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FACT SHEET:

PEPFAR COP/ROP23

A summary of 2023 Country Operational Plans/Regional Operational Plans Guidance, Including Community Advocacy Points

About this Fact Sheet

PEPFAR has called for direct participation of civil society representatives in the Country Operational Plans/ Regional Operational Plans (COP/ROP), where it has explicitly identified civil society as one of the stakeholders who should be engaged in the in-country strategic meetings and planning meetings).

This Fact Sheet is one of the first summarized information about the PEPFAR Country Operational Plan that is developed with the primary purposes of enhancing understanding of key populations and affected communities and assisting in making their engagements more meaningful. This Fact Sheet also serves as a guide to inform the key populations and communities on how to make their participation more meaningful.

In addition to visual presentation of the COP process, this guide also contains tips and suggestions to the key population and their communities on how they can effectively engage with their respective country processes. This material is also linked to APCOM's online resources which the communities can use as examples or guides in tailoring their engagements.

APCOM develops this Fact Sheet for country-level community-based organisations (CBOs), key populations and their communities in the Asia Region to guide their active engagements in the COP/ROIP processes. Through this Fact Sheet, the key populations and communities we work with will increase their understanding on the PEPFAR funding cycle and annual processes.

Acknowledgement

APCOM extends sincere gratitude to our key population and community partners in the countries. Without your trust and confidence in the work that we do, we are not able to continue to provide useful resources and technical assistance. We acknowledge the contributions and inputs of our key populations and community partners into this Fact Sheet.

As a Regional Network, APCOM's work includes not only advocacy for community engagements in national forums for the design and financing of HIV programs, but also ensuring that key populations and communities are able to participate and contribute to these forums. One way to make this participation a reality is to make accessible to country partners useful resources and strategic information.

PEPFAR Asia Countries

Asia Region
Cambodia, India, Indonesia, Kazakhstan, Kyrgyz Republic, Laos, Myanmar (Burma), Nepal, Papua New Guinea, Philippines, Republic of Tajikistan, Thailand, Vietnam

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THE

COUNTRY OPERATIONAL PLAN / REGIONAL OPERATIONAL PLAN

2023

A Understanding PEPFAR and COP/ROP

What is PEPFAR?

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is a United States initiative to address the global HIV/AIDS epidemic managed by the U.S Department of State's Office of the U.S. Global AIDS Coordinator and Health Diplomacy (S/GAC). PEPFAR leverages partnerships with governments, multilateral institutions, private sector, civil society organizations (CSOs), and communities to ensure the key populations can access high quality, non-discriminatory HIV prevention and treatment services. This includes the developing the annual Country/Regional Operating Plans (COP/ROP), the participation of civil society and key populations, to ensure meaningful engagement and to maximize program impact.

What is the COP/ROP?

The COP/ROP serves as:

- A tool for allocation and tracking of budgets and targets;
- An annual strategic plan for U.S. government-funded global HIV/AIDS activities; and
- A coordination platform with the Global Fund to avoid duplication.

The purpose of the COP/ROP process is to review, in a transparent process, policy requirements, key activities, data and progress to reach HIV epidemic control to develop a joint strategic plan for PEPFAR's investment. The process allows PEPFAR country and headquarter teams, governments, private sector partners, and CSOs to convene and collaboratively respond to COP/ROP proposals and agree on critical solutions and effective means to advance each country's ability to sustain epidemic control.

Key outputs include a joint plan with partner level budgets, targets, and management solutions.

IMPORTANT:

A major change include the introduction of a 2-year planning cycle. An alternating approach will be established whereby the 2-year ROPs alternate with 2-year COPs.

To establish the alternating pattern, COP23 will be a 2-year plan while ROP23 will be a 1-year plan. An assessment will be made for possible improvements to the ROP approach to inform a 2-year cycle beginning with ROP24.

What are the Programs which prepare COP and ROP?

PEPFAR utilizes these organizational structures related to specific planning processes for the COP/ROP:

A. Country Operational Plans (COP)
Bilateral Programs are single Operating Units (OUs) in specific countries that complete a COP. Countries that have bilateral programs are mainly from Africa, with Viet Nam the only country from Asia Region.

B. Regional Operational Plans (ROP)
Regional Platforms are an organizational structure in PEPFAR that plan financial and technical resources currently being implemented in the region into one Regional Operational Plan (ROP).

- **Asia**: Cambodia, India, Indonesia, Kazakhstan, Kyrgyz Republic, Laos, Myanmar (Burma), Nepal, Papua New Guinea, Philippines, Republic of Tajikistan, Thailand

Understanding the Role of Key Population and Communities in the COP/ROP Process

It is crucial that all stakeholders including the communities most affected by HIV should meaningfully participate in co-creating the country operational plan.

The community stakeholders and CSOs engaged in the COP process must reflect the HIV disease burden of the country and the full range of populations affected by HIV in the country, including **youth, gay men and other men who have sex with men, sex workers, transgender persons, prisoners and other people in enclosed settings, and people who inject drugs.**

The full participation of community stakeholders and civil society in every stage of PEPFAR programming and planning, from advocacy to service delivery, is critical to the success and sustainability of PEPFAR and the global effort to combat HIV. **PEPFAR Country teams are expected to ensure engagement with CSOs in the planning, implementation, and scaling and evaluation of these newer approaches, such as index testing services and recency testing.**

An important driver for success is engaging the community leadership as a key enabling factor.

Timeline of COP/ROP23 and Opportunities for Engagements

COP/ROP Processes	DATE *(Year 2023)*	WHAT CAN THE COMMUNITY DO TO ENGAGE IN THE PROCESS?
Release of the COP23 tools	15 February	
Release of COP23 Guidance and COP/ROP23 Planning Letters	15 February	
In-Country High Level Preparation	21-24 February	• Gather information about how KPs are experiencing PEPFAR Programs in your country; • Using this information, develop specific and measurable ASKS on behalf of your community to bring to COP/ROP Process • Develop recommendations on site level or non-service delivery activities that should not continue • Provide recommendations for COP21 focus, based on analysis of Q4 results and program performance, including initial findings from community-led monitoring activities
COP23 Planning Meeting Global in Johannesburg	27 February – 3 March	
In-Country Planning and Tool Development	6 March – 17 March	
ROP23 Co-Planning Meeting	20 March	• Ahead of Co-Planning Meetings, **KP communities should convene to organise and consolidate all of the ASKS.** • Consolidating the ASKS in one document will be useful as there is only one reference document for your country level advocacies and engagements • During the Co-Planning Meeting, Stakeholders will also have the opportunity to provide reflections on shared work with PEPFAR and proposed COP23 plan; identifying technical and programmatic strengths and areas requiring additional discussion. • Include initial findings from community-led monitoring activities
In-Country Stakeholder Meeting	27 March – 31 March	• Before the COP final document is submitted to HQ, there may be windows for revisions and negotiations on the draft COP. • If able to review the draft, KP communities should ensure that KP priorities and needs are reflected in the budget
Finalization	10 April – 21 April	
COP23 Submission Date	One day before the approval day	
COP23 Virtual Approval Meetings	24 April – 28 April	

Advocacy Points to Support Your Engagements

Below are few advocacy points along with descriptions from COP/ROP23 guidance. You may use the points in your engagements especially in the country planning process.

Advocacy Point 1: SUPPORTING COMMUNITY-LED ORGANIZATIONS

- Pillar 1 of PEPFAR Strategy focuses on health equity for priority populations. Through this pillar, PEPFAR supports innovative, community-led, person-centered approaches to HIV services where connections are made between HIV testing, prevention, and treatment services.
- PEPFAR Teams should increase planned funding to locally led organizations. PEPFAR considers KP-led organizations delivering services to their community as an essential strategy.
- PEPFAR should strengthen local organizations to become trusted partners – not only for PEPFAR, but for other donors, such as multilateral and bilateral agencies and foundations.
- Capacity-building and mentorship efforts for local partners should continue to be prioritized for the COP/ROP23 planning.

Advocacy Point 2: CAPACITY BUILDING AND COMMUNITY LEADERSHIP

- The full participation of community stakeholders and civil society in every stage of PEPFAR planning, development, implementation and monitoring is critical to the success of sustainability of PEPFAR efforts and the global HIV response.
- PEPFAR OUs are expected to support civil society and community participation throughout the COP/ROP planning process
- Community Leadership is the first enabler of PEPFAR Strategy. This includes meaningful engagement, community-led implementation, and community-led monitoring (CLM).
- PEPFAR programs must ensure strong and intentional coordination with KP consortia, networks and KP-led civil society organizations (CSOs), donors and other agencies to build a high quality sustainable KP program at the national level.
- Under Strategy Pillar 2 on Sustaining the Response, PEPFAR looks at the next five (5) years. COP/ROP23 Guidance reiterates the target of passing 70% of programming funds (for direct and/or indirect services) through locally owned, led, and operated organizations including KP-led, women-led, youth-led organizations, and regional institutions. PEPFAR endorses and supports the new UNAIDS Global AIDS Strategy that calls on new funding commitments for community-led organizations.

Advocacy Point 3:
PERSON-CENTERED APPROACH

- Pillar 1 of PEPFAR Strategy focuses on health equity for priority populations. Through this pillar, PEPFAR supports innovative, community-led, person-centered approaches to HIV services where connections are made between HIV testing, prevention, and treatment services.
- For effective person-centered approach, the PEPFAR programs should consider intersectionality across PEPFAR programs to ensure equitable and inclusive patient outcomes across race/color, gender identity/sexual orientation, and age groups.
- Person-centered care for people who engage with HIV testing, prevention, and treatment services must recognize and address critical challenges that cause barriers to success, as well as key facilitators. Behavioral health issues, including mental illness and addiction, are recognized to negatively impact treatment success.
- CLM is central to PEPFAR's person-centered approach because it puts communities, their needs, and their voices at the center of the HIV response.

Advocacy Point 4:
COMMUNTY-LED MONITORING

- CLM is not simply adding some community- or client-focused indicators to already established government monitoring systems. This approach does not permit community leadership in design and implementation.
- Is not the same as patient satisfaction surveys. Patient satisfaction surveys are usually driven by health care providers, tend to focus on the effectiveness of services, and may not focus on the elements prioritized by communities.
- CLM should be developed and implemented in collaborative spirit with appropriate service sites and should not be organized as a supervisory and/or punitive mechanism to blame or conduct a finger-pointing exercise on issues and responsible parties.
- Key populations should be engaged in all aspects of CLM project planning, implementation, and assessment. Importantly, direct funding should be considered for KP-led initiatives that wouldn't ordinarily access funding due to regressive national policies; KP-specific modules in monitoring tools should be an area of focus.
- CLM must be conducted by independent and local civil society organizations. CLM should be led by community organizations, not government institutions or multilateral bodies.
- PEPFAR OUs are encouraged to consider and select the funding mechanism most conducive to ensuring community leadership throughout each phase of the design, planning, implementation, and evaluation of the CLM activities.
- PEPFAR teams must ensure a process that allows for community leadership of the specific metrics, measures, or tools to be used for CLM, with consultation and input from partner-country governments and PEPFAR teams.

Advocacy Point 5: STIGMA AND DISCRIMINATION, STRUCTURAL BARRIERS

- Pillar 1 of PEPFAR's Strategy aims to dismantle structural barriers and address causes of inequities including stigma, discrimination, violence, criminalization, and marginalization. The strategy commits that PEPFAR teams will play a leadership role in supporting collaborative efforts to reach 10-10-10 by working with partners to address stigma, punitive laws, and gender-based violence, and to promote the adoption and implementation of enabling policies for equitable and sustained HIV impact.
- It is necessary to work with partners to address stigma, punitive laws, and gender-based violence, and to promote the adoption and implementation of enabling policies for equitable and sustained HIV impact.
- PEPFAR Teams should review the legal and policy environment and identify barriers to accessing prevention, treatment, care and support services, and inform action to address these barriers, with a focus on access to justice and the reduction of stigma, discrimination and violence.
- Advance human rights and decriminalization for lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) communities, in line with the Memorandum on Advancing the Human Rights of Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Persons Around the World.
- Address violence and human rights violations experienced by key populations (discrimination, gender-based violence and other crimes, issues with policing, violations of informed consent, violations of medical confidentiality and denial of health care services) through prevention, response and monitoring, and community leadership.
- Programs must continuously monitor stigma and discrimination-related indicators. Programs must support government, community, civil society, and faith leaders and other key stakeholders to triangulate data on stigma and discrimination.

Main Community Recommendations

These recommendations were raised by KP community representatives who engaged in the previous COP/ROP22 process. The following recommendations were taken from last year's COP22 Regional Community Consultation and APCOM Community Summit 2022.

Recommendations for COP/ROP23

- Standardize the language across the countries, and at different levels. Build a common understanding at all levels, especially with the key population, on the definition or description of commonly used COP/ROP terminologies.
- Promote Key population leadership by adding a seat for the Key populations in the COP in the current structure (oversight committee).
- Support innovative services designed and implemented by communities during the COVID-19 pandemic and secure emergency funding.
- Disaggregate data to highlight age groups, subgroups (e.g. PLHIV's behaviors and practices, gay men who inject drugs).
- Allocate funding for organizational capacity building for Regional KP Networks to become eligible for direct funding from PEPFAR and Global Fund.
- Allocate funding to initiatives addressing stigma and discrimination and structural barriers let by community organisations.
- Expand KP-led / community-led service delivery to include more clinical services such as community-based ART delivery for PLHIV, HIV Testing and PrEP for MSM, harm reduction for PWID, hormone therapy for Transgender community, and sexual health services for sex workers. This can be done by a process of certification by governments that KP lay providers can provide HIV/community-based services.
- Highlight the important role of regional networks to strengthen the technical capacities of civil society and key population organizations.
- Strengthen the technical, programmatic, operation and finance, advocacy and service delivery capacities of CBOs.

Recommendations for key population services.

These lists of recommendations are developed after documenting and synthesizing the various inputs from the community across the COP/ROP22 consultations. The same set of recommendations were shared widely after the COP22 approval meetings.

Gay men and other men who are having sex with men

- Increase the availability and accessibility of innovative HIV prevention tools such as daily and event-driven Pre-Exposure Prophylaxis (PrEP) and scale up its reach most especially to the hard-to-reach subgroup including MSM who engage in 'chemsex';
- Include HIV self-testing as part of testing modalities that is being provided to gay men and other MSM;
- Provide support to the ongoing and new online-to-offline program efforts directed towards gay men and other MSM including peer support programs, social and behavioral communications change (SBCC) to increase awareness and demand generation activities;
- Intensify online-based demand generation activities directed towards gay men and MSM;
- Expand online-based outreach, peer support and case management programs in scaling up access to testing and treatment;
- Prioritize and intensify advocacy efforts addressing criminalization of gay men and other MSM, stigma and discrimination and other social barriers which hinder their access to services;
- Strengthen the operational structure of the key population-led organizations which deliver HIV services and conduct advocacy activities at the country level;

Sex workers

- Provide support to sex worker-led organizations and network partners for capacity building and include implementation of health service delivery or consulting services for sex workers.
- include initiatives to protect the rights of sex workers and to decriminalize the population.

People who inject drugs

- Include programs on harm reduction tools such as Needle-Syringe programs and Opioid Substitution Therapy (OST) services need to be prioritized in the region;
- Integrate HIV/TB and HIV/Viral Hepatitis country programs for PWID.
- For a more effective HIV response, implement innovative approaches to address the needs of people who inject/use stimulant drugs.

Transgender persons

- Clear interventions on addressing legal, human rights, gender and age-related barriers;
- Support differentiated service delivery models for transgender women, including integration of gender-affirming care service (e,g. GAHT).

People living with HIV

- implement innovative activities to reach out to Loss To Follow Up (LTFU) clients;
- Remove legal barriers by creating policy or programs to remove Stigma and Discrimination (S&D) and acknowledging the importance of addressing the S&D that are still embedded in the AIDS response;

Young Key Population

- Implement capacity building programs to increase young people's knowledge and understanding about their human rights in the perspective of HIV, in particular to their access to prevention, testing, and treatment services;
- Disaggregate epidemiological data by age groups to identify the young key population and the HIV services they need;
- Address the age of consent within the healthcare settings which restricts young key population's access to prevention, testing and treatment services.

We are united in advocating for issues around HIV and those that advance the rights, health and well being of people of diverse sexual orientation, gender identity, gender expression and sex characteristics.

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