Dear Ambassadors and Deputy Chiefs of Mission:

First, I wanted to personally thank all of the Ambassadors in the Asia PEPFAR regional program and all the regional Deputy Chief of Missions for all of your dedication to PEPFAR and achieving the most possible with the taxpayer dollars. The ability to translate these dollars into effective and impactful programming has and continues to be core to our success. The Regional PEPFAR team is extraordinary and we are fortunate to witness their passion and compassion every day of the year. We know you recently came together to support one another in addressing the HIV epidemics in each of your countries and we already see evidence of early progress, and enhanced sharing of ideas and innovations.

We are very excited about your progress in:

- **Coalescing as a region**: As of ROP 19, the Asia Region now includes: Burma, Cambodia, India, Indonesia, Kazakhstan, Kyrgyzstan, Laos, Nepal, Papua New Guinea, Tajikistan, and Thailand. Through the PEPFAR Asia Coordination Unit (PARCU) in Bangkok, countries are strategizing to share technical and programmatic expertise throughout the region.

- **Strengthened coordination with The Global Fund**: The PEPFAR Asia Region is strengthening its coordination with The Global Fund and other multilaterals to both understand and respond to the HIV epidemic in the region most effectively.

Together with the Governments in the region and civil society leadership we are making progress and we are deeply grateful for the ongoing deep coordination with the Global Fund and
UNAIDS. We did want to highlight both overarching issues we see across PEPFAR and a few specific to the Region. Full details will follow in a more comprehensive letter from your S/GAC Chair and PPM.

Throughout the PEPFAR family of supported countries and communities, five gaps are shared across the globe holding us collectively back from achieving Sustainable Development Goal 3 related to controlling the HIV AIDS epidemic:

1. Continued new HIV infections in adolescents and young women
2. Supporting key populations with prevention and treatment services
3. Ensuring men are diagnosed and treated early [testing positive and new on treatment (linkage surrogate)]
4. Ensuring 15-35 year old asymptomatic clients are maintained on treatment and virally suppressed (net new on treatment and treatment current growth, retention surrogate)
5. Ensuring all children are on the best treatment regimens and virally suppressed

Regional Challenges:

- Variable achievement across the region: Countries throughout the Asia Region demonstrate differing results on key program indicators and UNAIDS 90-90-90 goals. While some countries have reached or nearly reached epidemic control, others remain very far behind.
- Client Retention: The Asia region continues to struggle with maintaining clients on treatment once they have been initiated.
- Stigma and discrimination: Stigma and discrimination among key populations (especially MSM, TGW, PWID) remain key barriers for clients accessing services.

In a recent Office of Inspector General audit around PEPFAR coordination there were four preliminary recommendations based on their discussions with PEPFAR staff in the field from four countries, three of which are relevant to this Country Operational Plan planning cycle related to target setting, tool development, and timelines. Although we just received the draft report a few days ago we did not want to wait another COP cycle to make substantive changes related to the recommendations. The first was around targets and target-setting and the need for a clear and transparent understanding and dialogue in establishing targets. PEPFAR targets are not PEPFAR’s but flow directly from the UNAIDS Fast Track Strategy of 2016. Since 2016, both the PEPFAR strategy and targets derive from the global communities of UNAIDS, WHO, and specifically Heads of State in their commitment to SDG 3 and are aligned to support the country’s specific ambition towards those goals.

The global community in 2015 through their Heads of State committed to achieving SDG 3.3 by 2030 which for HIV is ending the HIV/AIDS epidemic as a public health threat. This was followed by a United Nations High Level Meeting on HIV/AIDS in June 2016, whereby these Heads of State committed to the 90/90/90 Fast Track Strategy. Essential to the strategy was 73% community viral load suppression (VLS) by 2020 and 86% community VLS by 2030 combined with increased prevention interventions and zero stigma and discrimination to ensure all ages, genders and risk groups have access to life saving prevention and treatment services. Also in 2016, 22 PEPFAR-supported high HIV burden countries committed to the “Three Frees” of Start Free, Stay Free, AIDS Free with 2020 targets of a decrease in new infections in children to
20,000, 85% of pregnant women on ART, AGYW new infections to < 100,000, 90% of children on ART and 25 million VMMCs. Since 2016 PEPFAR and the GF resources have been focused on achieving these global goals that have been translated to each country by UNAIDS and subsequently supported financially and technically by the PEPFAR family.

Since 2016, PEPFAR has utilized these global commitment targets as PEPFAR targets with the commensurate increased funding to countries in 2016, 2017, and 2018 to achieve the goals set out by the Heads of State. Many countries have made tremendous progress towards these targets and others need to accelerate. As a Region most of the countries are behind and need to accelerate and others have shown great progress and we are learning from these countries in the Region as they show us the pathway to success of controlling the HIV epidemic in their countries.

Over the past 4 years, PEPFAR resources were allocated based on need, performance, and specifically on the country’s and communities’ desire to achieve the SDG, Fast Track Strategy, and Three Free goals and country specific targets. Based on the OIG recommendations S/GAC will take a different approach this year to target-setting. Our collective hope is that together we use this moment of reflection on progress and challenges along with the realization that the end of 2020 is only 11 months away to address these overarching challenges this year through COP 2019 implementation and use COP 2020 to maintain our progress, address any ongoing challenges and finally fund ambition for greater impact. Thus, S/GAC will not assign targets to countries but only provide notional budget levels. After the PEPFAR Regional team submits their targets the notional budget will then be adjusted to the presented level of ambition.

The PEPFAR Regional Operational Plan (COP/ROP 2020) notional budget is $79,000,000, inclusive of all new funding accounts and applied pipeline and reflects the following:

1. Sustaining the gains in treatment services based on your projected COP 2019 treatment result (FY2020 treatment current funded in COP19)
2. Continued orphans and vulnerable children funding
3. Ensuring prevention services to those in need

Total ROP 2020 notional budget of $79,000,000 (comprised of $63,930,492 new and $15,069,508 pipeline). There is $30,000,000 FY19 dollars remaining to be planned for Indonesia and the Philippines.

Teams will develop their own targets across PEPFAR program areas described above, with the treatment current target no less than the result that was to be achieved in COP 2019. Testing should be consistent with any targets above FY2020 treatment current, continued and sustained OVC programming and KP programming.

Again, the team has received a notional budget as noted above and a final budget approval will be contingent on the team’s desired targets. As always funding is associated with a performance target that will be achieved with those resources. Targets and the subsequent approved budget should reflect the level of ambition the PEPFAR team in collaboration with the Host Governments and civil society of the Region.
Ambition Funds: $15,000,000 has been set aside as one-year ROP20 Ambition Funds for the PEPFAR Regional Programs (Asia, Western Hemisphere, and West Africa). Regional country teams and specifically agencies independently can request additive funds in the OU FAST to be submitted, based on their stated increased ambition in Treatment, with commensurate increased-partner level targets. This will apply only to partners with the highest performance with evidence that they are addressing the one of the critical gaps outlined above. Budget requests must be consistent with the cost of expanded targets and address one of the gaps in programming 2-5 above. These requests should be discussed with the S/GAC chairs and PPM during the January strategy retreat and tentatively approved and be submitted with the DataPack and FAST tool. The final budget and associated country level targets will be discussed and approved during the Asia Region meeting.

We are hoping this new approach to target-setting and budget will establish an open dialogue on target-setting and empower teams to work with all stakeholders to plan a strategic and impactful ROP. The expectation is for country teams and agencies to propose to S/GAC the targets they believe are achievable and feasible and hold their partner’s accountable to that achievement. In addition, this new approach to target-setting gives high performing partners and agencies with additional aspirations the opportunity to do more to achieve even greater impact with resources currently not programmed for COP 2020.

In the next 24 hours, more detailed descriptions of OU’s programmatic successes and challenges will be conveyed to your wider PEPFAR teams by the S/GAC Chairs and PPM in a phone call, after which the detailed planning level letter will be immediately released.

Again, thank you for your work and we are looking forward to working with you to achieve your Fast Track Strategy and ultimately the SDG 3.3 goal.

Together we can.

Deborah Birx