



Front cover: Since 2017, PEPFAR has partnered with historically black colleges and universities to leverage their HIV expertise to address health inequities and service delivery in Zambia. Photo credit: PEPFAR Zambia



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

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Reimagining PEPFAR's Strategic Direction

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

SEPTEMBER 2022

Reimagining PEPFAR's Strategic Direction Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030

The Reimagining PEPFAR's Strategic Direction is based on the extensive PEPFAR stakeholder input into the PEPFAR Vision 2025 process conducted in 2021, as well as extensive listening sessions conducted in 2022, with partner country governments, civil society, multilateral partners, private sector, and US government agencies that implement PEPFAR.

PEPFAR is at a pivotal moment in the global HIV/AIDS response. In 2004, there were over 1.8 million new HIV infections every year across PEPFAR-supported countries around the globe. In 2020, in large part because of PEPFAR, new HIV infections per year have decreased by half and AIDS-related deaths have been cut by 64 percent. However, the job is not finished. Persistent gaps in HIV prevention and treatment services remain in specific countries and for specific populations, and we must all recommit to ending the inequities that still stand in our way which have only been exacerbated by the COVID-19 pandemic. The choices we make now will have critical implications for years to come.

PURPOSE STATEMENT:

We will *Reimagine PEPFAR's strategic direction* to accelerate the path to respond and end the HIV/AIDS pandemic as a public health threat by 2030 and sustainably strengthen public health systems.

The *Reimagining PEPFAR's Strategic Direction* sets a bold course of action for achieving and sustaining the impact of the HIV/AIDS response, therefore contributing to greater global health security. In doing so, PEPFAR will continue to support the international community's commitment to reach the Sustainable Development Goal 3 target of ending the global AIDS epidemic as a public health threat by 2030 – while also advancing interdependent SDGs.

The *Reimagining PEPFAR's Strategic Direction* will be closely coordinated with the new Global AIDS Strategy 2021-2026 – *Ending Inequalities, Ending AIDS*, released by UNAIDS and adopted by countries in 2021, and the new 2023-2028 Global Fund Strategy – *Fighting Pandemics and Building a Healthier and More Equitable World* to continue optimizing complementarity, value for investment, and impact. It will also maximize synergies and bidirectional learnings with the new U.S. National Strategy on HIV/AIDS.

The purpose of *Reimagining PEPFAR's Strategic Direction* is to ensure that we:

1. Reach the global 95-95-95 treatment targets for all ages, genders, and population groups.
2. Reduce new HIV infections dramatically through effective prevention and treatment, particularly in priority populations, including adolescent girls and young women, key populations, and children in support of UNAIDS targets.
3. Make significant gains toward tackling societal challenges that impede progress in achieving the global 10-10-10 targets, reducing stigma, discrimination, and gender-based violence and fighting inequalities.
4. Transform the PEPFAR program towards sustaining HIV impact and long-term sustainability by strengthening the capabilities of government, civil society, and local partners to lead and manage the program.
5. Leverage PEPFAR investments effectively to make measurable and sustainable gains in partner country public health systems and health security to protect HIV prevention and control risks from other health threats.

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

² 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

PEPFAR CORE PRINCIPLES AND VALUES

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

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



The *Reimagining PEPFAR's Strategic Direction* strives to be both focused and bold. The strategic direction is prioritizing the areas where PEPFAR can reimagine the response to uniquely deliver results and doubling down on our collective aspirations to drive transformative change in global HIV/AIDS programming as we look to the future. If PEPFAR and our partners are successful, the world will see the end of HIV/AIDS as a global health threat by the end of the decade and will be ready to maintain a manageable, sustainable response to HIV/AIDS.

“We shall strive to know and close the gaps.”

– AMBASSADOR NKENGASONG

PEPFAR will remain deeply committed to ensure all ages, genders, and population groups at risk for HIV infection receive data and evidence-based, equitable, people-centered, and gender-affirming HIV prevention and treatment services. Pandemics do not affect all people uniformly, underscored by the major equity gaps that persist for adolescent girls and young women (AGYW), children, and key populations. Moreover, as the UNAIDS Global AIDS Update of 2022 *In Danger* report recognizes, the world has seen a slowdown in the decline of new infections especially among these vulnerable groups. PEPFAR will double down on its existing efforts to intentionally prioritize these groups by accelerating our effort to effectively and efficiently extend the reach of evidence-based HIV prevention and treatment programming to achieve durable viral suppression and reduce incidence and AIDS-related mortality for clients. Additionally, PEPFAR will collaborate with partners to dismantle the social and structural barriers that hold back progress in the global HIV response by addressing equity for women and girls, and LGBTQI+ persons around the world.

FOCUS AREA 1: ADOLESCENT GIRLS AND YOUNG WOMEN (AGYW)

Launch the next generation of DREAMS programming to prevent new HIV infections in adolescent girls and young women through gender-sensitive, evidence-informed prevention programs, including pre-exposure prophylaxis (PrEP) expansion, grounded in communities supported by deeper partnership with governments and AGYW-focused partners, including youth led organizations. PEPFAR programming will also effectively recognize the ongoing contribution to new AGYW infections of both demographic trends and persistent HIV program gaps among virally unsuppressed male sex partners.

FOCUS AREA 2: CHILDREN

Close the gaps in Prevention of Mother to Child Transmission (PMTCT), pediatric diagnosis and treatment by meeting clients where they are with what they need through innovative models for differentiated HIV service delivery. This includes enhanced support for young mothers and families in need, and continued improvements in the precision of children living with HIV (CLHIV) estimates through innovative data sources and analytic methods.

FOCUS AREA 3: KEY POPULATIONS (KP)³

Close gaps in KP prevention and treatment services by ensuring consistent, dedicated, evidence-based tailored HIV programming is provided by high performing KP-led or KP-competent provider organizations. Support the conduct of high quality, population-focused surveys and ensure program efforts are effectively directed to the geographies and populations where the highest HIV vulnerability and greatest program gaps exist for KPs, by bolstering leadership and collaboration with key populations and communities.

FOCUS AREA 4: BARRIERS TO HEALTH EQUITY

Strengthen an enabling environment for improved health and well-being by addressing critical policy, programmatic, social, and structural barriers (e.g., stigma, punitive laws, and gender-based violence) and inequities in HIV service access, uptake, and continuity, particularly for children, adolescent girls and young women, and key populations – through the use of local data supporting the 10-10-10 global goals.

³Gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people

2 STRATEGIC PILLAR 2: SUSTAINING THE RESPONSE

HIV/AIDS is a lifelong disease and sustaining HIV impact will be a multi-decade long effort. If the global community is successful in reaching the 95-95-95 goals along with near-universal HIV prevention and treatment coverage but does not actively plan for sustaining HIV impact, all the gains made over two decades of PEPFAR will be under threat. Maintaining treatment continuity, reducing mortality, and improving quality of life are critical components of the sustained response. PEPFAR will be building sustainability efforts with countries in the lead to ensure a transparent process with shared expectations.

FOCUS AREA 1: SUSTAINABILITY ROADMAP

Launch the design and implementation of the Measurable HIV Sustainability Framework, with country political leadership alongside global (e.g., UNAIDS, WHO, Global Fund) and regional bodies core to the HIV response to co-develop country-specific HIV Sustainability roadmaps with metrics and milestones to measure the transition of HIV/AIDS programs towards country management and leadership of all aspects of the HIV response and sustained and equitable impact on HIV/AIDS across all populations. In partnership with other critical HIV donors and partners, and based on country needs and resources, PEPFAR will provide ongoing support to countries to leverage HIV programs to strengthen cross-cutting public health system capabilities and outcomes and to protect population reductions in HIV incidence and mortality.

FOCUS AREA 2: LOCALIZATION

Strengthen the core capabilities of partner governments and communities to autonomously lead, manage, and monitor the HIV response in an effective, equitable, and enduring manner. This will require actively supporting the increase of technical, institutional, and service delivery capacities of local partners, particularly academic institutions, non-government, private sector, faith-based organizations, key populations, youth-led, and women-led organizations, grassroots-level organizations, and people living with HIV/AIDS (PLHIV), to strengthen their ability to lead programming and absorb increased support from PEPFAR, governments, and other donors.

FOCUS AREA 3: INTEGRATION

Work with governments to integrate vertical HIV/AIDS programming more efficiently and effectively into the local health service delivery infrastructure by sharpening PEPFAR's technical assistance and measuring capabilities and outcomes of the local public health system to manage a greater share of the HIV response. Where possible, PEPFAR will integrate HIV programming into strengthened public health systems to manage tuberculosis, high burden non-communicable diseases, sexual reproductive health, rights and services⁴ (i.e., sexually transmitted diseases, cervical cancer, HIV prevention and testing, gender-based violence support), as well as other local health priorities that impact PLHIV - to protect HIV/AIDS gains and strengthen health and economic outcomes. In addition, it will be critical to design and sustain service delivery models, including differentiated service delivery approaches, that effectively meet the needs of HIV prevention and PLHIV for adult men and women, children and key populations.

FOCUS AREA 4: ALIGNMENT

Achieve strategic alignment, complementarity and efficiency across core HIV and broader health resources for maximum impact and value of PEPFAR, partner country, Global Fund, and other donor investments. 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.

⁴ Increasing access to sexual and reproductive health (SRH) information and services improves the health and lives of women, children, families and communities. In the context of PEPFAR, SRH services refers to four areas: 1) prevention of mother to child transmission of HIV and access to condoms; 2) education, testing and treatment for sexually transmitted infections; 3) cervical cancer screening and care; and 4) gender-based violence prevention and care, including community norms change. PEPFAR does not fund abortions, consistent with longstanding legal restrictions on the use of foreign assistance funding related to abortion.

PEPFAR will continue to strengthen partner country public health systems, pandemic preparedness, and community-led efforts that are required to sustain long-term HIV impact, and which also can be leveraged for epidemic surveillance and to deliver effective, efficient, and sustainable health care for PLHIV and beneficiaries. Aligned with U.S. government, global and regional priorities, these investments will further enhance global health security by not only equipping countries to sustain HIV impact, but also efficiently strengthen local capacity for preparedness and response to other diseases and outbreaks.

FOCUS AREA 1: REGIONAL AND NATIONAL PUBLIC HEALTH INSTITUTIONS

Strengthen the capacity of regional and national public health institutions in PEPFAR-supported partner countries by improving their leadership and management in disease surveillance, data collection and management, and laboratory systems to sustain reductions in HIV incidence, and strengthen local capacity to protect the HIV/AIDS response gains and for preparedness and response to other diseases and outbreaks.

FOCUS AREA 2: HEALTH WORKFORCE

Further support PEPFAR-supported partner countries to capacitate, manage, integrate, and sustain an enduring cadre of partner country public health leadership and health care workforce at the national, subnational, community and facility levels. This will include increased support for nurses and the community health workforce, along with trained epidemiology, laboratory, and digital health data workforce to sustain impact and protect HIV/AIDS response gains.

FOCUS AREA 3: REGIONAL MANUFACTURING

Contribute to market-shaping to expand local and regional manufacturing of HIV diagnostics, ARVs, and other HIV-related products and commodities in collaboration with development and commercial financing institutions, private sector, and partner country governments, while ensuring high quality assurance and cost-competitiveness for all commodities.

FOCUS AREA 4: SUPPLY CHAIN

Evolve the future supply chain for HIV towards a goal of a client-centered, integrated health care commodity supply chain system that is responsive, efficient, adaptable to outbreaks and emergencies, transparent and sustainable, including the strengthening of partner government oversight, regulatory systems and through meaningful local private sector partnerships.

FOCUS AREA 5: PUBLIC HEALTH FOR PLHIV

Strengthen country-led data systems needed to track HIV incidence, major comorbidities and causes of mortality among PLHIV, including tuberculosis, and ensure that the PEPFAR platform is positioned as a foundation to help partner countries develop and sustain services needed to respond with person-centered treatment for other conditions, such as mental health, especially as the population continues to age.

FOCUS AREA 6: LEVERAGING PEPFAR ASSETS FOR HEALTH SECURITY

To sustain impact and protect HIV/AIDS response gains, leverage and integrate existing PEPFAR-supported public health systems and service delivery platforms, while maintaining focus on HIV, to strengthen preparedness and response.

PEPFAR's focus to end the HIV/AIDS pandemic will only be accomplished by placing partner country governments, partners, and civil society front and center of the discussion to build and sustain transformative partnerships. We will leverage PEPFAR's longstanding, strong bipartisan support and the power of its position within the U.S. Department of State to strategically partner with and convene stakeholders to contribute additional resources and capabilities toward high priority HIV/AIDS program objectives.

FOCUS AREA 1: MULTILATERAL PARTNERS

Reinforce and deepen our strategic alignment and partnership with global HIV/AIDS partners including UNAIDS, Global Fund, WHO and the World Bank. Elevate and strengthen the role of regional institutions such as political bodies, health institutions, and development banks in the HIV/AIDS response through strategic partnerships.

FOCUS AREA 2: PHILANTHROPIES

Co-design and coordinate with philanthropies to fund innovative models to quickly identify new HIV programmatic opportunities that can be implemented with PEPFAR-supported partner countries.

FOCUS AREA 3: PRIVATE SECTOR

Capitalize on multi-national and local private sector core capacities, investments, and innovations for greater program efficiency, effectiveness, strengthened public health system capabilities, and sustained health impact across regional manufacturing, supply chain, behavior analytics, demand generation, digital health, laboratories, and clinic service delivery, while ensuring equitable access across population and income groups.

FOCUS AREA 4: AMERICAN INSTITUTIONS

Leverage the very best of American ingenuity, including the scientific community, academic institutions, the diaspora, and faith- and community-based organizations and strengthen coordination between PEPFAR and other U.S. government global health and development programs, including for tuberculosis, malaria, sexual and reproductive health and rights (i.e., sexually transmitted diseases, cervical cancer, HIV prevention and testing, gender-based violence support), gender equality, LGBTQI+, and human rights.



HIV rapid testing, Kazakhstan
Photo credit: PSI

PEPFAR has a legacy of being guided by science and data to drive programming decisions for greater effectiveness and efficiency. Continuing that tradition will require increasingly investing in areas of science that aims to transform the future of HIV programming, and effectively partnering with scientific innovators to drive adoption of new technologies and delivery modalities across our program.

FOCUS AREA 1: BEHAVIORAL SCIENCE

Intentionally identify and scale-up systematic, evidence-backed interventions in behavioral and social science – especially aimed at persistent barriers faced by vulnerable populations being effectively reached by and sustained on HIV prevention, diagnostic, and treatment services, including stigma reduction and client empowerment. These include approaches such as marketing, behavioral economics, social and behavior change communication, and human-centered design.

FOCUS AREA 2: IMPLEMENTATION SCIENCE

Develop a shared implementation science roadmap in collaboration with agency, global, and country governmental, nongovernmental, and academic partners to invest strategically to address key forward-looking implementation questions and more rapidly translate findings into scaled-up effective, and cost-efficient HIV programmatic reforms, while strengthening the capacity of local organizations to implement rigorous implementation science programs.

FOCUS AREA 3: MARKET SHAPING

Deploy PEPFAR’s market power to proactively accelerate adoption of promising new products and delivery models that have emerging or demonstrated evidence to suggest they will have a substantial impact on programmatic outcomes. PEPFAR’s breadth, depth, and data-informed approach offers opportunities for rapid learning and iteration in the introduction and scaling of novel products and models.

FOCUS AREA 4: HIV TESTING SERVICES

Support approaches for status neutral HIV testing services, including testing for HIV prevention (e.g., in context for PrEP interventions), access to HIV self-testing, and strategic case finding to achieve the first 95, while investing in new approaches such as multiplex testing and re-engagement strategies.

FOCUS AREA 5: APPLIED EPIDEMIOLOGY AND SURVEILLANCE

Sharpen and support a multitude of approaches for HIV surveillance (including case surveillance, recent infection, ARV drug resistance, viral load, mortality) and other public health surveillance and detection approaches to monitor the impact of HIV and other public health programs, to identify program gaps, and new cases, clusters, and outbreaks, while safeguarding human rights and protecting vulnerable populations.

ENABLER 1: COMMUNITY LEADERSHIP

PEPFAR will continue to fully engage the unique assets, capacities, and comparative advantage of communities, including key populations-led, youth-led, and women-led organizations, faith-based organizations, and PLHIV, to drive meaningful, people-centered impact through sustained community leadership in PEPFAR-supported partner countries.

FOCUS AREA 1: LEADERSHIP AT ALL LEVELS

Better integrate community voices at all levels of the program – from the overall planning, development, implementation, and monitoring of the program. Strengthen the capacity and program integration of community-led organizations for community-led monitoring, direct client engagement, and addressing stigma and discrimination to advance equity and people-centered services.

FOCUS AREA 2: CENTERING EQUITY

Ensure that the most vulnerable and underrepresented communities are effectively positioned and capacitated to lead discussions and decisions shaping the critical aspects of prevention and treatment programs that impact their communities.

FOCUS AREA 3: YOUTH LEADERSHIP

Elevate the leadership capabilities of youth and youth-focused organizations to actively advocate for their interests and effectively reach the vast majority of this generation with destigmatizing, empowering HIV/AIDS messages to facilitate greater impact and draw on youth expertise to inform innovation and play a role in service delivery.

ENABLER 2: INNOVATION

PEPFAR will continue to drive and cultivate innovation, including by rapidly scaling up proven new technologies, scientific breakthroughs, and products through use of rigorous data analytics to assess impact, market demand, and expected cost effectiveness. But it will also require changes in the organizational incentives, processes, and culture across PEPFAR and its partners.

FOCUS AREA 1: ADOPTION OF INNOVATIONS

Remove barriers to the adoption of innovation at the global, regional, and country levels, and more effectively leverage USG funding with private capital resources through blended financing models to rapidly deploy and scale future game changing evidence-informed innovations in health service delivery, digital health platforms, and new diagnostics and therapeutics.

FOCUS AREA 2: RISK-TAKING

Ensure that our funding priorities and decision-making processes carefully identify the highest impact potential innovations, and review data for the impact and cost-effectiveness of current interventions to make strategic investments, while building in proper risk management safeguards.

FOCUS AREA 3: CULTURE

Actively track the time it takes to embed innovative practices across the PEPFAR program, and design new processes, rewards and incentives, and mechanisms that can be incorporated into our funding, staffing, and policy guidance to create the enabling environment for our government and implementing partners to surface high potential innovations.

ENABLER 3: LEADING WITH DATA

PEPFAR will continue to invest in and program with data, ensuring collection and use of granular data to identify key epidemiologic trends and outliers, gain program insights, understand cost effectiveness of interventions, and assess progress and the impact of current program interventions and innovative advances. As data needs grow increasingly complex, PEPFAR will ensure that our data investments are fit-for-purpose with the long-term trajectory of the program.

FOCUS AREA 1: SMART DATA

Build a publicly available PEPFAR data roadmap that considers our existing and future data needs based on strategic priorities to allow us to identify where PEPFAR needs to invest in new methods, metrics, systems and datasets, and where existing investments may be aligned with partner country governments to monitor progress, outcomes, and impact.

FOCUS AREA 2: INTEGRATION

Work with partner countries to ensure that investments in data systems, collection methods, and digitization are actively integrated into national and local data/digital roadmaps, tools and capacities (including through National Public Health Institutes) to ensure that our investments 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/manage program progress and sustainability.

FOCUS AREA 3: TRANSPARENCY

Continue to institutionalize robust, granular, and transparent partner country data systems, including for disease surveillance, health management and information, and data-driven decision-making at various levels to manage and monitor HIV/AIDS response, disease detection, and outbreak control.



Ambassador Dr. John Nkengasong speaking on the need to lead with data at the launch of the UNAIDS *In Danger* report at the 2022 International AIDS Conference in Montreal. Photo credit: Veronica Davison

DELIVERING ON THE REIMAGINING PEPFAR'S *STRATEGIC DIRECTION*

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

In alignment with efforts by the U.S. government to support diversity, equity, inclusion, and accessibility (DEIA) in the federal workforce as well as to advance racial equity for underserved communities and prevent and combat discrimination on the basis of gender identity or sexual orientation, PEPFAR will work to ensure that these principles are upheld, promoted, and advanced in all PEPFAR programs and in how we do business. PEPFAR will also continue to adhere to a broader set of core principles and values in our work. Further, PEPFAR will stand against violations of human rights, stigma, discrimination, and all other tactics that intimidate and discourage full and meaningful integration of all populations in all settings where we operate.

To implement on the Strategic Direction, PEPFAR has embarked on improvements of the Country Operational Planning (COP) and Regional Operational Planning (ROP) processes, retaining the core accountability elements while evolving it to be fit for the future of sustaining HIV impact. The improvements aim to further strengthen collaboration across agencies and teams, empower countries and communities to lead on strategy development, improve tools and processes, and allow greater focus on program implementation. While preserving civil society access, data and transparency, the implementation of these improvements will begin in the COP 23 cycle.

It will take all of us, pulling together, to sustain the lifesaving impact of the HIV/AIDS response. 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