making.**

The results of the COP/ROP2022 After Action Review (July 2022) underscore this point—when survey participants were asked if they “could change one thing” about COP planning one strong request was to “Ensure [COP] planning meeting goes back to in-person” (see: “PEPFAR COP/ROP 2022 Feedback,” July 2022, slide 30).

While we know the RPMs can benefit from improvements under your leadership, the core tenets: annual COPs, developed over a planning cycle that requires meaningful in-person engagement at RPMs that are at minimum one week per COP/ROP—should not be eroded.

Watering down the COP planning process will undermine the Biden Administration’s stated commitments to decolonize global health, to the fundamental principles of democratization of foreign assistance, and to advancing the rights of LGBTIQ+ people globally that this White House has been elected to champion. We are alarmed at a growing pattern within SGAC of refusing to substantively engage with civil society or respond to alarms raised on key programmatic issues.

We request that you both clarify the COP process and meet with us as soon as possible to discuss our concerns. As the leader of the largest AIDS program in the world during an unprecedented moment in the history of pandemic response, we urge you to strengthen PEPFAR's invaluable approach to evaluation, planning, and accountability to its service users.

Sincerely,

(Organizational Endorsements Below)

Action Citoyenne pour l'Égalité Sociale en Haïti (ACESH)

Action for Health Initiatives, Inc.

Action Pour La Recherche et l'Appui aux Initiatives Locales de Développement (ARAILD)

Advocacy Core Team, Zimbabwe

Advocacy for Quality Health Uganda (AQH), Uganda

Affirmative Action, Cameroon

Africa Network of People who Use Drugs (AfricaNPUD)

African Alliance

African Sex Workers Alliance (ASWA)

African Young Positives Network (AY+)

AfroCAB Treatment Access Partnership

AJESEYY, Cameroon

Alive Medical Services, Uganda

Alliance of Women Advocating for Change (AWAC)

ALTERNATIVE, Côte d'Ivoire

ALTERNATIVES, Cameroon

amfAR, The Foundation for AIDS Research

Asian Pacific Council of AIDS Service Organisations (APCASO)

ARCAD Santé Plus, Mali

Ark Wellness Hub, Uganda

Association des femmes engagées pour le développement du Cameroun (AFEDEC)

Association des Volontaires pour la Santé et le Développement à Rey-Bouba (ASVOSADERB)

Association Nationale de Soutien aux Séropositifs et Malade du Sida (ANSS), Burundi

Association pour la promotion des albinos au Cameroun APAC (Cameroon)

AVAC

Bar Hostess Empowerment and Support Programme (BHESP)

Blessed Rwenzori Uganda (BRU)

Blissful Minds, Kenya

Botswana Network on Ethics, Law and HIV/AIDS (BONELA)

Busia Survivors Self Help Group, Kenya

Cameroon Network of Associations of People Living with HIV/AIDS (ReCAP+)

Child Rights Information and Documentation Centre (CRIDOC), Malawi

Children Of the Sun Foundation Uganda Limited (COSF)

Choosing is Life, Kenya

Coalition for Health Promotion and Social Development (HEPS Uganda)

Coalition for Human Rights Education (COHRE)

Coalition of Women Living with HIV (COWLHA) Malawi

Coalition PLUS

Coast Sex Workers Alliance (COSWA) Kenya

COLIBRI Cameroun

Collectif Arc en Ciel, Burkina Faso

Community Economic Empowerment and Legal Support (CEELS)
Community Service Network (CSN Nigeria)
Consolation East Africa, Nairobi, Kenya
Consortium of Christian Relief and Development Association (CCRDA), Ethiopia
Cyclists Network Uganda
Dignitate Zambia Limited
Dynamic Initiative for Healthcare and Human Rights (DIHHR) Nigeria
Empowered At Dusk Women's Association, (EADWA)
Empowering Marginalized Communities (EMAC), Kenya
Espace Con fiance, Côte d'Ivoire
Fem Alliance Uganda (FEMA)
Fierté Afrique Francophone, Cameroon
Foaster Foundation For Healthcare Uganda
Fòs Feminista
Gather for Children Uganda
Global Black Gay Men Connect (GBGMC)
Global Black Pride
Global Network of Young People Living with HIV (Y+ Global)
Golden Centre for Women's Rights Uganda
Greater Women Initiative for Health and Rights (GWIHR), Nigeria
Hands of Hope Organisation Zimbabwe
Happy Family Youth Uganda (HFYUL)
Health and Rights Initiative, Uganda
Health Fonds Trust, Zimbabwe
Health Global Access Project (Health GAP)
Health Options For Young Men On HIV/AIDS/STIs (HOYMAS)
HIV/Aids People Alliance of Kenya (Hapa KENYA)
Holistic Organization to Promote Equality (Hope Mbale), Uganda
Initiative for Rescue Uganda (Princess Rihanna)
International Treatment Preparedness Coalition (ITPC)
Ishtar MSM, Kenya
Kenya Network of People Who Use Drugs (KeNPUD)
Kenya Sex Workers Alliance (KESWA)
Kenya Youth Development Education Support Association (KYDESA)
Key Affected Population of Lesotho (LENASO)
Key Populations Consortium of Kenya
Key Populations Uganda (KPU)
Kiambu Sex Workers Alliance (KIASWA)
Kimirina, Ecuador
Kisumu Sex Workers Alliance (KISWA), Kenya
Kuchu Shiners Uganda
Kwale Network of People Who Use Drugs of Kenya (KwaNPUD Kenya)
Lady Mermaid Empowerment Centre (LMEC), Uganda
Lesotho Network of AIDS Service Organisation (KAPAL)
Lesotho Network of People Living with HIV and AIDS (LENEPWA)
Let's Walk Uganda (LWU)
Lifeline Youth Empowerment Center (LYEC)
Malawi Interfaith AIDS Alliance (MIAA)
Mamboleo Peer Empowerment Group (MPEG), Kenya

Masaka KP HIV Prevention and Support Organization (MAHIPSO)
Men Against AIDS Youth Group (MAAYGO)
Men For Positive Living Support Community Based Organization (MOPLS) Kenya
Men Of The Night Uganda
Most at Risk Young Mothers and Teenage Girls living with HIV Initiative
MPact Global Action for Gay Men's Health and Rights
Mulika Tanzania
National Association for People Living with HIV/AIDS in Malawi (NAPHAM)
National Association of People Living with HIV/AIDS (NAPWA), South Africa
National Association of Young People Living with HIV (NAYPLHIV) Malawi
Network of Young People Living with HIV and AIDS in Tanzania (NYP+)
Nkoko Iju Africa (NIA)
Nyanza, Rift Valley, and Western Kenya Network (NYARWEK)
Pictures Youth Group, Kenya
Platform for Vulnerable Youth and Adults
Positive Action Campaign, South Africa
Positive Vibes
PrEP4All
Prevention Access Campaign (PAC)
Proud Legends Initiative (PLI), Uganda
Q Bee Chihera Meki
Rafiki Voices Community Based Organisation
Rainbow House Foundation (RHE)
Resilience Uganda, Sauti
REVS Plus, Burkina Faso
Rights 4 Her Uganda
Rise Above Women's Organization, Zimbabwe
Rise Initiative for Women's Right Advocacy (RiWA), South Sudan
Royal Rays Initiative Uganda
Serving Lives Under Marginalization (SLUM)
Sexual Minorities Uganda (SMUG)
Simma Africa Creative Arts Foundation
SisterLove Inc
SisterLove International, South Africa
Solace of Embrace, Bunyoro, Uganda
South African Network of Religious Leaders Living with and/or Affected by HIV/AIDS (SANERELA+),
South Africa
Spectrum Uganda Initiatives
Swaziland Network of Young Positives (SNYP+)
SWOP Ambassadors, Kenya
Take Care of Human Beings TAHBE (Cameroon)
TB Proof, South Africa
The Lotus Identity (TLI)
The People's Matrix Association (MATRIX), Lesotho
The Robust Initiative For Promoting Human Rights (TRIUMPH) Uganda
Trans / Intersex Network-TIN, Nigeria
Trans Alive Initiative Uganda
Trans and Intersex Rising Zimbabwe
Trans Research Education Advocacy and Training (TREAT), Zimbabwe

Trans Youth Initiative Uganda (TYI Uganda)
Transbantu Association Zambia
Treatment Action Campaign (TAC), South Africa
Tugutuke Jamii CBO
Uganda Harm Reduction Network (UHRN)
Uganda Key Populations Consortium (UKPC)
Uganda Network of Sex worker-led Organisations (UNESO)
Umzingwane AIDS Network (UAN), Zimbabwe
Voice of Community Empowerment Mityana
Vuyiseka Dubula, PhD, South Africa
Watermelon 2017 Uganda
Watu Center for Health and Advocacy (WACHA)
Women in Response to HIV/AIDS and Drug Addiction, Kenya
Women Positive Empowerment Initiative
Women With A Mission (WWM), Uganda
Women's Alliance for Equality Limited (WAFE)
Women's Initiative for Emancipation and Renaissance Organization (WERO)
Women's Organisation Network for Human Rights Advocacy (WONETHA)
Women's Positive Empowerment Initiative (WOPEIN)
Wote Youth Development Projects CBO
Youth Engage, Zimbabwe
Youth Gate Zimbabwe Trust
Youth on Rock Foundation Uganda

cc: Dr. Loyce Pace, Director, Office of Global Affairs, Department of Health & Human Services
Samantha Power, Administrator, United States Agency for International Development
Sandy Thurman, Acting Senior Advisor on Community Engagement, PEPFAR
Mike Ruffner, Deputy U.S. Global AIDS Coordinator for Financial and Programmatic Sustainability
Dr. Angeli Achrekar, Principal Deputy U.S. Global AIDS Coordinator
Dr. Mahmadi Yilla, Deputy U.S. Global AIDS Coordinator for Multisector Relations
Jason Bowman, Senior Advisor for Policy, Office of the Global AIDS Coordinator and Health Diplomacy, U.S. Department of State
Winnie Byanyima, Executive Director, UNAIDS
Dr. Hank Tomlinson, Director of the Division of Global HIV and TB, CDC