

*Bureau of Global Health Security  
and Diplomacy*



**Strategic Plan**  
(2024-2028)

OCTOBER 2024



**Global Health Security  
and Diplomacy**  
U.S. DEPARTMENT *of* STATE

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*Bureau of Global Health Security and Diplomacy*

# **Strategic Plan (2024-2028)**

OCTOBER 2024



## FOREWORD FROM THE SECRETARY

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In 2023, when we launched the Bureau of Global Health Security and Diplomacy (GHSD), I spoke about the profound impact public health crises can have on global security, economies, and people everywhere. Now, as we introduce the GHSD's five-year strategy, its mission remains as critical as ever. The recent outbreaks of diseases like mpox and polio around the world are stark reminders that health threats can destabilize entire communities and nations alike.

The GHSD's five-year strategy is anchored in a simple but powerful principle: global health security is essential to global stability. This plan goes beyond addressing immediate crises; it is focused on building a stronger, more resilient global health infrastructure. Our goals are clear: end HIV/AIDS by 2030; mobilize political and financial resources to address health security; enhance global preparedness through diplomacy; and empower the diplomatic workforce to prioritize health security as a central element of U.S. foreign policy.

From PEPFAR's life-saving work to our leadership in pandemic response, the Department has a long legacy of mobilizing global health efforts. GHSD will continue to build on that foundation, working with partners around the world to ensure that the next health crisis, whenever it comes, finds us prepared and united.

This strategy is not just a plan – it's a call to action. With the collective strength of our diplomatic workforce and the support of our global partners, I am confident that together we will create a future that is safer, more secure, and healthier for all.

Sincerely,

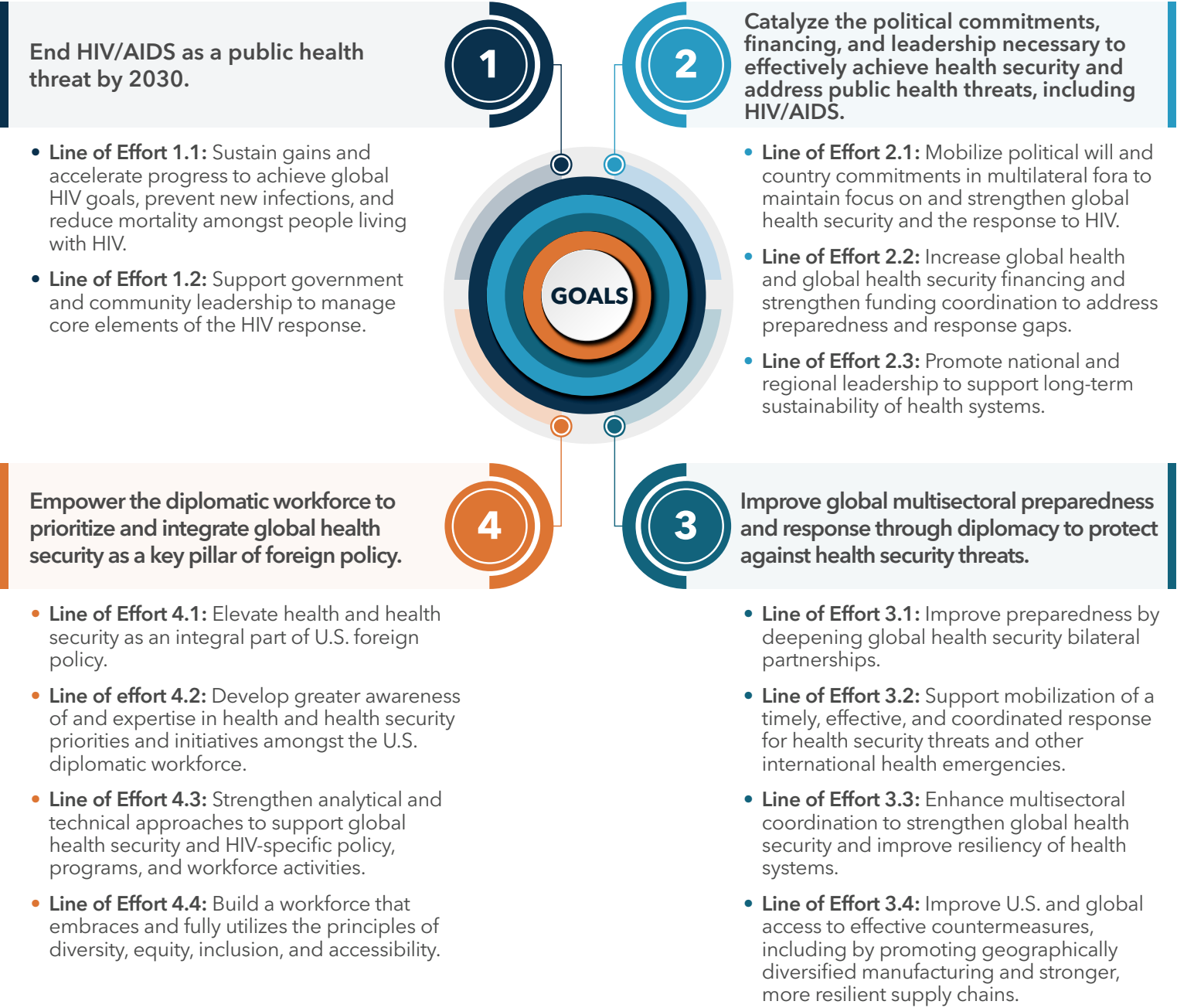
A handwritten signature in black ink that reads "Antony Blinken". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Antony J. Blinken  
Secretary of State



VISION:

The Department of State will promote international cooperation and stimulate action to protect Americans and people around the world from threats to health security and public health, including HIV/AIDS.



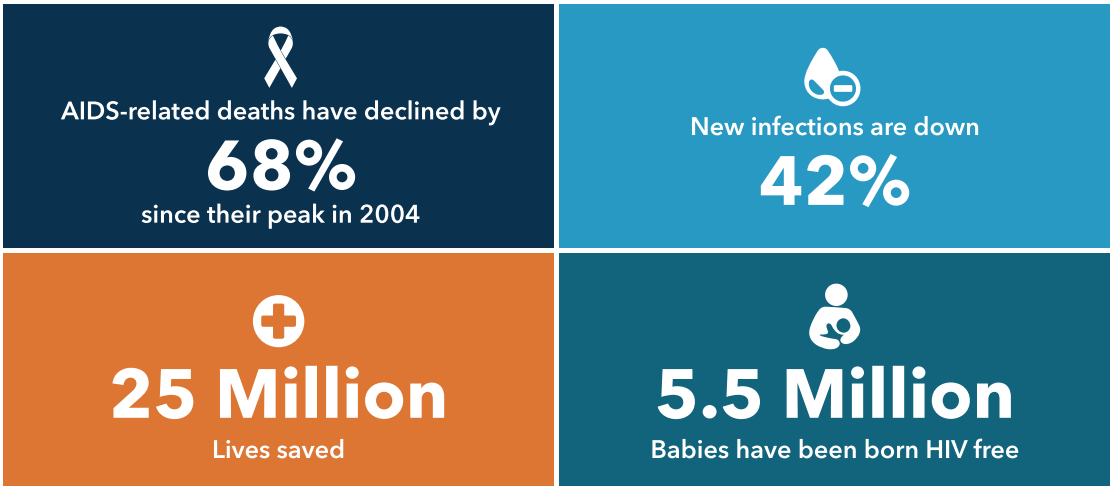
# INTRODUCTION

Global health security is critically linked to national and economic security. We have seen time and time again the impacts that health threats have on societies. Outbreaks and pandemics claim lives, strain health systems, and can devastate economies, with the greatest burden borne by those with the fewest resources. Outbreaks do not respect borders – an outbreak in one country can rapidly spread across the globe. The threat of disease is further compounded by factors that can complicate or distract from response efforts and overwhelm health systems, including climate change, natural disasters, conflict, large-scale population movements, mis/disinformation, and decreased public trust in institutions. Preventing, preparing for, and responding to infectious disease threats require collective action across all nations, at the highest political levels and across ministries and sectors. The 2022 U.S. National Security Strategy identified a “clear need for international leadership and action to create strong, more equitable, and more resilient health systems – so that we can prevent or prepare for the next pandemic or health emergency before it starts.” In alignment with this call for action, Secretary Blinken, with Congressional support, established the U.S. Department of State’s Bureau of Global Health Security and Diplomacy (GHSD) in August 2023.

GHSD was established to ensure the U.S. government harnesses the full diplomatic, programmatic, and convening power of the Department of State to improve health security for all. The Bureau’s mission is to promote international cooperation, lead U.S. diplomatic engagement, and help coordinate foreign assistance to improve global health and health security capacities, institutions, and systems. The structure of GHSD ensures that the President’s Emergency Plan for AIDS Relief (PEPFAR) program’s immense wealth of experience, investments, and relationships with government, civil society, and other partners informs and synergizes with the Department’s diplomatic and policy offices that work through multiple channels and fora to improve the systems, institutions, and governance mechanisms that constitute the global health security architecture.

GHSD’s unique strengths that contribute to advancing U.S. government efforts to improve global health and global health security are:

- A harmonized, strategic, and proactive global health and health security diplomacy function that builds on decades of close government-to-government partnerships, including through the PEPFAR program.
- A robust approach to building partnerships, mobilizing resources, and galvanizing political will and collective ambition with the full range of global stakeholders working on health, health security, and related factors.
- A proven approach to working in partnership with embassies, departments and agencies, donors, and host governments to promote coordinated responses and whole-of-government approaches to prevention, preparedness, and responses to pandemics, public health threats, and health systems strengthening that enable coordination, evidence-driven decision-making, and impact for communities and countries.



## IMPACTS OF OUTBREAKS AND PANDEMICS

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Outbreaks and pandemics not only negatively impact human, animal, and/or plant health, but also typically have broader negative impacts on economies and societies.

**Health Impacts:** The human toll of prior epidemics and pandemics has been significant. Since the beginning of the HIV epidemic, an estimated 88.4 million people have been infected with HIV and nearly half of those people have died from AIDS-related illnesses (UNAIDS, 2024). During the 2014-2016 Ebola virus outbreak in West Africa, more than 28,000 people were infected, resulting in over 11,000 deaths (WHO). To date, COVID-19 has resulted in more than 7 million confirmed deaths (WHO). These fatalities do not account for the additional long-term consequences and secondary effects of infection, which can significantly decrease quality of life and productivity.

**Economic Impacts:** The economic impacts of epidemics and pandemics can be significant and include loss of gross domestic product (GDP), decreases in tourism, altered or reduced trade, decreased foreign direct investment, increases in inflation, increases in unemployment, and decreased work productivity. For example, at the height of the HIV epidemic, it was estimated that GDP was reduced by 0.5-4% annually, with greater economic impacts in countries with a greater prevalence of HIV (UN, Department of Economic and Social Affairs, *The Impact of AIDS* 2004). The overall economic impact of the 2014-2016 Ebola outbreak is estimated to be between \$2.8 billion to \$32.6 billion in lost GDP (World Bank). By the end of 2023, the COVID-19 pandemic is estimated to have cost the United States alone nearly \$14 trillion.

**Societal Impacts:** Direct and secondary impacts on health and the economy are intertwined with broader impacts of outbreaks and pandemics on societies. These impacts include microeconomic impacts that exacerbate existing inequalities, including widened income gaps - as seen during the HIV epidemic - and increased numbers of people globally who have been pushed into poverty and extreme poverty because of the COVID-19 pandemic (UNICEF). Outbreaks and pandemics can lead to increased political tensions and lead to unrest, as observed during the 2014-2016 Ebola outbreak. Infectious diseases can also leave nations vulnerable due to a decrease in defense and security workforce capacity.

Since the early 2000s, the United States has made significant investments in global health and global health security to combat infectious diseases and their related economic and societal impacts. The work of PEPFAR is one such example: U.S. investments over the past 20 years have resulted in a 2.1% increase of GDP per capita, a 9% decrease in the number of boys and girls out of school, 35% decreased child mortality, and 10% increased immunization rates for other infectious diseases (Kaiser Family Foundation).



## VISION

The Department of State will promote international cooperation and stimulate action to protect Americans and people around the world from threats to health security and public health, including HIV/AIDS.

## MISSION

The Bureau of Global Health Security and Diplomacy will: (1) lead U.S. diplomatic engagement and support programmatic efficiency to strengthen the global health security architecture to prevent, detect, control, and respond to infectious disease threats, including HIV/AIDS; (2) leverage and help coordinate U.S. foreign assistance to promote international cooperation to better protect the United States and the world from health threats by enhancing national, regional, and multilateral systems and policies; and (3) elevate and integrate global health security as a core component of U.S. national security and foreign policy.



Photo credit: Chuck Kennedy

## OUR APPROACH AND CORE PRINCIPLES AND VALUES

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Accomplishing the goal of a healthier world for all requires extensive communication, cooperation, coordination, and collaboration (4 Cs) to tackle the diplomatic, financial, and technical aspects of these efforts. Within the Department, GHSD works with regional and functional bureaus, as well as with the Department's 275 U.S. Missions and their teams overseas, to address the complex problems impacting health security around the world. GHSD's roles differ as it relates to PEPFAR policy and program implementation compared to that of global health security activities. In both instances, GHSD works closely with the Executive Office of the President (EOP), relevant departments and agencies, and U.S. embassies, missions, and country teams to ensure entirety of the U.S. government's technical expertise and relationships are brought to bear.

GHSD serves as the lead for PEPFAR, providing centralized policy and programmatic management and oversight for work implemented by seven other U.S. government departments and agencies: the U.S. Agency for International Development (USAID); the Department of Health and Human Services (HHS) and its agencies including the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), and the National Institutes of Health (NIH); the Peace Corps; the Department of Labor (Labor); the Department of Treasury (Treasury); and the Department of Commerce (Commerce).

Global health security programs and activities are funded and implemented by individual departments and agencies across the U.S. government, constituting a whole-of-government approach to advance global health security goals. GHSD, working in partnership with these departments and agencies, leads U.S. government diplomatic efforts; works with countries, regional and international organizations, and other international stakeholders to increase political leadership and investment in health security; and facilitates coordination of U.S. government global health security activities, elevating these activities with foreign partners. This includes coordination with EOP and its components, the National Security Council (NSC), the Office of Pandemic Preparedness and Response (OPPR), the Office of Science and Technology Policy (OSTP), and the Office of Management and Budget (OMB); HHS and its agencies and operational divisions including CDC, NIH, the Office of Global Affairs (OGA), the Administration for Strategic Preparedness and Response (ASPR), and the Food and Drug Administration (FDA); USAID; DoD; Treasury; Labor; Commerce; Department of the Interior (DOI); Department of Agriculture (USDA); Department of Homeland Security (DHS); the Environmental Protection Agency (EPA); the Federal Bureau of Investigation (FBI); and the Development Finance Corporation (DFC). The roles and responsibilities of these departments and agencies in implementing global health security programs and collaborating with health financing capacity building, humanitarian assistance, and security and defense programs complementary to and in support of global health security, are described in detail in the 2024 U.S. Global Health Security Strategy (GHSS).

Although GHSD's role in these workstreams varies, the need for diplomatic engagement, particularly through political channels, and strengthening multisectoral coordination and engagement across stakeholders is necessary for the Bureau's work and is a unique value add for advancing the U.S. government's goals in global health and global health security. Co-locating PEPFAR within GHSD also enables greater alignment and the ability to synergize PEPFAR with broader global health security efforts for more impactful work.

To promote and maintain effective multisectoral and stakeholder collaboration, GHSD, in coordination with relevant departments and agencies, will:

- Leverage bilateral, regional, and multilateral diplomatic engagements;
- Expand partnerships and accountability with countries and regional institutions;
- Seek and create opportunities to ensure that regional and international organizations, nongovernmental organizations, civil society, academia, and the private sector participate in identification of policy and technical solutions for strengthening health security and improving health system resiliency; and
- Partner with civil society organizations, philanthropies, the private sector, regional institutions, and other nongovernmental organizations to advance health security efforts.

GHSD will employ the following core principles and values in its work:

- **Equity:** Address barriers, including those related to gender identity and expression, sexual orientation, ethnic/racial characteristics, geographic location, age, and disability, to advance the goal of ensuring that all people have access to the services they need to remain healthy, including in times of emergency.
- **Communication, Cooperation, Coordination, and Collaboration (4 Cs):** Employ our convening power to advance the 4 Cs with intergovernmental, domestic, and international partners and stakeholders across sectors to effectively address health security threats.
- **Trust:** Foster and build trust with global and domestic partners by acting with integrity, honesty, and consistency in our actions and words.
- **Impact:** Focus our activities on the efforts that are most likely to advance global health security and end the HIV/AIDS pandemic using data-informed, evidence-based approaches.

The GHSD Strategy (2024-2028), further refines the State Department's role in advancing global health security in alignment with existing strategies and policies, including: the [U.S. National Security Strategy \(2022\)](#); the [U.S. National Biodefense Strategy and Implementation Plan for Countering Biological Threats, Enhancing Pandemic Preparedness, and Achieving Global Health Security \(2022\)](#); the [U.S. Global Health Security Strategy \(2024\)](#); the [U.S. President's Emergency Plan for AIDS Relief \(PEPFAR\) Strategy for 2022-2026](#); the [President's Emergency Plan for Adaptation and Resilience \(PREPARE\) Action Plan \(2022\)](#); and the [Executive Order on Advancing the Global Health Security Agenda to Achieve a World Safe and Secure from Infectious Disease Threats \(2016\)](#). This strategy also aligns with efforts outlined in the [National Security Memorandum on United States Global Leadership to Strengthen the International COVID-19 Response and to Advance Global Health Security and Biological Preparedness \(NSM-1\)](#) and the [National Security Memorandum on Countering Biological Threats, Enhancing Pandemic Preparedness, and Achieving Global Health Security \(NSM-15\)](#). The roles and responsibilities for the State Department and the Ambassador-at-Large for Global Health Security established by Congress in the Global Health Security and International Pandemic Prevention, Preparedness and Response Act of 2022, enacted as part of the [James M. Inhofe National Defense Authorization Act of 2023](#), are incorporated into this strategy. The strategy was informed in part by and aligns with the National Intelligence Estimate "[Dynamics Shaping Global Health Security in the Next Decade](#)" released by the Office of the Director of National Intelligence (ODNI) in April 2024. This strategy complements and builds on the PEPFAR Strategy 2022-2026 by highlighting select programmatic and diplomatic priorities essential to the State Department's work to address HIV/AIDS as a public health threat. Additionally, this strategy aligns with the [Modernization of American Diplomacy agenda](#), the [Executive Order on Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce](#), and the [Department of State Diversity, Equity, Inclusion, and Accessibility Strategic Plan](#). Finally, this strategy builds on goals and objectives outlined in the State and U.S. Agency for International Development (USAID) 2022-2026 Joint Strategic Plan (JSP), and the Functional Bureau Strategy (FBS; 2024), and will be implemented, monitored, and evaluated in accordance with those documents. GHSD's Strategy (2024-2028) will be reviewed annually and updated as necessary.

## CRITICAL FACTORS AFFECTING GLOBAL HEALTH SECURITY

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Strengthening global health security and delivering global health programs require considering and addressing critical factors that drive, enable, and impact our ability to respond to sustained, new, and emerging health threats. GHSD has identified five factors that will have an outsized impact on health security and public health threats, including HIV, and will pay special attention to these factors in Strategy execution.

1. **The Climate Crisis:** Climate change threatens human health by worsening social and environmental determinants of physical and mental health, imperiling access to and delivery of health care, widening inequality, and creating population-scale health risks from direct and secondary impacts, including those from natural disasters. Climate change also increases the potential for known and novel infectious disease threats to emerge in humans, animals, and plants by altered geographic distribution of infectious disease vectors and increases in animal-human interactions that could lead to zoonotic disease spillover.
2. **Large-Scale Population Movements:** Large-scale population movements and forced displacement typically interrupt the delivery of health care and services, expose migrants and displaced persons to additional health risks, including transmission of infectious diseases, psychological trauma, and, potentially, to human rights violations including sexual violence. All of these conditions, as well as inadequate health infrastructure for displaced persons, make it difficult to deliver and obtain preventive and clinical care, exacerbating conditions in which infectious diseases can emerge and spread.
3. **Complex Crises:** Crises, including those stemming from conflict, natural disasters, and political instability, have the potential to damage healthcare infrastructure, put healthcare workers at risk, exacerbate mental health issues, and contribute to cascading failures of health services and disruptions in food security and social support systems, amongst other health risks.
4. **Emerging Technologies:** Technological innovations, including artificial intelligence and biotechnology, present opportunities to advance global health and global health security by addressing some of the biggest challenges. At the same time, these technologies need to be safe, secure, and trustworthy and used responsibly to address risks, including those from misuse, that could be detrimental to global health security and health equity.
5. **Public Health Information Integrity and Trust:** Effective public health responses depend on reaching communities with accurate information from trusted messengers. Misinformation and disinformation can hinder our ability to implement the measures needed to curb infections and protect populations from health security threats. This includes impacts on identifying infected individuals, seeking treatment, and uptake of preventative measures including vaccines.

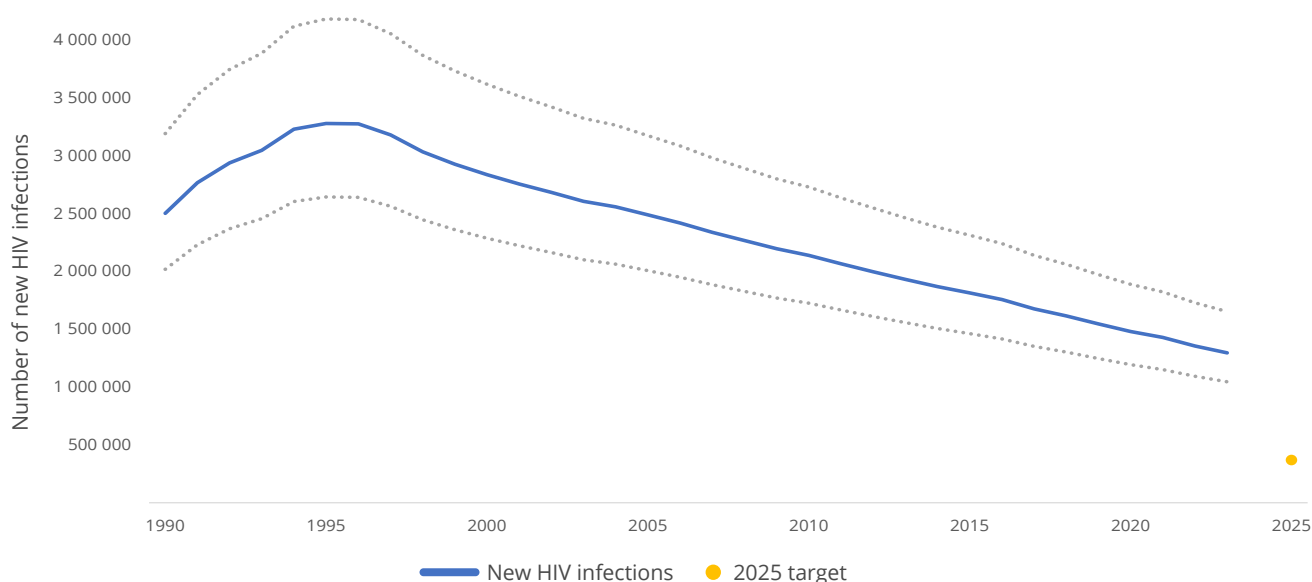
**GOAL 1: END HIV/AIDS AS A PUBLIC HEALTH THREAT BY 2030.**

The U.S. Department of State-housed PEPFAR program has been a critical player in bringing what was once a major global health security threat under control—and now, through the leadership of GHSD, is working to ensure that HIV is no longer a public health threat for anyone, anywhere. If the current gains in HIV prevention and treatment were to be reversed, resurgent HIV outbreaks and epidemics, and an expanding global pandemic, could once again make HIV a serious threat to global health security and economic development via direct human, economic, and societal impacts and by increasing strain on health systems and services crucial to broader community, national and global health security functions. This is one reason that ending HIV/AIDS as a public health threat by 2030 is a top priority for GHSD as the lead for PEPFAR.

PEPFAR's five-year strategy outlines five key pillars of activity to support its goals, including reaching the UNAIDS 95-95-95 targets by 2025 and significantly reducing new infections in PEPFAR-supported countries. These pillars, which are central to GHSD's work, are: supporting health equity for priority populations, sustaining the response, strengthening public health systems and security, developing transformative partnerships, and following the science. PEPFAR's success to date derives from rigorous use of data to inform policies, programs, and robust partnerships with country governments, civil society, faith-based organizations, people living with HIV (PLHIV), and global partners.

**LINE OF EFFORT 1.1: *Sustain gains and accelerate progress to achieve global HIV goals, prevent new infections, and reduce mortality amongst people living with HIV.***

To achieve an end to HIV as a public health threat, PLHIV must be supported to remain on antiretroviral treatment and virologically suppressed, and people at risk of HIV need to receive prevention strategies that meet their needs. The PEPFAR program, together with our partners, governments, and communities, has supported more than 20 million people on antiretroviral treatment. Going forward, PEPFAR will, with GHSD support, work closely with governments, civil society, and other partners to ensure that PLHIV have access to antiretrovirals and remain virologically suppressed. While there has been global progress in reaching the UNAIDS 95-95-95 targets<sup>1</sup>, there has been significantly less progress in preventing new HIV infections in the most vulnerable groups and in reaching and treating infants, children, and adolescents living with HIV. PEPFAR will ensure that no group is left behind via context-specific programming that takes into account unique country and subnational issues and challenges, including the legal and policy environments impacting access to services for specific population groups – youth, women, key populations, children, and men.



Source: UNAIDS 2024 epidemiological estimates

<sup>1</sup> UNAIDS 2025 AIDS targets include the 95-95-95 targets: 95% of people who are living with HIV to know their HIV status, 95% of people who know that they are living with HIV to be on lifesaving antiretroviral treatment, and 95% of people who are on treatment to be virally suppressed. <https://aidstargets2025.unaids.org/>



Ensuring the health and well-being of today's youth is a crucial contribution to the social cohesion that supports preparedness for and resilience in crises of all kinds, including outbreaks. Against this backdrop, and considering the significant expansion in youth populations in many PEPFAR countries, the program will proactively engage with and seek to meet the HIV prevention and treatment needs of young people—from infants to adolescents on the cusp of adulthood. Many decades into the global pandemic, adolescent girls and young women are disproportionately at risk of HIV compared to their male counterparts. Far too many infants and children with HIV remain undiagnosed and unlinked to care. In the general population, youth aged 15 to 24 have lower rates of linkage to and continuation on antiretroviral treatment, as well as lower rates of viral suppression compared to older adults. Young key populations, including LGBTQI+ individuals, experience even poorer outcomes. PEPFAR will aim to reduce infection rates among youth and improve case finding, continuity of treatment, and viral load suppression in youth living with HIV, including through new efforts to elevate youth voices, leadership, and engagement to combat HIV/AIDS. The programs and initiatives that reach and engage youth will provide crucial insights and avenues into provision of accurate public health information about other infectious disease threats impacting PLHIV and key populations, for example mpox.

HIV/AIDS cannot be ended as a public health threat by 2030 without addressing the unique needs of key populations. Despite tremendous progress in bending the curve of the HIV/AIDS pandemic, key populations — which include females engaged in commercial sex, men who have sex with men, transgender persons, people who inject drugs, and people in prisons and other closed settings — remain at disproportionate risk of acquiring HIV. Individuals belonging to key populations frequently experience stigma, discrimination, and violence and are subject to punitive legal and policy environments — all of which impede their access to HIV services and undermine their human rights. Building on a long-standing commitment to provide quality, person-centered HIV services for key population groups, PEPFAR will ensure continued robust funding for HIV-related services supporting key populations and remains committed to accelerating equitable access to quality, person-centered HIV prevention, treatment and care tailored to specific key population groups through innovative service delivery, partnerships with community-led groups, and efforts to remove or mitigate the harm caused by policies and practices that constitute structural barriers to care.

Globally, HIV programs continue to face challenges in continuity of antiretroviral treatment for PLHIV. Interruption in HIV treatment has many complex causes that displace people from their clinics – from conflicts and natural disasters that curtail movement or close health facilities, to stigma, discrimination and human rights violations that deter people from returning to the clinic for refills. When PLHIV cycle in and out of care, their health suffers. They may be more likely to transmit HIV; in some instances, if they are sharing medications or seeking to stretch limited supplies, HIV drug resistant mutations may emerge. PEPFAR will work with partner countries to sustain gains by innovating and implementing effective approaches to prevent loss to follow up and interruptions in treatment. Evolving strategies that ensure continuity of care for PLHIV impacted by climate and other crises will not only benefit the HIV response but also provide lessons applicable to provision of prevention and care for other chronic diseases in emergency settings. In all instances, PEPFAR will work with country-based partners to identify person-centered strategies to ensure equitable access to HIV services reflective of community priorities and concerns. Where structural barriers exist, PEPFAR will work with government, civil society, and other partners to address, mitigate, or remove them.

As PEPFAR looks to accelerate progress, emerging products – especially long-acting antiretroviral based pre-exposure prophylaxis (PrEP) and treatment – bring immense potential. PEPFAR is supporting, and will continue to actively invest in, ambitious introduction and scale-up of these products where they can have the most impact. In coordination with other partners, PEPFAR will continue to work with stakeholders to establish accessible pricing and supply as innovative products become available.

Additional strategies contributing to Line of Effort 1.1 and closing existing programmatic gaps can be found in the [PEPFAR Strategy 2022-2026](#).

## **LINE OF EFFORT 1.2: *Support government and community leadership to manage core elements of the HIV response.***

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For more than two decades, PEPFAR has evolved its response according to the epidemiology and capacity of the countries and regions where it partners with governments and communities. The program has intentionally moved from an infectious disease emergency response to a program where services are delivered at clinics and community-based service points run by government and non-governmental partners. Most of these services are integrated into health systems and services that treat a range of other health conditions. Now the challenge that PEPFAR is taking on is ensuring that there is political will, financial commitment, and programmatic leadership to sustain and strengthen this approach so that the HIV response is effective for years to come.

PEPFAR, alongside communities and other partners, will have a central role in advancing this goal and has identified five main objectives toward this end. First, PEPFAR will align and simplify HIV program implementation to enable responsible transition of HIV service delivery to host government systems and priorities. Second, PEPFAR will continue to strengthen local organizations, national public health systems, and institutions to oversee, deliver, and monitor core HIV public health functions. PEPFAR will work in alignment with government systems, will continue to use data to guide programs, using targets that align with country context and include metrics on country responsibility and accountability. High quality data on the HIV/AIDS response will be increasingly available through central national systems. PEPFAR will continue to leverage innovation, modernization, science, and surveillance to drive higher program impact. PEPFAR will ensure availability of HIV commodities and work to protect HIV response programs against shocks, including those resulting from economic crises, the climate crisis, and civil unrest. And finally, PEPFAR will ensure that HIV programs continue to reduce equity gaps for vulnerable populations, including key populations, adolescent girls and young women, and children, and ensure that communities continue to have a strong voice at the table with governments and partners. To support these efforts, GHSD will seek continuous political, programmatic, and financial commitments from governments affirming and supportive of achieving the 2030 goals and maintaining gains beyond 2030 as a major health, development, economic, and security priority.



Photo credit: Michael Goima



## GOAL 2: CATALYZE THE POLITICAL COMMITMENTS, FINANCING, AND LEADERSHIP NECESSARY TO EFFECTIVELY ACHIEVE HEALTH SECURITY AND ADDRESS PUBLIC HEALTH THREATS, INCLUDING HIV/AIDS.

Continued leader-level attention and action – supported by political commitments, requisite financing, leadership, and coordination – are necessary to advance a robust, agile, and responsive global health security ecosystem fit to address complex health security and public health threats, including HIV. GHSD, in collaboration with HHS, USAID, Treasury, other relevant departments, agencies, and bureaus (including the Bureau of International Organizations or IO), will engage with governments and non-government organizations in multilateral, regional, and bilateral fora to gain the momentum and support needed to sustain and advance efforts to address health security threats and effectively end the HIV/AIDS pandemic as a public health threat. GHSD will promote approaches that enable and reinforce good governance, accountability, transparency, human rights, and equity in support of national, regional, and global health security institutions, capacities, and systems. These efforts are crucial for advancing the HIV response and achieving U.S. global health, health security, and biodefense goals.

### **LINE OF EFFORT 2.1: *Mobilize political will and country commitments in multilateral fora to maintain focus on and strengthen global health security and the response to HIV.***

Multilateral organizations are the cornerstone of global health security. Global leaders within these organizations and in other multilateral forums play a critical role in generating political will and gaining the commitments and actions needed to achieve global health security. To do so, these leaders must be clear, consistent, and convincing about the need to make global health security a top priority. GHSD, in collaboration with relevant departments, agencies, and bureaus (including HHS/OGA and IO) will work in various multilateral fora including the United Nations General Assembly, the G7, the G20, the World Health Organization (WHO), and UNAIDS to maintain and enhance this crucial high-level political focus on global health security and the HIV response. GHSD, in collaboration with HHS/OGA, will work to expand bilateral and regional support by governments, including G7 and G20 partners, and nongovernmental partners for global health security capacity building to complement ongoing efforts supported by the United States, as described in LOE 3.1. GHSD will support the implementation of the recently negotiated International Health Regulations (IHR) amendments and will continue to work with global partners, as well as other U.S. departments and agencies, to develop a Pandemic Agreement that improves future pandemic prevention, preparedness, and responses. Additionally, GHSD will continue to work through the recently established Foreign Ministry Channel (FMC) for Global Health Security to sustain the attention of foreign ministries to advance international coordination and support progress toward global health security. When a new health security threat emerges, GHSD will work with other departments and agencies to advocate for robust political attention and commitments from foreign partners to provide sufficient resources for effective response operations to save lives and livelihoods.

It is important that multilateral institutions function as a cohesive ecosystem capable of rapidly and effectively addressing global health security threats in a sustainable, transparent, and accountable manner. GHSD will continue to work to develop and support policies and processes within multilateral organizations that strengthen accountability and transparency, including those that promote effective implementation of mandates and follow-through on commitments. Additionally, GHSD, in collaboration with relevant federal departments and agencies, will work across global health- and global health security-focused institutions to support policy and programmatic strategies that promote complementary and integrated approaches to address known gaps and reduce duplication for maximum impact. To better address the growing complexity of responding to HIV and to emerging health security threats, GHSD will promote multilateral coordination across sectors, within and beyond the UN system, to include the UN Quadripartite, for an integrated approach to address complex, cross-domain threats and will urge foreign partners to support such approaches.



## THE FOREIGN MINISTRY CHANNEL (FMC) FOR GLOBAL HEALTH SECURITY

*The Foreign Ministry Channel for Global Health Security (FMC) is the Department's premier forum to bring together foreign ministries to advance global health security. We learned in the COVID-19 pandemic that technical cooperation between Ministries of Health is imperative for effective response, but that it alone is not enough. Foreign Ministries have a unique role to play in promoting international cooperation and action to prepare for and respond to health security threats. The FMC serves as a platform for ministries to focus diplomatic attention and action on critical global health security issues before, during, and after health emergencies. The FMC supports and enhances, rather than duplicates, existing forums, in particular coordinating global foreign ministry attention across key lines of effort: 1) strengthening early warning capabilities; 2) combatting mis/disinformation; 3) advocating for climate/One Health; 4) sustaining medical countermeasures for health emergencies; and 5) strengthening diplomatic workforce training in health security and diplomacy.*

### LINE OF EFFORT 2.2: Increase global health and global health security financing and strengthen funding coordination to address preparedness and response gaps.

Experts estimate an additional \$31.1 billion annually, of which two-thirds would come from domestic financing and one-third from external financing, is needed to strengthen outbreak and pandemic prevention, preparedness, and response capacities.<sup>2</sup> An additional \$29.3 billion is needed annually to maintain progress toward the 2030 goal of ending HIV as a public health threat.<sup>3</sup> Within a constrained fiscal environment, it is imperative that GHSD, in collaboration with Treasury and other relevant departments and agencies, work with countries, multilateral organizations, civil society, philanthropies, and the private sector to catalyze and sustain investments in global public health, including the HIV response and broader global health security. This work will emphasize domestic resource mobilization efforts as well as diversification of financing pipelines, including from multilateral development banks, the private sector, and philanthropies.

GHSD serves as the primary U.S. representative for the Global Fund and the Pandemic Fund in close coordination with HHS, including OGA and CDC, Treasury, USAID, and DOD. From its position as the U.S. Board Member, GHSD will focus its efforts on the Global Fund's and Pandemic Fund's impact, effectiveness, governance, and resource mobilization. For the Global Fund, GHSD will continue its active participation on the Global Fund Board and Committees to fully maximize the Global Fund's contribution to countries' efforts to control HIV/AIDS, tuberculosis (TB), and malaria. GHSD will also promote the Global Fund's efforts to make progress in critical areas, including equitable access to health, access to commodities for key and vulnerable populations, and to jointly evolve our approaches to sustaining the HIV response in partner countries. GHSD, as a term-limited Co-Chair of the Pandemic Fund's Strategy Committee, helped lead the development and approval of the [Pandemic Fund Strategic Plan \(2024-2028\)](#) and will continue to lead efforts to further expand and hone the plan based on lessons learned from the Pandemic Fund's first two years of operation. As a member of the Pandemic Fund's Resource Mobilization Committee, GHSD will also bolster the Pandemic Fund's outreach to existing and new donors to secure additional direct contributions to the Pandemic Fund. GHSD is working with the Pandemic Fund to develop a target for additional catalytic financing as well as a codified strategy on innovative financing. These actions will increase the Pandemic Fund's ability to mobilize funding and draw from non-development assistance funding sources, which will be necessary for the Pandemic Fund's long-term fiscal sustainability.

<sup>2</sup> WHO-World Bank report to the G20 Finance - Health Task Force: <https://thedocs.worldbank.org/en/doc/16c7e5b734f1d9953f0582c837b11b64-0290032022/original/G20-Paper-on-PPR-Financing-Modalities.pdf>

<sup>3</sup> Fact sheet 2024 - Latest global and regional HIV statistics on the status of the AIDS epidemic ([unaids.org](https://www.unaids.org))

There are numerous global health and global health security funding mechanisms with either disease-specific or disease-agnostic mandates that cover a breadth of activities from capacity building to strengthening health systems to medical countermeasure development and delivery, including the Global Fund, the Pandemic Fund, the Coalition for Epidemic Preparedness and Innovation (CEPI), and Gavi, the Vaccine Alliance. Alignment between these mechanisms is necessary to reduce duplication and maximize their effectiveness and leverage the existing resources that contribute to advancing global health security. GHSD, in collaboration with HHS, Treasury, USAID, and other relevant departments and agencies, will work to strengthen coordination and collaboration within and between these funding mechanisms through strategic development and prioritization, emphasizing the importance of measurable outcomes, sustainability, equity, and inclusivity. Additionally, GHSD, in collaboration with relevant bureaus and departments, and agencies will look beyond the human health sector to include broader One Health efforts, including agriculture and conservation, and those focused on climate, humanitarian assistance, and technology, to increase collaboration on properly resourcing and addressing complex issues that affect global health security. Taken together, these efforts will increase our prospects of achieving a sustainable global health and global health security funding environment fit to address HIV and emerging health security threats.

## GLOBAL FUND

*The Global Fund, established in 2002, is a worldwide partnership that provides financing and resources with the goal of ending HIV, TB, and malaria. These efforts build resilient and sustainable health systems including health workforce capacity, laboratory strengthening and supply chains, and support country efforts to deliver universal health coverage and robust primary healthcare integrated systems. Since its establishment, the Global Fund has invested more than \$60 billion, saving an estimated 59 million lives and reducing the combined death rate from TB, HIV, and malaria by more than 50%. The United States plays a key role in the Global Fund, serving as a permanent member on the Board of Directors and serving on each of the three board committees. The U.S. is also a major donor to the Global Fund and pledges to match up to \$1 for every \$2 donated to the Global Fund and has contributed approximately one-third (\$22.3 billion) of the over \$60 billion the Fund has raised since 2004. In addition, the U.S. made an extraordinary contribution of \$3.5 billion in funding and technical assistance to the COVID-19 mechanism of the Global Fund. The extensive support and leadership provided by the United States for the Global Fund has been critical for its long-term success.*

## PANDEMIC FUND

*The Pandemic Fund provides financing to strengthen critical pandemic prevention, preparedness, and response capabilities in low- and middle-income countries through investments and technical support at the national, regional, and global levels. Since its establishment in September 2022, the Pandemic Fund has received over \$2 billion in pledged funds from twenty-four governments and three philanthropic contributors. The United States has provided \$450 million and additionally pledged up to \$667 million, subject to congressional appropriations and the availability of funds. By the end of 2024, the Pandemic Fund will have allocated over \$838M in two calls for proposals, targeting the priority areas of surveillance and early warning systems, laboratory systems, and human resources workforce capacities. Through GHSD's role as Co-Chair of the Fund's Strategy Committee, the Bureau, working closely with relevant U.S. departments and agencies, played a leading role in the development and approval of a five-year Strategic Plan that describes the Fund's unique value add, programmatic priorities, approach to prioritizing and allocating funding, and its goals for coordination with other actors.*

## LINE OF EFFORT 2.3: *Promote national and regional leadership to support long-term sustainability of health systems.*

National and regional leadership are essential for long-term sustainability of health systems and capacities. Political and financial commitments from both national and regional institutions are critical to effectively respond to HIV and address ongoing and emerging health security threats. National and regional partners share accountability and responsibility in developing and prioritizing health security initiatives, programs, and policies and in bolstering and institutionalizing international donor supported efforts to strengthen multisectoral capacities and resources to respond to HIV and other health emergencies.

GHSD, in collaboration with other relevant departments and agencies including HHS and USAID, will deepen regional partnerships in Africa, such as the African Union (AU), including the Africa Centres for Disease Control and Prevention (Africa CDC) and the African Medicines Agency (AMA). GHSD's support includes the AU's Extraordinary Summit on AIDS focused on advancing commitments to end HIV as a public health threat by 2030 on the continent. GHSD will continue to strengthen collaboration with the AU and Africa CDC through the 2022 U.S.-AU Memorandum of Cooperation to Promote Public Health Partnership and its annex, the USG-Africa CDC Joint Action Plan, for advancing a shared vision to strengthen health security and public health systems and deliver improved health outcomes in Africa. GHSD will work with other regional partners including the Association of Southeast Asian Nations (ASEAN), Pacific Islands Forum (PIF), Asia-Pacific Economic Cooperation (APEC), the Quad, the Organization of American States (OAS), the Pan American Health Organization (PAHO), and European Union (EU) to strengthen leadership in combatting HIV and strengthening approaches to improve global health security through increased coordination and collaboration in policy development, investments, capacity building, and preparedness efforts.

Through targeted bilateral diplomatic engagements with countries, the use of PEPFAR channels and programs, global health security activities, and engagement with other donor countries, GHSD will foster increased support from leaders across ministries, including Foreign and Finance Ministries, to prioritize support for and increase domestic investments in health and health security. It is important that nations not only have a conducive fiscal environment, but also an enabling policy environment that supports effective and equitable responses to HIV and health security threats. In support of this, GHSD in collaboration with HHS, USAID, and other relevant departments and agencies, will encourage countries and regional organizations to develop policies that strengthen health and healthcare systems, increase health emergency legal and regulatory preparedness, and address the structural and human rights-related barriers to ensuring access to health care for all. Community engagement and leadership is a critical component of global health security to enable the effective prevention, detection, and response to infectious disease threats where they occur. As such, GHSD will promote community engagement and leadership and support collaboration between national governments and communities in the development of policies and decision-making.



Photo credit: Kaveh Sardari





## GOAL 3: IMPROVE GLOBAL MULTISECTORAL PREPAREDNESS AND RESPONSE THROUGH DIPLOMACY TO PROTECT AGAINST HEALTH SECURITY THREATS.

The HIV/AIDS and COVID-19 pandemics, Ebola, mpox, and other outbreaks demonstrate the devastating impacts infectious diseases can have on human health, communities, economies, and security regardless of where the outbreak begins. These health emergencies have repeatedly demonstrated the urgent need for investment in innovation, prevention, preparedness, and response, especially as threats to global health security are compounded by the climate crisis, conflict, mass movement of people, and a rise in public mistrust and mis/dis-information. The ability to activate multiple parts of governments and societies to address health security threats in a coordinated fashion is vital to saving lives and protecting livelihoods. Diplomacy is a vital tool that can open doors to enable essential technical collaborations and exchanges with countries and help promote transparency. This is central to achieving a world that is safe and secure from infectious disease threats. GHSD will continue to work closely with other U.S. government departments and agencies including HHS/OGA, HHS/CDC, USAID, and DOD directly and through coordinating bodies led by the NSC to advance international efforts to detect, prevent, prepare for, and respond to infectious disease threats. GHSD will also work with partners, in collaboration with those within the Department and across the U.S. government, to improve multisectoral preparedness and response capacities and strengthen multisectoral coordination to improve health system resiliency and outbreak responses.

### LINE OF EFFORT 3.1: *Improve preparedness by deepening global health security bilateral partnerships.*

Building upon efforts launched in 2014, the U.S. Government has expanded bilateral support to 51 formal global health security partners<sup>4</sup> to build core health security capacities and to spur progress towards full implementation of the International Health Regulations (IHRs). Through combined efforts of departments, agencies, and coordinating bodies including, but not limited to, the NSC-convened Global Health Security Interagency Review Council, HHS, USAID, DoD, and Chiefs of Mission and country teams, the United States assists partners in strengthening regional, national, and local health systems to better prevent, detect, prepare for, and respond to health security threats safely and securely. As a partner in this process, GHSD will continue to support Chiefs of Mission, in-country teams, and relevant departments and agencies including HHS, USAID, and DoD, in the development, execution, and adjustment of their annual country-level U.S. government global health security strategic workplans. In partnership with HHS, USAID, and other relevant departments and agencies, GHSD will monitor and refine U.S. government-wide processes for working together and with partners to advance global health security to reduce duplication of effort and optimize the impact of U.S. government investments in health security. Additionally, GHSD will continue to lead interagency coordination to jointly monitor progress including semiannual reporting that will support the NSC-led Global Health Security Interagency Review Council's quarterly review and planning process. Progress will be tracked using internationally developed metrics including the IHR Monitoring and Evaluation Framework (MEF), the Joint External Evaluation (JEE), and the mandatory IHR States Party Annual Reporting (SPAR) with the goal of supporting Partners in their efforts to improve GHS capacities and achieve demonstrated capacity in at least five key technical areas.<sup>5</sup>

#### GLOBAL HEALTH SECURITY PARTNERSHIPS

*The United States takes a whole-of-government approach to strengthening global health security. Through combined efforts of departments and agencies, the United States assists partners in strengthening regional, national, and local health systems to better prevent, detect, prepare for, and respond to health security threats safely and securely. Building these capacities advances partner country implementation of the International Health Regulations. Since 2021, the United States has expanded bilateral global health security support from 19 to more than 50 global health security partners focused on activities including strengthening disease surveillance and early warning systems, biosafety and biosecurity, emergency operations, training and support for health workers, community and national leadership, and legal preparedness. GHSD partners with embassies, country teams, and departments and agencies to facilitate coordination of U.S. global health security activities, to elevate political leadership, and to secure country and partner commitments to support capacities in the long-term.*

<sup>4</sup>As of July 2024.

<sup>5</sup>Demonstrated capacity is achieved by reaching a level 4 on the JEE scale or 80 percent achievement on the IHR MEF (or other relevant assessments) in at least five key JEE technical areas (e.g. lab systems, surveillance, antimicrobial resistance).

GHSD will leverage its role as the lead of PEPFAR, which is also coordinated through U.S. mission interagency teams, to ensure that synergies in U.S. investments in HIV/AIDS and health security are optimized and that experiences and lessons learned are applied to strengthen strategic alignment for a unified and complementary approach, without diverting or diluting PEPFAR's core focus on ending HIV/AIDS as a public health threat.

GHSD, in partnership with departments and agencies, will continue to work with governments to develop, routinely update, and make publicly accessible long-term National Action Plans for Health Security (NAPHS) that prioritize activities and resources needed to address capacity gaps identified by assessments. Through strategic support to Chiefs of Mission and country teams, and high-level engagements between GHSD leadership and host country governments and partners, GHSD will work to increase coordination amongst the host government, the United States, and other donors and funders, including the G7 and the Pandemic Fund, to help close health security capacity gaps and avoid duplication of effort or undue host-country burden. In countries where the PEPFAR program is also present, coordination and collaboration activities will ensure that HIV/AIDS-focused activities continue per country plans and strategies, and that relevant lessons, approaches, and capacities are identified and optimized for health security objectives where relevant and appropriate. GHSD will work with departments and agencies and partner countries to improve linkages with other programs focused on infectious diseases, One Health issues including antimicrobial resistance, development programs, and security assistance to advance coordination and collaboration to maximize impact.

### **LINE OF EFFORT 3.2: *Support mobilization of a timely, effective, and coordinated response for health security threats and other international health emergencies.***

The U.S. government's response to international outbreaks requires extensive coordination and collaboration across departments and agencies including HHS and USAID. GHSD plays a critical role in leading diplomatic engagement to facilitate international cooperation and coordination for response to international outbreaks. These critical efforts have included facilitation of vaccine donations during the COVID-19 pandemic and mpox outbreaks and alleviating political barriers to allowing U.S. resources to support outbreak response in partner countries. GHSD, in collaboration with HHS and USAID, will continue to further develop and institutionalize efforts to enable effective responses prior to and during health emergencies including the removal of policy or other barriers to advance U.S. and foreign partner response capabilities and capacities against health security threats abroad. This work includes supporting efforts led by the Bureau of Democracy, Human Rights, and Labor (DRL) to promote enabling environments where human rights are upheld and structural barriers, such as stigmatizing and discriminatory laws and policies, are removed to enable equitable access to primary healthcare services to strengthen pandemic preparedness and outbreak response. GHSD will coordinate with foreign ministries, in collaboration with departments, agencies, and their foreign counterparts, to enhance our ability to collectively identify and respond to emerging public health threats including through the FMC. In collaboration with departments and agencies, GHSD will support international outbreak response capacity through bilateral and regional cooperation, including facilitating relevant global health security capacity building, medical countermeasure preparedness, and planning and implementation of response plans. GHSD, in collaboration with HHS, USAID, and other relevant departments and agencies, will support the necessary coordination with multilateral and regional institutions for response efforts. GHSD will provide diplomatic support to improve access to medical countermeasures for routine immunizations during international health emergencies including those arising during humanitarian crises. GHSD will work with relevant departments and agencies to leverage U.S. and partner government investments in health systems, including those for HIV/AIDS, to simultaneously improve capacity to respond to other health emergencies.

#### **COVID-19 VACCINE DONATIONS**

*The United States has been instrumental in the global response to fight COVID-19 domestically and internationally, investing billions of dollars in more than 120 countries to address the social and economic effects of the pandemic. The U.S. government remains the largest donor to COVAX and has donated the most vaccines of any country in the world. The U.S. has donated more than 693 million vaccines to 118 countries and economies, in partnership with COVAX, Caricom, the African Vaccine Acquisition Trust, and bilaterally. Moreover, the Global VAX Initiative complemented and expanded the U.S. government's historic COVID-19 vaccine dose donation program by ensuring that countries that received COVID-19 vaccine doses also received the necessary support to deliver and administer the vaccines rapidly and equitably. U.S. vaccine donations have helped to close the supply gap in low- and middle-income countries.*

### **LINE OF EFFORT 3.3: Enhance multisectoral coordination to strengthen global health security and improve resiliency of health systems.**

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Achieving global health security requires multisectoral action, innovation, and One Health approaches to address the interconnectedness among humans, animals, plants, and their shared environment. Multisectoral action is required to successfully adapt to and address complex and compounding factors that impede progress and threaten loss of health security gains. GHSD is particularly focused on leveraging our convening power to promote communication, collaboration, coordination, and cooperation to address the health impacts of compounding factors related to impacts of climate change, regional crises, large-scale population movements, emerging technologies, and public health information integrity and trust. The Department has expertise across the breadth of these issues and the co-location of departments and agencies at U.S. embassies and missions creates a unique environment that enables GHSD to facilitate collaborative work – across sectors, domains, and stakeholders – almost anywhere in the world to advance health and health security. Using this opportunity, GHSD will collaborate across bureaus, missions, and relevant departments and agencies to focus on each of the following areas to strengthen multisectoral coordination and improve health system resiliency to better respond to HIV and broader global health security threats.

- **Climate change:** GHSD, in support of The President’s Emergency Plan for Adaptation and Resilience (PREPARE), is prioritizing diplomatic and programmatic efforts, including those within PEPFAR, in three main areas to increase health security resiliency in the face of climate change<sup>6</sup>: 1) minimize greenhouse gas emissions from the health sector, including promoting locally sourced procurements and commodities when possible; 2) increase capacity to protect public health and health care from the impacts of climate, including climate-sensitive infectious disease threats, key determinants of health, and health care delivery; and 3) support alignment of financing from the health and climate sectors to increase work at the nexus. GHSD will work in close coordination with others in the Department, including the Office of the Special Presidential Envoy for Climate (SPEC) and the Bureau of Oceans and International Environmental and Scientific Affairs on issues at the nexus of health and climate.
- **Large-scale population movements:** GHSD will support broader diplomatic efforts led by the Bureau of Population, Refugees, and Migration (PRM) efforts to address health and health security needs in the context of forced displacement of populations and migration. GHSD will focus on encouraging host governments and relevant stakeholders to integrate approaches that address health and health security challenges associated with large-scale population movements into health security and outbreak response plans to improve delivery of effective continuity of care in countries and regions impacted by these events.
- **Complex crises:** GHSD will support broader diplomatic efforts led by PRM and DRL to address health and health security needs in the context of complex crises including humanitarian emergencies, conflict, and political instability. GHSD will work with partner countries to develop plans to improve resiliency of health service delivery to improve continuity of care for HIV patients to prepare for crises that may occur, particularly in areas prone to instability and natural disasters.
- **Emerging Technologies:** GHSD, including through PEPFAR, will look to support responsible innovation and uptake of emerging technologies, including artificial intelligence and biotechnology, that may address the aforementioned challenges. In collaboration with partners in the Department, including the Office of the Special Envoy for Critical and Emerging Technology (S/TECH) and the Bureaus of OES, Cyberspace and Digital Policy (CDP), and International Security and Nonproliferation (ISN) and departments and agencies, GHSD will work with countries and other stakeholders to promote the use of these technologies for health and health security applications in a manner that is safe, secure, responsible, and trustworthy.
- **Public health information integrity:** GHSD will increase information resiliency through consistent, public messaging to provide reliable, compelling information to counter mis- and disinformation about U.S. global health and global health security activities, including the HIV response, for U.S. embassies and missions and affected populations. This includes approaches to leverage local and trusted messengers to increase the effectiveness of this messaging. To support broader efforts on information integrity, GHSD will work with others across the Department, including Global Public Affairs (GPA), the Global Engagement Center (GEC) and CDP, to include health as a critical area affected by mis- and disinformation.

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<sup>6</sup>Climate-Health Leading by Example Action Report: <https://www.state.gov/climate-health-leading-by-example-action-report-chlear/>



**LINE OF EFFORT 3.4: *Improve U.S. and global access to effective countermeasures by promoting geographically diversified manufacturing and stronger, more resilient supply chains.***

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COVID-19 highlighted an urgent need for global innovation; sustainable, geographically diversified manufacturing and supply chains; and more rapid and equitable distribution of medical countermeasures to prevent and respond to outbreaks and pandemic threats. GHSD, in collaboration with S/TECH, the Bureau of Economic and Business Affairs (EB) and relevant departments and agencies, will seek to create and leverage synergies with existing trade and scientific dialogues - engaging governments, regional partners, the private sector, and other relevant nongovernmental stakeholders to stimulate support for sustainable, geographically diversified medical countermeasure/health commodities manufacturing capacity. Leveraging diplomatic channels, GHSD will work with HHS and its agencies and operational divisions to promote and secure commitments related to the sharing of outbreak information, data, and samples needed to spur future innovations for prevention and rapid and effective responses.

Existing U.S. government investments in global health commodity procurements, either through direct bilateral partnerships or through multi-donor funding institutions, can help shape, support, and sustain demand in nascent pharmaceutical markets that, in a time of need, can be repurposed and scaled to address other outbreaks. GHSD will leverage its position on governance bodies for the Global Fund, engagement with other relevant global health actors, and the expansive purchasing power of PEPFAR to incentivize regional, quality-assured production of HIV countermeasures and related consumables. Additionally, GHSD, through PEPFAR and its implementing U.S. government partners including USAID, will strengthen community-based service delivery models, and legal, regulatory, and last-mile preparedness to ensure these medical countermeasures are able to rapidly and equitably reach local populations based on public health needs, pathways which can be leveraged for other health emergencies. GHSD will similarly collaborate with departments and agencies to engage partner governments to develop national and regional regulatory capacity to introduce health commodities more effectively for other health security threats and support immunization efforts to address vaccine preventable diseases.



Photo credit: Clara Davis



## GOAL 4: EMPOWER THE DIPLOMATIC WORKFORCE TO PRIORITIZE AND INTEGRATE GLOBAL HEALTH SECURITY AS A KEY PILLAR OF FOREIGN POLICY.

In December 2021, the Secretary launched an agenda to modernize American diplomacy with three main goals for the Department: organize and equip its workforce with the skills and abilities to develop and execute U.S. foreign policy, including for critical missions such as global health; strengthen the workforce to ensure it is resilient, agile, secure, and inclusive; and advance agility and innovation through thoughtful technology adoption. The importance of ensuring our workforce is fit for purpose to address the challenges we face and advance our global health and health security goals cannot be overstated. GHSD will use these approaches to elevate global health and global health security diplomacy, increase workforce effectiveness through data-informed and technology-driven approaches, and develop a more diverse and inclusive workforce to strengthen equity within the Bureau and abroad.

### ***LINE OF EFFORT 4.1: Elevate health and health security as an integral part of foreign policy with the international community.***

The United States aims to advance global recognition that health security is national security and foster greater diplomatic engagement around global health security. Foreign ministries are uniquely positioned to provide an integrated approach to address gaps, elevate global health security as a national security priority, promote collaboration across sectors, and drive political will to advance prevention, preparedness, and response efforts. GHSD will collaborate with foreign ministries around the world to promote and sustain political will and multisectoral coordination to improve health outcomes and encourage partner countries to elevate health within their diplomatic workforces, including through the recently established FMC for Global Health Security.

The Department has a wealth of public diplomacy tools to further educate the Department's global workforce, strengthen U.S. relations with partners and citizens around the world, and garner broad-based public support for U.S. health security priorities. GHSD will harness the Department's flagship public diplomacy programs, in collaboration with the Bureau of Educational and Cultural Affairs (ECA) – including fellowships and academic and professional exchange programs for emerging leaders from around the world – to build knowledge, skills, and political will to tackle current and future global health and global health security challenges, including ending HIV/AIDS as a public health threat. Recognizing the Department's crucial role in forging interdisciplinary resolution to the complex issues that affect global health security – including climate change, economic development and instability, conflict, mass movements of people, and technology – GHSD will leverage opportunities to integrate health into national and economic security priorities and to further build the capacity of Department personnel and partners to advance global health security and health diplomacy across sectors. Through increased collaboration across the Department, GHSD will support country teams at overseas posts to advance health security priorities as a key component of bilateral engagements and in regional fora. GHSD will also serve as a key interlocutor to facilitate discussions on broader health issues among foreign counterparts and U.S. departments and agencies, particularly at overseas posts that lack dedicated health experts.

### ***LINE OF EFFORT 4.2: Develop greater awareness of and expertise in health and health security priorities and initiatives amongst the diplomatic workforce.***

Leveraging more than a decade of Departmental engagement on global health security and over 20 years of PEPFAR experience, GHSD will educate and empower the Department's global workforce to address global health security in bilateral, regional, and multilateral fora. In collaboration with the Department's Foreign Service Institute, interagency partners, and leading educational institutions, GHSD will expand educational training opportunities on global health and global health security diplomacy for the Department workforce at all levels of experience. These programs will facilitate greater understanding and strengthen capacities and capabilities to enable the Department's workforce to engage more confidently and effectively with foreign partners on U.S. global health and health security priorities.



GHSD will increase outreach opportunities on global health and health security issues with U.S. embassies and missions, including through the establishment of global communities of practice, to engage on current global health and health security priority topics including issues that have a nexus with health and health security. GHSD will maintain ongoing working and high-level contacts with Department bureaus to reinforce health as a national and economic security priority and as a significant bilateral issue, whether to leverage funded programs or to communicate and collaborate quickly in the event of emergencies.

## COMMUNITY OF PRACTICE ON GLOBAL HEALTH DIPLOMACY

*The Global Health Diplomacy Community of Practice (HD-CoP) serves to advance Secretary Blinken's goal of building the capacity of our diplomatic workforce to engage on health globally. The purpose of the HD-CoP is to share information on health topics between Washington and posts, and to facilitate sharing of best practices within and amongst members working on similar issues around the world. The HD-CoP Teams channel consists of more than 1,800 U.S. government employees and contractors, representing a wide array of global health backgrounds and experiences. The HD-CoP monthly health engagement calls regularly convene around 200 members from across U.S. missions around the world to discuss timely global health topics, with opportunities for regionally focused follow up calls, such as the presentation on the Pandemic Fund Second Call for Proposals attended by more than 50 post representatives from the East Asia and Pacific region. Topics range from the global health security strategy rollout to preventing, preparing, and responding to health outbreaks, giving HD-CoP members a platform that emphasizes lateral knowledge sharing and stimulates continued conversations around best practices and lessons learned.*



Photo credit: Theresa Matthews

**LINE OF EFFORT 4.3:** *Strengthen analytical and technical approaches to support global health security and HIV-specific policy, programs, and workforce activities.*

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The Department has focused efforts on advancing the way we work by adopting new technologies and investing in analytical capabilities to support data-informed policy and programmatic decision-making led by the Center for Analytics. GHSD is focusing efforts on how to modernize the way it works and leverage data-informed and technology-forward approaches to advance the global health security mission, including for our PEPFAR-supported program investments in partner countries. As part of this, GHSD, through PEPFAR, is working to make even better use of its data-informed approaches to ensure that the investments in data and digital systems are applied to better strengthen partner country capabilities in disease surveillance, health management and information systems, and decision-making for HIV/AIDS and other infectious disease threats. To support these and other activities, GHSD will integrate advanced information, data, and analytical technologies into standard workflows for Bureau staff and leadership to increase workplace efficiency and provide real-time, easily accessible support to guide policy and programmatic decisions. Additionally, GHSD will refine analytical tools, such as dashboards, to aid in discussions within the U.S. government and with foreign partners and support data-informed policy decisions. GHSD will also increase workflow efficiencies by leveraging the technological tools being developed and implemented in the Department to automate workflows, increasing the amount of time we have as a workforce for face-to-face diplomatic engagement.

**LINE OF EFFORT 4.4:** *Build a workforce that embraces and fully utilizes the principles of diversity, equity, inclusion, and accessibility.*

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Strength comes from bringing together the best and the brightest, representing the entirety of society, to address the challenges of today and tomorrow. Just as GHSD promotes the importance of equity in its programming efforts to improve the health of all, we will employ those principles throughout our workforce. In 2022, the Department released its first [Diversity, Equity, Inclusions, and Accessibility \(DEIA\) Strategic Plan \(2022-2026\)](#). GHSD will support the Department-wide efforts outlined in that strategy. More specifically, GHSD will enhance its recruitment and retention efforts by increasing outreach to underrepresented populations and ensuring that opportunities for program development and leadership, professional development, mentoring, and coaching are available to all. To understand workforce perspectives on the successes and gaps in implementation of DEIA and workplace satisfaction, GHSD will consistently conduct surveys and exit interviews to identify and address issues that arise. GHSD will enhance and increase awareness of accessibility accommodations and tools to ensure the workplace is accessible and equitable for the full participation and advancement of all people.



Photo credit: Theresa Matthews



**Global Health Security  
and Diplomacy**  
U.S. DEPARTMENT *of* STATE