

PEPFAR's 5-year Strategy

Fulfilling America's Promise to end the HIV/AIDS Pandemic by 2030

I. Preface

We are at a pivotal moment in the global AIDS response. Thanks in large part to nearly twenty years of unwavering bipartisan American leadership and investments across U.S. presidents and from the U.S. Congress, we are closer than ever to reaching the United Nations Sustainable Development Goal target of ending the global AIDS epidemic as a public health threat by 2030.

For nearly two decades, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), has supported >50 countries around the world to emerge from the deepest devastation of AIDS and move toward a brighter future, all while improving the health and well-being of millions of people. We have brought together the strengths and expertise of U.S. government agencies and deployed our financial assistance, ingenuity, and scientific and technical capacity with remarkable scope, scale, and speed.

In community after community, where AIDS once brought unfathomable death and despair, there is now vibrant life and hope. PEPFAR has saved more than 21 million lives, prevented millions of HIV infections, and supported a growing number of countries to bring their HIV epidemics under control.

We know from the COVID-19 pandemic that an infectious disease threat in one country can rapidly threaten the world. By leading the global AIDS response, America not only supports countries to provide life-saving HIV prevention and treatment services, but also builds and strengthens health systems for pandemic preparedness and response. These capacities, many of which exist at their current scale and sophistication largely because of longstanding PEPFAR investments, have been essential in responding to HIV as well as Ebola, H1N1, tuberculosis, and other health threats. Across Africa, PEPFAR-supported platforms have been the backbone of the COVID-19 response, and it remains vital in the continue global efforts to end the COVID-19 pandemic.

Many of the first babies born HIV-free because of PEPFAR and our partnership with countries have now completed secondary school. Millions of their parents living with HIV are healthy and alive to nurture, protect, and teach their children along their journey to adulthood. Countless individuals are thriving and contributing to their families, communities, and economies. By partnering closely with countries and communities in the lead, we have moved the HIV epidemic from tragedy toward triumph.

But our work is not yet done. HIV remains a serious threat to global health security and economic development. Our progress can be easily derailed if we lose our focus, conviction, or fail to address the inequities, many fueled by stigma and discrimination and punitive laws, that stand in our way.

We are deeply committed to working with our partners to end the HIV pandemic in the U.S. and globally, and to further support resilient health systems strengthened as a direct result of PEPFAR's investment, as we approach PEPFAR's 20th anniversary in 2023. Under the new PEPFAR Strategy: *Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030*, the United States is setting a bold goal of achieving sustained HIV impact everywhere that we work around the world, and of creating a healthier, safer, and more secure world for us all.

II. Our Progress to Date

Before PEPFAR began, an HIV diagnosis was a death sentence for millions of people around the world. In the hardest-hit regions of Africa, entire families and communities were falling ill, as infant mortality doubled, child mortality tripled, and life expectancy dropped by 20 years. The rate of new HIV infections in the highest burden regions was exploding, and given the lack of access to treatment, people were getting sick and dying during the most productive years of their lives. Millions of babies were being born with HIV and millions more children were being orphaned by AIDS. Economic estimates indicate that the pandemic was reducing national average GDP per capita growth rates by 2-4% per year. At that time, the HIV/AIDS epidemic continued to rage largely unabated. The U.N. Security Council, consequently, issued an unprecedented resolution in 2000 declaring for the first time ever that a health issue should be considered a national security threat. This was followed by the Heads of State in Africa meeting in 2001 in a special summit in Abuja declaring a similar HIV/AIDS emergency committing all necessary resources and measures to address the pandemic.

When President George W. Bush announced the creation of PEPFAR in his 2003 State of the Union address, and the U.S. Congress quickly followed by authorizing \$15 billion for the *United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003* in strong bipartisan fashion, it sent shockwaves around the world, and fundamentally changed the course of public health history.

Since then, through PEPFAR, the U.S. government has proudly invested more than \$100 billion and supported at least [20 countries to achieve 90-90-90 targets, 2 high-HIV burden countries have achieved the 95-95-95 targets], even without a vaccine or a cure. Reaching this milestone was virtually unimaginable when PEPFAR began, and a number of other countries are also on pace to attain it soon. PEPFAR continues to deliver people-centered HIV prevention and treatment to millions of women, men, and children, enrolling them in a continuum of care specific to their individual needs and contexts. Thanks to PEPFAR and our many partners, according to UNAIDS, AIDS-related deaths have been cut by 64 percent since their peak in 2004 and new HIV infections have been reduced by 52 percent since their peak in 1997. Globally, 73 percent of people living with HIV are accessing antiretroviral therapy (ART).

In 2004, there were over 1.8 million new HIV infections every year across PEPFAR-supported countries; in 2020, in large part because of PEPFAR, new HIV infections per year have decreased by half. PEPFAR investments have resulted in 5.5 million babies born HIV-free. All cause deaths in PEPFAR-supported countries have decreased by 60 percent, with approximately 570,000 deaths occurring annually. HIV treatment has increased life expectancy dramatically, allowing for communities and economies to grow and flourish. As of September 30, 2022, PEPFAR has supported life-saving antiretroviral treatment for X million people, up from 18.9 million last year. The program has provided critical care and support for X million orphans, vulnerable children, and their caregivers so they can survive and thrive. Etc.

Over the years, PEPFAR has built on the robust HIV service delivery, public health, and clinical and community care platforms to tackle the unique issues confronting people living with HIV – beginning with advanced HIV disease and more recently addressing tuberculosis (TB) prevention, cervical cancer, and other comorbidities – to support them in having a normal, healthy lifespan. Clients who are healthy can access services in a manner convenient to them. Lately, we have expanded our investments in community-led monitoring to pinpoint key barriers to HIV service access and continuity at the facility

level and deploy innovative solutions to address them such as differentiated service closer to the community and multi-month dispensing of antiretroviral drugs – all with communities in the lead.

PEPFAR investments have been critical for the HIV response but have also helped build responsive and sustainable health and community systems in countries, including through our support for programs at more than 70,000 facility and community health clinics, including 3,000 laboratories; support for over 300,000 health care workers; expansive supply chains for health care commodities; and strong systems for data collection and use. With nearly \$1 billion annually in health systems strengthening investments, PEPFAR has supported dozens of countries to dramatically expand broader access to health care within their populations and strengthen their capacity for pandemic preparedness and response, all while responding to HIV.

These investments have expanded and strengthened high-quality diagnostic and surveillance capacity, existing infrastructure, pandemic response, and global health security. Every health professional that PEPFAR helps train, every laboratory that we strengthen, and every local organization that we capacitate is capable of confronting not only HIV, but also myriad other health challenges. This is how we protect the gains in HIV/AIDS we have made through PEPFAR. Through PEPFAR, the U.S. government has strengthened the ability of partner countries to deliver effective, efficient, and sustainable health care – systems that are resilient even in the face of adversity, whether it be conflict, natural disasters, or other health threats, including most recently with COVID-19, Monkeypox and Ebola. We have helped make the world a more secure place by better equipping partner countries and communities to address other disease outbreaks swiftly and effectively, such as Ebola, avian flu, cholera, and COVID-19, while protecting and advancing the gains made against HIV.

Together, we have shown the power of people-centered health care service delivery with strong partner government leadership and community engagement to deliver immediate impact, confront inequities, ensure contingency planning, and withstand moments of great adversity with resilience.

III. Our Remaining Challenges

Despite the incredible progress that PEPFAR has made in supporting the HIV/AIDS response across the more than 50 countries where we work, we have tremendous challenges ahead to finish the job. There are several critical challenges that PEPFAR and its partners will need to overcome in the next horizon of its work.

1. Finish closing the treatment cascade

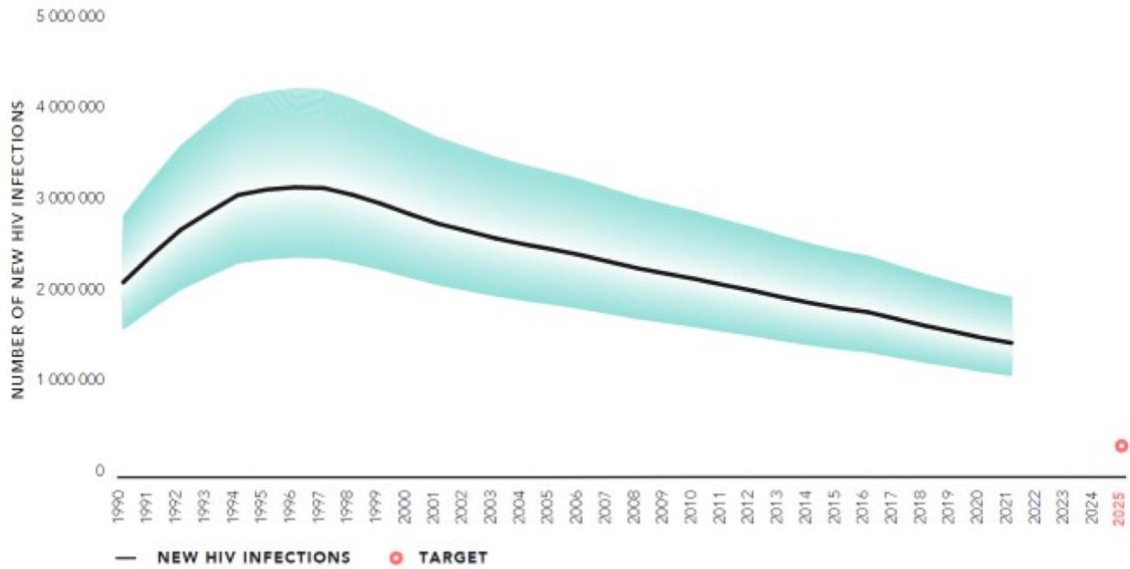
Our experience in countries shows what is possible if the government, donors, and community come together to collectively focus on the treatment targets. We will need to continue building upon our momentum and prioritize countries and sub-populations where we are still lagging. We also need to consider the changing demographics of the pandemic, as up to a third of individuals supported by PEPFAR are over the age of 50 and will need effective person-centered care to address their needs.

2. Bending the curve on new infections

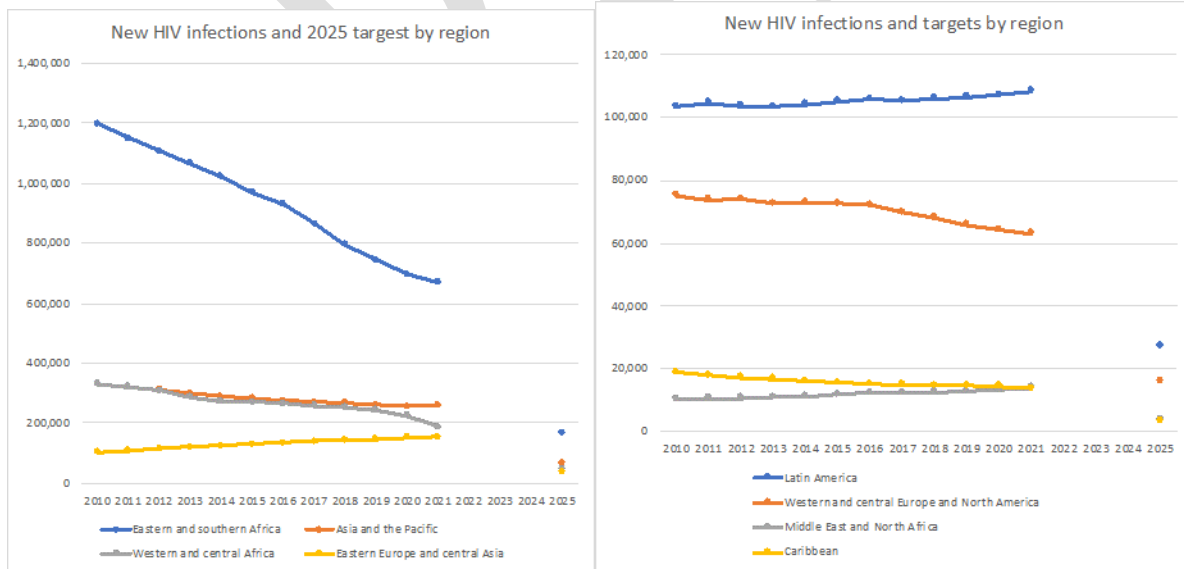
In 2020, UNAIDS brought together the global HIV/AIDS community to set an ambitious goal of bringing new infections down to 370,000 by the year 2025. At the current rate, we are well off track to meet that goal, and progress varies dramatically by region, country, and subnational levels. In the highest disease

burden regions, new infections continue to decline while in many other regions change in new infections have stalled or increasing.

FIG. 1.01a. Number of new HIV infections, global, 1990–2021, and 2025 target



Source: UNAIDS epidemiological estimates, 2022 (<https://aidsinfo.unaids.org/>).

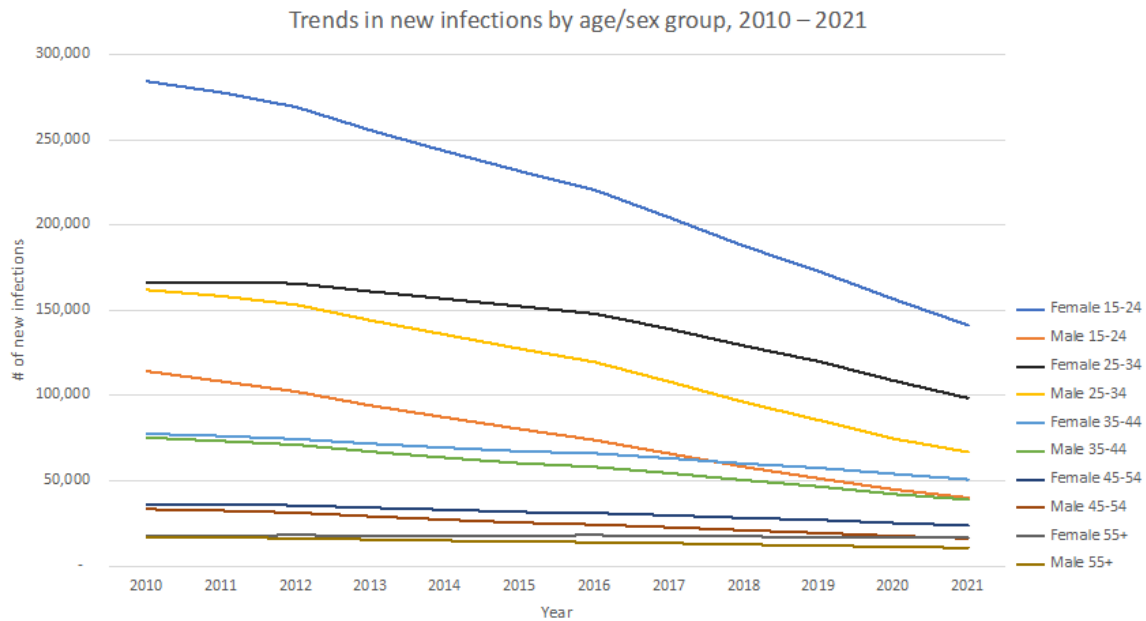


Source: UNAIDS 2022

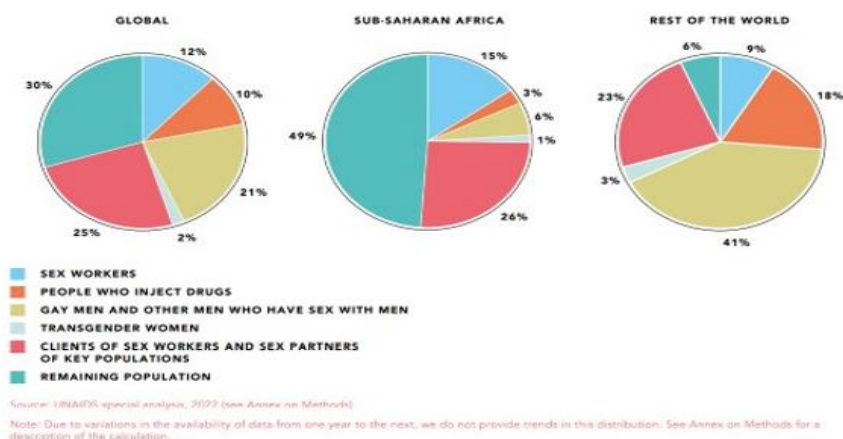
We need a new collective approach to bending the curve on new infections, doubling down on what works in prevention, introducing new product and service delivery innovations, and taking a multisectoral approach across all parts of our government and community infrastructure to reduce new HIV infections. But it also requires ensuring that we work with patients who test positive to be started and sustained on treatment, in order to achieve viral suppression, leading to U=U (Undetectable=Untransmittable).

3. Closing equity gaps

Equity gaps in the impact of the HIV/AIDS pandemic have been closing but remain highly persistent for vulnerable populations. New infections are still the highest among 15 to 24 and 25- to 34-year-old females, double or more of their male counterparts in many PEPFAR-supported countries. New infections among males have been reduced by half. ART services have improved since 2010; however, inequities still exist among children and must be resolved by understanding the specific service delivery gaps for younger and older children.



Distribution of acquisition of new HIV infections by population, global, sub-Saharan Africa and rest of the world, 2021



Persistent gaps remain in specific countries and for specific populations in the coverage of vital prevention, diagnostic, and treatment services, within and across the countries where we work. Moreover, existing laws, policies, and practices make it harder for the populations most impacted by the HIV epidemic – including men who have sex with men, people who use drugs, sex workers, racial and ethnic minorities, and women and girls – to have equitable access to quality HIV prevention and treatment services. Without intentional focus on closing equity gaps, including addressing structural rights and policies, the most vulnerable populations will continue to be left behind.

4. Fragile health systems

PEPFAR was established as an emergency program to stop suffering and death from HIV by getting HIV prevention and clinical services to people in need as quickly as possible and stop the escalating HIV pandemic in its track. The results have been tremendous, but integration into partner country-led public health systems for sustainability has been less systematized.

What further complicates integration is as the program focused on programmatic and epidemiological impact, this required service delivery investments to be focused on geographies with the largest needs. This has led to in many instances a relatively strong HIV response capability in PEPFAR-supported areas, and yet significant needs in the quality of national public health systems.

As we look towards designing for the long-term future of the program to close the last mile, one that can sustain the HIV gains in an environment with tightening donor funding, it will be critical to break down these silos and more effectively integrate large parts of the programmatic effort into country-led programs and systems to sustain HIV impacts. And it is also key to ensure that we are building up the capabilities of government and community partners to serve 100% of patients who need it. This transition towards sustainability and integration needs to consider that certain populations still face legal, policy and cultural barriers to receiving HIV care from public service provision.

5. New outbreaks threaten gains

As the experience in COVID-19 has taught us, outbreaks of unrelated diseases can disrupt and potentially even reverse the hard-earned gains that countries have made in the fight against. Health systems become stressed, clinics are temporarily closed, health workers become increasingly at risk of infection, and the political and leadership focus is concentrated on the new outbreak, not HIV.

During COVID-19, the PEPFAR program was able to adapt quickly to protect and accelerate the HIV gains, but the threat remains acute, and is an especially important consideration as the program transitions to long-term sustainability. We also know that the PEPFAR platforms (e.g., data systems, laboratory systems, management capabilities, health workforce, supply chains etc.) can be leveraged effectively in responding to other health outbreaks to protect HIV gains. If we are intentional about enabling the PEPFAR platform to contribute to health security more seamlessly, we will not only help countries to protect the long-term HIV gains, but also stamp out outbreaks more easily before they become pandemics.

We are at a crossroads in the global AIDS response, and the choices we make now will have critical implications for years to come. If we falter, millions more people will be infected with HIV and millions more people now living with HIV will die of AIDS. But if, together, we confront the challenges before us with conviction and compassion, we can pave the path to end the HIV pandemic everywhere as a global health threat and to secure a healthier future for everyone.

IV. Purpose, Values and Goals

Purpose Statement: We will accelerate the response to end the HIV/AIDS pandemic as a public health threat by 2030, while sustainably strengthening public health systems.

The PEPFAR Strategy sets a bold vision tackling HIV in partner countries, and thus contributing to greater global health security over the next 5 years. In doing so, the PEPFAR Strategy will support the international community's efforts to reach the U.N. Sustainable Development Goal 3 target of ending the global AIDS epidemic as a public health threat by 2030 – while also advancing interdependent SDGs. The implementation of the PEPFAR Strategy will be closely coordinated with the Global AIDS Strategy 2021-2026, released by UNAIDS and adopted by countries, and 2023-2028 Global Fund Strategy to continue optimizing complementarity, value for money, and impact. It will also maximize synergies and bidirectional learnings with the new U.S. National Strategy on HIV/AIDS.

Program Goals:

1. Reach the global 95-95-95¹ treatment targets for all ages, genders, and population groups.
2. Reduce new HIV infections dramatically through effective prevention and treatment, in support of UNAIDS targets
3. Close equity gaps for priority populations, including adolescent girls and young women, key populations, and children

¹ 95% of all people living with HIV know their status; 95% of all people diagnosed with HIV infection will receive sustained antiretroviral therapy; 95% of all people receiving antiretroviral therapy will have viral suppression

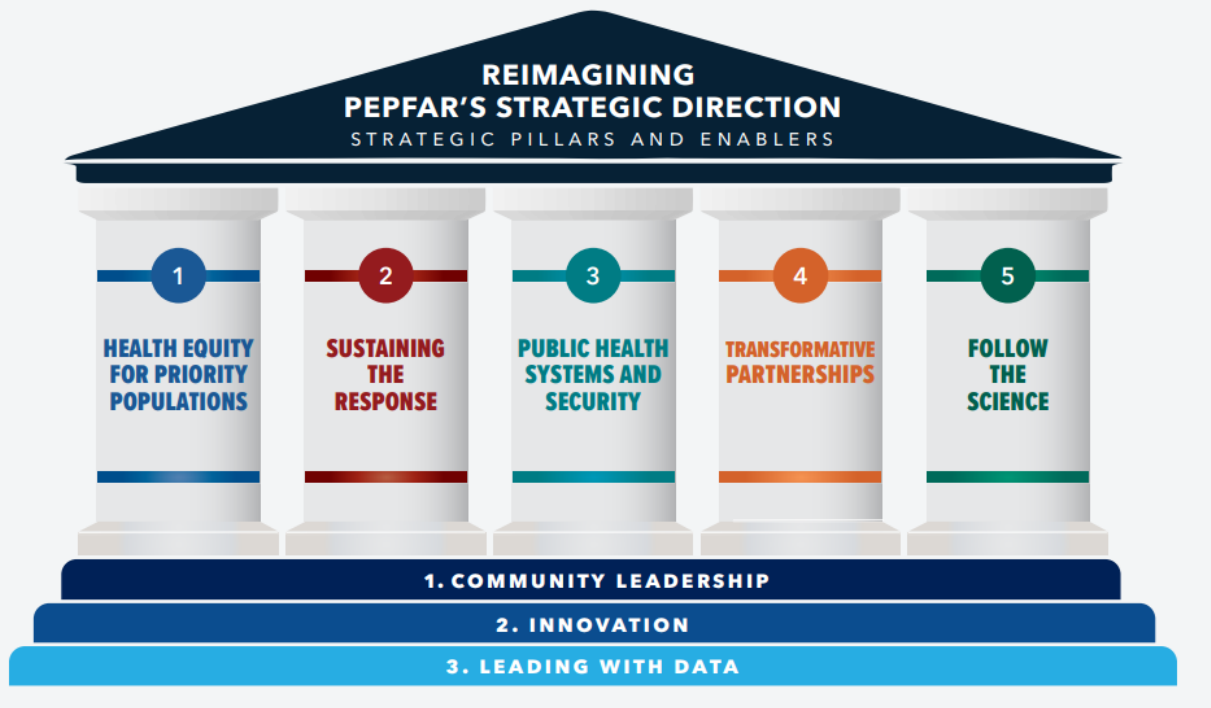
4. Transform the PEPFAR program towards sustaining HIV impact and long-term sustainability by strengthening the capabilities of government, communities, the private sector, and local partners to lead and manage the program.
5. Make measurable and sustainable gains in partner country public health systems and health security to strengthen public health prevention, data, and response capabilities for HIV as well as other health threats.

PEPFAR Core Principles and Values

1. **Respect and Humility:** Deep respect, trust and humility are core values of the PEPFAR program and should live in every interaction we have with our partners and beneficiaries
2. **Equity:** Strive for equitable treatment and outcomes, both in the way that we and our partners operate, and for the populations we serve.
3. **Accountability and Transparency:** Ensure effective use of resources, and commit to being open and public with all critical information on our intentions and programmatic results
4. **Impact:** Orient our activities to the areas that will lead to the most progress towards ending the HIV/AIDS pandemic using quality data and evidence-based processes and strengthening public health systems
5. **Sustained Engagement:** Ensure that we are elevating the leadership of our partners, local communities, and countries to sustain our impact, not just aiming towards reaching targets

V. Strategic Plan

PEPFAR is committed to supporting the global vision of ending the HIV/AIDS pandemic as a public health threat by 2030 and further assisting countries and communities to leverage the robust PEPFAR-supported public health, community, clinical care platforms to confront other current and future health threats that impact people living with and affected by HIV/AIDS. The foundation of that support is outlined in PEPFAR's Strategy, which focuses on five strategic pillars that support health equity, sustainability, public health systems and security, partnerships, and science.



Strategic Pillar 1: Health Equity for Priority Populations

PEPFAR will remain deeply committed to ensure all ages, genders, and population groups at risk for infection know their HIV status, receive life-saving HIV prevention and treatment services, and are virally suppressed if they are living with HIV. But the COVID-19 pandemic, along with the history of all global health threats, have taught us that pandemics do not affect all people uniformly. Reaching and effectively supporting populations who are especially vulnerable is always the hardest task for global health programs. For HIV/AIDS (which mirrors many other global health threats because HIV/AIDS thrives amongst the most marginalized populations) – the largest global gaps remain in Adolescent Girls and Young Women, Children, and Key Populations. Addressing inequities in these populations will also have impact on new infections. Countries must know and close their inequity gaps.

In recent years, PEPFAR has intentionally prioritized these groups, with new initiatives, programming, and data investments such as the DREAMS public-private partnership, Accelerating Progress in Peds/PMTCT (AP3), and the Key Population Investment Fund (KPIF). The PEPFAR Strategy will build upon the progress from these efforts by thinking transformatively about how to efficiently extend the reach of evidence-based programming to achieve durable viral suppression, reduce AIDS-related mortality, and improve health and wellness for clients while dismantling the structural barriers that hold back progress.

Focus Area 1: Advancing Gender-Equitable programming

Gender inequality is a significant barrier to the achievement of 2030 goals as it results in unequal access and use of HIV prevention, care, and treatment services; impacts individuals' ability to initiate and practice healthy behaviors, exercise their right to live free from violence, stigma, and discrimination and achieve the highest attainable standard of health. The links between gender inequality, gender-based violence, and HIV are clear.

One of the most critical elements of PEPFAR's gender-equitable programming has been the DREAMS program. DREAMS has demonstrated the value of taking a multi-sectoral, layered approach to deliver robust primary prevention to adolescent girls and young women. PEPFAR will build upon these successes and lessons learned with the next generation of the prevention programming for AGYW. This will consist of augmenting the core package of interventions with a few key components and additional partners: 1) Developing cost-effective models for extending the reach of evidence-based prevention interventions to AGYW not being adequately served across our partner countries; 2) Designing a sustainability pathway for gender-equity focused interventions, through co-creation of design with government ministries (including health, welfare, gender, education, justice) and local community organizations – this may include transitioning over service provision for education and economic programming to governments who are able to deliver them effectively; 3) More effectively integrating HIV prevention services for AGYW with sexual and reproductive health platforms, including gender-based violence, service delivery channels in country; 4) Introducing and scaling up biomedical prevention tools (e.g., PrEP) for the highest risk cohorts of AGYW; 5) More actively linking at-risk AGYW with economic development and education focused AGYW donors to more effectively connect beneficiaries with employment and income generation opportunities; 6) Innovating and scaling behavioral and social science based models on community norms change that include both AGYW and ABYM.

Focus area 2: Launching a Youth-Focused Movement to prevent new infections for the next generation

Many of PEPFAR's partner countries are currently or will be experiencing a youth bulge. For example, in Africa, the population is expected to double by 2050, which will lead to a large increase in the number and proportion of the population of youthful age. This means that the future of the HIV/AIDS response will be defined by how effectively HIV/AIDS programming is designed to prevent new HIV infections in young people.

Moreover, young people have unique health and economic needs and consume health and wellness content through different channels than the general population. They have also grown up in an era where HIV/AIDS is not considered the primary health concern for their generation.

Therefore, we will partner with organizations centering youth and new media entities (e.g., digital applications, social media, youth-focused TV/movies, and music) to tailor the end-to-end patient journey more effectively to young people. The goal will be engaging young people as leaders to more effectively shape the hearts and minds of young people more broadly through accessible, destigmatizing, and empowering HIV/AIDS content, and innovative youth-friendly service delivery to facilitate greater HIV/AIDS impact.

Focus Area 3: Leading the Global Movement to End AIDS in Children

Recent innovations in pediatric formulations and diagnostics provide critical tools we need to close the gap between adults and children. Therefore, the PEPFAR strategy will be laser-focused on scaling-up evidence-based PMTCT, diagnostics and treatment for this population and holding ourselves, as well as government and implementing partners, accountable for results. This will require reimagining the potential of sophisticated community-level differentiated service delivery models to meet children and families where they are with what they need. It will also include targeted socioeconomic support for

families in need, building in coordination with benefits programs led by the ministries of social welfare to enable sustainability. It also requires continued improvements in the precision of CLHIV estimates through innovative data collection methods in tandem with household surveys. We will also design dedicated effort supporting young adolescent mothers who are the most vulnerable cohort, who become HIV positive have access to destigmatized, youth and family friendly care.

In partnership with the Global Alliance to End AIDS in Children, we will work to effectively elevate the HIV/AIDS Children's agenda to the highest political level in order to mobilize the necessary political support needed to address rights, gender equality, and the social and structural barriers that hinder access to prevention and treatment services for children and their mothers.

Focus Area 4: Transforming Key Population Service Delivery through KP-Led Organizations

We recognize that key populations are best served when KP-led organizations have actively designed their programs in partnership with the key populations that they know and represent. We also know that each KP is distinct, and have differentiated needs, challenges, and ways they prefer to receive care. For us to be successful in helping to close the gaps, it will be important that we have KPs in the lead of the design of solutions to expand testing, access to treatment, retention, and prevention services. We will also continue supporting Undetectable=Untransmittable (U=U) messaging to emphasize the power of adherence to treatment and reduce stigma among certain populations.

However, many of these organizations tend to be relatively small and fragmented especially at the community level. PEPFAR will look to strengthen the underlying capacity of KP-led or KP-trusted organizations. This will enable those organizations to improve their health and performance over time (such as their financial management and governance practices), to be able to effectively scale-up their efforts and crowd-in larger amounts of funding from donors and government. PEPFAR will also work to support local key population organizations, working through our Chiefs of Missions and Embassies, to stand up to discrimination, violations of human rights and promote the equality and visibility of all people we seek to serve.

We also know that the data gaps are a major barrier to these populations being prioritized, and resources going to the right areas that will impact the most KP possible. To solve this, we will support consistent deployment of high quality, population-focused surveys and ensure program efforts are effectively directed to the geographies and populations where the highest HIV vulnerability and greatest program gaps exist for KPs. These surveys will be in partnership with KPs and communities. We will also continue to explore innovations in data collection methodologies to ensure our approaches are more effectively capturing the underlying population size and need in an accurate and dynamic way.

Focus Area 5: Doubling down on a holistic combination prevention approach

As PEPFAR and the rest of the HIV/AIDS global community have made huge strides in access and coverage of treatment services, access to holistic, people-centered prevention services has lagged. This includes access to biomedical interventions such as PrEP, as well as community-level social and behavioral focused interventions.

Moreover, there are new promising tools on the horizon that prevention programs will benefit from. This includes innovations in long-acting PrEP, and cutting-edge methodologies (e.g., human-centered design and social marketing) and channels (e.g., TV, social media) to deliver relevant behavioral and

social supports. Moving forward, PEPFAR will continue to accelerate its focus on prevention with an equity lens, especially for highly at-risk populations such as AGYW, Key Populations, and Pregnant and Breastfeeding Mothers, while ensuring that prevention services are accessible broadly to normalize their use. This push will include a few key areas: 1) Proactive, at-scale market shaping for new biomedical interventions such as long-acting prevention modalities to fully operationalize a choice-agenda for at-risk populations; 2) scale-up of status neutral approach to HIV services for populations with higher rates of HIV acquisition. A status-neutral approach means that all people, regardless of HIV status, are treated the same way. This starts with low barriers to testing (including accessible self-testing), and immediate, seamless linkage to ART or combination prevention services including PrEP, with biomedical and behavioral/social support as needed, and all services tailored to best meet the needs and preferences of the person served

Focus Area 6: Dismantling structural barriers to HIV/AIDS care

Funding alone will not address the structural barriers that priority populations face to receive effective care. PEPFAR will play a leadership role in supporting collaborative efforts to reach the 10-10-10 goals of the Global UNAIDS Strategy 2021-2026, including by working with partners to address stigma, punitive laws, and gender-based violence, and promote adoption and implementation of enabling policies for equitable and sustained HIV impact, as articulated in the Global AIDS Strategy and the latest World Health Organization normative guidance. We will also commit to using our platform to stand up against discrimination, violations of human rights, and call out inequities in HIV service access, uptake, and continuity, particularly for children, adolescent girls and young women, and key populations – using local data supporting the 95-95-95 and 10-10-10 global goals.

Strategic Pillar 2: Sustaining the Response

HIV/AIDS is a lifelong infectious disease and reaching and sustaining HIV impact will be a decade long effort. If the PEPFAR program is successful in helping to achieve near-universal prevention and treatment coverage but does not actively plan for a sustained response, all the gains made over decades of work will be under threat.

Achieving long-term sustainability requires a substantial reorientation of the way PEPFAR, and the entire HIV/AIDS ecosystem, does business. It requires partner governments to lead and manage the response – by articulating and acting on their own vision; development partners to rethink the structure of their operations to effectively use local capacity, improve alignment, find efficiencies, and support country visions while maintaining HIV impact; transforming how we unlock the private health and financial sector to ensure an all-market approach to resilient health systems. It requires dynamic community organizations that put people at the center of the response.

To set the PEPFAR program up for sustaining the HIV/AIDS response in the long term, we need to push sustainability agenda on three fronts simultaneously: A) Political, B) Programmatic, and C) Financial. The power of Political leadership was shown by countries during the 2001 Abuja Declaration at the Africa Summit on HIV/AIDS. Countries committed to concrete goals and targets on how to address the at the time uncontrolled HIV/AIDS pandemic – which ultimately resulted in the creation of PEPFAR, Global Fund and mobilized substantial in-country response. It is critical to bring the HIV/AIDS pandemic back to the political spotlight, which will help to unlock activities that will ultimately lead to programmatic and financial sustainability as well.

Focus Area 1: Developing a country-led sustainability roadmap

To realize those gains, countries will need to buy into the sustainability agenda at the highest political levels. We plan to support the design and implementation of a Measurable Sustainability Roadmap, where country leaders will come together with global (e.g., UNAIDS, Global Fund) and regional bodies (African Union/Africa CDC) core to the HIV response to define a specific set of milestones to transition country programs towards sustainability. The milestones and measures will be defined by the countries themselves, and then in partnership with other critical HIV donors, we will provide ongoing programming support and data transparency, to countries to strengthen the capabilities based on the needs identified and responsibly manage the long-term transition

The Measurable Sustainability Roadmap will also provide a unique opportunity to broaden the HIV/AIDS conversation beyond the health sector. We know that HIV/AIDS control requires a multi-sectoral approach, with ministries of justice, social welfare, education, gender and finance all needing to play a key role in setting inclusive laws and policies that respect human rights, increasing domestic financing, and ensuring that populations in need can be reached equitably. The process to develop and implement this roadmap will bring representatives from across the relevant government agencies and community organizations at the country-level to the table and help to galvanize collective political leadership.

Focus Area 2: Accelerating integration

We recognize that the PEPFAR HIV/AIDS service delivery model is not the long-term model for country leadership and management of the HIV/AIDS response. Countries will likely rely on different set of local and regional partners and models and will more explicitly integrate HIV service delivery into existing local health systems. And they will likely incorporate data collection and monitoring into broader government processes. The Measurable Sustainability Roadmap will aim to strengthen the core capacities and capabilities of partner governments and their communities to autonomously lead, manage, and monitor the HIV response and sustain HIV impact in a transparent, effective, equitable, and enduring manner. We will do by empowering regional institutions to provide the technical assistance needed to strengthen government capacities in surveillance, data, laboratory, supply chain, and program management.

As we work with governments to better integrate vertical HIV/AIDS programming into the health system, we will be able to share some costs across other service delivery functions and reduce the reliance on existing implementing partners. Undergoing this transition will require transforming the PEPFAR programs approach, where applicable, to technical assistance, creating incentives and controls to ensure that implementing partners are effectively building capabilities of government and local organizations, and have a clear offramp of funding as part of their funding agreements. Further, we will work with State Department assets, international partners, and local communities to expand and protect an enabling environment for the recognition and protection of all priority populations.

Focus Area 3: Sustaining impact through local organization implementation

Another critical element of long-term programmatic sustainability is the presence of highly credible, locally led partners. Historically, PEPFAR has set a target of 70% of new funding going towards local entities, and significant progress has been made towards that goal in recent years. However, while some of this shift has led to organizational capacity building for local partners, there have been side effects. In

some instances, international partners will re-register as a local entity but continue to be managed and governed by international leadership. Or we see that local partner sub-grant a substantial portion of their capital back to implementing partners for ongoing technical assistance.

Going forward, the focus will be on measurably increasing the underlying capacity for local institutions. This will require careful assessments of the organizational health and performance of high-potential local organizations (such as their programmatic and financial management, their governance etc.) and then dedicated training and financial support for capacity improvements, which will be integrated and tied to the regular organizational audit processes.

The goal will be to focus on ensuring that these local institutions, including faith and community organizations, would be independently capable of attracting financial support to deliver programmatic efforts from entities outside of PEPFAR, such as the Global Fund, domestic governments and other donors – for HIV/AIDS programs and beyond. PEPFAR will focus on a shorter list of high potential local partners in each country and will aim to capacitate them sufficiently so that they could ultimately sub-grant and manage smaller, community-based local organizations over time.

International implementing partners will continue to have a significant role to play in helping to facilitate this capacity building, but they will be held accountable for demonstrating measurable progress for capacity building, not just on programmatic results. There will also be targeted technical capacities that international partners uniquely have which will need to be brought to bear over the next several years of the HIV/AIDS response.

Focus Area 4: Engaging in integrated national planning

PEPFAR will accelerate its efforts to work closely with domestic governments and the Global Fund to ensure our respective resources are allocated strategically and complementarily in supporting sustained HIV impact and to maximize synergies with global health security goals. This will include shared alignment on shaping programmatic strategies and building country capabilities on program management, critical health systems, closer coordination on commodity procurement, supply chain and regional manufacturing, and joint approaches to improving HIV/AIDS integration into the health system. PEPFAR will also ramp up our support for ensuring that innovations that are effectively adopted on the PEPFAR platform can translate to domestic country funding priorities and vice-versa. Lastly, PEPFAR will work towards strengthening linkages between HIV program investments and broader public health delivery systems including partner country government health budgets and data systems.

Strategic Pillar #3: Health Systems and Security

During the COVID-19 pandemic, the public health infrastructure, relationships, and practices that PEPFAR has helped to establish and strengthen for HIV proved essential to responding to this new, unexpected health threat. While maintaining focus on HIV as our core mission we will leverage and build upon the capital PEPFAR spends on strengthening country health system to strengthen the world's ability to prepare for and respond to other global health threats.

Moving forward, we have an opportunity to leverage the PEPFAR platform more intentionally to use public health systems to respond to health security threats and enhance and improve delivery of public health services with our partner countries – this both protects the HIV/AIDS gains and ensures a

sustainable national response for the future. There are several components of the public health system that we will prioritize:

Focus Area 1: Strengthening National Public Health Institutions

NPHIs are the backbone of any public health response to a disease threat. Yet, as the COVID-19 pandemic laid bare, they continue to be highly under-capacitated across the globe. As a result, we will work in our partner countries to better integrate PEPFAR-funded laboratory, surveillance and data systems, and supply chains within national public health infrastructure. We will help laboratory systems move towards a multiplexed, networked approach to diagnostics across disease areas, including accelerating our collaboration with TB program capacities.

Moreover, NPHIs have a critical role to play in population-level epidemiological impact assessments. Historically, PEPFAR has undergone substantial population survey efforts across PEPFAR-supported partner countries to measure our collective progress on the HIV/AIDS response and identify programmatic and population gaps to focus next. Moving forward, PEPFAR will seek to directly engage and capacitate NPHIs in the countries where we work to lead HIV/AIDS population-level survey efforts, helping to build the national capacity to conduct epidemiological survey-based efforts in other disease areas as well.

Focus Area 2: Strengthening Health Workforce

PEPFAR will continue to support partner countries to ensure their public health leadership, institutions, and health care workforce possess the requisite capacity to manage and sustain HIV impact and address other related health issues at the national, sub-national, and community level. In particular, building on the nearly 300,000 health and community health workers that PEPFAR supports, we will work in partnership with other US government agencies, and global donors to assist partner countries to provide the necessary digital tools, training and processes to better recognize, support, appropriately compensate, retain, and manage community health workers to deliver HIV/AIDS services and integrate with the broader public health delivery ecosystem.

Moreover, we know that our partner countries face shortages in access to high quality personnel on data/digital/informatics, labs, and epidemiology. We will work with regional organizations such as AFENET, ASLM, Africa CDC, Caricom and others to strengthen the supply of talent accessible to PEPFAR and country programs around these key technical areas.

Focus Area 3: Catalyzing Regional Manufacturing

The COVID-19 pandemic acutely exposed why strengthening regional manufacturing is critical – nearly 2.5 years into the pandemic, the Global South’s access to diagnostics, treatment, and vaccines still considerably lag the rest of the world. COVID-19 has also severely impacted supply of essential medicines, including for HIV. A stronger manufacturing base would increase accessibility to low-cost medications, prevent shortages, and speed up the transition to newer innovations and formulations. And it will create a positive incentive for donors to support regional institutions and governments to enhance their regulatory and quality assurance capacities.

PEPFAR has a unique role to play to facilitate the acceleration of regional manufacturing hubs in our partner countries for critical commodities such as ARVs, rapid diagnostics, opportunistic infection drugs

and lab reagents. This starts with leveraging our buying power by setting regional procurement targets, which will create a demand signal for manufacturers to enter the market. PEPFAR, working directly and through its interagency partners across the US government, will also look to broker partnerships with development finance and commercial banks to help manufacturers cover upfront costs. In addition, PEPFAR can work with regional institutions and partner governments to improve the regional regulatory and policy ecosystem of evaluating products and facilities to ensure that high quality, responsible manufacturers are able to scale-up operations more rapidly and reliably to distribute their products regionally. Across this agenda, we will ensure that all procurements must be subject to the same rigorous quality standards upheld for all USG funded medicines, and that long-term costs must be competitive with existing options on the market today.

By catalyzing and accelerating regional manufacturing, PEPFAR will be better positioned to support the procurement, distribution, and implementation of future biomedical innovations, including the possibility of an HIV vaccine and ultimately a cure.

Focus Area 4: Modernizing the Supply Chain

A poorly functioning supply chain is an existential threat to the gains made by PEPFAR in the past 19 years. Every single time that a client on treatment arrives at a clinic that does not have pills in stock, it increases the likelihood of a failed viral suppression. Every delayed lab test due to shortage of reagents test increases the likelihood that an HIV-positive individual could transmit the virus to their partner.

PEPFAR will assist partner countries to institutionalize a next generation supply chain that supports sustained HIV impact and broader health commodity delivery. The supply chain will better meet the evolving and future needs of clients and maximize product availability, quality, and affordability. PEPFAR will strengthen the collection, management, and use of supply chain-related data for enhanced transparency and accountability of commodity ordering, distribution, and final mile delivery.

By segmenting the supply chain to reach patient populations where they are with what they need via tailored delivery channels, PEPFAR will focus on bringing medicine to the clients, rather than clients to the medicine. This will be partly accomplished by accelerating utilization of private sector capabilities to outsource elements of the segmented supply chain, including warehousing, distribution, and increased visibility to the point of care, for greater efficiency and effectiveness. PEPFAR's technical assistance will enable countries to assume increased responsibility for oversight and regulation of their supply chain, as the principal stewards for commodity availability and security, improve health care access for their populations, and reduce long-term dependence on donor funding.

Focus Area 5: Improving Patient-Centered Care for PLHIV

As millions of people living with HIV survive longer, they will experience comorbidities. Providers and health systems will need to address the major causes of morbidity and mortality, including Tuberculosis and non-communicable diseases (NCDs) such as hypertension and mental health. A growing and aging PLHIV population, particularly in Africa, is becoming older (15% of PLHIV are now age 50 or older) and increasingly at risk for cardiovascular disease (CVD). In fact, of the 25 million PLHIV that live in sub-Saharan Africa, about 6 million (25%) are estimated to also have hypertension, of whom evidence suggests that <25% are treated.

Moreover, many of our partner country governments and fellow donors have been developing NCD national strategies, and scaling up service delivery through provider training, investments in equipment, commodity access pathways etc. PEPFAR has a unique opportunity to start innovating with models to effectively build integrated linkages between HIV service delivery and selected hypertension and mental health service delivery – where there can be a significant impact for aging PLHIV with hypertension.

Moreover, by expanding data systems to track to major comorbidities and causes of mortality among people living with HIV, including tuberculosis, the PEPFAR platform is positioned as a foundation to help countries develop services needed to tackle person-centered, lifelong, continuous treatment for other conditions. Building public health systems and service delivery linkages effectively will also require developing longer-term, above-site funding streams that are complemented by measurements that assess the quality and use of the public health system.

Lastly, we know that mental health continues to be a major problem for PLHIV and adherence to treatment and access to HIV services, especially due to the discrimination, stigmatization, and gender-based violence faced by these populations. These conditions have a meaningful impact on people's ability to receive and sustain their treatment. There are a host of evidence-based mental health interventions that have demonstrated strong HIV/AIDS programmatic outcomes, and high return on investment. PEPFAR will continue to work to efficiently integrating mental health services (i.e., community-based counseling) into the clinical care regimen, including as part of broader efforts to integrate mental health into the primary care system, to ensure that PLHIV receive the socio-behavioral support they need to live healthy, productive lives.

Focus Area 6: Strengthening pandemic preparedness and response capabilities

The platforms that PEPFAR invests in have a unique role in strengthening health security capabilities. We have seen the value of leveraging the PEPFAR platform in helping to control outbreaks of Ebola, Monkeypox and COVID-19, in the mutual benefit of protecting HIV gains. We have an opportunity moving forward to position the PEPFAR platform more intentionally to be utilized to drive measurable progress on both HIV and health security objectives. First, PEPFAR will look to coordinate holistically with our partner countries to systematically identify opportunities where PEPFAR investment can help to drive improvements in capabilities in line with country National Action Plans. We will also actively design opportunities to build capacity of Emergency Operations Centers for use on HIV-related programmatic goals (e.g., closing PMTCT gaps or addressing new HIV infection hotspots etc.). Lastly, we will work to ensure PEPFAR-supported workforce of nurses and other facility-based staff to be better prepared to manage outbreaks when they emerge, through capability building on infection prevention and control, public health communications, and emergency response protocols.

Strategic Pillar #4: Transformative Partnerships

PEPFAR's mandate of ending the HIV/AIDS pandemic will not be accomplished simply through our own funding and efforts. Partnership has always been central to the way PEPFAR operates. But there is an opportunity to both diversify the nature and scope of partners that we engage, and seek to design more ambitious, scalable partnerships that can truly transform programmatic impact. We will do so by strategically partnering with stakeholders to crowd-in additional resources and capabilities toward high priority HIV/AIDS programs.

Moreover, looking across the global health and development landscape, there are major opportunities to work with new donor partners that have overlapping or complementary programmatic priorities. PEPFAR can leverage the service delivery infrastructure of large global health donors (e.g., development banks, multilaterals) to mainstream HIV/AIDS related programming to reach additional populations for a fraction of the cost. Similarly, those donors can utilize PEPFAR's community, clinical and lab infrastructure to deliver their own health interventions, which will likely benefit PEPFAR clients living with HIV.

Focus Area 1: Elevating the role of Regional Institutions

PEPFAR historically has had a strong relationship with global HIV/AIDS actors such as WHO, UNAIDS and the Global Fund. It is essential to the HIV/AIDS response that PEPFAR continues to increase its coordination and collaboration with these institutions across all areas of the program as they serve as the technical and financial backbone of the global response. The HIV/AIDS response only becomes more effective if global institutions are aligned across their strategic priorities, technical viewpoints, and operations.

But as regional health and development institutions have started to emerge and play a greater role in the ecosystem, we have an opportunity to partner to harness the unique role they can play in the HIV/AIDS response. PEPFAR will look to actively collaborate with regional technical institutions (e.g., Africa CDC, PAHO, etc.) by inviting them to more actively participate and lead dialogues that help set key priorities for their regions' HIV/AIDS response. Due to their position and membership, these regional institutions often can quickly convene key technical and political decision makers, accelerate uptake of new technical guidance and program innovations, and surface critical challenges that individual countries are facing to a global audience. Moreover, PEPFAR can work with these agencies to align our efforts with the overarching public health priorities being championed by these regional entities to accelerate progress.

Moreover, we will also look to actively engage regional political bodies (African Union, Organization of American States) and development finance institutions (Africa Export Import Bank, Africa Development Bank, Interamerican Development Bank) to elevate the HIV/AIDS agenda to the highest-level political settings, and support cross-country collaboration on priority issues (e.g., regional manufacturing, regulatory harmonization, resilient supply chains, and health systems financing).

Focus Area 2: Activating philanthropic partnerships

Philanthropic organizations have a unique role to play alongside PEPFAR and other large donors in the HIV/AIDS response. They can make potentially high-impact, but risky bets on early-stage, unproven or emerging ideas and demonstrate a body of evidence. PEPFAR will work with philanthropies directly in the early stages of the design of new programs or interventions to be able to more quickly identify promising solutions that can go to scale and be sustained by our country partners. Philanthropies can also fund complementary areas where PEPFAR does not have core competencies, but which can have outsized impacts on PEPFAR supported populations.

Focus Area 3: Integrating private sector across value chain

PEPFAR will strategically shape new public-private partnerships and address barriers to the growth of markets that could support sustained HIV impact. Looking across PEPFAR's service delivery value chain,

there are five major needs where private sector has outsized capabilities to drive increased impact: manufacturing, supply chain, digital health, laboratories, and private clinic service delivery.

Within those priority areas, PEPFAR will seek to leverage private sector approaches, distribution networks, capital, marketing expertise, and technology as a complement to public sector programs. PEPFAR will also seek out private sector partners that are willing to assume risk and fund early-stage innovation of both health products and approaches and, if proven effective, work to transition these innovations into scaled and sustainable implementation.

PEPFAR will also need to consider pursuing whole-of-market approach to unlock the role of the private health sector in service delivery. In several countries where PEPFAR works, a substantial and increasing portion of health services are already being delivered by the private sector, as incomes rise, and governments introduce and advance social insurance mechanisms. PEPFAR will partner with governments to develop the appropriate regulatory and enabling environment to allow private service providers to begin playing a role in HIV/AIDS service delivery, while ensuring access and affordability for clients.

Focus Area 4: Collaborating closely with American institutions

PEPFAR harnesses the brightest and best of America's strengths. Working closely with partner governments, PEPFAR will continue to utilize American and local ingenuity and innovation from across sectors to support sustained HIV impact. PEPFAR will rapidly translate the latest tools, technologies, and scientific breakthroughs into program implementation to better serve our clients. We will leverage the capabilities of U.S. and local academic institutions, including minority serving and historically black colleges and universities (HBCUs) to improve and expand our programs.

PEPFAR will strengthen its coordination with other U.S. government global health and development programs to maximize synergies, impact, and collaboration. Coordination will take place both in Washington, D.C. and through intensified engagement of U.S. Chiefs of Mission in partner countries to optimize the value of various U.S. government foreign assistance investments, technical assistance, and policy priorities for those populations who most in need of support.

PEPFAR will increase the frequency, depth, and intentionality of bidirectional, mutually beneficial collaboration and coordination with the U.S. domestic AIDS response. PEPFAR will share relevant HIV program, policy, and partnership learnings; data; and innovations from the global AIDS response for potential adaptation and adoption to inform and strengthen U.S. domestic HIV efforts. Similarly, PEPFAR will incorporate key insights gained from the U.S. domestic response into the global response as applicable and appropriate. PEPFAR, the Office of National AIDS Policy, and the U.S. Department of Health and Human Services will jointly convene periodic bidirectional exchanges to share program data, experiences, and other pertinent information to strengthen U.S. global and domestic HIV leadership and investment.

Strategic Pillar #5: Follow the Science

PEPFAR has a legacy of being guided by the science and data to drive programming decisions. This culture has consistently led to PEPFAR being an early adopter of innovations in products and program delivery relative to other donors and have tremendous impact. Going forward, as countries progress towards the 95-95-95 targets, we begin to reach the "last mile" of missing cases and new infections. The

history of disease control has taught us that the “last mile” is always the most difficult. To close the gap will require embracing and elevating the best new scientific innovations and infectious disease model. We see a few areas where PEPFAR can play a leading role in advancing scientific innovation on HIV/AIDS programming.

Focus Area 1: Mainstreaming Behavioral and Social Science into HIV programming

Behavioral science is a systematic, evidence-driven approach to improve and sustain changes in behaviors, norms, and the enabling environment that underpin the achievement of HIV outcomes along the prevention and treatment continuum. Behavioral Science interventions may be grounded in a number of different disciplines, including social and behavior change communication (SBCC), marketing, advocacy, behavioral economics, or human-centered design. Behavioral science interventions are a fundamental tool as part of good public health practice, especially in the HIV/AIDS space where misinformation and stigma continue to persist. While PEPFAR has supported a host of behavioral science interventions across its partner countries, promising approaches remain subpar.

We will work to intentionally identify and scale-up innovative, evidence-backed interventions in behavioral science – especially aimed at persistent challenges in the program, such as treatment and prevention adherence, or stigma reduction to encourage care-seeking behavior. As part of these efforts, we will work with our government and implementing partners to tap into capabilities that are often utilized in the private sector. This should also explore the use of social protection and economic interventions for closing the gaps for highly vulnerable patients. This will be especially critical for our priority populations, as health systems are not typically designed to support their needs.

Focus Area 2: Leveraging Implementation Science for program improvement

Innovations in new products are not impactful if the delivery channels are not well-designed to reach and educate target populations. Rigorous implementation science can help to identify those delivery models and systems that are fit-for-purpose when new innovations come online. PEPFAR will develop a shared implementation science roadmap across donors (within and outside of US government), prioritizing the most critical future implementation science questions based on advancements in product innovation and service delivery integration, and will help capacitate local implementation science partners (i.e., local universities) to run rigorous implementation science programs over time. Moreover, PEPFAR will aim to scope fewer, but higher impact implementation science projects that are more directly designed to transition to scale faster (larger scale, shorter timeframe) than what we often have invested in previously. And we will aim to work directly with our country government partners to design the parameters of the implementation science in line with potential policy changes that need to occur at government level to roll-out the intervention over time.

Focus Area 3: Developing the next generation of surveillance tools

As countries reach and move beyond the 95-95-95 targets, it will be increasingly important to have robust, and timely surveillance tools to better target our programming. To quickly identify and treat new HIV cases, PEPFAR will continue to explore, evaluate, and deploy a variety of methodologies that together can play a complementary role. This will include support for the continued development and innovation of new surveillance tools and methodologies including molecular and genomic surveillance,

and real-time community health data. The utilization of these tools at scale will be routinely evaluated to ensure the cost-effectiveness of our surveillance investments.

Enabler #1: Community Leadership

Community Leadership is a central ingredient for the long-term sustainability of the HIV response. As PEPFAR has increasingly involved community voices in the Country Operational Plan (COP) process and in community-led monitoring, we have learned that communities play a vital role in holding ourselves and our partners accountable for HIV impacts. For communities who are increasingly bearing the greatest burden of the HIV/AIDS pandemic, it is increasingly critical to ensure that they are leading the conversation on how to address their needs. We will engage the unique assets, capacities, and comparative advantage of communities, including faith-based organizations, key populations-led organizations, women-led organizations, community health workers organizations, and people living with HIV, to drive meaningful, people-centered, and sustained impact

Focus Area 1: Increasing role for community leadership within PEPFAR

Across our PEPFAR program, we will continuously work to reform and improve our processes – from the overall policy and funding decisions down through to performance monitoring at individual clinics. This will include working with our partners to ensure communities are at the head of the table in program design and monitoring.

Through community-led monitoring (CLM) of our programs and other approaches to direct client engagement, PEPFAR will continue to identify and address critical barriers to HIV service access, uptake, and continuity. PEPFAR will increase its funding and support for CLM, conducted by local independent civil society organizations, including networks of key populations, people living with HIV, and other affected groups, to monitor the quality and accessibility of HIV prevention and treatment services and the patient-provider experience routinely and systematically at the facility level. In partnering with countries to find local solutions, PEPFAR will continue to engage local and global community groups in designing, implementing, and assessing CLM approaches as well as in the regular review of quantitative and qualitative findings from these activities.

We also see a larger role for community organizations in supporting service delivery. While the long-term role of community organization may not be to run a network of clinics, they play a critical role as the trusted entity that helps to mobilize demand for HIV/AIDS services at the community level. We will increasingly find ways to partner community organizations with our clinical efforts. This includes capitalizing on the unique reach, resources, and positions of trust held by faith communities and faith-based organizations to expand access, uptake, and ensure continuity of care for populations in greatest need of HIV services.

Focus Area 2: Sustaining community leadership in partner government programs

In addition to ensuring community leadership is embedded at all levels of the PEPFAR program, for the long-term sustainability of the HIV response, community leadership needs to be actively incorporated into government processes. PEPFAR will work to help design and broker models of engagement between community-based organizations and governments that can help to ensure effective representation and leadership of civil society in the HIV/AIDS response. This will include mainstreaming efforts around CLM into the government-led oversight over clinics, and effectively building the capacity

of community-based organizations to be able to over time potentially receive domestic government resources for participating in the service delivery value chain. These efforts must clearly recognize that our partner country governments have different existing levels of engagement with community organizations, and in some countries, it will take time to pursue effective models of engagement in the near term given lack of legal and policy recognition for key populations and limited gender protections.

Focus Area 3: Elevating the next generation of community leadership

Given the demographic trends on the African continent, how we effectively control HIV/AIDS with young people will define the future trajectory of the HIV/AIDS pandemic.

Youth are increasingly taking responsibility for their own healthcare and empowerment, and youth-led community organizations has become a substantial force in advocacy across the countries where PEPFAR operates. We will work closely with the ecosystem of youth-led organizations to empower the next generation of young community leaders to become the new faces of the HIV/AIDS movement and ensure they have a seat at the table advocating for their interests.

Enabler #2: Innovation

Given limited resources, innovation continues to remain an essential ingredient in delivering increasingly ambitious programmatic goals. This not only includes rapidly scaling up proven new tools, technologies, and scientific breakthroughs, but also requires changes in the organizational processes and culture across PEPFAR and its partners that may inhibit innovative approaches. PEPFAR's comparative advantage in the innovation ecosystem is in at-scale delivery. The PEPFAR program has substantial reach in most countries where we work, and significant policy and advocacy power to prioritize and support adoption of innovations when they arise. We will focus aggressively on tracking the time it takes to embed innovative practices in our organization, and carefully removing barriers to innovation adoption at the global, regional, and country levels

There are three areas where Innovation will be critical in driving towards the Reimagining PEPFAR strategy goals.

Focus Area 1: Accelerating country-led innovation

Top-down innovation is inherently limited both in terms of understanding what the true needs are on the ground, and to achieve buy-in from the partners who are tasked with implementing those efforts. We will explicitly design in new processes and mechanisms into our funding and policy guidance that create the enabling environment – including catalytic financing, technical support, administrative capacity – to our government and implementing partners who effectively surface high potential innovations in program management and service delivery models.

Embracing innovation can be a risky proposition; nascent approaches to programming and partnership have the potential to cut into the progress made over the years if the innovation itself is not valuable, or the implementation is executed poorly. But taking calculated risks will be necessary to ensure that impactful interventions reach scale in a timely manner. As a result, we will ensure that our decision-making processes carefully identify the highest potential novel innovations, and takes strategic bets on their success, while building in proper risk management safeguards.

Focus Area 2: Proactive market shaping for new product introductions

The history of HIV/AIDS response has shown that new products have the potential to have outsized health impact for our clients. However, not all new products are adopted right away. Highly effective, and programmatic needs-aligned products such as Oral PrEP took nearly a decade to begin scaling up after regulatory approvals because of a lack of proactive market shaping approaches.

Effective market shaping not only has the benefit of seeing faster adoption of the new product itself, but also helps to encourage potential innovators to enter and invest in new product development. Going forward, PEPFAR will work with other donors aim to proactively shape the market for all new products that have emerging or demonstrated clinical evidence to suggest they will have a substantial impact on programmatic outcomes. This includes more active planning and partnership with large volume buyers including the Global Fund and domestic governments to ensure that innovations make it to the market at-scale.

In the near term, market shaping is especially critical in areas like PrEP where existing solutions have adherence or efficacy challenges, and there is a robust pipeline of future products, but will be critical across diagnostics, therapeutics, and prevention.

Focus Area 3: Leveraging innovative finance models to drive programmatic scale

Given the intentional shift towards actively integrating private sector into the end-to-end HIV and health systems value chain, there will be increasing opportunity to tap into innovative and blended financial models that will effectively leverage PEPFAR's grantmaking capabilities to multiply the amount of capital flowing into the health system. As a result, we will work to actively incentivize our partners to develop, and scale new innovative finance mechanisms that help to deliver on programmatic objectives. This will involve designing and crowding in innovative financing mechanisms in collaboration with development banks and commercial financial entities.

Enabler #3: Data

PEPFAR's investments in data are the bedrock of the program's success in the past 19 years. These investments have allowed us to gain granular visibility for program improvement and population impact. This data has also enabled accountability to make rapid, demonstrate progress. It supports decision making around strategic priorities, funding and advocacy that has allowed us to consistently improve the effectiveness and efficiency of our investments for ultimate impact. And it serves as the most effective safeguard for fraud, waste, and abuse.

Going forward, PEPFAR will continue to collect and use granular data to identify key trends and outliers, program improvement and assess the impact of innovative advances. But we also know that our data needs are growing increasingly complex. As the number of new infections decline, and progress towards and beyond the 95-95-95 targets improve, data needs to become increasingly granular to help focus our and our partner's investments. And as we increasingly integrate HIV/AIDS service delivery into the overall health system, it is critical to be transitioning towards more holistic measurements of public health outcomes while protecting our HIV gains. As these needs grow, we need to ensure that our data investments are fit-for-purpose with the long-term trajectory of the program.

Focus Area 1: Collecting and Using "Smart Data"

Data is only useful if it helps decision-makers involved in the program to make better decisions. We also know that data investments are costly, both financially and through the time it takes by staff and partners to collect, organize, and report. Going forward, we will build a publicly available [PEPFAR data roadmap](#) that considers our existing and future data needs based on or strategic priorities, and our and our partners' programmatic decision-making processes. This will allow us to identify where we need to invest in new methods, metrics and datasets, and where existing investments can be deprioritized going forward. This effort will also include identifying innovative and complementary datasets from non-traditional sources (e.g., Community-Led Monitoring) and ensuring they are actively integrated into the decision-making processes at local, national, and global levels. Lastly, we will ensure that data needs are defined as much as possible at the country-level and minimize the amount of data reporting requirements that come to headquarters to only the most critical data necessary for global strategic decision making and program accountability and impact.

Focus Area 2: Accelerating Data Integration at country-level

The historical legacy of donor-driven global health programs has resulted in a highly fragmented, and verticalized set of data tools and processes at country-level. However, the long-term steady state of a healthy data and digital ecosystem at country-level is a set of systems that are owned and managed by country governments, that can see across disease areas in an integrated manner, and that provide accurate and timely information about the conditions in the health system.

Going forward, we will work closely with our partner countries to ensure that our investments in data systems, collection methods, and digitization are actively integrated into partner country data/digital roadmaps – and where those roadmaps do not exist, we will support building them. This allows our investments to be institutionalized to optimally allocate HIV resources to the geographic areas, population groups, and ages in greatest need, quickly identify and respond to outbreaks, and monitor program progress and sustainability. Moreover, it will allow us to better strengthen partner country capabilities in disease surveillance, health management and information, and data-driven decision-making for HIV/AIDS and other emerging disease threats.

PEPFAR will also continue to strengthen the data capacity and capabilities of partner countries, so they are institutionalized to optimally allocate HIV resources to the geographic areas, population groups, and ages in greatest need; quickly identify and respond to outbreaks; and monitor program progress and sustainability. Supported with continued PEPFAR financial and technical assistance, robust and transparent data systems will enable partner countries and communities to collect, analyze, and use granular information (over time available down to the individual level) to target HIV prevention and treatment services, fill key gaps, and rapidly adapt policies and programs to better meet the needs of clients and respond to emerging threats. And we will more effectively integrate HIV-specific data systems into the broader health data management systems and processes at national level.

Focus Area 3: Setting the pathway to 2030

The UNAIDS-led 90-90-90, 95-95-95, 10-10-10 and 30-80-60 have rallied the global HIV/AIDS ecosystem together around set of clear, powerful indicators that map to global and national progress on HIV/AIDS. As the world approaches many of those targets, there will be a critical need to establish a new north star that helps to define the path towards ending HIV/AIDS as a public health threat.

PEPFAR commits to working with international / regional technical bodies (e.g., UNAIDS, WHO, Africa CDC etc.) to define a clear, scientifically sound definition, roadmap, and targets for the next decade of HIV control. Examples of some of these interim steps could include treatment cascade for specific populations (e.g., controlling the epidemic in children), threshold levels for new infections per capita, and measures of country-level programmatic maturity.

IV. Delivering on PEPFAR's Strategy

Now in our fifth decade of fighting AIDS, it is breathtaking to see how far the global community has come in saving and improving millions of lives touched by the HIV epidemic and in transforming the response to it around the world.

20 years ago, HIV/AIDS was the defining health threat of our time. Due to the successes of the efforts from PEPFAR and the HIV/AIDS global community, HIV incidence and related mortality has significantly declined, and countries have shifted their focus to new threats like the COVID-19 pandemic. Yet if we do not reimagine our response for the future, it remains a defining health and economic security threat. A recent study from UNAIDS estimated that if we maintain existing funding levels over the next decade as a baseline, every incremental dollar spent on the HIV/AIDS response will return nearly 8 dollars in economic and health benefits for society.

Working together with our global, regional, national and community partners, PEPFAR is uniquely positioned and equipped to deliver on the vision for sustained HIV impact. With the strong leadership and coordination of the Department of State and the robust implementation capacity of seven U.S. government agencies and departments, PEPFAR remains the optimal vehicle for controlling the global HIV epidemic, strengthening pandemic preparedness and resilience, and enabling partner countries to build responsive and sustainable systems capable of meeting the broader health care needs of their populations.

PEPFAR continues to reinforce the robust and enduring foundation it has helped build in partner countries and with communities, which enables them to address other diseases and outbreaks swiftly, effectively, and systemically, while protecting and advancing the gains made against HIV. The health care workers that PEPFAR trains, the laboratories that we equip, the local organization that we capacitate, and the systems for chronic care management that we have strengthened will have a lasting impact for decades to come.

PEPFAR continues to bring to bear leading scientific and scientific expertise; longstanding experience with community engagement and people-centered health service delivery; diplomatic acumen, including through U.S. Ambassadors around the world; and close partnerships across multiple sectors that both complement and increase the impact of public sector programs.

Over the years, PEPFAR has built on the robust HIV service delivery platform to tackle other critical issues confronting people living with HIV – beginning with treatment of advanced HIV disease and more recently addressing cervical cancer, tuberculosis prevention, and other comorbidities – to support their improved health and enjoyment of a normal lifespan. Lately, we have expanded our investments in community-led monitoring to pinpoint key barriers to HIV service access and continuity at the facility level and deploy innovative solutions to address them – all with communities in the lead.

PEPFAR investments not only benefit the HIV response but also help build responsive and sustainable health systems in partner governments and local communities. Countries have leveraged these systems to dramatically expanded and enhance broader access to health care within their populations, and there are many opportunities to grow this further. Together, we have shown the power of people-centered health care service delivery – grounded in ensuring equitable access, respect for human rights, strong community engagement – to deliver immediate and sustained impact alongside the resilience to withstand moments of great adversity.

The PEPFAR Strategy will be closely aligned and coordinated with the Global UNAIDS Strategy 2021-2026 and the Global Fund Strategy (2023-2028) to optimize complementarity, value for money, and impact. The PEPFAR Strategy will inform and guide the annual development and implementation of PEPFAR Country and Regional Operational Plans, in close collaboration with partner governments, civil society, multilateral, and other key stakeholders. The PEPFAR Strategy will also enable bidirectional learning and potential synergies with the new U.S. National Strategy on HIV/AIDS.

The new PEPFAR Strategy will support and, where appropriate, strategically integrate with the U.S. National Security Strategy as well as the U.S. Department of State's Joint Strategic Plan, Joint Regional Strategies, and relevant Functional Bureau Strategies.

The Office of the U.S. Global AIDS Coordinator and Health Diplomacy is responsible for leadership, oversight, and management of the PEPFAR Strategy, working in coordination with other relevant Department of State bureaus and departments as well as PEPFAR implementing agencies.

With less than a decade to reach the Sustainable Development Goal target of ending the HIV epidemic as a public health threat by 2030, our work is not yet complete. The PEPFAR Strategy will advance global progress toward this shared milestone by supporting equitable health services and solutions, enduring national health systems and capabilities, and lasting collaborations.

It will take all of us, pulling together, to sustain HIV impact. The U.S. government, through PEPFAR, is poised to continue leading this historic endeavor and to building a healthier, safer world for everyone.