

Centering PEPFAR in U.S. Global Health Security Strategies

Report of the CSIS Working Group on Reinvigorating U.S. Leadership on HIV/AIDS



CSIS BRIEFS

By Katherine E. Bliss

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The U.S. President's Emergency Plan for AIDS Relief (PEPFAR), now in its 20th year, supports initiatives that train health workers, strengthen laboratory capabilities, and deliver critical treatment and prevention services to people living with and at risk of human immunodeficiency virus (HIV). Credited with having saved more than 25 million lives and enabled more than 5.5 million children to be born HIV-free, PEPFAR programs currently sustain at least 20 million people on antiretroviral therapy. They have also built local capacities that have allowed PEPFAR-supported countries to respond effectively to other health threats, such as the 2019 cholera outbreak in Mozambique, the Covid-19 pandemic, mpox, and the Ebola outbreak in Uganda in 2022. Recognizing the contributions made by PEPFAR to addressing recent health crises, the Biden administration has begun to more explicitly align HIV/AIDS and health security approaches, both in the December 2022 PEPFAR strategy as well as through the July 2023 launch of the Bureau of Global Health Security and Diplomacy at the U.S. Department of State. In this report, the CSIS Working Group on Reinvigorating U.S. Leadership on HIV/AIDS offers concrete recommendations for advancing progress on reaching the goal of eliminating HIV as a global public health threat by 2030 while maximizing the contributions of a disease-specific health initiative to pandemic preparedness and response.

PEPFAR'S RESPONSE TO THE GLOBAL HIV/AIDS PANDEMIC: A BRIEF HISTORY

At the beginning of the twenty-first century, the HIV/AIDS pandemic killed more than 2 million people worldwide each year, with at least 5 million new infections in 2000 alone.¹ Considering the number of countries where the burden of disease was significant but access to costly new antiretroviral treatments was out of reach, many worried that the high rates of illness and death associated with HIV/AIDS threatened to provoke instability and conflict in settings ill-prepared to confront a health crisis.² To support countries' response to HIV/AIDS, the United States

announced the President's Emergency Plan for AIDS Relief (PEPFAR) in 2003, committing vast public resources to bilateral and multilateral programs promoting access to HIV prevention, diagnostics, and antiretroviral treatment in a set of select low-income countries.

The United States has spent more than \$110 billion in foreign assistance funds through PEPFAR since 2003 to support programs to prevent, diagnose, and treat HIV in severely impacted countries, primarily in sub-Saharan Africa. Bipartisan support in the U.S. House and Senate has led to PEPFAR's reauthorization multiple times and underpinned consistent appropriations for bilateral programs, as well as the Global Fund to Fight AIDS,

Tuberculosis and Malaria, a multilateral organization that provides eligible countries with financing to support the response to HIV. In January 2023, President Biden noted that U.S.-supported HIV programs have saved at least 25 million lives since PEPFAR's launch 20 years ago.³

But PEPFAR's impacts on outbreak response go well beyond helping countries respond to the HIV pandemic. During recent health emergencies, including outbreaks of cholera, Zika, mpox, and Ebola, as well as Covid-19, it has become clear that in many of the countries with which PEPFAR has engaged intensively over two decades, partner governments, civil society organizations, and community-based healthcare providers have drawn on skills honed by delivering HIV prevention and treatment services to respond effectively to new crises.⁴ At the same time, civil society groups advocating for people living with HIV have ensured that their movements' core values, such as a focus on equity, gender equality, community engagement, solidarity, and respect for human rights, are incorporated into the response to newer health threats as well.⁵

Recognizing the assets, values, and knowledge PEPFAR programs have contributed to the broader response to public health crises, the Biden administration has sought to more formally integrate U.S. policy approaches related to HIV, global health security, and pandemic readiness. The December 2022 PEPFAR strategy prioritizes “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.”⁶ And the U.S. Department of State's new Bureau of Global Health Security and Diplomacy, which incorporates the Office of the Global AIDS Coordinator that oversees PEPFAR programs, has a stated mission to “fortify the global health security architecture to effectively prevent, detect, control, and respond to infectious diseases, including HIV/AIDS.”⁷ PEPFAR is also working with implementing countries to develop “sustainability roadmaps,” which ask countries to prepare long-term plans for mobilizing financial and programmatic resources in the response to HIV and place a clear focus on tracking “progress in enhancing health security.”⁸ There are additional steps the Biden administration can take, including by more purposefully aligning HIV and

global health security approaches within U.S.-supported overseas programs and by using targeted diplomatic engagement to motivate increased global commitments to place HIV initiatives at the center of health security and pandemic preparedness and response agendas.

THE CSIS WORKING GROUP ON REINVIGORATING U.S. LEADERSHIP ON HIV/AIDS

During the first half of 2023, the CSIS Bipartisan Alliance for Health Security's Working Group on Reinvigorating U.S. Leadership on HIV/AIDS met to review the impacts of PEPFAR investments in countries' responses to health crises, including Covid-19; consider the Biden administration's efforts to more explicitly define PEPFAR's contribution to health emergency preparedness; and discuss how these approaches will influence the program's evolution and contribute to its sustainability over the next several years. The group of experts concluded that in the current moment of heightened global focus on pandemic preparedness, the United States should put the full strength of its diplomatic and programmatic energies toward making the case that sustaining the response to HIV/AIDS is pandemic response and that HIV/AIDS programs should inform the response to new and emerging pandemics as well.

But the path toward better integrating HIV and health security is not without obstacles, including the current failure of Congress to act before September 30 to reauthorize PEPFAR for another five years; a challenging legal landscape in several PEPFAR countries, where laws criminalizing homosexuality and sex work make it difficult to ensure equitable access to HIV services for some of the most vulnerable populations; slow progress in many countries in preventing new infections, particularly among adolescent girls and young women, and in initiating children and adolescents on treatment for HIV; and a shortage of funds available to maintain existing progress on ending HIV as a public health threat by 2030.⁹

Keeping in mind the overarching importance of accelerating momentum in helping countries reach global goals related to HIV testing, treatment initiation, and viral suppression by 2030 and ensuring countries are on a clear trajectory for sustaining the response to

HIV in the years ahead, the CSIS working group offers the following recommendations for maximizing the contributions of a disease-specific health initiative to pandemic preparedness and response:

- A five-year reauthorization and full funding of PEPFAR across agencies and programs is essential to reaching the global goal of ending HIV as a public health threat by 2030 and preventing the re-emergence of HIV/AIDS as a global pandemic; the Biden administration should mobilize all tools at its disposal to call on Congress to reauthorize PEPFAR.
- With the launch of the new Bureau of Global Health Security and Diplomacy at the U.S. Department of State, the United States should elevate its diplomatic engagement, both bilaterally as well as multilaterally, to raise awareness, promote political leadership, and build consensus regarding the contribution of HIV/AIDS programs to pandemic preparedness and response.
- At the policy and programmatic levels, there is an urgent need for the United States to enhance coordination and strategic alignment between PEPFAR's

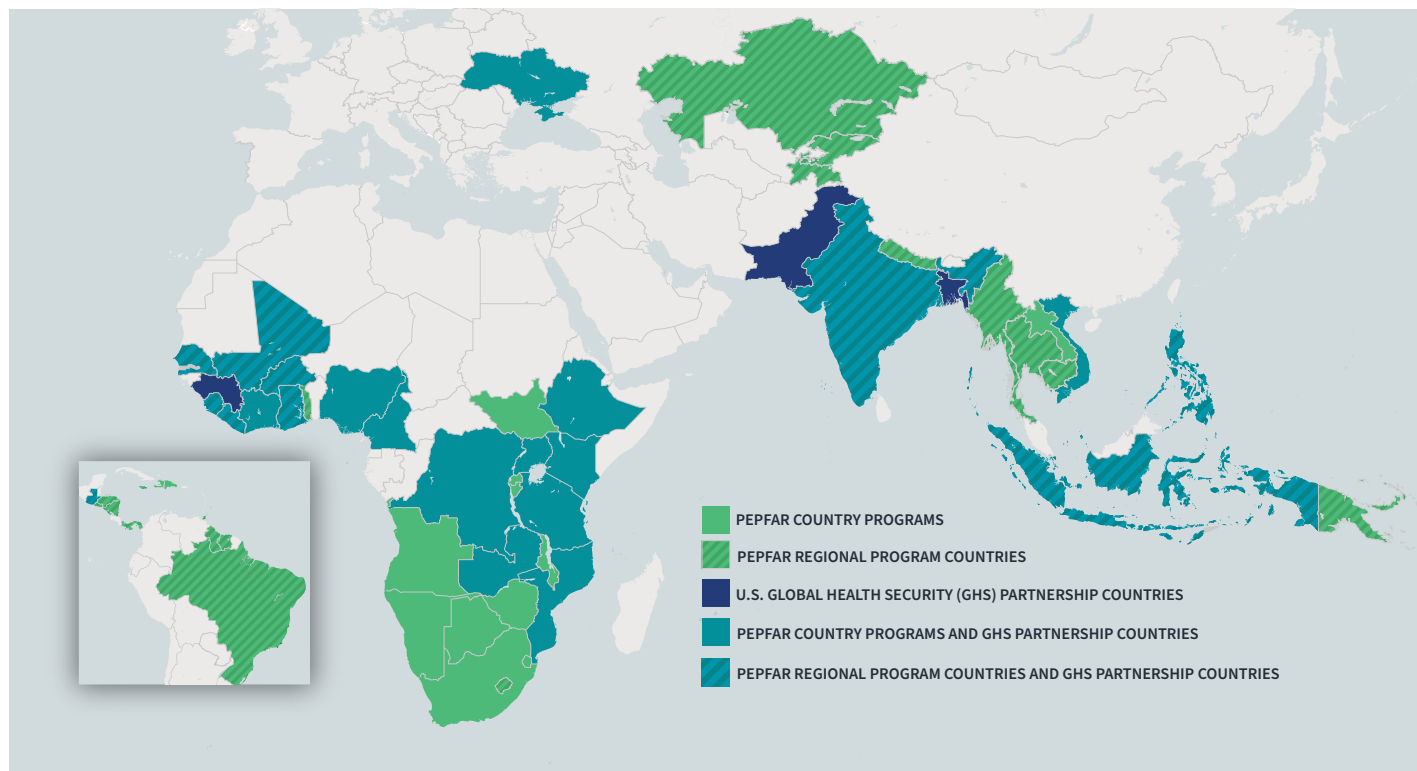
contributions to pandemic preparedness and response and those of other U.S. global health security initiatives, which are carried out by multiple U.S. agencies, to ensure a unified and complementary approach.

- To build a bipartisan cohort of PEPFAR and global health security champions in the House and Senate, the Biden administration should communicate clearly regarding how PEPFAR both stands at the center of a unified and aligned U.S. approach to global health security and pandemic preparedness and reinforces U.S. national security through supporting countries' responses to the HIV pandemic as well as new and emerging pandemics.

THE EVOLUTION OF PEPFAR'S CONTRIBUTIONS TO GLOBAL HEALTH SECURITY

When President George W. Bush proposed the initiative that became PEPFAR in 2003, the outlook for people in high-burden countries who were living with or at risk of HIV was not promising. That year an estimated 2 million people worldwide died from AIDS-related causes, with the

Figure 1: Map of PEPFAR-Supported Countries and U.S. Global Health Security Partnership Countries, 2023



Source: Authors' research based on multiple sources. Please see the endnotes for complete references.

majority living in low-income countries in sub-Saharan Africa, where they had reduced access to antiretroviral therapies compared to people living with HIV in high-income countries. By framing PEPFAR's work as that of emergency response to a health crisis taking shape in countries with fragile health systems, the U.S. government created a vertical service delivery platform focused on addressing the challenge of a specific infectious disease.

Over time, PEPFAR's focus has evolved from acute emergency response to encompass a greater focus on sustainability, embracing a more concerted partnership with host governments, with an aim of fostering the conditions that will ensure continuity of HIV prevention, diagnosis, and treatment services for the long term. During the past two decades, PEPFAR has invested about \$15 billion of its overall funding stream in programs dedicated to strengthening aspects of countries' health systems deemed critical to providing HIV-related care. Priority activities have included building healthcare facilities and laboratories, as well as training and building the capacity of the health workforce to deliver HIV/AIDS prevention and treatment services. At the same time, initiatives focused on supply chain strengthening and commodities management, as well as data collection and analysis, have all been features of PEPFAR activities, fueling impacts beyond programs specific to HIV/AIDS.¹⁰

Since the beginning, strengthening specific elements of the health system to support countries' response to HIV/AIDS has been a core element of the PEPFAR strategy, but the work has risen in importance and become more explicit over time. The first PEPFAR strategy, released in 2004, acknowledged the inadequacy of health information systems in many of the focus countries and emphasized the need for greater attention to improving facility-level data quality and information system infrastructure.¹¹ PEPFAR's work on strengthening HIV-related aspects of health systems accelerated in 2008, when the reauthorization language that year articulated a mandate "to develop country capacity for national leadership in response to the AIDS crisis."¹² The strategy released in 2009 explicitly recognized the potential of PEPFAR programs to contribute to preparing for non-HIV health threats and noted the

importance of "working to enhance the ability of governments to manage their epidemics, respond to broader health needs impacting affected communities, and address new and emerging health concerns."¹³ By 2012, PEPFAR's commitment to supporting aspects of the health system relevant for HIV/AIDS response had become more defined, with the strategy released that year stating that "PEPFAR will continue to play a role in strengthening key elements of country health systems, such as supporting health workforce, laboratories, blood safety, and regulatory systems; and partnering with civil society, country academic medical centers and the private sector."¹⁴

Considering the evolution of PEPFAR's focus on health systems strengthening during its first decade, in the mid-2010s researchers began examining the impact of highly focused HIV services on health systems in countries receiving funds and technical assistance.¹⁵ Some asked whether the high volume of PEPFAR investments risked "crowding out" donor assistance for other health priorities in focus countries.¹⁶ Other studies suggested that the infusion of HIV-related funding into the global health landscape was associated with lower utilization of health services for malaria, pediatric care, and tuberculosis diagnosis.¹⁷ However, more recent analysis has made it clear that PEPFAR's long-term investments in strengthening relevant aspects of the health system have delivered significant benefits beyond HIV care and treatment. Notably, analysis of data gathered during the 2014-15 outbreak of Ebola in West Africa showed that in Nigeria, which had been a PEPFAR focus country for many years, health officials were able to mount a swift effort to prevent and respond to the regional outbreak.¹⁸ And an assessment of PEPFAR impacts over the period since the program's launch in the early 2000s found that "the all-cause mortality rate in PEPFAR recipient countries was 20% lower than what would have been expected without PEPFAR support."¹⁹ Similarly, the study found that "PEPFAR countries experienced large, significant reductions in both maternal and child mortality, relative to what would have been expected in PEPFAR's absence," along with higher rates of immunization for measles, diphtheria-pertussis-tetanus, and Hepatitis B.²⁰

Table 1: Leveraging PEPFAR Investments to Respond to Disease Outbreaks

Years	Location	Outbreak	PEPFAR Investment
2010s	Haiti	Cholera Epidemic	CDC adapted PEPFAR sites in Haiti into cholera treatment sites as part of the 2010s cholera epidemic response.
2014–16	West Africa	Ebola Outbreak	PEPFAR investments in laboratory capacity and human resources in West Africa strengthened the response to the 2014-16 Ebola outbreak.
2019–23	Global	Covid-19 Pandemic	Several countries adapted PEPFAR-funded HIV and national health information systems for Covid-19 surveillance, data collection, analysis, data visualization, and reporting.
2022	Uganda	Ebola Outbreak in Uganda	PEPFAR infrastructure and supply systems in Uganda were adapted to respond to the 2022 Ebola outbreak.
2022–23	Global	Mpox Outbreak	PEPFAR worked with partner governments and communities to leverage investments in laboratories, disease surveillance, and public health programming in responding to the mpox outbreak.

Source: Authors’ research based on multiple sources. Please see the endnotes for complete references.

ADAPTING PEPFAR-SUPPORTED ACTIVITIES FOR PANDEMIC RESPONSE

During the early months of the Covid-19 pandemic, there was considerable concern that the outbreak might overwhelm health systems in sub-Saharan Africa, particularly in countries where domestic investments in health services lagged behind investments made with external resources. But countries that had a long history of engagement with PEPFAR were able to adapt and redirect activities to support the response to the novel coronavirus. Between April 2020 and April 2021, for example, more than 100 PEPFAR-supported laboratory sites in 16 countries began performing SARS-CoV-2 testing, according to one study.²¹ PEPFAR staff were authorized to administer Covid-19 vaccines to patients seeking HIV services, as well as patients seeking non-HIV services, while PEPFAR guidance authorized the use of PEPFAR-supported supply chains to manage and distribute vaccines.²² And governments were able to deploy health information systems that PEPFAR had supported for use in collecting and analyzing data related to Covid-19 deaths and vaccination status in order to determine where best to allocate limited resources.²³

The newest PEPFAR strategy, released on December 1, 2022, clearly outlines the program’s purpose to

“accelerate the response to end the HIV/AIDS pandemic as a public health threat by 2030, while sustainably strengthening public health systems.” It articulates an explicit goal of making “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.”²⁴ The third strategic pillar of the strategy is centered around “Public Health Systems and Security,” with new initiatives to be dedicated to strengthening national public health institutions, building the health workforce, catalyzing regional capabilities to manufacture commodities such as antiretrovirals, diagnostics, and lab supplies, and strengthening pandemic preparedness and response capabilities. As part of the strategy to reach the goals set forth in this programmatic area, the Bureau of Global Health Security and Diplomacy and PEPFAR plan to create a new unit to consolidate many HIV-related public health system activities that have been previously carried out by disparate entities within the office.

As PEPFAR works with countries to develop “Measurable Sustainability Roadmaps,” both to strengthen the capacity of local institutions that deliver HIV services and to mobilize resources to ensure the longevity of that

care for the people who need it, highlighting the role strong HIV services play in preparing for new or future pandemics will be an important element of the dialogue with decisionmakers.

DEEPENING PEPFAR'S CONTRIBUTION TO U.S. GLOBAL HEALTH SECURITY STRATEGIES

Keeping in mind the overarching importance of accelerating momentum in helping countries reach global goals related to HIV diagnosis, treatment initiation, and viral suppression by 2030 and ensuring countries are on a clear trajectory for sustaining the response to HIV in the years ahead, the CSIS working group offers the following recommendations for maximizing the contributions of a disease-specific health initiative to pandemic preparedness and response:

- **A five-year reauthorization and full funding of PEPFAR across agencies and programs is essential to reaching the global goal of ending HIV as a public health threat by 2030 and preventing the re-emergence of HIV/AIDS as a global health emergency.** And yet, the fate of what many have called the most successful global health program in history is at risk.²⁵ A more than 20-year legacy of bipartisan commitment from Republicans and Democrats in both the House and Senate unraveled in the months leading to the September 30 deadline to reauthorize PEPFAR for a new five-year period, as critics have made unfounded claims that the Biden administration is using PEPFAR funds to “promote abortion on demand” in implementing countries.²⁶ As a U.S. taxpayer-funded initiative, PEPFAR has systems in place to monitor implementing partners’ compliance with U.S. laws and requirements, including a prohibition on the use of foreign assistance to fund abortion activities, and PEPFAR should continue to provide Congress with transparent information about implementation of its programs.²⁷ Advocates, practitioners, and PEPFAR supporters have rallied to argue that failing to sustain the U.S. commitment to ending HIV/AIDS could derail current momentum toward meeting the global goals regarding HIV diagnosis, treatment, and viral suppression by 2030 and leave the world vulnerable to a re-emerging pandemic.²⁸
 - **With the launch of the new Bureau of Global Health Security and Diplomacy at the U.S. Department of State, the United States should scale up its diplomatic engagement, both bilaterally as well as multilaterally, to build consensus regarding HIV/AIDS programs as critical components of pandemic preparedness and response and to encourage greater financial commitments to HIV/AIDS and global health security initiatives.** For example, through diplomatic engagement with the European Union and the G7 countries, which make significant contributions to the Global Fund and to bilateral health programs, the United States can promote greater attention to the contributions of work on HIV to health systems strengthening and pandemic readiness. In engaging with host governments in partner countries, U.S. representatives can promote political leadership regarding HIV/AIDS and health security while supporting countries’ paths toward sustainability of services and planning. In addition, the United States could work through diplomatic channels to advocate for greater attention to HIV response platforms through the Global Health Security Agenda action packages, and it could encourage other member countries to do the same.
- In leveraging PEPFAR-supported capacities to enhance pandemic preparedness and response in partnership

It is true that even without a five-year reauthorization by Congress, many PEPFAR-funded programs and requirements can continue, provided that Congress provides annual funding for them.²⁹ However, anything less than a five-year authorization raises the risks of creating confusion among partner governments and fueling the sense that the United States is not a reliable partner when it comes to continuity of global health assistance.

To shore up domestic and international support for the program’s full funding and five-year reauthorization, the president, secretary of state, national security advisor, and ambassadors in focus countries should publicly state the importance of PEPFAR to U.S. global health and national security and work and mobilize all tools at their disposal to call on Congress to reauthorize the initiative.

with health ministries in focus countries, it will be important for the United States to coordinate closely with the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Health Organization, as well as the Pandemic Fund, along with regional bodies, such as the Africa Centres for Disease Control and Prevention and African Medicines Agency, to ensure alignment of purpose and promote complementarity of effort. During the Covid-19 pandemic, for example, the Global Fund supported countries' efforts to protect existing HIV programs while also devoting resources through the Covid-19 Response Mechanism (C19RM) to enable countries to strengthen disease surveillance and laboratory diagnostics, as well as train health workers to deliver Covid-19 care, along with vaccines once they were available.³⁰ The United States can use its role as a member of the Global Fund board to encourage a greater focus on pandemic preparedness within future work plans and can advocate for more explicit attention to how the Global Fund supports health security, including in countries receiving Global Fund support but where PEPFAR does not have a strong presence.

And as the Pandemic Fund at the World Bank advances its financial support for low- and middle-income countries' efforts to strengthen pandemic preparedness and response, the United States can advocate that the fund consider HIV initiatives to be a component of countries' preparedness efforts and ensure lessons from PEPFAR's role in supporting pandemic response are available to countries receiving support from the new entity.³¹

- **At the policy and programmatic levels, there is an urgent need for the United States to enhance coordination and strategic alignment between PEPFAR's contributions to pandemic preparedness and response and those of other U.S. global health security initiatives, which are carried out by multiple U.S. agencies, to ensure a unified and complementary approach.** In the new bureau, the United States also has an opportunity to promote greater interagency coordination on programs and diplomatic outreach related to global health security and pandemic preparedness, so that in international fora the United States presents a unified approach and "speaks with one voice" when

it comes to health security matters. Considering that U.S. efforts on global health security are fragmented and carried out by several different agencies, including the Department of Defense, the U.S. Agency for International Development, and the Centers for Disease Control and Prevention, it will be important to institute a mechanism for coordinating policy and program approaches at both the headquarters and country/mission levels.

At the same time, it will be important to ensure that lessons regarding the contributions of PEPFAR to pandemic readiness can be readily adapted to, and shared with, non-PEPFAR global health security focus countries. Considering that there is significant, but not complete, overlap between PEPFAR focus countries (as well as countries in the regional programs) and the countries of focus for U.S. Global Health Security Partnerships, it will be important to capture lessons regarding the contributions of PEPFAR to pandemic readiness to share in non-PEPFAR focus countries that have been prioritized for global health security support.³²

- **To build a bipartisan cohort of PEPFAR and global health security champions in the House and Senate, the Biden administration should communicate clearly regarding how PEPFAR stands at the center of a unified and aligned U.S. approach to global health security and pandemic preparedness and reinforces U.S. national security through supporting countries' responses to the HIV pandemic as well as new and emerging pandemics.** Making the case that national security, including the alliances and mutual understanding built through consistent U.S. engagement on health issues through programs such as PEPFAR, hangs in the balance will be critical to advancing bipartisan commitments to pandemic readiness and global health security well into the future.

Building on PEPFAR's long history of data collection, use of data to identify clear goals, and transparency in making the data available for public review and analysis, it will be important for the new Bureau of Global Health Security and Diplomacy to invest in the development of clear and compelling metrics to communicate how the PEPFAR platform contributes to global health security

objectives. This could mean incorporating some of the metrics associated with the International Health Regulations Joint External Evaluation (JEE) tool into the work on health systems strengthening as the effort to build greater pandemic readiness within PEPFAR countries advances, building on analysis that suggests Global Fund support has contributed to strengthening health security, even if it was not specifically designed to do so.³³ It could mean advocating for more explicit attention to HIV response platforms within the Global Health Security Agenda action packages or its 2024 overarching targets.³⁴ Or it could involve adapting the 7-1-7 approach proposed by Resolve to Save Lives to assess the timeliness with which a country “detects, notifies public health authorities about and responds to infectious disease threats.”³⁵

In the current moment of heightened global focus on pandemic preparedness, the United States should put the full strength of its diplomatic and programmatic energies toward making the case that sustaining the response to HIV/AIDS is pandemic response and that HIV/AIDS programs should be placed at the heart of strategies to respond to new and emerging pandemics. The path forward may be challenging, but the potential for accelerating and sustaining progress toward eliminating HIV as a global public health threat while helping countries better manage future health crises could not be more compelling. ■

Katherine E. Bliss is a senior fellow and director of immunizations and health systems resilience with the Global Health Policy Center at the Center for Strategic and International Studies in Washington, D.C.

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ABOUT THE CSIS BIPARTISAN ALLIANCE FOR GLOBAL HEALTH SECURITY

The CSIS Bipartisan Alliance for Global Health Security convenes an esteemed group of members of Congress, senior leaders, and subject matter experts to advance a concrete, forward-leaning agenda for U.S. global health security strategy. It prioritizes coherent, sustained U.S. leadership, ensuring success in the major institutional reforms under way across the executive branch; integration of effort with strong accountability measures; enhanced global coordination; and building new partnerships and alliances through strengthened U.S. diplomacy that systematically advances U.S. national interests, amid intensifying geopolitical competition. Equally critical is building the correct institutional arrangements, including adequate private sector incentives, to bring forward the next generation of technological innovation. The alliance is developing concrete options to strengthen core pandemic preparedness and response capabilities, while exploring the untapped opportunities to better align capabilities across traditional infectious disease programming including on HIV/AIDS, routine immunization, and AMR, among other priorities. Building on the record of prior CSIS initiatives, the alliance delivers recommendations on global health security policy and programs to key decisionmakers in the U.S. Congress, the executive branch, and nongovernmental organizations.

The two-year effort, running from spring 2023 through the end of 2024, is cochaired by Senator Richard Burr, principal policy advisor and chair of the Health Policy Strategic Consulting Practice at DLA Piper and former senator from North Carolina, and Julie Gerberding, MD, MPH, CEO of the Foundation for the National Institutes of Health and former director of the U.S. Centers for Disease Control and Prevention. J. Stephen Morrison, PhD, senior vice president and founder/director of the CSIS Global Health Policy Center, sets the alliance's strategic direction and directs its work on pandemic preparedness and response. Katherine E. Bliss, PhD, senior fellow and director of immunizations and health systems resilience with the Global Health Policy Center, directs its work on HIV and routine immunization. Michaela Simoneau, associate fellow,

leads the alliance's secretariat. More information on the alliance can be found on its website at <https://www.csis.org/programs/global-health-policy-center/csis-bipartisan-alliance-global-health-security>.

SIGNATORIES

This report conveys a majority consensus of the signatories, who are participating in their individual capacity, not as representatives of their respective organizations. No expert is expected to endorse every single point contained in the report. In becoming a signatory to the report, experts affirm their broad agreement with its findings and recommendations. Language included in this brief does not imply institutional endorsement by the organizations that working group members represent.

Chris Beyrer is director of the Duke Global Health Institute, professor of medicine at Duke University, and associate director for global HIV at the Duke Center for AIDS Research (CFAR).

Asaf Bitton is executive director of Ariadne Labs, a joint center for health systems innovation at Brigham and Women's Hospital and the Harvard T.H. Chan School of Public Health.

Katherine E. Bliss is a senior fellow and director of immunizations and health systems resilience with the CSIS Global Health Policy Center.

Alicia Carbaugh is a non-resident senior associate with the CSIS Global Health Policy Center.

Chris Collins is president and CEO of Friends of the Global Fight.

Pamela Donggo is a senior technical advisor with the HIV and Infectious Disease Center at John Snow Research and Training Inc. (JSI).

Janet Fleischman is a non-resident senior associate with the CSIS Global Health Policy Center.

Emily Gibbons is senior director of international government affairs and policy at Gilead Sciences.

Kim Green is global program director for primary health care at PATH.

Charles Holmes is director of the Center for Innovation in Global Health, professor of medicine at Georgetown Medical School, and a distinguished scholar and program director at the O'Neill Institute for National and Global

Health Law at Georgetown University.

Rebecca Katz is professor and director of the Center for Global Health Science and Security at Georgetown University.

Jenelle Krishnamoorthy is vice president and head of global public policy, corporate affairs at Merck & Co.

Chip Lyons is president and CEO of the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF).

Allan Maleche is executive director of the Kenya Legal & Ethical Issues Network on HIV & AIDS (KELIN).

Helen McDowell is head of government affairs and global public health at ViiV Healthcare.

J. Stephen Morrison is a senior vice president and director of the CSIS Global Health Policy Center.

Kelly Saldaña is vice president of resilient health systems at Abt Associates.

Paul Schaper is associate vice president of global public policy at Merck & Co.

Jeff Sturchio is a non-resident senior associate with the CSIS Global Health Policy Center.

Endale Tilahun is a country representative with Population Services International (PSI).

Mitchell Warren is executive director of AVAC.

ENDNOTES

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Figure 1

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Table 1

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