How can you influence PEPFAR plans in your country?

How does PEPFAR plan how to use its funds in each country or region?

Every year, PEPFAR engages in a planning process to create a Country/Regional Operational Plan (COP/ROP) for each major country or region that receives funding. The resulting plan sets out the budget, targets, geographic focus, and expected impact of PEPFAR funding for the following fiscal year.

Why should you care about the PEPFAR country-level planning process?

Country and Regional Operational Plans dictate how billions of dollars in HIV funding from the U.S. government are allocated and spell out programmatic priorities. It is critical that affected communities and civil society advocates are authentically and meaningfully involved in the process in order to ensure that PEPFAR funding is used in accordance with community needs.

Can you actually participate in this process?

For years the COP process was closed—a confidential US-government-only set of discussions that excluded affected communities. Health GAP and a coalition of activists in the U.S. and Eastern and Southern Africa fought to open the process. We continue to insist that the input from people most affected by HIV should weigh more heavily than that from bureaucrats.

In many of the countries most impacted by HIV, the US President’s Emergency Plan for AIDS Relief (PEPFAR) is the single largest source of funding for the response. Programs funded by PEPFAR are a dominant source of funding for HIV treatment, prevention, care and health systems strengthening.

Historically, PEPFAR funding has too often been more responsive to Washington, DC than to communities affected by the HIV crisis. Due to activist pressure, PEPFAR has recently committed to making its planning process more transparent. In 2015, civil society was formally invited into the process and given access to the documents, data, and plans. This process has been far from perfect, but continues to provide an important opportunity for activism.

“We are Malawians. We know what our people want.”

— GIFT TRAPENCE, EXECUTIVE DIRECTOR, CENTRE FOR DEVELOPMENT OF PEOPLE, MALAWI
Do activists really have an impact on PEPFAR plans in their countries?

Yes! In 2015, Health GAP worked with civil society activists in six countries to use the COP process to advocate for changes to PEPFAR programming that reflect community needs. In Uganda, activist engagement in the COP resulted in expanded investment in treatment, an initiative to improve treatment program outcomes through community-based outreach and patient follow-up, increased investments in key populations, and a commitment to expand access to viral load monitoring. In Zimbabwe, activists identified a need for PEPFAR to invest more in direct service delivery in the area of adult treatment, rather than in low impact and costly technical support. In Malawi, activists won a landmark allocation of funding for purchasing HIV medicines and increased funding for testing and outreach.

What challenges has civil society faced in holding PEPFAR accountable?

Although PEPFAR has committed to including civil society in the COP process, in many countries, this engagement has not been happening in effective ways. Activists continue to fight for access to PEPFAR data in a timely fashion, funding to hold meetings, communication with decision makers in Washington, and reasonable timelines for engagement that allow for deep civil society engagement.

How do we turn engagement into meaningful impact?

The criteria for civil society participation in the COP process are clearly laid out in the COP guidance: PEPFAR requires civil society COP engagement plans, meetings with interested civil society groups, and written feedback to be shared between civil society and PEPFAR. But a seat at the table does not necessarily translate into meaningful input into PEPFAR program planning.

Only where activists have proactively used these opportunities to hold PEPFAR accountable—pushing the program to deliver on the transparency and access it has promised—has ‘engagement’ resulted in impact.

How does Health GAP support activists who are working to influence PEPFAR plans in their countries?

Health GAP works closely with people living with HIV, key populations groups, and other concerned activists to help demystify the complex PEPFAR planning and monitoring processes. We then help amplify the demands of activists in implementing countries by calling attention to gaps between PEPFAR’s overall policy and actual practice at the country level, through direct advocacy focused on PEPFAR officials in Washington D.C. This kind of North-South collaboration has translated into real impact in PEPFAR transparency, and access to effective treatment and prevention programs.

How can I get involved in advocacy to influence what PEPFAR is doing in my country?

If you’re interested in working to hold PEPFAR accountable in your country/region, email us at info-peonfarwatch@healthgap.org

We’ve also assembled resources to help you take action to influence PEPFAR plans in your country/region, which can be found online at: healthgap.org/pepfarresources