



Functional Bureau Strategy

**OFFICE OF THE U.S. GLOBAL AIDS COORDINATOR
AND HEALTH DIPLOMACY**

FOR PUBLIC RELEASE

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1. Executive Statement and Mission Statement

The Department of State's Office of the U.S. Global AIDS Coordinator and Health Diplomacy (S/GAC) is responsible for the leadership, coordination, and oversight of the implementation of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR is the U.S. government initiative to help save and improve the lives of those living with and affected by the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) around the world focused on the highest burden countries. This historic commitment, launched in 2003, is the largest by any nation to combat a single disease internationally. U.S. government leadership, through PEPFAR, transformed the global HIV/AIDS response, accelerating progress toward controlling and, ultimately, ending the AIDS epidemic. PEPFAR's mission is to support countries to achieve sustained epidemic control of HIV by supporting equitable health services and solutions, enduring national health systems and capabilities, and lasting collaborations. Key risks to successful execution of PEPFAR's mission and protection of HIV gains include continued negative impacts as a result of COVID-19, or other threats including civil unrest or environmental disasters.

S/GAC's Functional Bureau Strategy (FBS) was modeled on and developed in conjunction with the PEPFAR Strategy for 2021-2025 (Vision 2025) – currently under development – which aims to move PEPFAR countries toward sustained epidemic control of HIV by supporting equitable health services and solutions, building enduring national health systems and capabilities, and establishing lasting collaborations. The PEPFAR Strategy sets a bold vision for achieving sustained epidemic control of HIV, which will also contribute to greater global health security for all in the countries with PEPFAR investments. Both the FBS and PEPFAR Strategy closely align with the State and USAID 2022-2026 Joint Strategic Plan (JSP), particularly Strategic Objective 1.1: Strengthen global health security, combat infectious disease threats, and address priority global health challenges through bilateral engagement and within multilateral fora. All USG strategies, including the FBS, will inform PEPFAR's Annual Country Operational Plan (COP) Guidance which operationalizes these strategies and policies to support implementation by

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implementing agencies and other PEPFAR partners. Progress toward implementation is reviewed on a quarterly basis.

PEPFAR will support the international community's efforts to reach the Sustainable Development Goal 3 target of ending the global AIDS epidemic as a public health threat by 2030, through the attainment of key milestones by 2025 – while also advancing other interdependent SDGs. The PEPFAR Strategy will be closely coordinated with the Global AIDS Strategy 2021-2026, released by UNAIDS and adopted by all countries, and the post-2022 Global Fund to Fight AIDS, TB and Malaria Strategy to continue optimizing complementarity, value for money, and impact. The PEPFAR Strategy will also maximize synergies and bidirectional learnings with the new U.S. National Strategy on HIV/AIDS released in December 2021.

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 and equitable services 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.

S/GAC's FBS includes three bureau goals with eight bureau objectives and one cross-cutting management goal.

- **Bureau Goal 1:** Accomplish the Mission – Achieve Sustained Epidemic Control of HIV through Evidence-based, Equitable, People-Centered HIV Prevention and Treatment Services
- **Bureau Goal 2:** Build Enduring Capabilities – Foster Resilient and Capacitated Country Health Systems, Communities, Enabling Environments, and Local Partners
- **Bureau Goal 3:** Build Lasting Collaborations – Strengthen Cooperation and Coordination for Greater Impact, Shared Responsibility, and Sustainability
- **Cross-Cutting Management Goal 1:** Foster and sustain an equitable, inclusive, and safe professional environment that maximizes the expertise of a diverse workforce

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2. Bureau Strategic Framework

Bureau Goal 1: Accomplish the Mission – Achieve Sustained Epidemic Control of HIV through Evidence-based, Equitable, People-Centered HIV Prevention and Treatment Services

- **Bureau Objective 1.1:** Reach and sustain 95-95-95 treatment targets for all ages, genders, and population groups by meeting clients where they are with what they need through differentiated HIV service delivery.
- **Bureau Objective 1.2:** Further refine approaches for HIV case-finding, recency testing, public health surveillance, and outbreak response to quickly identify and contain new cases, while simultaneously safeguarding human rights and protecting vulnerable populations.

Bureau Goal 2: Build Enduring Capabilities – Foster Resilient and Capacitated Country Health Systems, Communities, Enabling Environments, and Local Partners

- **Bureau Objective 2.1:** Strengthen the core capacities and capabilities of partner governments and communities to autonomously lead, manage, and monitor the HIV response and sustain epidemic control of HIV in an effective, equitable, and enduring manner.
- **Bureau Objective 2.2:** While maintaining the focus on HIV, leverage and build upon existing PEPFAR-supported health systems and service delivery platforms to strengthen pandemic preparedness and response in the context of COVID-19 as well as other current and future health threats.
- **Bureau Objective 2.3:** Support the 10-10-10 global goals by collaborating with partner countries and communities to reduce critical policy, programmatic, financial, and structural barriers to equitable access, utilization, and continuity of HIV services for children, adolescent girls and young women, and key populations.

Bureau Goal 3: Build Lasting Collaborations – Strengthen Cooperation and Coordination for Greater Impact, Shared Responsibility, and Sustainability

- **Bureau Objective 3.1:** In support of Sustainable Development Goal 3 and other interdependent SDGs, strengthen linkages between HIV service delivery plans and other relevant health programs as well as partner country government health budgets, while coordinating with key multilateral institutions, regional bodies, and national ministries of health and finance.
- **Bureau Objective 3.2:** Leverage the very best of American and local ingenuity, including the scientific community, academic institutions, and faith- and community-based organizations.
- **Bureau Objective 3.3:** Capitalize on multi-national and national private sector core capacities, investments, and innovations for greater program efficiency, effectiveness, and sustained health impact.

Bureau Cross-Cutting Management Goal 1: Foster and sustain an equitable, inclusive, and safe professional environment that maximizes the expertise of a diverse workforce

- **Bureau Cross-Cutting Management Objective 1.1:** Foster and sustain a workplace environment that is safe for and affirming of all staff members.
- **Bureau Cross-Cutting Management Objective 1.2:** Focus efforts to recruit, hire, and retain a diverse workforce, with attention spent on recruiting for historically disadvantaged populations and communities.

3. Bureau Goals and Objectives

Bureau Goal 1: Accomplish the Mission – Achieve Sustained Epidemic Control of HIV through Evidence-based, Equitable, People-Centered HIV Prevention and Treatment Services

- **Bureau Goal 1 Description:** To sustain epidemic control of HIV, PEPFAR will support countries and communities to deliver evidence-based, equitable, people-centered, and gender-affirming HIV prevention and treatment services at scale for millions of people living with and affected by HIV. These efforts will help address the inequalities that drive the HIV epidemic and serve as critical barriers to equitable health service access for marginalized populations, including children, adolescent girls and young women, and key populations. PEPFAR will pursue this goal through a focus on the following priority objectives.

Bureau Objective 1.1: Reach and sustain 95-95-95 treatment targets for all ages, genders, and population groups by meeting clients where they are with what they need through differentiated HIV service delivery.

- **Bureau Objective 1.1 Justification and Linkages:** PEPFAR will serve clients living with and at risk for HIV infection in a continuum of care specific to their individual contexts – meeting them where they are with what they need across their lifespans. Through the use of strategic HIV testing approaches and differentiated HIV service delivery (DSD) models, we will work to improve access, ART continuity, and health outcomes for those we serve. DSD models, including using technology not only enable PEPFAR to tailor the way in which we support services to better meet the needs of our clients but also to lessen unnecessary burdens on the health care system, permitting them to be more responsive to other health needs and resilient in the face of adversity. PEPFAR will ensure the majority of clients it supports are healthy and virally suppressed allowing them to lead long lives and contribute to societies and economies. PEPFAR will continue to adapt care models to meet their evolving needs in managing a chronic disease.

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The goals of providing ART for all people living with HIV are to achieve durable viral load suppression and reduced AIDS-related mortality, both for their long-term health and to prevent onward HIV transmission. PEPFAR will continue to support efforts to expand ART access and continuity through people-centered care through a core package of interventions including: provision of the fixed dose combination of tenofovir, lamivudine and dolutegravir (TLD) for all eligible people living with HIV, including women of child-bearing age; a focus on continuity of ART from the day of diagnosis; the use of differentiated service delivery models to tailor HIV treatment to best meet individual client needs; multi-month dispensing (six-months preferred) and decentralized drug distribution of ART; the elimination of formal and informal user fees for any HIV or HIV-related service. PEPFAR will also pay attention to major comorbidities and causes of mortality among people living with HIV, including tuberculosis, with the aim of supporting not only more years of life, but also more years of living well.

PEPFAR's evidence-based prevention priorities will include expansion of the DREAMS Partnership, voluntary medical male circumcision, male and female condoms and lubricant distribution, PrEP for those at substantial risk of HIV, elimination of mother-to-child transmission, harm reduction approaches, and immediate or rapid ART for all clients identified as living with HIV. Our prevention efforts will focus on populations at highest risk for HIV infection, including key populations, such as men who have sex with men, transgender people, sex workers, people who inject drugs, people in prisons or other closed settings, and migrants, and other key affected populations, such as women under 30 years of age, including pregnant and breastfeeding women, adolescents, men 25-35 years of age, and children.

This objective supports JSP Strategic Objective 1.1: Strengthen global health security, combat infectious disease threats, and address priority global health challenges through bilateral engagement and within multilateral fora.

- **Bureau Objective 1.1 Risk Considerations:** One prominent risk would be success with aggregate measures while important subpopulations are left behind. To mitigate this risk, PEPFAR will emphasize equity in program planning and tailor programs to address barriers to HIV prevention, case finding, and ART continuity for children, adolescent girls and young women, key populations, asymptomatic individuals, those requiring re-engagement in care, older PLHIV, and other priority populations in order to achieve durable viral suppression and improved survival.

Bureau Objective 1.2: Further refine approaches for HIV case-finding, recency testing, public health surveillance, and outbreak response to quickly identify and contain new cases, while simultaneously safeguarding human rights and protecting vulnerable populations.

- **Bureau Objective 1.2 Justification and Linkages:** Effective and efficient HIV case-finding represents the gateway to HIV treatment and a critical pathway to prevention interventions. PEPFAR will support targeted, people-centered HIV case finding of individuals at risk for infection using approaches tailored to the level of ART coverage in each country or community context, while safeguarding human rights and protecting vulnerable populations. Depending on the setting, these approaches would include: index testing; testing in tuberculosis and STI clinics; testing of key populations; testing of pregnancy or breastfeeding women; HIV self-testing; and, in certain situations, other facility-based testing based on symptoms, risk, or for men ages 25-35 years of age.

To quickly identify and contain new HIV cases, PEPFAR will support recency testing in countries near or at epidemic control for all newly diagnosed people living with HIV ages 15 years or older who consent to the test, following close consultation with the community and in accordance with national policy guidelines, as well as expanded public health surveillance.

PEPFAR will continue to drive and embrace innovation, including by rapidly scaling up new tools, technologies, and scientific and program breakthroughs that improve clients' experiences and outcomes, increase the efficiency and effectiveness of HIV service delivery, and/or strengthen sustainability. As innovations often arise from a myriad of

sources, PEPFAR will continue to closely and regularly engage with the scientific community, the private sector, civil society, and other partners to identify new ideas, tools, and market-entry approaches from all sectors that have the potential to enhance our efforts. PEPFAR will continue to collect and use granular data to identify key trends and outliers, gain program insights, and assess the impact of innovative advances.

Reaching and sustaining epidemic control of HIV is only possible through innovation, identifying and addressing emerging issues, historical gaps, and listening directly to our clients. Through community-led monitoring (CLM) 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 routinely and systematically monitor the quality and accessibility of HIV prevention and treatment services and the patient-provider experience 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.

This objective supports JSP Strategic Objective 1.1: Strengthen global health security, combat infectious disease threats, and address priority global health challenges through bilateral engagement and within multilateral fora.

- **Bureau Objective 1.2 Risk Considerations:** As more countries transition to epidemic control, new and innovative strategies will be required to prevent an increase in the number of people living with HIV. With the youth bulge in Sub-Saharan Africa, prevention programs like DREAMS and novel testing among youth will be critical to ensure new infections are not increasing. Use of granular and updated data on who is not virally suppressed and other risk factors are essential for continuous public health surveillance and response. PHIA among youth and men and surveys among key populations will also provide critical information on the current epidemic leading tailored programs and interventions.

Bureau Goal 2: Build Enduring Capabilities – Foster Resilient and Capacitated Country Health Systems, Communities, Enabling Environments, and Local Partners

- **Bureau Goal 2 Description:** PEPFAR will continue to strengthen partner country health systems and community-led efforts that are required to sustain long-term epidemic control of HIV, and which are being directly utilized to deliver needed effective, efficient, and sustainable health care. These investments will further enhance health security goals at a country level by not only equipping countries to control the HIV epidemic but also significantly strengthening local capacity for pandemic preparedness and response to other diseases and outbreaks, through a focus on the following priority objectives.

Bureau Objective 2.1: Strengthen the core capacities and capabilities of partner governments and communities to autonomously lead, manage, and monitor the HIV response and sustain epidemic control of HIV in an effective, equitable, and enduring manner.

- **Bureau Objective 2.1 Justification and Linkages:** PEPFAR will invest significant financial and technical resources to strengthen the core capacities and capabilities of partner governments and communities to lead, manage, and monitor their HIV responses and sustain epidemic control of HIV. PEPFAR will advance efforts to ensure that the full range of quality HIV prevention and treatment services can be delivered, owned and operated by local institutions, governments, and community-based and community-led organizations, supported by the principles of equity, accessibility, and respect for human rights.

PEPFAR will support the technical, institutional, and service delivery capacities of local partners, particularly faith-based organizations, key populations-led organizations, and people living with HIV, to strengthen an enduring, community-driven foundation for sustained epidemic control of HIV. Partner countries must also invest sufficient domestic financing for HIV programs and ensure an enabling policy environment for their effective and efficient allocation.

PEPFAR will continue to partner with countries and communities to institutionalize the systems that are required to support sustained epidemic control of HIV. PEPFAR will 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.

This objective supports JSP Strategic Objective 1.1: Strengthen global health security, combat infectious disease threats, and address priority global health challenges through bilateral engagement and within multilateral fora.

- **Bureau Objective 2.1 Risk Considerations:** As countries reach this objective, PEPFAR will help ensure that they possess sufficient core health systems capacities, including laboratory infrastructure to avoid a resurgence of HIV and address attendant health risks facing people living with HIV across their lifespans. PEPFAR will support and strengthen health systems that can remain responsive, resilient, and adaptive in the face of adversity and emerging threats, while necessary for sustained control of HIV.

Supported with continued PEPFAR financial and technical assistance, robust and transparent data systems will enable partner countries and communities to rapidly adapt policies and programs to better meet the needs of clients and respond to emerging threats. PEPFAR uses a variety of tools and data streams to monitor progress including the Sustainability Index and Dashboard (SID) which plots progress towards a functional HIV response system and the “Table 6” process that charts PEPFAR investments and outcomes in systems investments. Since system progress requires multiple year investments, SIDs are reviewed biannually while Table 6s are reviewed annually.

Bureau Objective 2.2: While maintaining the focus on HIV, leverage and build upon existing PEPFAR-supported health systems and service delivery platforms to strengthen pandemic preparedness and response in the context of COVID-19 as well as other current and future health threats.

- **Bureau Objective 2.2 Justification and Linkages:** PEPFAR will continue to invest in, leverage, and build upon the robust public health, clinical, service delivery, and data platforms it has helped strengthen in partner countries. PEPFAR will work to ensure that health systems are equipped and used to deliver equitable, high-quality, stigma-free, and people-centered services that meet the needs of those they serve.

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

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

This objective supports JSP Strategic Objective 1.1: Strengthen global health security, combat infectious disease threats, and address priority global health challenges through bilateral engagement and within multilateral fora.

- **Bureau Objective 2.2 Risk Considerations:** PEPFAR will also support and strengthen health systems that can remain responsive, resilient, and adaptive in the face of adversity and emerging threats, while necessary for sustained control of HIV. As countries reach this goal, PEPFAR will help ensure that they possess sufficient core health systems capacities, including laboratory infrastructure to avoid a resurgence of HIV and address attendant health risks facing people living with HIV across their lifespans.

System spending risks are mitigated by tracking functionality of systems through the Sustainability Index and Dashboard, through rightsizing efforts that scale efforts to what can be managed and financed with domestic resources, and through political will risk management that gradually shifts over responsibility for systems to local entities, as measured by the Responsibility Matrix.

Bureau Objective 2.3: Support the 10-10-10 global goals by collaborating with partner countries and communities to reduce critical policy, programmatic, financial, and structural barriers to equitable access, utilization, and continuity of HIV services for children, adolescent girls and young women, and key populations.

- **Bureau Objective 2.3 Justification and Linkages:** PEPFAR will closely collaborate with other relevant federal agency partners, U.S. government entities, and key multilateral institutions (e.g., UNAIDS, Global Fund, and WHO) to support partner countries and communities in strengthening an enabling environment for improved access, utilization, and continuity of HIV prevention and treatment services, particularly for children, adolescent girls and young women, and key populations, as well as locally defined marginalized or priority populations. Through data and diplomatic engagement, PEPFAR will promote the adoption of critical policy changes and program innovations as well as the elimination of social, structural, and legal barriers to achieve 95-95-95 and sustained epidemic control of HIV for all ages, genders, and population groups.

PEPFAR will support collaborative efforts to reach the 10-10-10 goals of the Global AIDS Strategy 2021-2026, including through the reduction of stigma, punitive laws, and

gender-based violence, and promote adoption and implementation of enabling policies for equitable and sustained epidemic control of HIV, as articulated in the Global AIDS Strategy and the latest World Health Organization normative guidance.

This objective supports JSP Strategic Objective 1.1: Strengthen global health security, combat infectious disease threats, and address priority global health challenges through bilateral engagement and within multilateral fora.

- **Bureau Objective 2.3 Risk Considerations:** Addressing structural barriers for underserved and marginalized populations will require robust alignment with other efforts by USG and partners and is not fully under the control of USG. To mitigate this risk, PEPFAR will pursue provision of needed services even when enabling policies are not optimal, while advancing policy change where possible.

Bureau Goal 3: Build Lasting Collaborations – Strengthen Cooperation and Coordination for Greater Impact, Shared Responsibility, and Sustainability

- **Bureau Goal 3 Description:** PEPFAR, leveraging its longstanding, strong bipartisan support and the power of its position with the U.S. Department of State to convene across the U.S. government and multiple sectors, will continue to strengthen cooperation and coordination with partner country governments, civil society (including faith-based, key populations-led, and other community organizations), the private sector, multilateral institutions, and people living with HIV. In building back better, engagement strategies will enable PEPFAR to broaden, deepen, and institutionalize its impact with greater effectiveness, efficiency, and sustainability through a focus on the following priority objectives.

Bureau Objective 3.1: In support of Sustainable Development Goal 3 and other interdependent SDGs, strengthen linkages between HIV service delivery plans and other relevant health programs as well as partner country government health budgets, while coordinating with key multilateral institutions, regional bodies, and national ministries of health and finance.

- **Bureau Objective 3.1 Justification and Linkages:** PEPFAR will work with partner countries, multilateral institutions, including UNAIDS and WHO, and other stakeholders to link or integrate as appropriate HIV service delivery plans to other relevant health issues, including tuberculosis and malaria, and support global progress toward achieving Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages. PEPFAR will specifically focus on the SDG 3 target of ending the global AIDS epidemic as a public health threat by 2030, while also advancing other interdependent SDGs. Partner countries and communities will also continue to leverage our investments to advance broader access to health, improve health outcomes for their populations, and strengthen pandemic preparedness and response.

PEPFAR will support partner countries to optimally utilize all available HIV resources for maximum impact, value, and HIV outcomes. PEPFAR will work with partner governments, communities, the Global Fund, and other stakeholders in developing and executing against our annual Country Operational Plans. PEPFAR will work closely with the Global Fund to ensure our respective resources are allocated strategically and complementarily in supporting sustained epidemic control of HIV and to maximize synergies with global health security goals. Partner countries must also invest sufficient domestic financing for HIV programs and ensure an enabling policy environment for their effective and efficient allocation. Coordination with partner government and other donor investments to leverage broader investments and further bolster American leadership on improving the health of the world's most vulnerable remains critical.

This objective supports JSP Strategic Objective 1.1: Strengthen global health security, combat infectious disease threats, and address priority global health challenges through bilateral engagement and within multilateral fora.

- **Bureau Objective 3.1 Risk Considerations:** Continued economic challenges resulting from the pandemic as well as the rise in commodity costs including fuel, grains and fertilizer that constrain domestic budgets from investing in new elements of the HIV response. Recognizing that long term sustainability will require increased domestic financing, short term economic risks are being addressed through additional efficiency efforts (for example using local partners instead of international partners) to enable PEPFAR dollars to go further, to better understand spillover benefits of HIV investments to other health outcomes so that wider health investments will be well aligned with HIV needs and better integration of stand-alone HIV systems into existing systems so that only marginal spending is necessary.

Bureau Objective 3.2: Leverage the very best of American and local ingenuity, including the scientific community, academic institutions, and faith- and community-based organizations.

- **Bureau Objective 3.2 Justification and Linkages:** PEPFAR harnesses the brightest and best of America's strengths. Working closely with partner governments, PEPFAR will continue to utilize American and local ingenuity and innovation from across sectors to support sustained epidemic control of HIV. PEPFAR will rapidly translate the latest tools, technologies, and scientific breakthroughs into program implementation to better serve our clients. We will leverage the capabilities of U.S. and local academic institutions, including historically black colleges and universities (HBCUs) to improve and expand our programs. PEPFAR will also capitalize 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.

PEPFAR will continue to actively partner with civil society and community stakeholders, particularly faith-based organizations, networks of people living with HIV, women-led organizations, and key populations networks at every stage of our planning,

programming, and implementation. Civil society and communities possess unique assets and capacities that are critical complements to the public sector. To achieve sustained epidemic control of HIV, PEPFAR will meaningfully involve and fund civil society and communities in their vital roles as HIV program implementers, advocates, and monitors. Civil society and communities will be supported to expand access to and continuity of HIV prevention and treatment services; advocate on behalf of beneficiary populations; monitor program accountability, including through CLM; promote human rights, especially for key populations and other vulnerable groups; identify challenges and gaps in health care delivery; support data collection; and promote transparency.

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

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

This objective supports JSP Strategic Objective 1.1: Strengthen global health security, combat infectious disease threats, and address priority global health challenges through bilateral engagement and within multilateral fora.

- **Bureau Objective 3.2 Risk Considerations:** To sustain the gains reached in controlling the HIV/AIDS epidemic, PEPFAR is capacitating local government and local civil society institutions with greater technical, management and fiscal responsibility to implement PEPFAR programs. Mitigating risk factors including the speed of progress, transparency and accountability, and fraud, waste, and abuse are objectives that PEPFAR will prioritize as we promote sustainable programming.

As PEPFAR moves to local control and responsibility, there is a risk of lack of political will, capacity degradation, or possible financial shocks. PEPFAR is implementing long-term, stepwise shifts of responsibility, phased support, and minimum standards and safety nets for essential services.

Bureau Objective 3.3: Capitalize on multi-national and national private sector core capacities, investments, and innovations for greater program efficiency, effectiveness, and sustained health impact.

- **Bureau Objective 3.3 Justification and Linkages:** PEPFAR will continue to forge strategic public-private partnerships and address barriers to the growth of markets that could support sustained epidemic control of HIV. Through a focus on innovation, PEPFAR will identify opportunities where the private sector can increase programmatic impact, find greater efficiencies in program delivery, and fill key gaps. PEPFAR will leverage private sector approaches, distribution networks, capital, marketing expertise, and technology as a complement to public sector programs. PEPFAR will also seek out private sector partners that are willing to assume risk and fund early-stage innovation of both health products and approaches and, if proven effective, work to transition these innovations into scaled and sustainable implementation.

This objective supports JSP Strategic Objective 1.1: Strengthen global health security, combat infectious disease threats, and address priority global health challenges through bilateral engagement and within multilateral fora.

- **Bureau Objective 3.3 Risk Considerations:** No one government or entity can address the HIV epidemic alone. Success relies on building meaningful and wide-ranging partnerships with the private sector at global and local levels. Scalability and sustainability of programs is more likely to be achieved with support of and collaboration with the private sector. To achieve this, PEPFAR deploys good governance practices so accountability, oversight, and responsibility are transparent to all parties. These practices include the use of instruments such as signed MOU's, clearly defined roles and responsibilities, and the deployment of governance structures such as steering and oversight committees. In addition, PEPFAR programming builds on tried and tested mechanisms to implement partnerships such as known and vetted implementing partners who receive U.S. government financing, including local entities. Private sector partners and foundations fund their own partners, while the USG funds its partners and a common MOU directs the partnership towards common goals and the desired impact. Lastly, PEPFAR is wedded to measurement, so these partnerships have monitoring and evaluation throughout, with routine oversight and clearly funded metrics.

4. Bureau Cross-Cutting Management Goal

Bureau Cross-Cutting Management Goal 1: Foster and sustain an equitable, inclusive, positive and safe professional environment that maximizes the expertise of a diverse workforce

- **Bureau Cross-Cutting Management Goal 1 Description:** The PEPFAR workforce should represent the depth of diversity and talent in America and in the countries with which PEPFAR partners. Working for PEPFAR should be accessible for everyone. It should be an exemplary place to work and support the growth and development of its workforce. Staff should feel welcome, safe, protected, and supported to contribute to the overall mission and successes of PEPFAR around the world.

Bureau Cross-Cutting Management Objective 1.1: Foster and sustain a workplace environment that is safe for and affirming of all staff members.

- **Bureau Cross-Cutting Management Objective 1.1 Justification and Linkages:** All should feel welcome. Everyone should be made to feel protected and able to explore, ask questions, and try new approaches without fear.
- **Bureau Cross-Cutting Management Objective 1.1 Risk Considerations:** Significant S/GAC staffing vacancies compound the level of workload on existing staff, contributing to burn-out and unbalanced work/life priorities. Fostering and sustaining an effective workforce will more likely be achieved by filling existing vacancies and retention of staff.

Bureau Cross-Cutting Management Objective 1.2: Focus efforts to recruit, hire, and retain a diverse workforce, with attention spent on recruiting for historically disadvantaged populations and communities.

- **Bureau Cross-Cutting Management Objective 1.2 Justification and Linkages:** PEPFAR supports countries to close gaps for marginalized populations and sustain HIV impact over time. PEPFAR should draw upon this expertise and skills specifically from health, development, and across various populations that are served.
- **Bureau Cross-Cutting Management Objective 1.2 Risk Considerations:** System-wide challenges persist for recruitment and retention of staff.