



Functional Bureau Strategy

Office of the U.S. Global AIDS Coordinator and Health Diplomacy (S/GAC)

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1. Executive Statement

The Department of State's Office of the U.S. Global AIDS Coordinator and Health Diplomacy (S/GAC) mission is responsible for implementation of oversight and monitoring for the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR is the U.S. government initiative to help save and improve the lives of those living with and affected by the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) around the world focused on the highest burden countries. This historic commitment is the largest by any nation to combat a single disease internationally. U.S. government leadership, through PEPFAR, transformed the global HIV/AIDS response, accelerating progress toward controlling and, ultimately, ending the AIDS epidemic.

Since the inception of PEPFAR in 2003, the program received strong bipartisan support—reauthorized twice by significant bipartisan congressional majorities and across Administrations. Through PEPFAR, the U.S. accelerated the progress toward a world safer and more secure from infectious disease threats by strengthening the global capacity to prevent, detect, and respond to threats. PEPFAR's investments in countries with sizable HIV/AIDS burdens bolster their ability to swiftly address Ebola, avian flu, cholera, and other outbreaks—enhancing global health security and protecting America's borders. These invaluable lessons and experiences will continue to inform and improve the U.S. government response to unforeseen health crises.

PEPFAR is recognized widely for efficiently and effectively investing U.S. taxpayer dollars to save millions of lives and change the course of the pandemic. The relentless commitment to accountability allowed the program to expand the results and impact in a budget-neutral environment dramatically. In 2014, PEPFAR realigned and refocused the program in every country. These critical programs and business process improvements included targeted investment using granular, site-level data; rigorous partner management to increase performance and efficiency; and intensive quarterly monitoring of the entire program. Along with an increased focus on transparency, these efforts made PEPFAR a model for development programs everywhere.

Above all, PEPFAR is an expression of the compassion and generosity of the American people. It is the iconic brand of U.S. government engagement in health, development, security, and diplomacy, unparalleled in its capacity to deliver clear, measurable, and transformative results and impact. PEPFAR is now supporting over 14 million people with lifesaving antiretroviral treatment (ART), twice as many as four and a half years ago and up from less than 50,000 people who were on treatment in sub-Saharan Africa when PEPFAR began. With PEPFAR support, 2.2 million babies were born HIV-free to pregnant women living with HIV, and their mothers are kept healthy and alive to protect and nurture them.

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Since 2009, PEPFAR has supported over 15 million voluntary medical male circumcisions (VMMC) procedures, including 3.38 million in FY 2017 alone, 46 percent in the 15–29 age group under HIV prevention (Figure 24). Early modeling suggests that achieving 80 percent coverage of VMMC among males 15–49 years old in the 14 priority countries would prevent millions of HIV infections and save billions of dollars.

Scaling up VMMC to achieve a coverage of at least 80 percent in men ages 15–29 is a key PEPFAR focus and requires continued efforts to improve target setting, demand creation (where appropriate), and efficiency, all of which rely on better site-level data (Figure 24). PEPFAR is implementing innovative solutions to address barriers to VMMC uptake, including through increased staffing capacity and training to meet the annual seasonality of the intervention. A PEPFAR-funded tool was shown to effectively optimize site utilization in Mozambique, matching demand for VMMC with staff capacity. Paired with Geographic Information System mapping, this tool led to marked increases in VMMC in the provinces where it was used (Figure 25). Following the success in select provinces in Mozambique, these methodologies are shared throughout VMMC programs.

PEPFAR data from the Population-Based Health Impact Assessments (PHIAs) show that several key African countries are on pace to control the HIV/AIDS epidemics by 2020 with PEPFAR support. These countries are approaching a point where HIV transmission would effectively be controlled among adults and babies and have exceeded or are the 73 percent target for viral load suppression among all HIV-positive individuals set by the Joint United Nations Program on HIV/AIDS (UNAIDS) as part of its 90-90-90 by 2020 treatment goals.

Enhanced partner management that included weekly target setting and reporting of results also contributed to the program's enhanced performance. In the summer of 2017, South Africa launched a highly successful acceleration plan to rapidly improve VMMC through increased partner management, weekly reporting, and monitoring, increased engagement with traditional and community influencers, expanded service delivery, and refined age band targeting review. This campaign resulted in a marked increase in program performance and reducing risk.

On World AIDS Day 2017, PEPFAR announced that DREAMS has reached more than 2.5 million adolescent girls and young women with critical comprehensive HIV prevention interventions. Moreover, in the 10 African countries implementing DREAMS, the majority (over 60 percent) of the highest-HIV-burden communities or districts achieved a greater than 25 percent decline in new HIV diagnoses among young women. Importantly, new diagnoses declined in nearly all DREAMS intervention districts.

2. Bureau Strategic Framework

Strategy Outline

Goal 1 Accelerate Progress toward Achieving HIV Epidemic Control through use of data.

Objective 1.1 Use data-driven decision-making to increase the efficiency and effectiveness of each U.S. tax dollar invested, maximizing mutual accountability, transparency, and impact.

Objective 1.2 Use data to reach 90-90-90 targets and drive the expansion of evidence-based interventions in geographic areas and populations with the greatest HIV/AIDS burden.

Goal 2 Focus Prevention for Impact.

Objective 2.1 Improve Prevention of Mother-to-Child Transmission (PMTCT) programs to eliminate new infections among children and keep their mothers healthy and AIDS-free.

Objective 2.2 Scale up Voluntary Medical Male Circumcision (VMMC) to prevent new HIV infections in young men.

Objective 2.3 Provide comprehensive and layered prevention packages to support adolescent girls and young women (AGYW) to develop into determined, resilient, empowered, AIDS-free, mentored, and safe women.

Objective 2.4 Prevent stigma and discrimination among key populations to enhance their access to and uptake of comprehensive prevention, care, and treatment services.

Goal 3 Accelerate Access to HIV Treatment.

Objective 3.1 Leverage data to accelerate Progress Toward Achieving 90 percent ART coverage.

Objective 3.2 Accelerate the scale-up of evidence-based interventions that improve access and adherence to quality HIV treatment.

Objective 3.3 Accelerate efforts to find, diagnose, and treat men, adolescents, and children living with HIV to close the gender and age gaps of HIV treatment.

Goal 4 Leverage Partnerships for Sustainability.

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- Objective 4.1 Leverage strategic partnerships with partner country governments, civil society, multilateral institutions, faith-based organizations, the private sector, foundations, and people living with HIV toward achieving a sustainable HIV/AIDS response.
- Objective 4.2 Increase domestic resource mobilization from partner countries toward achieving sustained epidemic control and increase awareness, access to treatment, and suppression of viral load.
- Objective 4.3 Collaborate to increase efficiency, transparency, and accountability across PEPFAR and partner investments to maximize the impact of every dollar invested, and drive collective progress toward a sustainable response.

3. Goals and Objectives

Bureau Goal 1: Accelerate Progress toward Achieving HIV Epidemic Control through use of data.

a. Description and Linkages

The U.S. Global AIDS Coordinator and Health Diplomacy (S/GAC) is responsible for implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). UNAIDS challenged the global community to achieve the 90-90-90 goals: 90 percent of people living with HIV know their status, 90 percent of people who know their status are accessing treatment, and 90 percent of people on treatment have suppressed viral loads. PEPFAR's data-driven, cost-effective investments are accelerating progress toward controlling and ultimately ending the HIV/AIDS pandemic as a public health threat.

This goal supports Pillar 1 in the NSS

http://telegrams.state.gov/aldac/view_telegram.cfm?teleid=9366472 (Protect the American People, the Homeland, and the American Way of Life) and JSP 4.2 (Project American values and leadership by preventing the spread of disease and providing humanitarian relief).

Bureau Objective 1.1 Use data driven decision-making to increase the efficiency and effectiveness of each U.S. tax dollar invested, maximizing mutual accountability, transparency, and impact

a. Justification

PEPFAR works tirelessly to ensure that data drives all efforts, maximizing the impact of each dollar invested. PEPFAR analyzes and uses data down to the site level to focus programs in the geographic areas and populations with the greatest HIV/AIDS burden. Data on HIV incidence, viral suppression, prevalence, and other key elements are essential to evaluating progress toward the achievement of epidemic control. These data inputs not only give the clearest picture of the epidemic but also offers PEPFAR teams and other partners the ability to respond efficiently to in-country challenges. PEPFARs rigorously manage partners to increase performance and efficiency and conduct intensive quarterly reporting and monitoring of the entire program.

PEPFAR relies on a robust set of Monitoring, Evaluation, and Reporting (MER) indicators that collect site-level programmatic results by age, sex, and, in some cases, the key

population for each person receiving PEPFAR-supported services at a site. In the most recent version of the MER indicators (Version 2.3), there is an increased focus on understanding the nuances of how adult and pediatric populations access services to reach treatment saturation, viral suppression, and associated deaths. To ensure PEPFAR is reaching the populations with the highest need, the MER Version 2.3 encourages data collection in five-year age bands from ages 0 to 50. Public health program managers, through the use of the granular age bands, are better able to tailor programs to reach the appropriate populations with treatment and adherence services.

PEPFAR's continuous use of granular epidemiologic data has demonstrated impact on improved partner performance and increased program impact and effectiveness. Additionally, site-level data collected by PEPFAR partners owned by the country government and can be used and disseminated as needed. Quarterly reporting and review allow for real-time data used so public health program managers can more easily keep up with the epidemic. Since PEPFAR began collecting data on key indicators at the site level, age, and sex, the data quality has significantly improved; additionally, the information is available to mitigate risks by enabling critical programmatic shifts.

PEPFAR builds and strengthens the capacity of country-led responses in both government and civil society while bringing key partners to the table. PEPFAR fosters collaboration across the whole of the U.S. government, partner governments, and global partners, including multilateral institutions, civil society, FBOs, the private sector, philanthropic organizations, and people living with HIV.

Bureau Objective 1.2 Use data to reach 90 90 90 targets to drive the expansion of evidence based interventions in geographic areas and population with greatest HIV/AIDS burden.

a. Justification

PEPFAR applies a data-driven, targeted approach to address risks of the most complex global health crises in modern history. The United States challenged the conventional wisdom that nothing could be done to reduce new HIV infections and control the epidemic in high burden countries, by dramatically expanding evidence-based, HIV prevention and treatment program in under-resourced settings. Time and again, it is proven that PEPFAR makes the impossible, possible.

This rigorous focus helps to ensure that epidemic control is not a stopping point but also sustained. PEPFAR is investing in interventions that will not only help countries to achieve epidemic control but also reduce the costs of controlling the epidemic into the future so that investments are sustainable.

PEPFAR worked aggressively with our partner countries to adopt and rapidly implement “Test and Start” approaches to HIV treatment, whereby an individual who tests positive for HIV is immediately offered lifelong ART. By combining this approach with the implementation of other key policies priorities, such as using differentiated models of care, including multi-month ART prescriptions for stable HIV patients, and same-day initiation of ART for new patients there is a significant increase in the coverage of ART. "Test and Start" improves retention in HIV treatment programs, and reduces the financial and time burden placed on both national health systems and our patients..

Bureau Goal 2 Focus Prevention for Impact

a. Description and Linkages

Prevention, treatment, and care are the three pillars of PEPFAR programming since the inception in 2003. This comprehensive approach was mandated by Congress in PEPFAR’s initial authorizing legislation and included in each subsequent reauthorization. Prevention services are grouped in a comprehensive package for maximum impact. This package contains our continued focus on the prevention of mother-to-child transmission (PMTCT) of HIV, condom programming, behavioral and structural interventions, programming to avoid and reduce risk, pre-exposure prophylaxis (PrEP) with antiretroviral drugs (ARVs), HIV testing services (HTS), and voluntary medical male circumcision (VMMC) for HIV-negative young men. These prevention activities target those most at risk of HIV acquisition, focused on specific risk groups and areas of high HIV burden.

Successful prevention programming within PEPFAR requires input, collaboration, and cooperation of both internal and external stakeholders. Internally, seven U.S. government departments and agencies implement PEPFAR, leveraging the power of a whole-of-government approach to controlling the HIV/AIDS epidemic – this involves stakeholders at both headquarters and in field offices. PEPFAR also depends on external stakeholders including country governments, civil society organizations including those that are faith-based, implementing partners, the private sector, and affected populations. For example, PEPFAR partners with the Bill and Melinda Gates Foundation, Girl Effect, Johnson & Johnson, Gilead Sciences, and ViiV Healthcare on a public-private partnership for HIV prevention among adolescent girls and young women (DREAMS PPP).

This goal supports Pillar 1 in the NSS

http://telegrams.state.gov/aldac/view_telegram.cfm?teleid=9366472 (Protect the American People, the Homeland, and the American Way of Life) and JSP 4.2 (Project

American values and leadership by preventing the spread of disease and providing humanitarian relief).

Bureau Objective 2.1 Improve Prevention of Mother to Child Transmission (PMTCT) programs to eliminate new infections among children and keep their mothers healthy and AIDS free.

a. Justification

Prevention of mother-to-child transmission (PMTCT) programs provides antiretroviral treatment (ART) to HIV-positive pregnant women to stop their infants from being at risk of acquiring the virus. Since its inception, PEPFAR enabled more than 2 million babies to be born HIV-free thanks to this program. Over the last few years, there was a rise in women who enter their pregnancy being aware of their status and already being on ART, which leads to better health outcomes for them, their babies and their families. To meet the “Start Free” goal of zero new HIV infections among children (taken from the ‘Start Free Stay Free AIDS Free framework) by 2020, HIV testing and ART initiation services must be available for women of child-bearing age throughout the countries where PEPFAR works.

Bureau Objective 2.2 Scale up Voluntary Medical Male Circumcision (VMMC) to prevent new HIV infections in young men.

a. Justification

VMMC is a one-time, low-cost intervention shown in randomized controlled trials to reduce men’s risk of HIV by approximately 60 percent, with the prevention effect maintained for life. Male circumcision has the potential to prevent millions of new infections, preserve millions of lives, and save billions of dollars in averted HIV treatment costs. Importantly, the procedure brings men, some for the first time since childhood, into health services. The risk of not conducting VMMC may negatively impact a large population.

Bureau Objective 2.3 Provide comprehensive and layered prevention packages to support adolescent girls and young women (AGYW) to develop into determined, resilient, empowered, AIDS-free, mentored, and safe women.

a. Justification

Girls remain up to 14 times more likely to be infected with HIV than boys the same age due to the unique and inequitable circumstances affecting their daily lives. This is compounded by the rising population of adolescents in sub-Saharan Africa due to the youth bulge and the persistent cycle of HIV transmission between AGYW and young adult men. Now, more than ever, it is evident that there is still much work to be done for this

population. To control the epidemic in this highly vulnerable population, PEPFAR partnered with the Bill and Melinda Gates Foundation, Girl Effect, Johnson & Johnson, Gilead Sciences, and ViiV Healthcare on the DREAMS public-private partnership. DREAMS is a comprehensive prevention program addressing the multidimensional circumstances that place young women at increased risk of contracting HIV, such as lack of access to education and high rates of gender-based violence. DREAMS was launched on World AIDS Day in 2014 and followed by the DREAMS Innovation Challenge in 2016. The goal of DREAMS is to reduce new HIV infections in AGYW by providing a holistic and layered approach to HIV prevention. DREAMS originally operated in 10 countries that represent more than half of all infections occurring among AGYW globally: Kenya, Lesotho, Malawi, Mozambique, South Africa, Eswatini, Tanzania, Uganda, Zambia, and Zimbabwe. DREAMS programming since expanded to five more countries: Botswana, Cote d'Ivoire, Haiti, Namibia, and Rwanda.

Bureau Objective 2.4 Prevent stigma and discrimination among key populations to enhance their access to and uptake of comprehensive prevention, care, and treatment services.

a. Justification

In FY 2017, PEPFAR reached more than 2.1 million members of specific key populations with HIV prevention packages. However, there is a significant unmet need for comprehensive prevention, care, and treatment programs and services among key populations. The risk of stigma, discrimination, and violence, reduce access to and use of essential health services by making it difficult to identify and reach key populations which could undermine efforts towards effective responses to HIV/AIDS. PEPFAR is committed to joining others to end stigma, discrimination, and violence and increasing access to, and uptake of, HIV prevention, treatment, and care services for all persons infected and affected by HIV/AIDS, including key populations. It is imperative to identify and understand the often complex dynamics driving stigma, discrimination, violence, and implement innovative, evidence-based, community-led approaches to control the epidemic and address the specific types of stigma.

Goal 3 Accelerate Access to HIV Treatment

a. Description and Linkages

HIV treatment is one of the most cost-effective investments that we can make toward controlling the epidemic, both for the health of the person to receive the medication and to prevent their onward transmission of HIV. Science shows that one of the most critical factors in the successful treatment of HIV is the early initiation of ART. The

sooner that a person living with HIV begins treatment, the more intact and active their immune system remains, and the faster they can achieve viral suppression, which virtually eliminates their risk of transmitting the virus. PEPFAR will continue to accelerate access to treatment for all people living with HIV by identifying and addressing key barriers to diagnosing people living with HIV and linking them to life-saving care.

To expand access to HIV treatment, PEPFAR continues to work closely with many partners and stakeholders, including partner-country governments; multilateral institutions; faith-based organizations; the private sector; people living with HIV; implementing partners; and civil society. PEPFAR continues to tirelessly work to best align resources, reduce duplication of effort, and maximize impact so that the most people in need of ART can reach all available resources.

This goal supports Pillar 1 in the NSS

http://telegrams.state.gov/aldac/view_telegram.cfm?teleid=9366472 (Protect the American People, the Homeland, and the American Way of Life) and JSP 4.2 (Project American values and leadership by preventing the spread of disease and providing humanitarian relief).

Bureau Objective 3.1 Leverage data to accelerate Progress Towards Achieving 90 percent ART coverage.

a. Justification

The PEPFAR Strategy for Accelerating HIV/AIDS Epidemic Control (2017-2020) reaffirms the U.S. government's leadership and commitment, through PEPFAR, to accelerate efforts toward epidemic control in more than 50 countries, ensuring access to services by all populations, including the most vulnerable and at-risk groups. It also sets a bold course for accelerated PEPFAR implementation in a subset of 13 high-burden countries with the greatest potential to achieve HIV/AIDS epidemic control by 2020. PEPFAR will support up to 13 countries to achieve at least 90 percent of PLHIV who know their status, 90 percent of people who know their status accessing treatment, and 90 percent of people on treatment having suppressed viral loads across all ages, genders, and at-risk groups by 2020. This effort helps to mitigate that risk and potentially save millions of lives. PEPFAR is committed to using data to focus investments in evidence-based interventions in the geographic areas and populations with the greatest HIV/AIDS burden for maximum impact. Utilizing data for decision-making is critical to reaching those in most need of HIV services. Programmatic and surveillance data on HIV incidence, viral suppression, and prevalence across gender and all age groups are essential to evaluating progress toward the achievement of epidemic control. The

epidemic control only attained when these targets for adults and children are accomplished, including the continuous use of granular epidemiologic and cost data to improve partner performance and increase program impact and effectiveness.

Bureau Objective 3.2 Accelerate the scale-up of evidence-based interventions that improve access and adherence to quality HIV treatment.

a. Justification

Accelerating the scale-up and implementation of evidence-based interventions is essential to controlling the epidemic. The World Health Organization, the leading institution responsible for establishing international normative guidance related to HIV/AIDS programs, released full consolidated guidelines on the use of Antiretrovirals (ARVs) for treating and preventing HIV in June 2016. In July 2017, in collaboration with PEPFAR, CDC, and International AIDS Society, the WHO released key considerations for differentiated ART delivery for specific populations: children, adolescents, pregnant and breastfeeding women, and key populations. The WHO also released guidance for managing advanced HIV disease and rapid initiation of ART, making a strong recommendation for offering ART to PLHIV on the same day that they test positive. By easing the burden on patients and making care more efficient, the program recommendations in these guidelines are helping countries to develop more sustainable healthcare platforms that better foster adherence to lifelong therapy. The WHO guidelines recommend a reconceptualization of service delivery models to offer more streamlined services to patients who are clinically well and more intensive services to those who need it. These guidelines promote more patient-friendly services and expansion of community-based models. The costs of ARVs declined over the last decade and are now driven largely by service delivery costs rather than drug costs. By adopting the WHO's treatment recommendations for Test and Start, as well as models of differentiated service delivery, and working to ensure the implementation of policies across PEPFAR-supported countries, PEPFAR can serve two patients for the price of one, without reducing the quality of care or patients' adherence to treatment. This recommendation reduces the risk of burning through treatment funding, but instead stretches funding for further use to more patients.

Bureau Objective 3.3 Accelerate efforts to find, diagnose, and treat men, adolescents, and children living with HIV to close the gender and age gaps of HIV treatment.

a. Justification

Tremendous progress was made in HIV treatment since the beginning of PEPFAR with PEPFAR now supporting over 14 million men, women, and children on HIV treatment – more than twice as many as only four and a half years ago. However, there are still significant gaps in our ability to reach men, children, adolescents, and other critical groups with effective HIV diagnosis and treatment programs. It is essential to reach these populations with HIV prevention and treatment services to reach our goal of ending AIDS by 2030.

In 2017, 2.1 million children under age 15 were living with HIV/AIDS, and only 52 percent had access to ART. If we do not achieve this objective, one potential risk is that without treatment, 50 percent of HIV-positive children will die before their second birthday, and 80 percent before turning five years of age. Recent PHIA data shows that far fewer individuals under age 25 know their HIV status, are on treatment or are virally suppressed as compared with older adults. The identification and diagnosis of undiagnosed men are essential in breaking the cycle and risk of transmitting HIV to partners, families, and sexual networks. Emerging evidence suggests that men are higher risk because they are less likely than women to seek out health care, take an HIV test, or initiate and adhere to HIV treatment which could negatively impact the area if not identified and diagnosed.

Bureau Goal 4 Leverage Partnerships for Sustainability

a. Description and Linkages

PEPFAR must work in partnership with country governments, other multilateral and bilateral donors, civil society, faith-based organizations, and the private sector to maximize the impact of every dollar to reach epidemic control. This potential success is at risk if we do not take decisive actions to ensure the HIV response is sustainable. A series of concrete actions are available that will have a rapid impact and accelerate our progress towards long-term sustainability.

Given the magnitude of its contributions to the global HIV response, PEPFAR plays a seminal role in determining the future path of the HIV epidemic and bears great responsibility for ensuring that the HIV response is sustainable. Indeed, all PEPFAR investments move us closer to sustainability; only an epidemic that is shrinking and not expanding is financially sustainable. Ultimately the achievements of PEPFAR will be measured by their contribution to the sustained control of the HIV epidemic.

Over the past few years, PEPFAR took dramatic new steps to hardwire sustainability into its business processes, developing strategic approaches to move the sustainability agenda forward. PEPFAR charts progress to a full country-led and operated response through the Sustainability Index and Dashboard. Annual programming of longer-term sustainability efforts are captured in the “Table 6” process of the Country Operating Plan (COP) that benchmarks and track efforts toward sustainable outcomes. For PEPFAR, sustainability of the HIV response means that a country has the enabling environment, services, systems, and resources required to effectively and efficiently control the HIV and AIDS epidemic.

This goal supports Pillar 1 in the NSS

http://telegrams.state.gov/aldac/view_telegram.cfm?teleid=9366472 (Protect the

American People, the Homeland, and the American Way of Life) and JSP 4.2 (Project American values and leadership by preventing the spread of disease and providing humanitarian relief).

Bureau Objective 4.1 Leverage strategic partnerships with partner country governments, civil society, multilateral institutions, faith-based organizations, the private sector, foundations, and people living with HIV toward achieving a sustainable HIV/AIDS response.

a. Justification

Through work with multilateral partners, particularly UNAIDS and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), PEPFAR optimizes its investments, strengthens country leadership and sustainability, and enhances service delivery. Similarly, through its work with the private sector, PEPFAR is able to bring private sector resources and innovation to bear in the fight against HIV and AIDS. PEPFAR also dedicates initiatives to strengthen civil society engagement, leadership, and capacity, including with FBOs, recognizing that sustainable HIV/AIDS interventions must be tailored to and informed by the communities served. The potential success of this effort is at risk if we do not take decisive actions to ensure the HIV response is sustainable through community support.

PEPFAR emphasizes that partnerships should be continuously evolving and embedded in all aspects of program development and execution using data analytics jointly. Embedding partnerships into daily operations encourage shared responsibility that engages all country stakeholders in developing a system that fits their needs and realities, with an eye toward full partner country responsibility in the future.

Bureau Objective 4.2 Increase domestic resource mobilization from partner countries toward achieving sustained epidemic control and increase awareness, access to treatment, and suppression of viral load.

a. Justification

Sustainability demands a long-term effort to ensure that a country establishes and maintains requisite levels of fiscal ability, technical capability, political will, and citizen engagement. PEPFAR uses a sustainability framework that emphasizes a drive to control the epidemic to the point that a partner country's resources can finance the remaining disease burden and manage with its technical capability.

A stable financial resource base mobilized both domestically and externally, is essential for sustainability and critical for long-term planning and decision-making. Because funding will always be limited, the impact of each dollar must stretch by ensuring that investments are strategic, effective, and cost-efficient. For PEPFAR,

financial sustainability located at the intersection of epidemiology and economics. The potential impact of not being able to afford epidemic control and to secure a stable funding source for HIV treatment, prevention, and surveillance, and the health system that supports the program after control achievement this could negatively impact the PEPFAR effort.

In 2015, PEPFAR developed the Sustainability Index and Dashboard (SID) to track country progress toward sustainability. The specific indicators and milestones included in the SID measure key areas, including partner countries mobilizing domestic financial resources for their HIV/AIDS response. In addition to allocating those resources strategically and efficiently, to include (a) collecting; (b) analyzing; (c) using the right types of data for decision-making; and (d) ensuring a secure, reliable; adequate supply of distribution system for drugs and other commodities required to achieve sustainable epidemic control. The SID is updated biennially and forms the basis for analyzing systems strengthening activities.

PEPFAR is collaborating with the Treasury Department to place advisors within host country Ministries of Finance and to provide technical assistance to build host country financial management capacity.

PEPFAR is supporting efforts to transition responsibility of specific activities to partner governments for management and financing of HIV/AIDS related services. This holistic support includes leveraging the private sector, tapping individual willingness to pay and public financing of health and HIV services.

Bureau Objective 4.3 Collaborate to increase efficiency, transparency, and accountability across PEPFAR and partner investments to maximize the impact of every dollar invested, and drives collective progress toward a sustainable response.

a. Justification

Achieving efficiency across the HIV/AIDS response requires close collaboration among all partners, sharing of information, use of data in real time, and clear cost to drive program implementation. PEPFAR strategically partnered across multiple sectors, including with the private sector, and is increasingly looking to its business expertise to help solve global health challenges. We are translating the optimized business practices to our global health world to improve the efficiency of our programs. We use data at a granular level to determine the areas of highest HIV burden, and where each dollar invested will result in the highest return on disease impact. It is important to maintain concise and accurate sharing of data information

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to avoid the risk of using incorrect information that could result in a false program assessment.

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4. Cross-cutting Management Objectives

Management Objective 5.1 Employ an efficient and effective, data-driven business model to accelerate progress toward controlling the HIV/AIDS epidemic in high HIV-burden countries.

a. Justification

PEPFAR thrives due to the exceptional contributions from within the U.S. government and partnerships with partner country governments and global partners, including multilateral institutions, civil society, faith-based organizations, the private sector, philanthropic organizations, and people living with HIV. The leadership of S/GAC, combined with the implementation through the United States Agency for International Development; the U.S. Department of Health and Human Services and its agencies, including the Centers for Disease Control and Prevention, Health Resources and Services Administration, and the National Institutes of Health; the Department of Defense; the Peace Corps; and the Department of Labor, as well as our partnership with the Department of the Treasury, were instrumental and demonstrated the true strength of interagency collaboration. The dedicated career staff working internationally under the leadership of the chiefs of mission at our embassies are vital to bilateral engagement, ensuring successful implementation of the program, and strengthening the sustainability of the response