Acting U.S. Global AIDS Coordinator Angeli Achrekar
Office of the Global AIDS Coordinator
1800 G Street, NW
Washington, DC 20006

Dear Dr. Achrekar,

As members of the Global AIDS Policy Partnership (GAPP), we want to thank you for PEPFAR's historical leadership in the global AIDS response. The news that the President's Emergency Plan for AIDS Relief (PEPFAR) is supporting 18.2 million people on treatment exemplifies the power of the PEPFAR program and serves as a new milestone for an already remarkable and successful program. In addition, we commend PEPFAR's focus on mitigating the effects of the COVID-19 pandemic on HIV/AIDS programming and safeguarding hard-won gains made in the last decade.

As PEPFAR enters consultations with various stakeholders, including civil society, communities and implementers, we wanted to emphasize the GAPP's priorities and ask that the new PEPFAR strategy incorporate these priorities and elevate their importance in policy decisions and programming. As organizations with deep experience with the program, we wanted to offer some focused remarks based on the experiences of our members and partners. They also represent areas that are important markers on the road to achieving our 2030 goals.

**Safeguard programming and policies targeting young women & girls**
Young women and girls account for 63% of all new infections in sub-Saharan Africa and AIDS is the leading cause of death for women 15-49 years old. PEPFAR must commit to preserving and strengthening programming and policies to prevent new infections among young women and girls, including free quality secondary schooling, economic empowerment, sexual and reproductive health services, and age-appropriate sex education. It is crucial that PEPFAR maintain support for key PEPFAR initiatives, the DREAMS (Determined, Resilient, Empowered AIDS-free, Mentored, and Safe) partnership, effective programming previously supported by the Key Populations Investment Fund (KPIF), and supporting a new initiative aimed at both preventing new HIV infections in children and reaching children with treatment. This prioritization should include better integration of these populations into the Country Operational Plan planning and implementation process and dedicated funding sources for key population-led organizations to support that integration. We also recommend changing PEPFAR guidance to allow for the purchase of contraceptive commodities as a critical step in operationalizing effective integration of sexual and reproductive health and HIV prevention services for this population.

**Dramatically scale up local procurement and distribution of PrEP**
PrEP presents a critical opportunity to turn around a stagnant HIV prevention response. The scale up of oral PrEP has been plagued by underfunding, mixed messages from governments and programs, weak demand creation, insufficient support to users and under-ambitious targets. For the HIV pandemic to end by 2030, PrEP uptake must be rapidly increased to reduce new

infections. PEPFAR should establish a high-level target for PrEP with a new dedicated funding and budget code, so achievements can be measured against expenditures. PEPFAR should launch a significant expansion strategy for PrEP to achieve these targets, including expanded eligibility for PrEP and significantly increased the budget resources, including demand creation and planning for the next generation of prevention tools. It is crucial that PEPFAR engage in diplomatic conversations in countries where PrEP policy adoption has been met with reluctance by national policymakers so the strategy is owned by the community. We also recommend changing PEPFAR guidance to allow for the purchase of drugs to treat STIs, as well as expanding the budget for STI diagnosis and treatment services.

**Commit to building strong and sustainable primary health systems that integrate HIV service delivery**

Primary health systems that serve as the first point of interaction between service providers and patients are essential to reaching the last mile of care and normalizing care-seeking behaviors. Integrated services such as HIV/sexual and reproductive health, HIV/non-communicable disease, HIV/contraception, and integration with routine health service administration increase health outcomes for all areas and increase the likelihood of continuation of prevention and treatment services. In addition to rescinding the Global Gag Rule, we ask you to invest in undoing the four years of harm these policies caused by reinforcing key services and interventions, such as integrated reproductive health services and syringe exchange services. As noted above, we strongly recommend that you provide contraceptive commodities when not available through other programming, as we know these are vital to a robust comprehensive HIV response and serve as primary prevention for mother-to-child-transmission. Additionally, procuring sterile needles, syringes and related infectious disease prevention materials will benefit harm reduction programs.

**Invest heavily in sub-national, community level programs that build community capacity to prevent new HIV infections**

It is paramount that countries and local civil society have ownership and stake in programming aimed at the HIV pandemic in their communities. Transfering program knowledge and leadership from the Global North to the Global South, where infection is highest, requires a commitment to build local capacity from organizations based in the Global North. PEPFAR must continue to strategically plan for how to increase the capacity of local partners to deliver programs that suit their needs, expand the definition of local partner to include different types of local funding structures, and clarify accountability for and role and scale-up of international partners during and after the transition. PEPFAR should align localization efforts with other agency local partner efforts, including the USAID Local Capacity Development Framework that is being rolled out in September, 2021. Previous use of singular measures of success (e.g. percentage of funding transitioned to local partners) should be expanded to include other capacity development outcome measures outlined in the CBLD9 and USAID's Capacity Development Framework.

**Commit to reaching key and vulnerable populations and to delivering high-quality, stigma-free HIV prevention, treatment, and support services**

Key populations and their partners now account for 60% of new adult HIV transmissions yet these communities are often denied rights, equity, and justice. At the same time, funds serving these communities account for an inadequate percentage of global funding. The HIV pandemic will never end if key populations are not provided with quality, equitable services and support. Successor programming to KPIF must maintain an unwavering focus on key populations with robust and sustained funding. We urge PEPFAR to build on lessons learned from KPIF and to adopt a more nuanced approach that prioritizes investments in KP-led organizational leadership, addresses human rights violations, and centers the response on KP communities as people and not just as 'epidemiological targets'. PEPFAR should also highlight the harm of criminalization of key populations and the futility of criminalizing HIV non-disclosure, exposure, and transmission by using its Health Diplomacy mandate to urge removing all egregious legislation that impacts the HIV response.

**Engage at the highest levels to promote the use of the PEPFAR platform for the COVID-19 response**

While efforts to utilize PEPFAR program platforms have increased, the COVID-19 response has, overall, not taken full advantage of the available infrastructure, including HRH, laboratory, supply chain, and social and behavior change expertise. Not utilizing the PEPFAR platform for a more effective pandemic response risks severe health outcomes and impairs health systems in the countries in which PEPFAR works. In order to ensure the most efficient use of resources, PEPFAR should develop a strategy that clearly demonstrates the advantages of the PEPFAR platform in addressing the COVID-19 response, particularly in vaccine rollout, health worker training, lab support and supply chain. Funding should be allocated in COP22 for vaccinating people living with HIV (PLHIV) against COVID-19, in light of emerging evidence of greater risk of serious illness and death to PLHIV, as well as for addressing impacts of COVID on HIV clients that make ART adherence more challenging: unplanned pregnancy, rising GBV and VAC, and food and economic insecurity. PEPFAR should continue to prioritize supply chain integration for COVID and HIV/TB commodities and ensure the safety of staff and patients by vaccinating frontline staff in-country and providing more program flexibility to safeguard staff and clients.

Twenty years into the program, PEPFAR continues to show the world the United States' compassion, but also effectiveness in addressing the challenges of HIV and AIDS through HIV/AIDS prevention, care, and treatment programs and policies that are grounded in science and respect human rights, improve and save the lives of people around the world, and continue to advance our national security and development goals. We intend our recommendations to improve the efficiency and effectiveness of PEPFAR's programming and lead us to the end of the HIV pandemic by 2030.

The members of the GAPP welcome the opportunity to work with you and your staff on these crucial and timely issues. Should any questions arise, if you need additional information, or if you would like to meet with members of the GAPP to discuss these issues, please contact Co-Chairs Katie Lapides Coester, (kcoester@pedaids.org), Helen Cornman

(helencornman@gmail.com) or Kevin Fisher (kevin@avac.org). We appreciate your leadership and look forward to your assistance in the fight against the HIV/AIDS pandemic.

Sincerely,

The Global AIDS Policy Partnership