

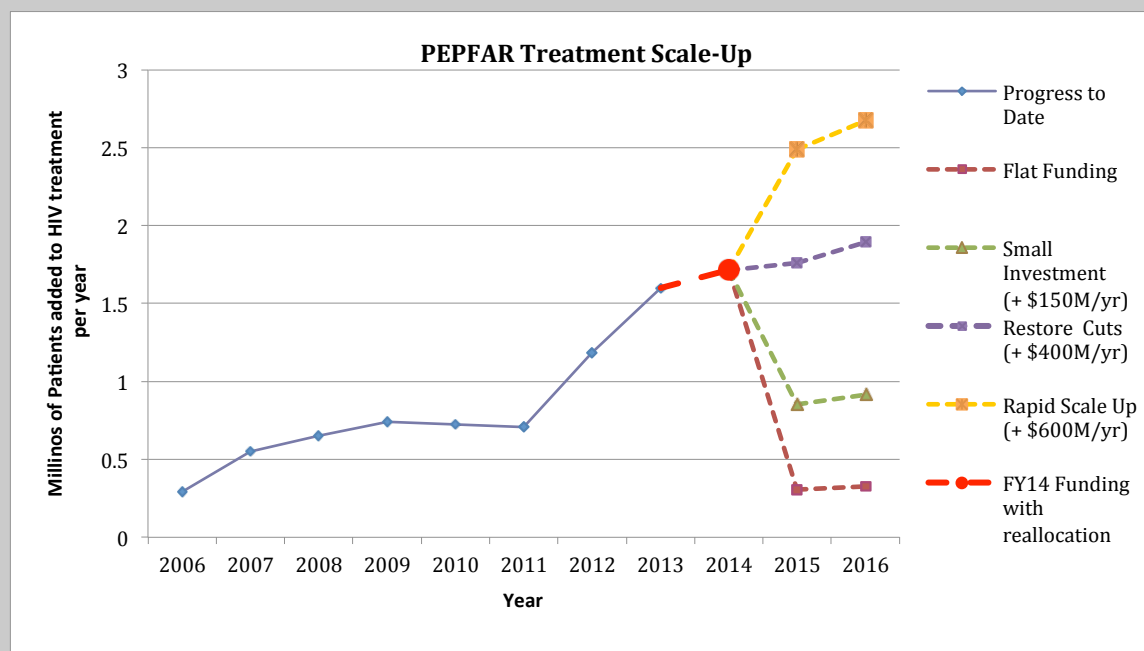
PEPFAR Country Operational Plans:  
Using activism to accelerate access to high  
impact treatment and prevention  
*Advocacy planning for 2015 and beyond*

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AVAC Partners Forum • Johannesburg • March 23 2015



# Risks and opportunities: 2015-2017

- Flat lining of funding for treatment and prevention services, at the moment the science has never been more convincing;
- Achieving epidemic control is possible, but *not* without acceleration;
- Evidence based and data driven advocacy can change the outcome



# PEPFAR Country Operational Plans

- PEPFAR COP = Country Operational Plan
  - Prepared by PEPFAR country teams, reviewed and approved by Office of the Global AIDS Coordinator (in Washington DC)
- PEPFAR's annual description of goals, targets, priorities; the COP assigns roles between implementing partners (IPs) and estimates how much money they will receive

# PEPFAR Country Operational Plans

- PEPFAR COP timelines
  - Country level planning and civil society meetings should be happening NOW
  - Either April 3 or May 1 submission deadline
  - OGAC doing five regional reviews in Atlanta, Bangkok, Frankfurt (was the Johannesburg review), Dar es Salaam, and Windhoek
  - Final approval by OGAC

# COP 2015 timelines



PEPFAR

## 1.3.1 REGIONAL COP/ROP 15 REVIEWS

### COP/ROP Submission Deadline 3 April, 2015

#### Regional Review 1 Atlanta April 20-24, 2015

Caribbean Regional	Ghana
Central America Regional	Guyana
Dominican Republic	Ukraine
Ethiopia	Zambia

#### Regional Review 2 Bangkok May 4-8, 2015

Asia Regional	India
Burma	Indonesia
Cambodia	PNG
Central Asia Regional	Vietnam

#### Regional Review 3 Johannesburg May 11-15, 2015

Angola	Kenya
Botswana	South Sudan
Burundi	Zimbabwe
Cote d'Ivoire	

### COP/ROP Submission Deadline 1 May, 2015

#### Regional Review 4 Windhoek June 8-12, 2015

Cameroon	Namibia
Lesotho	Uganda
Malawi	
Mozambique	

#### Regional Review 5 Dar es Salaam June 22-26, 2015

DRC	South Africa
Haiti	Swaziland
Nigeria	Tanzania
Rwanda	

# Civil society engagement: must be *ongoing*

- “PEPFAR teams are expected to expand their engagement with local civil society, both as a feedback loop to improve PEPFAR programs, and as a way to spur greater local civil society engagement and accountability with partner-country governments”
- “Establish contact with civil society for ongoing engagement throughout PEPFAR’s programming cycle, not simply an annual COP consultation.”
- Ongoing engagement and dialogue throughout the year...will have the outcome of strengthening the capacity within civil society to effectively monitor the HIV response and advocate for accountability and transparency.”

- “These efforts should focus on strengthening of local indigenous civil society organizations, including activists and advocacy groups, to ensure they are actively engaged in PEPFAR planning and review processes, as well as, in the country-level AIDS response.”
- “PEPFAR Teams should plan civil society consultations through ***a formal structure on a quarterly basis*** so that relationships can be ongoing and feedback responsible to topical issues as needed. There is a four step process explained below which all PEPFAR country teams are required to do for COP 2015.”

# Civil society engagement: must be *diverse*

- Local civil society organizations include: non-governmental local organizations; networks/coalitions; professional associations; activist and advocacy groups; including groups representing key affected populations, women, children, LGBT/gender and sexual minority, drug user networks, and sex worker organizations; groups representing populations highly affected by the epidemic, such as persons with disabilities; PEPFAR program beneficiaries or end users; faith-based organizations; community associations; and not-for-profit organizations at national, district and local levels.
- PEPFAR teams should seek inclusion of a diverse range of civil society members in consultations, taking into account that this process will likely require proactive outreach to ensure all populations are represented.





PEPFAR

## Four Steps for Effective Civil Society Engagement

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**Step 1: Develop Civil Society Engagement Plan**

**Step 2: Convene Engagement Meetings**

**Step 3: Solicit Written Feedback from Civil Society**

**Step 4: Provide Written Feedback to Civil Society**

**NEW REQUIREMENT: PEPFAR Teams are required to submit civil society recommendations and country team response as part of the COP submission.**

# Civil society engagement

**STEP 1: DEVELOP CIVIL SOCIETY COP ENGAGEMENT PLAN:** Each country will prepare a plan for engagement with civil society. This plan is not just for the COP development process but should include how to best continue the partnership between PEPFAR and civil society in implementing and monitoring progress throughout the COP year. Further technical guidance on developing this plan can be found in the *Technical Considerations 2015, PEPFAR 3.0 Civil Society Engagement Strategy*.

**STEP 2: CONVENE ENGAGEMENT MEETINGS:** PEPFAR teams should hold meetings with a diverse group of civil society organizations representing various PEPFAR constituencies during COP planning and development. Through these civil society meetings, PEPFAR teams should structure an ongoing engagement, creating an iterative feedback loop, rather than a one-time interaction.

In addition to the two large COP meetings outlined in the Technical Considerations, PEPFAR teams should establish a process to host or attend roundtable discussions to meet with community members that are more amenable to directly providing feedback. These meetings should recognize that certain populations will require more focused attention and may need a “safe space” in order to express their feedback.

PEPFAR teams may want to consider providing some orienting questions to civil society prior to the meetings so that the feedback is directly related to the COP 2015. For example, civil society could be asked to provide feedback on: is PEPFAR appropriately targeting key and/or priority populations? If you had to prioritize certain geographic areas and/or populations, which would those be? What do you see as the principal bottlenecks to XXXX? After Headquarters have cleared the SAPR and APR, these results should be shared with civil society groups as part of the ongoing outreach process

# Civil society engagement

**STEP 3: SOLICIT WRITTEN FEEDBACK FROM CIVIL SOCIETY:** PEPFAR teams will solicit written feedback from civil society on the proposed COP goals, budgets and targets and on current performance. It is the team's role to ensure groups have sufficient information about the program for this to be meaningful. S/GAC requires PEPFAR teams to share the written civil society feedback received with your SCL/CL. PEPFAR teams should also ask for feedback on other overarching issues, processes or knowledge that civil society organizations would like to share.

**STEP 4: PROVIDE WRITTEN FEEDBACK TO CIVIL SOCIETY:** PEPFAR teams will provide written feedback to civil society groups regarding the impact of their participation, including a specific explanation of which inputs were incorporated into the COP and which were not, and why these decisions were taken, prior to the finalization of COP 2015. Once the COP is approved, teams should convene a subsequent meeting to provide details regarding the approved COP 2015. S/GAC requires PEPFAR teams to share the written feedback provided to in-country civil society with the SCL/CL. PEPFAR teams should also include in written feedback how PEPFAR will continue to engage with CSOs throughout the year.

## ***Civil Society Engagement Process Documentation Requirement***

After the COP has been submitted, PEPFAR teams are required to respond to a series of questions about their civil society engagement process. The completed two-page summary should be sent to the SCL/CL by May 1. Section 3.3.1 contains the questions that teams need to respond to as well as a check-list that teams can use as they plan their annual engagement with civil society.

# COP 2015: Pivots

## 1. Achieving the 90-90-90 targets by 2020:

“As the UNAIDS report outlines, achieving an end to AIDS by 2030 requires investments in a number of proven strategies, including those interventions known to be most effective in preventing transmission. These include the provision of ART, prevention of mother-to-child transmission (PMTCT), HIV testing and counseling (HTC), voluntary medical male circumcision (VMMC), condoms, and targeted prevention for key and priority populations —referred to jointly as ‘**combination prevention.**’ “

“It will be impossible to end the epidemic without bringing HIV treatment to all who need it.”





## Strategic Requirements and the Types of Decisions Facing PEPFAR Teams

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- *PEPFAR teams are expected to submit COPs that are strategic and set targets that will **assist host country governments reach 80% coverage of PLHIV on ART** by the end of USG fiscal year 2017 (September 30, 2017) in select high-burden sub-national units and/or populations.*
- Teams will need to **balance and align** the priority for achieving 80% ART coverage in specific geographic areas and populations with goals of scaling other critical combination prevention interventions and alleviating gaps and barriers that impede sustained success.
- Achieving 80% percent coverage of PLHIV with ART should not be the only component of a plan to achieve sustained epidemic control; however, **it is a minimum requirement for locations and HIV-infected populations selected for focus.**

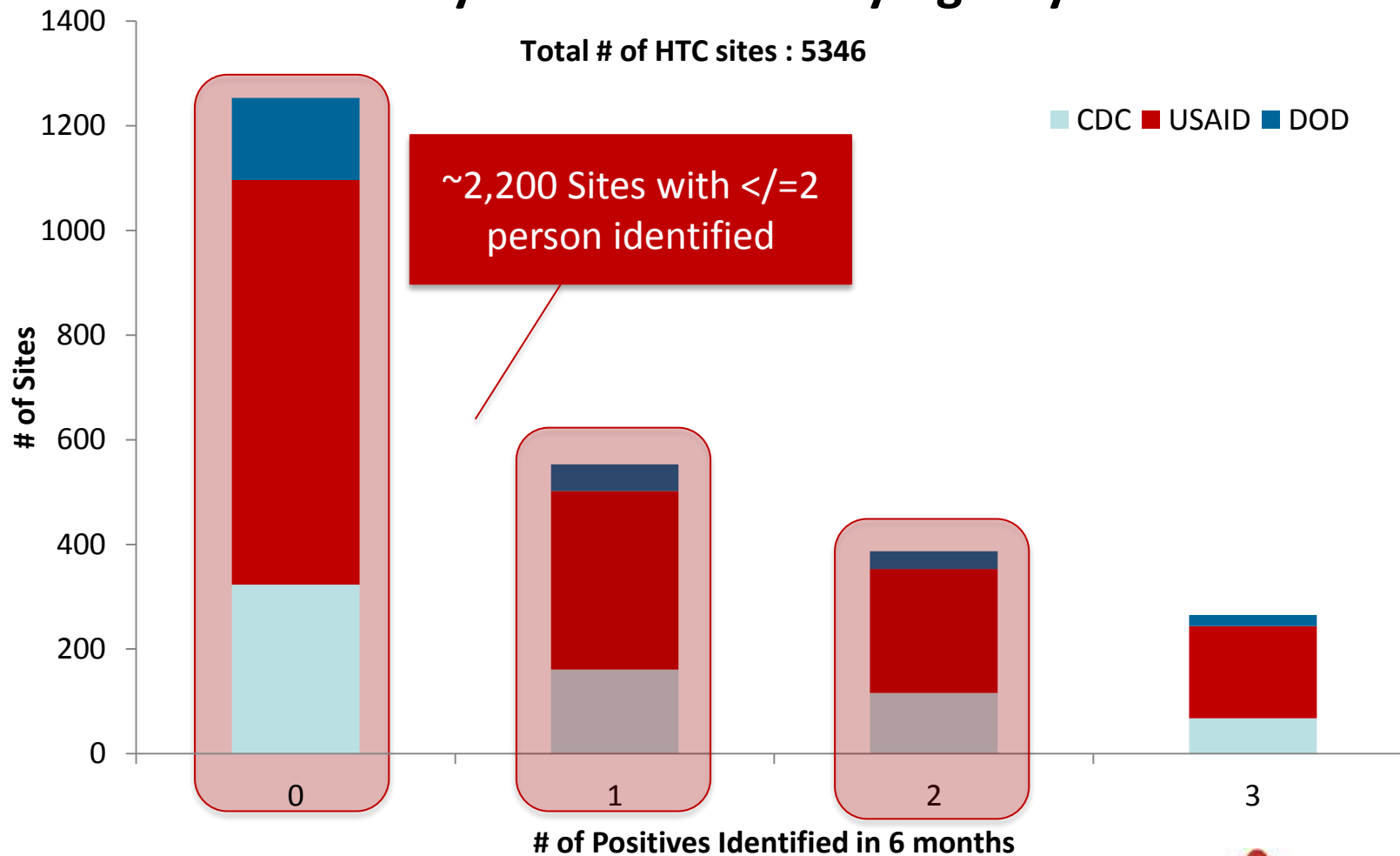
# COP 2015: Pivots

## 2. Geographic and Population Focus:

- Support acceleration of treatment and prevention (good)
- ...But, only in *populations* and/or *locations* ‘most in need’ (could be OK, but very, very risky!)
- When does ‘focusing’ turn into an excuse for rationing and result in aggressive recentralization of services?
- The analysis is multi-level (District and Facility level)
- Not one-size-fits all
- Results of the analysis should be subjected to query and advocacy by us

# Geographic Refocusing in Kenya : Positive Individuals Identified at HIV Counseling and Testing Sites

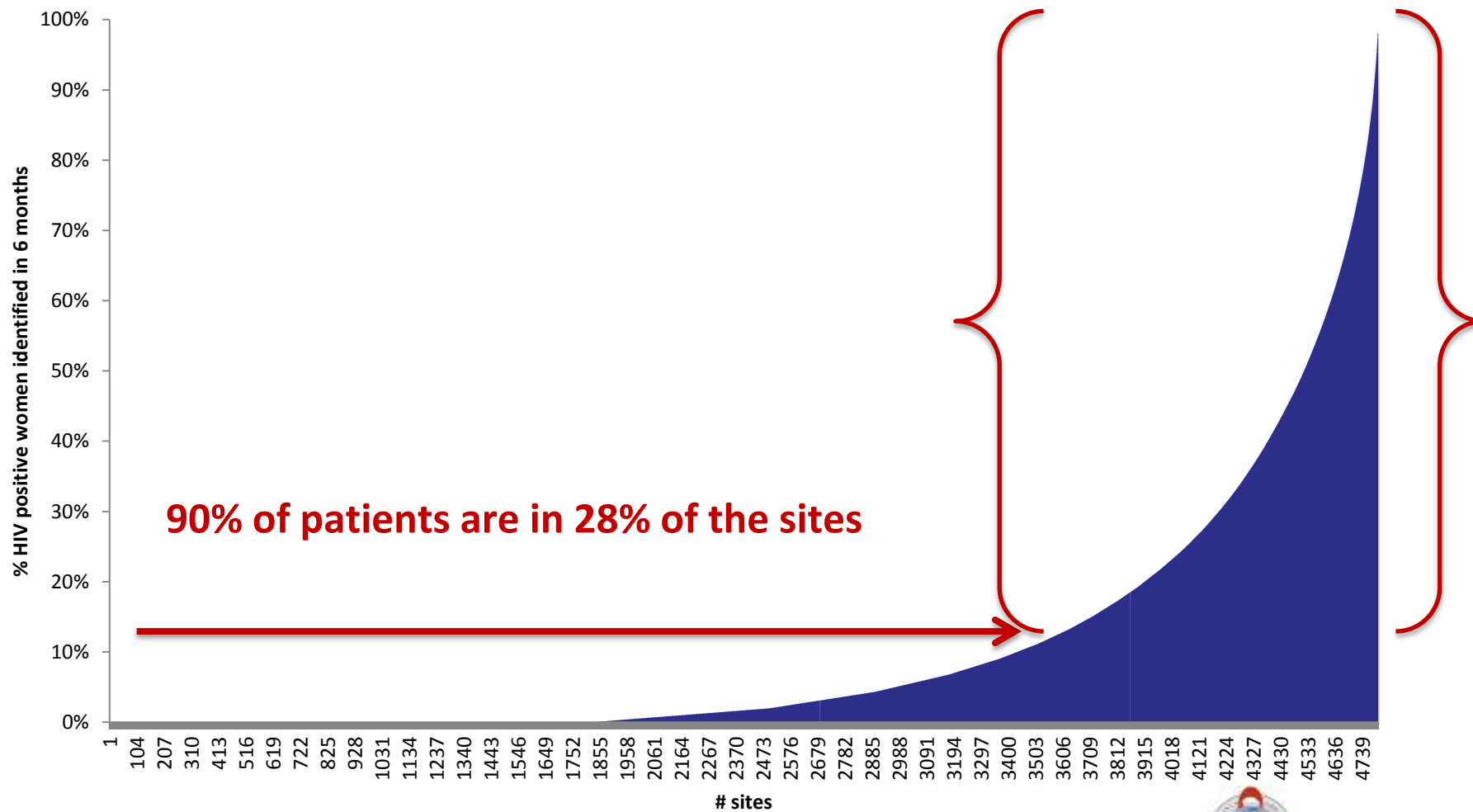
## Kenya HTC Positives by Agency



# Geographic Refocusing in Kenya

## % HIV Positive Women Identified in PMTCT Sites

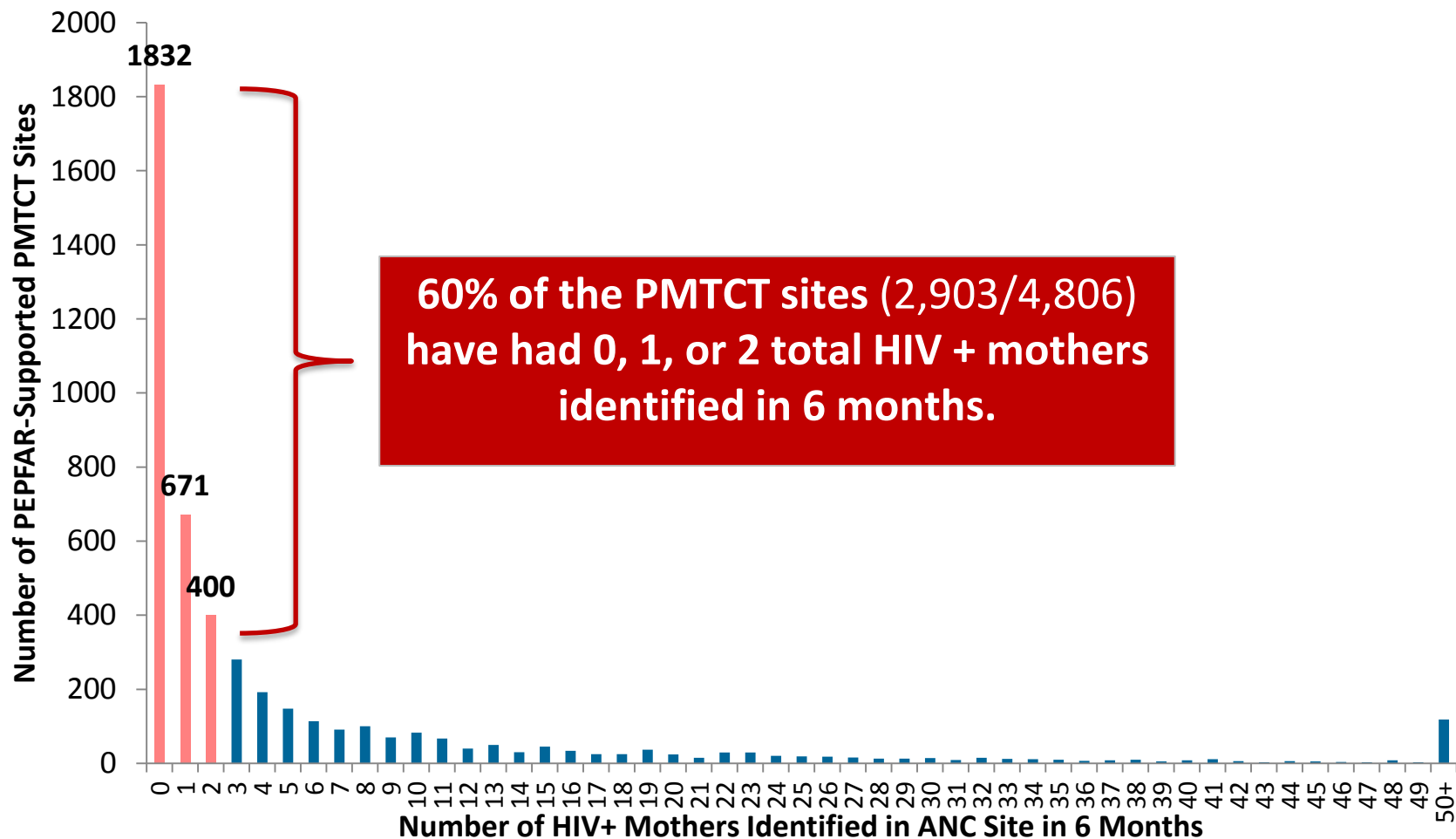
Kenya PMTCT Site Yield Distribution (SAPR14)





# Geographic Refocusing Kenya: Prevention of Mother to Child

Inefficient Identification of HIV + mothers



LOW VOLUME SITES

HIGH VOLUME SITES



# COP 2015: Pivots

3. Human rights and vulnerable populations  
(LGBT people, sex workers, young women and girls...)

- “Protecting and promoting rights for all”
- Commitment to engagement in consultation process
- Prioritization in service delivery

# Other issues

- PEPFAR is defining “core,” “near-core” and “non-core” activities
  - Critically important to shape definitions based on real world
  - Different in each country
  - Should be affected by our recommendations
- Treatment acceleration fund for 2015
  - \$430 million for treatment scale up and viral load
  - For countries that can demonstrate additional potential for impact
- DREAMS Initiative
  - \$200 million
  - Reduce incidence by 25% by the end of 2016 and 40% by the end of 2017
  - 2 year initiative in 10 countries with highest incidence of new infections among 15-24 year old women (Lesotho, Kenya, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe)
  - Get on the advisory group!

“The guiding question for every programmatic and financial decision must be: **Will this particular activity in this particular geographic with this particular population help achieve control of the HIV epidemic in X Country?**

- If the answer is yes, target funding toward those activities and geographic areas.
- If the answer is no, transition away from those activities and/or geographic areas.”

# RESOURCES

- PEPFAR 2015 Country Guidance

<http://www.pepfar.gov//reports/guidance/>

- 2014 COPs: Summaries or “approval memos

<http://www.pepfar.gov/countries/cop/2014/index.htm>

- PEPFAR country data “dashboard”

<http://www.pepfar.gov/funding/c63793.htm>