Seven Global Civil Society Priorities for the 2021-2025 President's Emergency Plan for AIDS Relief (PEPFAR) Strategy

 Fix PEPFAR's Leadership Vacuum: The PEPFAR program strategy cannot be effectively executed without a leader. The Biden-Harris Administration pledged to prioritize defeating global AIDS. Instead, they have failed to nominate a head of PEPFAR, a program that has been without a permanent, congressionally confirmed Ambassador for more than one year. President Biden must immediately nominate a qualified, world-class leader to run PEPFAR.

Increase Funding to end AIDS: Increased funding is critical to the success of the goals and objectives proposed in the draft PEPFAR strategy. After 10 years of virtual flat funding, PEPFAR has been squeezing additional treatment and prevention scale up from pipeline funds, rationing essential interventions rather than surging forward and ensuring equitable access to tools we need, at scale, to achieve the 95-95-95 targets.

The need for increased funding is even more acute given the COVID-19 crisis. Getting the global AIDS response back on track in PEPFAR countries and reversing the negative impact of COVID-19 on HIV and TB, Hepatitis Band C programs, will require ambitious mobilization of funding, starting with a \$1 billion increase in the next fiscal year. Moreover, the widening COVID-19 related economic shocks are threatening domestic funding for HIV leaving many PEPFAR supported countries at risk of falling further behind, widening shortfalls in national government contributions and exacerbating inequities in access to care.

In addition to calling for increased funding, PEPFAR should include resource mobilization from the U.S. government and domestic sources as a stand-alone Objective, as part of Goal 1 of this strategy.

2) Repair Harms from COVID-19: COVID-19 has exposed and exacerbated weaknesses in HIV responses and has thrown off track achievements made by countries pre-pandemic. This strategy should acknowledge this and prioritize repairing harms from COVID-19—in access to services as well as in devastating livelihoods; increasing food and housing insecurity; and increasing violence, particularly targeting women, key populations, and children. These non-clinical factors are all known drivers of increased risk of HIV infection and increased risk of poor clinical outcomes from HIV and must be addressed as part of PEPFAR's 2021-2025 strategy, not ignored.

In year one, PEPFAR should establish new program performance baselines so there is no false premise of progress—instead COVID-19 impact must be used to ensure establishment of ambitious treatment, prevention, and human rights targets to rapidly recover from the impact of the COVID-19 pandemic and return to pre-pandemic levels and beyond.

The COVID-19 crisis is reinforcing barriers to initiation and continuity of treatment and long-term care. Action and commitments, measured by the monitoring of key performance indicators, against out-of-pocket expenses, user fees, supply chain challenges, stock outs and shortfalls in key health products including banned commodities are urgently needed.

3) Reject a Zero-Sum Approach to Defeating Pandemics: While it is beneficial to identify synergies across disease responses, the COVID-19 pandemic should not redirect attention from the commitment made by the U.S. government to respond to the priorities of communities affected by HIV. Ultimately it is the same patients and health workers and communities on the front lines of both pandemics and "robbing Peter to pay Paul" is a failing strategy.

PEPFAR's experience building links between HIV programs, communities and health systems is invaluable for deploying effective COVID-19 pandemic responses. But diminishing the role of PEPFAR and subsuming it "under" broader pandemic response (as some are proposing) would do a disservice to both the AIDS and COVID-19 responses. PEPFAR's single-disease focus has strengthened health service delivery beyond HIV. By focusing on building a broader platform for other health issues while maintaining focus on HIV, PEPFAR is equipped as a co-equal ally in the COVID-19 response.

4) Prioritize Ending AIDS Deaths: The 95-95-95 targets are a critical overall goal. But these targets can mask persistent treatment and prevention inequities among communities, genders, geographies and ages. Furthermore, the targets fail to prioritize fixing the urgent need to find and welcome people back to lifelong treatment who have been pushed out of care, as well as screening for and treating advanced HIV disease and death. Starting and maintaining people on ART alone will not defeat HIV. Goal 1 should include a new Objective regarding measuring and ending AIDS-related deaths.

This should include the ambitious scale up of the most effective interventions needed to prevent, screen, diagnose, treat and care for people living with advanced HIV disease including all children under 5 with HIV, people with tuberculosis, and people with bacterial and fungal infections. Early ART initiation, treatment literacy programs designed and implemented by people living with HIV, a focus on strengthening retention, and bringing and welcoming people back in care, will also prevent treatment failure and reduce morbidity and mortality, and support early detection of advanced HIV disease. Fundamental AHD tools and therapies such as CD4 testing, TB-LAM, CrAG, Genotyping, Point of Care testing for Early Infant Diagnosis, and treatment therapies for bacterial and fungal infections along with decentralization of AHD management must be a cornerstone of this strategy in order to bring quality clinical care closer to communities at high risk of preventable death.

5) Meaningfully Involve Communities: Communities and civil society organisations must be at the centre of this strategy, with their active and meaningful involvement at all levels of planning and implementation.

This should include:

- Return to week-long, in person regional planning meetings as a critical part of the COP planning cycle, strengthening the current parameters for meaningful engagement already described in the PEPFAR COP Global Guidance; and
- Deeper investment in quarterly PoART data calls so feedback and engagement from communities are seriously addressed as part of MER data review at the national and HQ levels.
- Keeping the pledge that PEPFAR obligate 70% of resources to as much as possible partnerships led by impacted communities (not offshoots of international organizations) by 2021.
- Community-led monitoring should be structured based on community priorities and community feedback so far: The Ambassador's Small Grants program is *not* the appropriate funding stream for independent, high impact CLM. We have seen this funding stream result in underfunded, uncoordinated interventions by community organizations that do not feel empowered to carry out independent CLM. Starving CLM of resources and creating bureaucracy that encumbers civil society will undermine CLM impact.
- 6) Include A New Strategic Initiative for Key Populations: We call for a new headquarters-level strategy prioritizing the needs, expertise and leadership of key populations, that will 1) substantially increase funding for service delivery and for structural interventions that are undermining quality care such as decriminalization, fighting stigma and fighting discrimination 2) prioritize those funds for direct, sustained access by community organizations that are led by key populations themselves and 3)

immediately end funding agreements with implementing partners that are unaccountable to key populations and have a track record of:

- exploiting key population organizations as underpaid sub recipients,
- refusing to address homophobic and transphobic attitudes of staff, and
- refusing to meaningfully consult with the populations that they are supposed to serve when they are designing and implementing programs.

The specific vulnerabilities of populations, the existing inequity and weakness of health systems during crisis situations require a package of interventions tailored to the context to support and strengthen health services in order to be effective in improving access to HIV and health services. PEPFAR should intentionally expand and not withdraw funding for key populations and in the new strategy extend interventions to the unreached groups. PEPFAR will need to articulate innovative ways of funding structural barriers/interventions and be more explicit about requiring these be part of human rights-centred programming.

7) Heighten focus and investment on the prevention gap: Global HIV prevention targets are not being met, and in 2019 UNAIDS reported, "1.7 million new infections in 2019 compared to the 2020 global target of fewer than 500,000 infections, and that new HIV infections have increased in at least 33 countries since 2016".^[1]

PEPFAR is many countries is the most critical funder and implementer of primary prevention programming and has a number of valuable prevention options at disposal: PrEP, DREAMS programming, voluntary medical male circumcision and condoms. Innovative new prevention options will soon be available, like the monthly Dapivirine Vaginal Ring, recently approved for use in Zimbabwe. PEPFAR should focus on scaling these up for impact through:

- Ambitious Targets. Country programs often meet or exceed their targets for primary prevention, particularly for key populations. This makes clear that these targets may not be ambitious enough, and not fully informed by the need in these countries. Prevention targets need to be upon validated estimates of populations and need.
- Impact Evaluation. PEPFAR's MER indicators can be helpful in measuring program delivery of primary prevention, but not impact. Prevention impact is difficult to measure, but impact analysis in programs like DREAMS, has allowed PEPFAR to implement strategic prevention programs with investment tied to results. Innovative programs, such as the Sustainable East Africa Research in Community Health (SEARCH) program, show how impact can be measured.
- Community Implementation. The success of primary prevention in reducing new infections is governed by the extent to which programs involve communities in the design and implementation of those programs. Community based programming which is led or implemented by communities affected such as key populations or young woman, is critical to scaling up programs to the level needed to reach PEPFAR goals. Country and community ownership such as the 70% requirement for in country implementers, the requirement that programming key population led and the opportunity for community led monitoring is essential to success.

^[1] United Nations Member States adopted this political declaration at the United Nations General Assembly <u>High-Level Meeting on AIDS</u>, taking place in New York, United States of America. If the international community reaches the targets, 3.6 million new HIV-infections and 1.7 million AIDS-related deaths will be prevented by 2030.

Signatory Organisations

	Name of your organization	City	Country
1)	Kilimanjaro Youth Network Association (KYNA)	Kilimanjaro_ Mwanga	Tanzania
2)	Umzingwane Aids network	Esigodini	Zimbabwe
3)	Nanzeni Families Trust	Lupane	Zimbabwe
4)	Sisters Against HIV and Cancer initiative (SACHI)	Delta	Nigeria
5)	Tanzania Youths Behavioural Change Organization (TAYOBECO)	Dar es salaam	Tanzania
6)	Gift Of Hope foundation	Tanga	Tanzania
7)	Key and Vulnerable Population Forum	Dar es salaam	Tanzania
8)	Men for Positive Living Support Community Based Organization	Kisumu	Kenya
9)	Life And Hope Rehabilitation Organisation	Dar es salaam	Tanzania
10)	EMAC	Machakos, Meru	Kenya
11)	Dynamic initiative for healthcare and human rights	Abuja	Nigeria
12)	TaCHIS	Morogoro	Tanzania

13) Levites Initiative for Freedom and Enlightenment	Asaba	Nigeria
14) Coast sex workers Alliance	Mombasa	Kenya
15) Consolation East Africa	Nairobi	Kenya
16) Mobile foundation for health security and rehabilitation	Lagos	Nigeria
17) Network Of Journalists Living with HIV	Lilongwe	Malawi
18) Koinonia Community	Nairobi	Kenya
19) Save the Dream Initiative (STDI)	Rivers State, Port Harcourt City	Nigeria
20) Kards Development Consult	Nairobi	Kenya
21) Shelter House of Allure Initiative	Lagos, Benin	Nigeria
22) Jointed Hands Welfare Organization	Gweru	Zimbabwe
23) Advocacy Core Team	Harare	Zimbabwe
24) Kivuli Youth Center	Nairobi	Kenya
25) Ndugu Mdogo	Nairobi	Kenya
26) Children Rescue Initiative	Ngon'g	Kenya
27) Anita Girls Home	Ngon'g	Kenya
28) Families to Families	Nairobi	Kenya
29) Paolo Home for the Disabled	Nairobi	Kenya

30) Tone La Maji	Ongata Rongai	Kenya
31) Ohotu diamond women initiative (ODWI)	Lagos	Nigeria
32) Orusoso Ibim Johnson	PORT HARCOURT	NIGERIA
33) Rural Renewal and Community Health Development Initiative (RURCHEDI)	Makurdi	Nigeria
34) Achievers Improved Health Initiative	Kano	Nigeria
35) Salama crafts centre	Nairobi	Kenya
36) Committed Soul Women Health Advocacy Africa initiative	Ibadan	Nigeria
37) Tanzania Youth Vision Association	Dar Es Salaam	Tanzania
38) Lameck Lawrence	Dar es Salaam	Tanzania
39) Jou Ojinmah, Program Officer for Initiative for Young Women's Health and Development, an FSW community led organization	Enugu	Nigeria
40) Tanzania 4H Organization	Tanga	Tanzania
41) missleeyah4@gmail.com	Kano	Nigeria
42) Empowerment Youth Awareness	Arusha	Tanzania
43) Southern Highlands Youth Initiative	Mbeya	Tanzania
44) Trans & Intersex People- TIP for Human Rights In Nigeria (THRIN) now Dynamic Initiative for Healthcare & human Rights (DIHHR).	Abuja.	Nigeria
45) Center for Public Health Laws Social Economic Rights and Advocacy (CENTA)	Dar es Salaam	Tanzania

46) Life Building Awareness Initiative (LIBAI)	Lafia/ Dutse	Nigeria
47) Focus for the Future Generation (2FG)	Dar es Salaam	Tanzania
48) Youth Wings	Arusha	Tanzania
49) Abenioge Beauty Empire	Oyo state, Ibadan	Nigeria
50) Stay Awake Network Activities	Dar es salaam	Tanzania
51) Fishers Union Organization (FUO)	MWANZA	TANZANIA
52) CVS-Tanzania	Tanga	Tanzania
53) CVS-Tanzania	Tanga	Tanzania
54) Action vision empowerment and advocacy Tanzania (AVEAT)	Morogoro	Tanzania
55) Better Transformation Ahead Towards Power (BETA youth)	Dodoma	Tanzania
56) Youth and Women Initiatives Toward Economic Development	Dar Es Salaam	Tanzania
57) YUNA	Dar es Salaam	Tanzania
58) Decisive Minds	Lusaka	Zambia
59) Titandizeni Umoyo Network	Lusaka	Zambia
60) Women's Alliance for Equality	Lusaka	Zambia
61) The Lotus Identity	Lusaka	Zambia
62) Intersex Society of Zambia	Lusaka	Zambia
63) Coalition of women living with HIV and AIDS	Lilongwe	Malawi

64) Igniting Young Minds Tanzania	Dar es salaam	Tanzania
65) Youth for United Nations Association (YUNA)	Dar es salaam	Tanzania
66) Igniting Young Minds Tanzania	Dar es Salaam	Tanzania
67) Alliance for equality	Ibadan	Nigeria
68) Global Alliance for Public Health Intervention	Ebonyi State/Imo State	Nigeria
69) Zambia Sex Workers Alliance (ZASWA)	Solwezi, Ndola, Kitwe	Zambia
70) Good Heart for Health Organization	Umuahia, Abia State	Nigeria
71) USAID OPEN DOORS- TITANDIZENI CRP	KABWE	ZAMBIA
72) Initiative for Health and Rights	Uyo	Nigeria
73) Initiative for Young Women's Health and Development	Enugu	Nigeria
74) Rainka	Kitwe City	Zambia
75) Key Affected Population Secretariat	Ibadan, Awka, Anambra State	Nigeria
76) Youth Development and Health Initiative	Ibadan	Nigeria
77) Initiative for Marginalized Women and girls	Calabar	Nigeria
78) Round Care Development Initiative	Lagos State	Nigeria
79) Royal women Health and Rights initiative	Lagos	Nigeria
80) Zambart	Ndola	Zambia

81) Empower Women Pride Health and Right Initiative	Uyo, Akwa Ibom State	Nigeria
82) Youth Awake for Better Society	Owerri	Nigeria
83) Charity Heart for Good Health Initiative	Enugu state and Osun state	Nigeria
84) Sustainable Impact for Youth Awareness Foundation	Jos Plateau	Nigeria
85) Initiative for Access to Health and Youth Development	Ibadan	Nigeria
86) Improved Community Development for Good Health Initiative	Abonyi State, Enugu State	Nigeria
87) Association of Positive Youths Living with HIV in Nigeria Anambra State chapter	Awka Anambra State	Nigeria
88) Sobriety Forever Rehabilitation Center.	BUKOBA MUNICIPALITY.	TANZANIA.
89) African Women AIDS Working Group (AFRIWAG)	Tanga	Tanzania
90) International Centre for Total Health and Rights Advocacy Empowerment (ICTHARAE).	Abuja	Nigeria
91) Girls with potential for excellence	Dodoma	Tanzania
92) Response to health and right initiatives (RHRI)	Lagos	Nigeria
93) Green Community Health Enlightenment Initiative	Umuahia, Abia State	Nigeria
94) Hope for Change Initiative	Uyo	Nigeria
95) Matabeleland Council for the Welfare of the Child (MCWC)	Bulawayo	Zimbabwe
96) Tanzania Network for People Using Drugs (TaNPUD)	Dar es salaam	Tanzania

97) Mı	uungano Recovery Community	Dar es Salaam	Tanzania
	mmunity Recovery Empowerment and Advocacy nzania	Dodoma	Tanzania
99) Lif	fe Hope Network	Uyo, Umuahia	Nigeria
100)	Pan African Positive Women's Coalition -Zimbabwe	Kadoma	Zimbabwe
101)	ZiCHIRe	Harare	Zimbabwe
102)	Initiative for Health and Equality	Calabar	Nigeria
103) (T.	Tanzania Health Education and Services for Youth AHESY)	Mwanza	Tanzania
104)	I-cevs	Makurdi	Nigeria
105)	Umotto Centre of Culture Zambia	Lusaka	Zambia
106)	Kepz	Kitwe	Zambia
107)	Amber care initiative	Benin/Lagos	Nigeria
108)	Positive Women Together in Action	Manzini	Eswatini
109)	kirumba movement for harm reduction	Mwanza	Tanzania
110)	Hope For the Addicts Initiative	Lagos	Nigeria
111)	Egbezor ikechukwu	Omoku	Nigeria
112)	DARE Organization	Dar es Salaam	Tanzania
113)	Men's Health Support Initiative	Owerri, Imo State	Nigeria
114)	Help for progressive women foundation	Yola	Nigeria

115) De	Coalition for Health Promotion and Social evelopment (HEPS Uganda)	Kampala	Uganda
116)	Global health and social awareness foundation	Adamawa	Nigeria
117)	Tabora house of empowerment	Tabora	Tanzania
118)	IMRO-Rwanda	Kigali	Rwanda
119)	Good Health Educators Initiative	Lagos	Nigeria
120)	Salvage Women and Children from Drug Abuse	Dar Es Salaam	Tanzania
121)	Shinyanga tuinuane vijana	Shinyanga	Tanzania
122)	My Age Zimbabwe	Masvingo	Zimbabwe
123)	Christian Aids Taskforce	Bulawayo	Zimbabwe
124)	Access to Good Health Initiative (AGHI)	Awka, Enugu	Nigeria
125)	Equitable Health for women Empowerment Initiative	Ebonyi	Nigeria
126)	Wake up And Support Others Organisation (WASO)	Dar Es Salaam	Tanzania
127)	Tanzania TB Community Network (TTCN)	Arusha	Tanzania
128) Or	East African AIDS National Networks Support ganization (EANNASO)	Arusha	Tanzania
129) (T.	Tanzania Youths Behavioural Change Organization AYOBECO)	Dar es salaam	Tanzania
130)	Global Care for Health Support Initiative	Eket, akwa ibom state	Nigeria
131) (T.	Tanzania Community Empowerment Foundation ACEF)	Dar Es Salaam	Tanzania

132)	YOWOCE GROUP	Iringa Town Council	Tanzania
133) - H	Human Advancement on Health and Rights Initiative IAHRI	Aba	Nigeria
134)	Equitable Health for Women Empowerment Initiative	Ebonyi	Nigeria
135)	Voice of Voiceless Tanzania	Arusha	Tanzania
136)	Radio Domus Mariae Community Radio	Nairobi	Kenya
137)	Radio Mtaani Community Radio	Nairobi	Kenya
138)	Greater women initiative for health and right	Umuahia	Nigeria
139)	Center for health education and vulnerable support	Imo state / Abia state	Nigeria
140)	Sikika	Dar es Salaam	Tanzania
141)	IYDCN	Taraba	Nigeria
141)	HDCN	Taraba	Inigeria
141)	MSMTG Network Nigeria	Abuja	Nigeria
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142) 143) 144)	MSMTG Network Nigeria	Abuja	Nigeria
142) 143) 144)	MSMTG Network Nigeria Zambia Key populations consortium House of empowerment and awareness in Tanzania	Abuja Lusaka	Nigeria Zambia
142) 143) 144) (H	MSMTG Network Nigeria Zambia Key populations consortium House of empowerment and awareness in Tanzania EAT)	Abuja Lusaka Dar es salaam	Nigeria Zambia Tanzania
142) 143) 144) (H 145) 146) 147)	MSMTG Network Nigeria Zambia Key populations consortium House of empowerment and awareness in Tanzania EAT) Modeling Peace Women Group	Abuja Lusaka Dar es salaam Kakamega	Nigeria Zambia Tanzania Kenya
142) 143) 144) (H 145) 146) 147)	MSMTG Network Nigeria Zambia Key populations consortium House of empowerment and awareness in Tanzania EAT) Modeling Peace Women Group Hope Alive Health Awareness Initiative passion for young women health and betterment	Abuja Lusaka Dar es salaam Kakamega Bauchi	Nigeria Zambia Tanzania Kenya Nigeria

150)	Heart that Cares for better health organization	Enugu	Nigeria
151)	Rural youth peace and care foundation (RYPCAF)	Warri	Nigeria
152)	Tanzania Health Inclusion and Support Organisation	Dar es salaam	Tanzania
153)	Steps Tanzania	Dar ea Salaam	Tanzania
154)	Highlighting Equitable Access to Rights (HEAR)	Benue	Nigeria
155)	COSWOHI	Oyo state	Nigeria
156) ini	Committed soul women health Africa advocacy tiative	Ibadan	Nigeria
157) En	Wavemakers Initiative for Health and Youth	Kaduna	Nigeria
158) hea	Living free initiative for equal rights and community alth development	Kaduna	Nigeria
159) IN	GREEN COMMUNITY HEALTH ENLIGHTEN ITIATIVE (GCHEI)	Abia state	Nigeria
160)	DWWT	DAR ES SALAAM	TANZANIA
161)			
	Young and Wise Initiative for Youth Development	katsina state	Nigeria
162)	Young and Wise Initiative for Youth Development Heart that care for better health organisation	katsina state Enugu	Nigeria Nigeria
162) 163)			-
163) 164)	Heart that care for better health organisation	Enugu	Nigeria
163) 164)	Heart that care for better health organisation EMAC-MIASM Grassroots Initiative for Youth and Elderly	Enugu Meru Dodoma Hqt & Dar	Nigeria Kenya

167)	Iwueke Anthony KC	Umuahia Abia state	Nigeria
168)	Kilimanjaro youth network association	Kilimanjaro _ mwanga	Tanzania
169) (Pl	Pride Health Initiative for Dignity and Rights HIDR)	Akwa Ibom	Nigeria
170) Ini	Global Women's Health, Rights and Empowerment tiative (GWHREI)	Makurdi, Benue State	Nigeria
171)	The Alliance for Health and Right advance Initiative	Adamawa State _ Yola	Nigeria
172)	Healthy Youths Kenya	Wote	Kenya
173)	Women with Dignity	Dar es salaam	Tanzania
174)	Youth Engage	Harare	Zimbabwe
175)	Kiona Youth Coordinates	Tanga	Tanzania
176) HI	Uganda Network of Young People living with V/AIDS (UNYPA)	Kampala	Uganda
177) (U	Uganda Network of AIDS Service Organisations NASO)	Kampala	Uganda
178) Ug	National Community of women living with HIV in ganda	Kampala	Uganda
179)	Nigeria sex workers Association	Abuja	Nigeria
180)	CEPARD GLOBAL	Kampala	Uganda
181)	American Jewish World Service	Washington, DC	USA
182) (Y	Global Network of Young People Living with HIV + Global)	Amsterdam	Netherlands
183) CE	Kydesa Rainbow Community/ WACHA HEALTH 30	Nairobi	Kenya

184)	Advocacy Core Team	Harare	Zimbabwe
185)	ACTS101 Uganda	Kampala	Uganda
186)	Coalition PLUS		
187)	Benesther Development Foundation	Enugu	Nigeria
188)	tutelage foundation	Arusha	Tanzania
189)	East African Sex Workers Alliance (EASWA)	Dar Es Salaam	Tanzania
190) HI	National Network of Tanzania Women with V/AIDS(NETWO+).	Dar Es Salaam.	Tanzania
191)	Women Fighting AIDS on Tanzania (WOFATA).	Dodoma	Tanzania
192) Wo	Tanzania National Network of Girls and Young omen Affected and Living with HIV/AIDS.	Tabora	Tanzania
193)	Diversity Forum	Lilongwe	Malawi
194)	Life and Hope Rehabilitation Organisation (LHRO)	Bagamoyo	Tanzania
195) Не	International Planned Parenthood Federation Western misphere Region (IPPFWHR)	New York	United States
196)	AVAC	New York	United States
197)	Health GAP	New York	United States
198)	SisterLove Inc	Atlanta	United States