



# PEPFAR

U.S. President's Emergency Plan for AIDS Relief

PEPFAR's Five-year Strategy  
*Fulfilling America's Promise to End  
the HIV/AIDS Pandemic by 2030*

DECEMBER 2022

# TABLE OF CONTENTS

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<b>I. FOREWORD</b> .....	<b>1</b>
<b>II. OUR PROGRESS TO DATE</b> .....	<b>2</b>
<b>III. OUR REMAINING CHALLENGES</b> .....	<b>4</b>
<b>IV. PURPOSE, VALUES AND GOALS</b> .....	<b>7</b>
Purpose Statement .....	7
Program Goals .....	7
PEPFAR Core Principles and Values .....	7
<b>V. STRATEGIC PLAN</b> .....	<b>8</b>
<b>Strategic Pillar 1: Health Equity for Priority Populations</b> .....	<b>10</b>
Focus Area 1: Advancing Gender-Equitable Programming .....	11
Focus Area 2: Launching a Youth-Focused Movement to Prevent HIV Acquisition for the Next Generation .....	11
Focus Area 3: Leading the Global Movement to End AIDS in Children .....	12
Focus Area 4: Transforming Key Population Service Delivery Through Key Population Leadership .....	12
Focus Area 5: Doubling Down on a Holistic Combination Prevention Approach .....	13
Focus Area 6: Dismantling Structural Barriers to HIV/AIDS Care .....	13
<b>Strategic Pillar 2: Sustaining the Response</b> .....	<b>14</b>
Focus Area 1: Developing a Country-Led Sustainability Roadmap .....	15
Focus Area 2: Accelerating Integration .....	15
Focus Area 3: Sustaining Impact Through Local and Regional Organization Implementation .....	16
Focus Area 4: Engaging in Integrated National Planning .....	16
<b>Strategic Pillar 3: Public Health Systems and Security</b> .....	<b>17</b>
Focus Area 1: Strengthening National Public Health Institutions (NPHIs) .....	17
Focus Area 2: Strengthening the Health Workforce .....	17
Focus Area 3: Catalyzing Regional Manufacturing .....	18
Focus Area 4: Modernizing the Downstream Supply Chain .....	18
Focus Area 5: Improving Patient-Centered Care for PLHIV .....	19
Focus Area 6: Strengthening Pandemic Preparedness and Response Capabilities .....	19

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<b>Strategic Pillar 4: Transformative Partnerships</b> .....	<b>20</b>
Focus Area 1: Elevating the Role of Regional Institutions.....	20
Focus Area 2: Activating Philanthropic Partnerships .....	20
Focus Area 3: Integrating the Private Sector Across the Value Chain .....	21
Focus Area 4: Collaborating with U.S. Institutions .....	21
<b>Strategic Pillar 5: Follow the Science</b> .....	<b>22</b>
Focus Area 1: Mainstreaming Behavioral and Social Science into HIV programming.....	22
Focus Area 2: Leveraging Targeted Implementation Science for Program Improvement .....	22
Focus Area 3: Developing and Deploying the Next Generation of Surveillance Methods.....	23
<b>Enabler 1: Community Leadership</b> .....	<b>24</b>
Focus Area 1: Increasing Role for Community Leadership within PEPFAR.....	24
Focus Area 2: Sustaining Community Leadership in Partner Government Programs.....	24
Focus Area 3: Elevating the Next Generation of Community Leadership .....	25
<b>Enabler 2: Innovation</b> .....	<b>26</b>
Focus Area 1: Accelerating Country-Led Innovation.....	26
Focus Area 2: Proactive Market Shaping for New Product Introductions .....	26
Focus Area 3: Leveraging Innovative Finance Models to Drive Programmatic Scale .....	27
<b>Enabler 3: Leading with Data</b> .....	<b>28</b>
Focus Area 1: Collecting and Using “Smart Data” .....	28
Focus Area 2: Accelerating Data Integration at Country-Level .....	28
Focus Area 3: Setting the Pathway to 2030 .....	29
<b>VI. DELIVERING ON PEPFAR’S STRATEGY</b> .....	<b>30</b>



A health worker meets with a patient during a clinical home visit. Photo credit: USAID

# I. FOREWORD

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We are at a pivotal moment in the global AIDS response. We are closer than ever to reaching the United Nations Sustainable Development Goal of ending the global AIDS pandemic as a public health threat by 2030. That goal is within reach thanks in part to nearly 20 years of unwavering bipartisan U.S. leadership and investments across U.S. administrations and from Congress.

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

In many communities, where AIDS once brought death and despair, there is now life and hope. PEPFAR has saved more than 25 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, the United States 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 they remain vital in the continued global efforts to end the acute phase of the COVID-19 pandemic.

Many of the first babies born HIV-free because of PEPFAR have now completed secondary school. Millions of their parents are alive – living with HIV, healthy and able to nurture 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 by putting communities in the lead, we have moved the HIV epidemic from tragedy toward hope.

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

As we approach PEPFAR’s 20th anniversary in 2023, the United States remains committed to working with our partners to end the HIV pandemic. 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 accelerating the response to end the HIV/AIDS pandemic as a public health threat by 2030, while sustainably strengthening public health systems to create a healthier, safer, and more secure world for us all.

Sincerely,

A handwritten signature in black ink that reads "Antony Blinken".

Antony J. Blinken  
Secretary of State

## II. OUR PROGRESS TO DATE

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Before PEPFAR began, an HIV diagnosis was a death sentence for millions of people around the world. In the hardest-hit regions of Africa at the time, 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 acquisition 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 two to four percentage points per year. At that time, the HIV/AIDS pandemic continued to rage largely unabated. Consequently, the U.N. Security Council issued an unprecedented resolution in 2000 declaring for the first time that a health issue should be considered a national security threat. This was followed by Heads of State meeting in Africa in 2001 at a special summit in Abuja declaring a similar HIV/AIDS emergency and 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 10 countries to achieve 90-90-90 targets while two high-HIV burden countries have achieved the 95-95-95<sup>1</sup> targets without a widely adopted vaccine or a cure. Reaching this milestone was virtually unimaginable when PEPFAR began, and several other countries are also on pace to attain these milestones 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 over 50 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. HIV-related deaths in PEPFAR-supported countries have decreased by 60 percent, with approximately 570,000 deaths occurring annually (compared to millions in the early 2000s). HIV treatment has increased life expectancy dramatically, allowing for communities and economies to grow and flourish. As of September 30, 2022, PEPFAR is supporting lifesaving ART for 20.1 million people, up from 19.0 million last year. The program has provided critical care and support for millions of orphans, vulnerable children, and their caregivers so they can survive and thrive. HIV prevention has become a larger focus with over 1.5 million clients enrolled on pre-exposure prophylaxis (PrEP), 30 million voluntary medical male circumcisions (VMMC) performed, and 2.9 million adolescent girls and young women reached through the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) HIV prevention program in 2022.

Over the years, PEPFAR has invested in robust HIV service delivery, public health, workforce, laboratory, and clinical and community care platforms to tackle the unique issues confronting people living with HIV (PLHIV) – originally beginning to address advanced HIV disease and more recently addressing tuberculosis (TB) prevention, cervical cancer, and other comorbidities – to support PLHIV in having a normal, healthy lifespan; clients who are healthy can access services in a manner that facilitates long-term adherence. More recently, 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 these barriers such as services provided closer to the community and multi-month dispensing of antiretroviral drugs – all with communities in the lead. We have also supported critical programs to tackle stigma, discrimination and gender-based violence.

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<sup>1</sup>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

With its nearly \$1 billion annually in health systems investments, PEPFAR has been critical for the HIV response and sustainable health and community systems in countries, including through our support for programs at more than 70,000 facility and community health clinics and 3,000 laboratories; support for over 340,000 health care workers; expansive supply chains for HIV-related commodities; and strong systems for data collection and use. Every health professional that PEPFAR helps train, every laboratory that we equip, and every local organization that we strengthen becomes capable of confronting not only HIV, but also a myriad of other health challenges.

While responding to HIV, PEPFAR has supported dozens of countries to dramatically expand access to health care within their populations and strengthen their capacity for pandemic preparedness and response. These investments have broadened and strengthened high-quality diagnostic and surveillance capacity, existing infrastructure, pandemic response, and global health security. Through PEPFAR, the U.S. government has strengthened the ability of partner countries to deliver effective, and sustainable health care – systems that are resilient in the face of adversity, whether it be conflict, natural disasters, political unrest or other health threats, including most recently COVID-19, Monkeypox and Ebola. We have joined other U.S. government global health security investments to help make the world a more secure place by better equipping partner countries and communities to address other disease outbreaks, while also protecting and advancing the gains made against HIV.

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.



HIV rapid testing in Kazakhstan. Photo credit: PSI

### 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, there are several critical challenges that we and our partners will need to overcome moving forward.

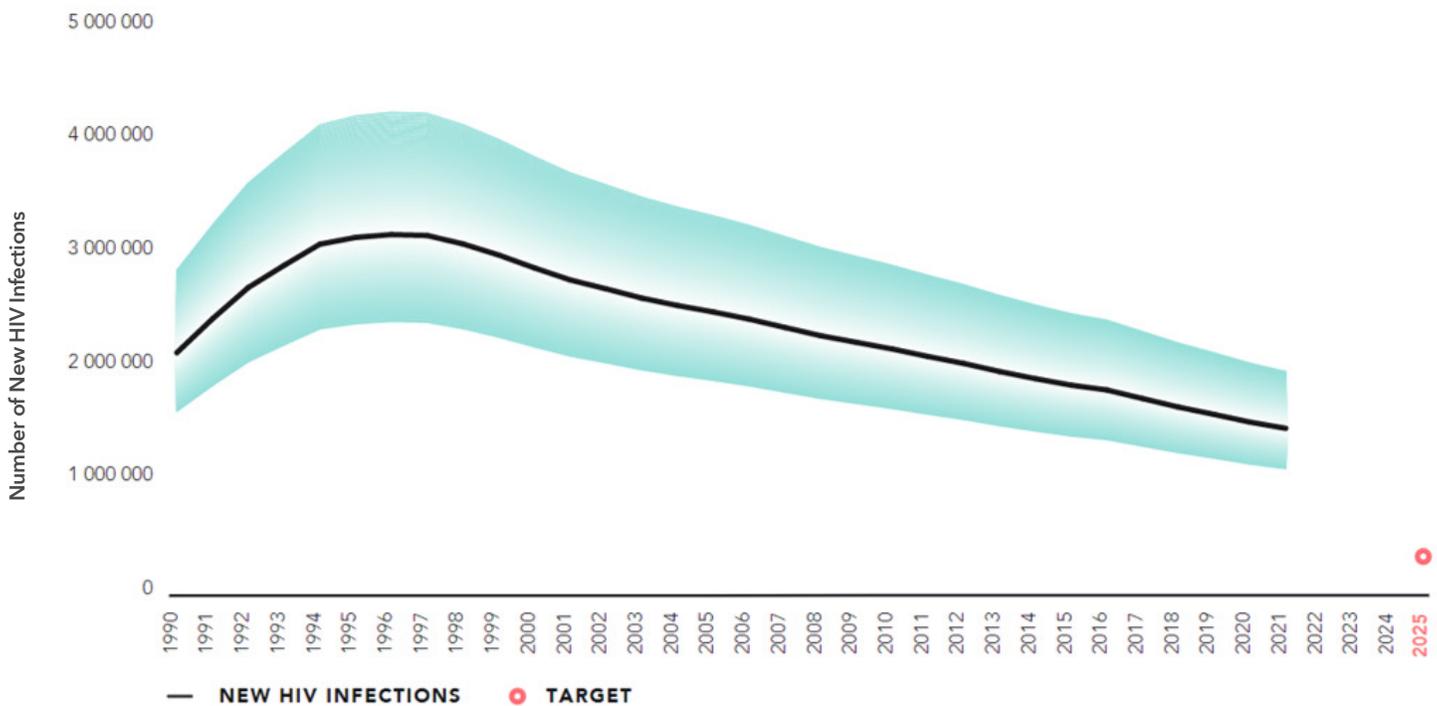
#### 1. Progress on the treatment cascade

Our experience demonstrates what is possible if government, donors, and communities come together to collectively focus on viral suppression, to ensure the health and well-being of each person living with HIV and to prevent onward transmission. We need to continue prioritizing countries and populations where we are still struggling to identify and treat missing PLHIV. 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

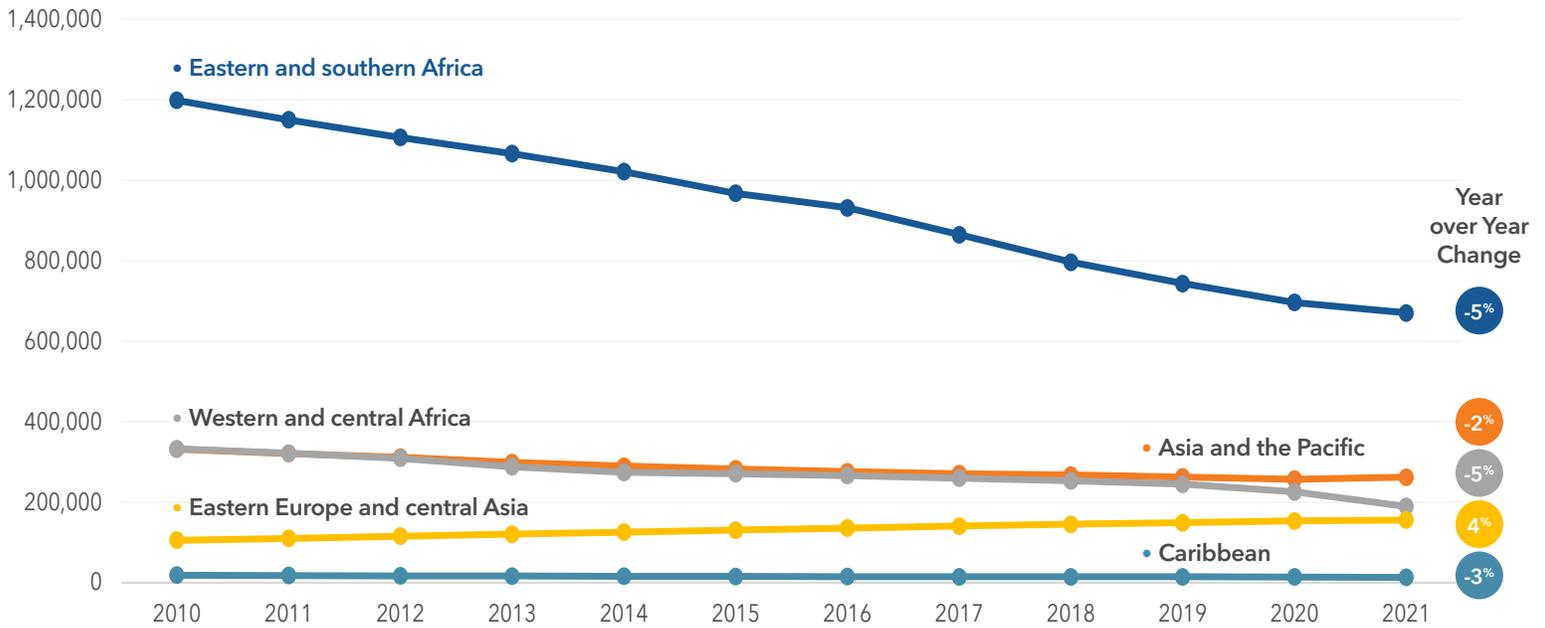
In 2020, UNAIDS brought together the global HIV/AIDS community to set an ambitious goal of bringing new infections down to 370,000 by 2025. At the current rate, we are off track to meet that goal, and progress varies dramatically by region, country, and subnational levels. In the highest disease burden regions, new infections continue to decline while in many other regions new infections have plateaued or are increasing.

Number Of New HIV infections, Global, 1990-2021, and 2025 target



Source: UNAIDS epidemiological estimates, 2022

### New HIV Infections and 2025 Targets by Region



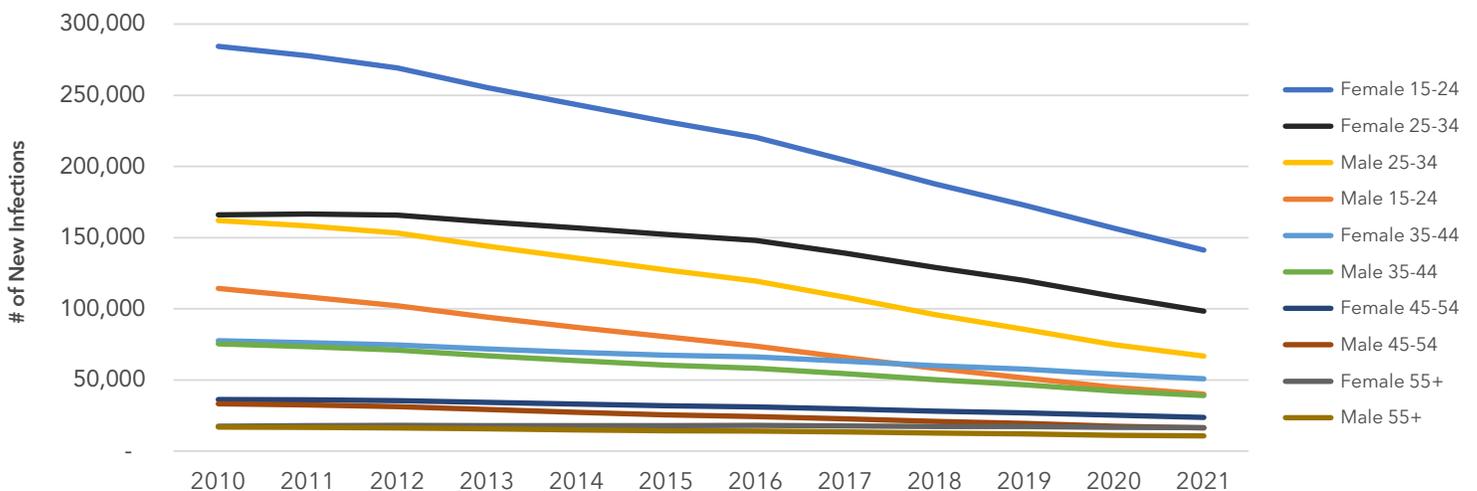
Source: UNAIDS 2022

We need a new collective approach to bend the curve on new infections across our partner countries, doubling down on what works in prevention, introducing and scaling new product and service delivery innovations, and taking a multisectoral approach across all parts of our government and community infrastructure to reduce new HIV acquisitions. This also requires ensuring that we work with clients who test positive to be started and sustained on treatment, to achieve viral suppression.

### 3. Closing equity gaps

Equity gaps in the impact of the HIV/AIDS pandemic have been closing (see chart on trends in new infections by age and sex group below) but significant gaps remain. New infections are still the highest among 15 to 24 and 25 to 34 year-old female age groups, 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, gaps exist in the proportion of pregnant people receiving ART to prevent vertical HIV transmission, and inequities still exist among children and must be resolved by understanding and addressing the specific service delivery gaps that vary by age and context.

### Trends In New Infections by Age/Sex Group, 2010 - 2021



Source: UNAIDS 2022

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 inject drugs, sex workers, transgender persons, people in prisons, racial and ethnic minorities, adolescents, and women and girls – to have equitable access to quality HIV prevention, testing and treatment services. Without intentional focus on and dedicated resources for closing equity gaps, including prevention, addressing structural rights and policies, as well as mitigating stigma, discrimination, and violence, the most vulnerable populations will continue to be disproportionately affected.

#### 4. Strengthening fragile health systems

PEPFAR was established as an emergency program to stop suffering and death from HIV and AIDS by providing prevention and clinical services to people in need as quickly as possible. While the response has been successful, the integration of HIV service delivery into partner country-led public health systems has been challenging to complete.

The program's service delivery investments have been predominantly focused on scaling HIV programs and services in geographies with the largest needs to maximize the epidemiological impact. This has led to a relatively strong HIV response capability in PEPFAR-supported areas. However, the effort has unevenly improved the quality of national public health systems.

As we look to close remaining gaps and sustain the HIV response, it will be critical to integrate large parts of the PEPFAR HIV programmatic effort more effectively into country-led programs and systems. We must ensure that we are building up the capabilities of government and community partners to serve all clients who need care and take on increasing management and leadership of the HIV response. As we transition towards sustainability and integration of HIV health services into public health systems, we need to consider that certain populations, including Key Populations (KP), still face legal, policy and cultural barriers to receiving HIV care from public service providers.

We must also recognize that our work in fragile states, including to support internally displaced populations, continues to be challenging, and many of these countries lag on global HIV/AIDS goals. For those geographies, we need to continuously adapt and innovate our approaches to ensure continued learning, agility, and resilience in our response.

#### 5. Preventing new outbreaks from threatening gains

As the COVID-19 pandemic has taught us, outbreaks of infectious diseases can disrupt and potentially even reverse hard-earned gains that countries have made in the fight against HIV/AIDS. Health systems become stressed, clinics are temporarily closed, schools close, health workers become increasingly at risk of infection, and local governments focus on the most immediate and urgent crisis, not HIV.

Throughout the COVID-19 pandemic, PEPFAR has been able to adapt quickly to protect and accelerate HIV gains, but the threat of new outbreaks remains acute, and is an especially important consideration as the program transitions to long-term sustainability. We also know that the PEPFAR-supported platforms (e.g., data systems, surveillance systems, laboratory systems, management capabilities, health workforce, supply chains etc.) can be leveraged in responding to other health outbreaks while continuing to serve clients. If we are intentional about enabling PEPFAR-supported platforms to contribute to health security more seamlessly, we can sustain PEPFAR's work and contribute to the detection, prevention, and response to future health threats.



We are at a crossroads in the global HIV/AIDS response, and the choices we make now will have critical implications for years to come. If we falter, millions more people will acquire 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/AIDS pandemic everywhere as a global health threat and to secure a healthier future for everyone.

## IV. PURPOSE, VALUES AND GOALS

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This PEPFAR Strategy sets a bold vision for tackling HIV/AIDS in partner countries, and thus contributing to greater global health security over the next five years. In doing so, the PEPFAR Strategy will support the international community's efforts to reach the U.N. Sustainable Development Goal (SDG) 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 UNAIDS Global AIDS Strategy 2021-2026, and the 2023-2028 Global Fund Strategy. PEPFAR's coordination with UNAIDS and the Global Fund is to optimize complementarity, value for money, and impact. This PEPFAR strategy will also maximize synergies and bidirectional learnings with the new U.S. National Strategy on HIV/AIDS.

### 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.**

### PROGRAM GOALS:

1. Reach global 95-95-95 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.
4. Transform the PEPFAR program towards sustaining HIV impact and long-term sustainability by strengthening the capabilities of governments to lead and manage the program, in collaboration with communities, the private sector, and local partners.
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 and 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 HIV impact.

## 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, and 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 Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030 Strategy*, which focuses on five strategic pillars that support health equity for priority populations, sustaining the response, public health systems and security, transformative partnerships, and following the science.





Family at their home in a rural village in Zimbabwe. Photo credit: PEPFAR

PEPFAR will remain deeply committed to ensuring 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. However, as we were starkly reminded by COVID-19, pandemics do not affect all people, or communities 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 prevention and treatment 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 engaging the communities we serve about how to 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 prevent progress.



Adolescent girl at her secondary school in Santhe Village in Kasungu, Malawi. Photo credit: PEPFAR

## FOCUS AREA 1: ADVANCING GENDER-EQUITABLE PROGRAMMING

Gender inequality is a significant barrier to achieving our 2030 goals because it results in unequal access to and use of HIV prevention, care, and treatment services; impacts individuals' ability to initiate and practice healthy behaviors; and limits women's 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 well known and well documented. Addressing gender inequality and preventing and responding to gender-based violence in PEPFAR's HIV prevention and clinical cascade services, including PrEP, testing, and HIV treatment services, is essential to achieving new infection reduction goals.

Established in 2014, the DREAMS partnership is PEPFAR's most recognized gender-equitable program. DREAMS has demonstrated the value of taking a multi-sectoral, layered approach to deliver robust primary prevention to adolescent girls and young women (AGYW). PEPFAR will build upon these successes and lessons learned with the next generation of prevention programming for AGYW. This will consist of augmenting the core package of proven evidence-based interventions with a few key components and additional government and private partners: 1) Developing cost-effective models for extending the reach of evidence-based prevention interventions to AGYW not adequately served across our partner countries; 2) Designing a sustainability pathway for DREAMS-supported interventions, through co-creation of design with government ministries (including health, welfare, gender, education, justice) and local community organizations - this may include transitioning to governments and other partners who are ready to deliver some components effectively (e.g., school-based HIV and violence prevention, education subsidies etc.); 3) More effectively integrating HIV prevention services for AGYW with sexual and reproductive health platforms, including gender-based violence, in country; 4) Introducing and scaling up biomedical prevention tools (e.g., PrEP) for the highest risk cohorts of AGYW; 5) Increasing the number of at-risk AGYW who are linked with economic development and education focused donor programs to more effectively connect beneficiaries with employment and income generation opportunities; 6) Innovating and scaling evidence-based behavioral and social science interventions to address social norms change at the community level that include AGYW, adolescent boys and young men, and community leaders, including tackling harmful gender norms.

Even as it is critical to support dedicated programming that is specifically aimed at preventing HIV amongst AGYW, we will continue to ensure that gender equitable programming is integrated throughout HIV service provision and across prevention, testing and treatment efforts - as well as at a policy and systems levels.

## FOCUS AREA 2: LAUNCHING A YOUTH-FOCUSED MOVEMENT TO PREVENT HIV ACQUISITION FOR THE NEXT GENERATION

Many of PEPFAR's partner countries are currently or will soon be experiencing a youth bulge. For example, throughout Sub-Saharan Africa, the continent's population is expected to double by 2050, which will lead to a large increase in the number and proportion of youth. 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 acquisitions in young people.

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

Therefore, we will meaningfully partner with youth-led organizations and networks, including AGYW-led (such as DREAMS Ambassadors), youth KP-led organizations, and new media entities (e.g., digital applications, social media, youth-focused TV/movies, music) to tailor the end-to-end patient journey more effectively to youth using principles, approaches, and practices from behavioral and social science. 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. It will be critical to complement these approaches by promoting youth to be influential peer leaders and mentors to help normalize the uptake of HIV testing, prevention and treatment services.

### 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 treatment gap between adults and children. Therefore, the PEPFAR strategy will be laser-focused on scaling-up evidence-based prevention of mother to child transmission (PMTCT) approaches, HIV diagnostics and treatment for children, adolescents, and pregnant and breastfeeding women and holding ourselves, as well as governments and implementing partners, accountable for results. This will require reimagining the potential of sophisticated differentiated service delivery models to meet mothers, children and families where they are with what they need. It will also require ending preventable deaths of young children living with HIV. This should include high-performing faith-engaged community models as well as targeted socioeconomic support for families in need, building in coordination with benefits programs led by the ministries of social welfare to enable sustainability. Additionally, continued deployment and improvements in the precision of children living with HIV (CLHIV) estimates through innovative data collection methods in tandem with household surveys will be required. We will also design dedicated efforts supporting pregnant adolescents and adolescent mothers and their infants who are a vulnerable cohort, to acquiring HIV to ensure they have access to destigmatized, youth and family-friendly HIV prevention and care.

In partnership with the Global Alliance to End AIDS in Children, we will work to elevate the HIV/AIDS Children's agenda to the highest political level within and across countries 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 families.

### FOCUS AREA 4: TRANSFORMING KEY POPULATION (KP) SERVICE DELIVERY THROUGH KEY POPULATION LEADERSHIP

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

Since some KP-led 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 sustain and improve their performance over time (such as their financial management and governance practices), to be able to effectively scale-up their efforts and crowd-in and manage larger amounts of funding from donors and government. PEPFAR will also work to support local KP organizations, working through our embassies, to stand up to discrimination and violations of human rights and promote the equality and visibility of all people we seek to serve. PEPFAR will actively continue to engage partner governments to achieve these goals.

We also recognize that many KP members receive services at facilities that are not necessarily KP-specific. As we continue to bolster the leadership of KP-led organizations, we will also work to strengthen the competency of these providers to serve members of KPs in high quality facilities equipped to provide tailored packages of integrated services for individual KP groups in a non-discriminatory, non-stigmatizing manner, and strengthen partnerships between these facilities and KP-led community organizations. That requires an intentional approach to scaling and making such services accessible.

Data gaps are a major barrier to KPs being prioritized, and can prevent resources from going to areas that will maximize the positive impact on KPs. Therefore, we will support consistent deployment of routine, 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; these surveys will be in partnership with KPs and communities and will be designed with data privacy controls to prevent stigmatization or targeting of KPs. We will 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

While PEPFAR and the global HIV/AIDS community have made huge strides in access and coverage of treatment services, widespread access to holistic, people-centered prevention services has lagged. This includes access to biomedical interventions such as PrEP, VMMC, and condoms/lubricants, as well as community-level social and behavioral science interventions. It will be critical to support countries to build sustainable prevention programs through a mix of service options, increased capacity of the health and monitoring system, and incentivizing financing (including innovative financing) for prevention.

Moreover, there are promising new tools on the horizon that prevention programs will benefit from, including 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, KPs, and pregnant and breastfeeding people, while ensuring that prevention services are accessible broadly to normalize their use - including prevention efforts designed to effectively reach young boys and older men. This push will include the following areas: 1) Create meaningful access to new biomedical interventions such as long-acting prevention modalities to fully operationalize a choice-agenda for at-risk populations by supporting proactive, at-scale market shaping, facilitating policies, training and demand creation, scaling on top of existing prevention service delivery in close collaboration with governments, and innovating on alternative delivery channels that more efficiently reach the community such as pharmacies and family planning service platforms; 2) scale-up of a status neutral approach to HIV services for populations with higher rates of HIV acquisition, meaning that all people, regardless of HIV status, are treated the same way. This starts with low barriers to testing, including scale-up of 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 in receiving effective care. PEPFAR will play a leadership role in supporting collaborative efforts to reach the 10-10-10<sup>2</sup> 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 UNAIDS Global AIDS Strategy. We will also commit to using PEPFAR-supported platforms to stand up against discrimination, violations of human rights, and call out inequities in HIV service access, uptake, and continuity, particularly for children, AGYW, and all KPs (men who have sex with men, people who inject drugs, sex workers, transgender persons, people in prisons)- using local data supporting the 95-95-95 and 10-10-10 global goals.



School children in Kenya. Photo credit: USAID

<sup>2</sup>Less than 10% of countries should have punitive legal and policy environments that deny or limit access to services, less than 10% of people living with HIV and key populations will experience stigma and discrimination, and less than 10% of women, girls, people living with HIV, and key populations will experience gender inequality and violence

## 2 STRATEGIC PILLAR 2: SUSTAINING THE RESPONSE

HIV/AIDS is a lifelong infectious disease and reaching and sustaining HIV impact will be at least 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 at risk.

Achieving long-term sustainability requires a substantial reorientation of the way PEPFAR, and the entire HIV/AIDS ecosystem, implements. Sustainability partner governments to lead and manage the response – by articulating and acting on their own vision; working with development partners to rethink the structure of their operations to effectively use local capacity, improving alignment across donors and partner governments, finding efficiencies, and supporting country visions while maintaining HIV impact and changing how countries unlock the private health and financial sector to ensure an all-market approach to resilient health systems where appropriate. It requires dynamic community-led and KP-led organizations that put people at the center of the response.

For PEPFAR to sustain the HIV/AIDS response in the long term, we need to push a sustainability agenda on three fronts: 1) Political, 2) Programmatic, and 3) 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 then-uncontrolled HIV/AIDS pandemic – which led to the creation of PEPFAR and the Global Fund and mobilized a 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 long term sustainability of the HIV response.



Community health worker in rural Zimbabwe visits the home of a client living with HIV. Photo credit: PEPFAR

## FOCUS AREA 1: DEVELOPING A COUNTRY-LED SUSTAINABILITY ROADMAP

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 (e.g., African Union/Africa CDC, Pan American Health Organization, etc.) core to the HIV response to define a specific set of milestones to transition country programs towards increasing leadership and management of the HIV response. The milestones and measures will be defined by the countries themselves; in partnership with other critical HIV donors, we will provide ongoing programming support and data transparency to strengthen the capabilities based on the needs identified and responsibly manage the long-term transition.

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

## FOCUS AREA 2: ACCELERATING INTEGRATION

We recognize that the PEPFAR model as currently constituted is not the long-term model for country leadership and management of the HIV/AIDS response. Countries will likely rely on different sets of local and regional partners and models and will more explicitly integrate HIV service delivery into existing local health systems, and country governments 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 so by empowering regional institutions and other partners to provide the technical assistance needed to strengthen government capacities in quality management, surveillance, data, laboratory, supply chain, workforce, health financing, and program oversight.

As we work with governments to better integrate vertical HIV/AIDS programming into the health and social service system, we will all 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, local, community-led and KP-led 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.



Delivering HIV treatment in India. Photo credit: The Global Fund



Health workers care for a newborn in Rwanda. Photo credit: USAID

### FOCUS AREA 3: SUSTAINING IMPACT THROUGH LOCAL AND REGIONAL ORGANIZATION IMPLEMENTATION

Another critical element of long-term programmatic sustainability is the presence of highly credible, locally led partners. Significant progress has been made towards PEPFAR's target of 70% of new funding going towards local entities, however, while some of this shift has led to organizational capacity building for local partners, there have been unintended side effects. In some instances, international partners will re-register as a local entity but continue to be managed and governed by international leadership. Some local partners sub-grant a substantial portion of their capital back to international implementing partners for ongoing technical assistance.

Going forward, the focus will be on measurably increasing the underlying capacity for local and regional institutions. This will require careful assessments of the organizational viability and performance of high-potential local and regional organizations (such as programmatic and financial management, governance etc.) and following up with dedicated training and financial support for capacity improvements, which will be embedded within regular organizational audit processes.

The goal will be to focus on ensuring that these local and regional institutions, including faith and community organizations, will 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 strengthen them sufficiently so that they may 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, in addition to programmatic results. There will also be targeted technical capacities that international partners uniquely have which will need to be utilized 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 health systems. PEPFAR will also ramp up support to ensure that innovations that evidence-based and cost-effective interventions that are adopted onto PEPFAR supported platforms 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.



Patients at an STI clinic in El Salvador. Photo credit: The Global Fund

During the COVID-19 pandemic, the public health infrastructure, relationships, and practices that PEPFAR helped to establish for HIV proved essential to responding to an emergency health threat. While maintaining focus on HIV as PEPFAR's core mission we will leverage and build upon PEPFAR's assets to help strengthen country public health systems to contribute to their ability to address ongoing public health threats, as well as to detect, prevent, and respond to novel health threats.

Moving forward, we have an opportunity to leverage the PEPFAR-supported platforms and public health systems to respond to health security threats and enhance and improve delivery of public health services with our partner countries. This effort 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)

NPHIs are the backbone of any public health response to HIV, TB, and other disease threats. 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 work on network optimization with TB program capacities.

Moreover, NPHIs have a critical role to play in developing, using data from, and responding to population-level epidemiological impact assessments. Historically, PEPFAR has supported 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. Moving forward, PEPFAR will accelerate its support to directly engage and capacitate NPHIs in the countries where we work to lead HIV/AIDS routine population-level surveillance and survey efforts, helping to build the national capacity to conduct surveillance of HIV and other threats to public health.

#### FOCUS AREA 2: STRENGTHENING THE 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. Building on the 340,000 health and community health workers that PEPFAR supports, we will work in partnership with other U.S. government agencies, regional institutions, 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.

To enable better HIV integration, PEPFAR will also assess and work towards greater alignment in health workforce investments with regional and country-specific financing levels. This also requires supporting stronger regional and country institutional capacity for routine health workforce planning, management and financing.

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 Africa Field Epidemiology Network (AFENET), African Society for Laboratory Medicine (ASLM), Africa CDC, The Caribbean Community and Common Market (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 3 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 by diversifying supply, and speed up the transition to newer innovations and formulations. And it will create a positive incentive for donors looking to purchase from these manufacturers to support regional institutions and governments to enhance their regulatory and quality assurance capacities.

PEPFAR has a unique role to play in facilitating 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 required 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 DOWNSTREAM SUPPLY CHAIN

A poorly functioning supply chain is an existential threat to the gains made by PEPFAR in the past 19 years. Every 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 and onward transmission. Every delayed lab test due to shortage of reagents or test kits increases the likelihood that a person living with HIV experiences preventable morbidities and 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. This includes better integration of logistics management information systems with health and lab information systems.

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, patient-centered last mile strategies such as community-based deliveries, pharmacies, and increased visibility to the point of care across health facility, labs, and pharmacy, 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.

Lastly, PEPFAR will continue to ensure a greater degree of coordinated forecasting and alignment of procurement approaches with Global Fund and domestic buyers to ensure reliability of supply and greater market power to increase affordability of products over time.

## 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 TB, advanced HIV disease, cervical cancer, non-communicable diseases (NCDs) such as hypertension, and mental health. A growing and aging PLHIV population, (15 percent of PLHIV are now 50 or older) is increasingly at risk for cardiovascular disease. In fact, of the 25 million PLHIV that live in sub-Saharan Africa, about six million (25 percent) are estimated to also have hypertension, of whom evidence suggests that less than 25 percent 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 and commodity access pathways. 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.

By expanding data systems to track to major comorbidities and causes of mortality among PLHIV, including TB, the PEPFAR-supported platforms are positioned as a foundation to help countries develop services needed to tackle person-centered, lifelong, continuous treatment for other conditions.

Lastly, we know that mental health continues to be a major challenge for PLHIV and can negatively interfere with 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 integrate mental health services into the clinical care regimen, including as part of broader efforts to build mental health service capacity 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

PEPFAR's investments in health platforms have a unique role in strengthening health security capabilities. We have seen the value of leveraging PEPFAR-supported platforms in helping to control outbreaks of Ebola, Monkeypox and COVID-19, to the mutual benefit of protecting HIV gains. We have an opportunity moving forward to position the PEPFAR-supported platforms more intentionally to be utilized to drive measurable progress on both HIV and health security objectives. First, PEPFAR will look to coordinate with U.S. government global health security investments and our partner countries to systematically identify opportunities where PEPFAR investment can help to drive improvements in capabilities in line with country National Action Plans for Health Security (NAPHS) and the needs identified in the Joint External Evaluations (JEE). 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 acquisition hotspots etc.). Lastly, we will work to ensure that the partner-country and the PEPFAR-supported multidisciplinary health care workforce, are better prepared to manage outbreaks and maintain essential health services. These expanded responsibilities will require capability building on infection prevention and control, public health communications, and emergency response protocols.



Health care worker at a rural community clinic in Zimbabwe meeting with young boy living with HIV and his aunt. Photo credit: PEPFAR



A patient receives HIV counseling in Nigeria. Photo credit: The Global Fund

Partnership has always been central to the way PEPFAR operates; PEPFAR's mandate of ending the HIV/AIDS pandemic will not be accomplished simply through our own funding and efforts. There is an opportunity to both diversify the nature and scope of partners that we engage, and 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.

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 the 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 strategic priorities, technical viewpoints, and operations.

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, WHO AFRO, 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 can often 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 championed by these regional entities to accelerate progress.

Working closely with our US government partners, we will also look to actively engage regional political bodies (e.g., African Union, Organization of American States, Association of Southeast Asian Nations) and development finance institutions (e.g., Africa Export Import Bank, Africa Development Bank, Interamerican Development Bank, Asian 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 THE PRIVATE SECTOR ACROSS THE 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 the 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 with high standards of quality, work to transition these innovations into scaled and sustainable implementation.

In partnership with country government national policies and strategies, PEPFAR will also need to consider pursuing a 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 WITH U.S. INSTITUTIONS

PEPFAR harnesses the best and brightest of U.S. strengths. Working closely with partner governments, PEPFAR will continue to utilize U.S. 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 apply the capabilities of U.S. and local academic institutions, including minority serving and historically black colleges and universities (HBCUs) to deploy research and science expertise in support of local African institutions and on-the-ground programming.

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 with 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 are 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 U.S. domestic responses 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.



Girls from the Dreams-supported Sauti Project In Tanzania. Photo credit: SAUTI

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 with 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. Closing the gap will require embracing and elevating the best new scientific innovations, and ensuring that programming is data-driven. The following areas are 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 several 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 persist.

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 to close the gaps for highly vulnerable clients, as well as constructively engaging key community leaders and influencers (e.g., faith and traditional leaders) in co-creating new approaches for behavioral and social change communication. This will be especially critical for our priority populations, as health systems are not typically designed to support their needs.

#### FOCUS AREA 2: LEVERAGING TARGETED IMPLEMENTATION SCIENCE FOR PROGRAM IMPROVEMENT

Innovations in new products or service delivery modalities are not impactful if the programs are not well-designed to serve clients effectively. Well-crafted implementation science can help to identify those approaches that are fit-for-purpose when new product and service delivery innovations come online. PEPFAR will develop a shared implementation science roadmap across donors (within and outside of US government) and local and global stakeholders, prioritizing the most critical future implementation science questions based on advancements in product innovation, service delivery integration, and gaps in programmatic and policy knowledge. PEPFAR will also ensure that its implementation science efforts will help enable local implementation science partners (e.g., local universities) to run rigorous implementation science programs over time. Moreover, PEPFAR will aim to scope high 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 the government level to roll-out the intervention over time.

### FOCUS AREA 3: DEVELOPING AND DEPLOYING THE NEXT GENERATION OF SURVEILLANCE METHODS

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 HIV 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 to routine health data. This will include support for the continued development and innovation of new surveillance tools and methodologies including methods to monitor new and recent infections, molecular and genomic surveillance, periodic and continuous HIV-focused population measurement, and complementary community health data systems.



Lab workers at an HIV testing center. Photo credit: IAVI

## ENABLER 1: COMMUNITY LEADERSHIP

Community leadership is a central ingredient for long-term sustainability of the HIV response. As we have increasingly involved community voices in the Country and Regional Operational Plan process and in community-led monitoring, we have learned that communities play a vital role in holding PEPFAR and our partners accountable for HIV impacts. For communities that are increasingly bearing the greatest burden of the HIV/AIDS pandemic, it is 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, KP-led organizations, women-led organizations, community health workers organizations, and PLHIV-led organizations, to drive meaningful, people-centered, and sustained impact.

### FOCUS AREA 1: INCREASING ROLE FOR COMMUNITY LEADERSHIP WITHIN PEPFAR

Across the PEPFAR program, we will continuously work to reform and improve our processes – from the overall policy and funding decisions 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 with community organizations on 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 ensuring a dedicated process for using findings from CLM routinely as part of improvements at all levels, 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 until legal and policy recognition for key populations and gender protections improve.

### FOCUS AREA 3: ELEVATING THE NEXT GENERATION OF COMMUNITY LEADERSHIP

Given demographic trends in Africa, in Southeast Asia, and Latin America, effectively controlling HIV/AIDS in young people will define the future trajectory of the pandemic.

Youth are increasingly taking responsibility for their own health care and empowerment, and youth-led community organizations have become a substantial force in advocacy across the countries where PEPFAR operates. We will increase the direct partnership with and resourcing of youth-led organizations and networks to empower the next generation of young community leaders in the HIV/AIDS movement. PEPFAR will be more intentional and inclusive in how we engage youth in the HIV/AIDS response, including programmatic conceptualization, implementation, advocacy, research, and policy.



A DREAMS student in Zimbabwe. Photo credit: USAID

## 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 remove barriers to innovation adoption at the global, regional, and country levels.

### 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 new processes and mechanisms into our funding and policy guidance that foster the enabling environment - including catalytic financing, technical support, administrative capacity - for our government and implementing partners who effectively surface high potential program innovations.

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 take 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 the 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 and commitment from donors and country governments.

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 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.

We will continue to proactively work with stakeholders in the R&D ecosystem (academics, companies, multilateral institutions, and market shaping players) to ensure that new innovations are developed with the appropriate target product profiles that lead to highly efficacious, easy to use products with clear goals, and ensure that market shaping efforts formulate around them across donors and governments.

### FOCUS AREA 3: LEVERAGING INNOVATIVE FINANCE MODELS TO DRIVE PROGRAMMATIC SCALE

Given the intentional shift towards actively integrating the 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 country health systems. As a result, we will work to actively incentivize our partners to develop, and scale up 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.



A patient receives HIV treatment medication in Ukraine. Photo credit: USAID

## ENABLER 3: DATA

PEPFAR's investments in data are the bedrock of the program's success over the past 19 years. These investments have allowed us to gain greater visibility for program improvement and population impact. These data have also enabled accountability and rapid progress. They support 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. The data also serve as the most effective safeguard against fraud, waste, and abuse.

Going forward, PEPFAR will continue to collect and use granular data – in populations and in public health systems – 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. As we increasingly integrate HIV/AIDS service delivery into the overall health system, it is critical to transition towards more effective measurement of the public health response 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 are necessary for decision-makers to make better decisions. Data investments can be costly, and must be justified by the utility of the information for critical person, program, population and policy decisions. Going forward, PEPFAR will consider developing a publicly available data roadmap that considers existing and future data needs based on strategic priorities, and country programmatic decision-making processes. This will allow us to identify where critical investments to date can be increasingly localized and where we need to invest in new methods, metrics and datasets. This effort will also include identifying innovative and complementary quality monitoring approaches from non-traditional sources (e.g., CLM) and ensuring they are actively integrated into 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 review PEPFAR reporting requirements to maintain critical global strategic decision making and program accountability and impact functions.

### FOCUS AREA 2: ACCELERATING DATA INTEGRATION AT COUNTRY LEVEL

The desirable long-term steady state of a healthy data and digital ecosystem at the 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 conditions in the health system.

Going forward, PEPFAR 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 and as longitudinal cohorts) 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. We will more effectively integrate HIV-specific data and quality of care management systems into broader health data management systems and processes at the national level.

### FOCUS AREA 3: SETTING THE PATHWAY TO 2030

The UNAIDS-led 90-90-90, 95-95-95, 10-10-10 and 30-60-80<sup>3</sup> objectives have rallied the global HIV/AIDS ecosystem together around a 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 new concrete objectives that helps to define the path towards ending HIV/AIDS as a public health threat.

PEPFAR commits to working with international and 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.



PrEP administrator in Myanmar. Photo credit: USAID

<sup>3</sup>30% of testing and treatment services to be delivered by community-led organizations; 60% of the programmes to support the achievement of societal enablers to be delivered by community-led organizations; 80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community, key population and women-led organizations.

## VI. DELIVERING ON PEPFAR'S STRATEGY

Now in our fifth decade of fighting AIDS, it is remarkable 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.

Twenty years ago, HIV/AIDS was the defining health threat of a generation. Due to the successes of 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. Yet if we do not reimagine our response for the future, it will remain a defining health and economic security threat.

Working together with our global, regional, national and community partners, PEPFAR is uniquely positioned and equipped to deliver on a 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 an optimal platform for controlling the global HIV epidemic, strengthening pandemic preparedness and resilience, and enabling partner countries to build responsive and sustainable public health systems.

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, relevant Functional Bureau Strategies, and Integrated Country 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 pandemic 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.



A trained lay provider from G-link Clinic in Vietnam tests a young man for HIV using a rapid diagnostic test. Photo credit: PATH



Children in an informal settlement community in Mombasa, Kenya. Photo credit: PEPFAR



Front cover: Mother and child in Namibia at  
community clinic for a regular health check-up.  
Photo credit: PEPFAR



**PEPFAR**  
U.S. President's Emergency Plan for AIDS Relief