Structured for Success

Political Will, Power, and Process in the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)

PEPFAR is the most successful global health and development initiative in U.S. history. It owes much of that success to the political and programmatic leadership, innovation, support, and focus of the program, combined with and sustained by the advocacy efforts of civil society organizations around the world. **PEPFAR** didn't become a success by chance. It was structured for success through legislation, process, focus, and coordination across the U.S. inter-agency space which made it accountable for using the available funding to save lives and achieve results with urgency.

Accounting for these structural factors is critical as the landscape of U.S. Global Health Security investments, and PEPFAR's place within them, is debated and considered, and as PEPFAR re-evaluates its processes and strategy to finish the mission: end HIV as a public health threat.

Legislatively Enacted Structure, Targets, and Reporting

The legislation that enshrined PEPFAR's structure, focus, and reporting requirements reflects intensive, rigorous analysis led by scientists and advisors to President George W. Bush, whose support for a highly ambitious program with a budget to match was crucial to the launch of the program in 2003. That legislation, the United States Leadership Against HIV/ AIDS, Tuberculosis, and Malaria Act of 2003 (Leadership Act),¹ has been Congressionally reauthorized every five years.² While some provisions have changed, as has the name of the enacting Law, this legislation has proved essential to maintaining the program's focus on impact and ambition. The legislation requires reporting back to Congress—which has helped it to sustain broad bipartisan support throughout its history across four presidential administrations and ten Congresses. This support for the legislated program has enabled and required it to remain focused on its core mission, protected from changing political environments.

PEPFAR is also comparatively well resourced to achieve impact in the epidemic and focused on a range of countries critical to global success. While PEPFAR desperately needs additional resources now after 14 years of flat funding, the level of resources has been critical to success.³

Diplomatic Power

Led by the U.S. Global AIDS Coordinator—a Presidentially nominated, Senate-confirmed ambassador-level position that reports directly to the U.S. Secretary of State—PEPFAR is able to leverage the diplomatic power of the U.S. government to influence the policies, political will, and resources from national governments and multilateral donors. That PEPFAR is led out of the State Department, where embassies and country ambassadors are implicated and responsible for the country-level program, keeps HIV atop the diplomatic agenda and able to command top-level diplomatic attention to the most pressing issues facing the bilateral HIV response in PEPFAR program countries.

Centralized Coordinating Authority

Programmatic and budget authority for PEPFAR is expressly controlled by the U.S. Global AIDS Coordinator. Centralized approval mechanisms enable PEPFAR to set priorities, ensure priorities are implemented in programming, guard against mission creep, and coordinate a harmonized and focused plan across the U.S. inter-agency collaboration. This includes the authority to re-allocate resources among agencies, country programs, and priorities. At the same time, the infrastructure, mechanisms, and unique expertise of the implementing agencies-USAID, U.S. CDC, HRSA, DOD, Peace Corps-are leveraged to execute the core service delivery, research, and innovation necessary for maximal effectiveness.

- MAKING AIDS HISTORY for AIDS Research
- ¹ U.S. Congress, United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (P.L. 108-25), May 27, 2003.
- ² U.S. Congress, Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (P.L. 110-293), July 30, 2008; U.S. Congress, PEPFAR Stewardship and Oversight Act of 2013 (P.L. 113-56), Dec. 2, 2013; U.S. Congress, PEPFAR Extension Act of 2018 (P.L. 115-305), Dec. 11, 2018
- ³ Kaiser Family Foundation, The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Fact Sheet, Jul. 12, 2022.







The Foundation







Bilateral Investment that Strengthens Multilateral Investments

PEPFAR's initial and ongoing work innovates service delivery models that meet patient needs and work within different regional, country, and sub-national contexts. PEPFAR has capacity to innovate in this way by expressly not trying to do everything everywhere. PEPFAR has worked in core countries to achieve rapid impact, prove models, and disseminate learnings. These learnings work synergistically with multilateral donors—such as the Global Fund—to broaden the global impact of research and implementation.

Data Use

Building on the reporting requirements Congress included in the Leadership Act, PEPFAR has developed a culture centered on data collection, analysis, use, and accountability for results.⁴ PEPFAR's current Monitoring, Evaluation, and Reporting (MER) framework tracks 36 separate service indicators at country, district, and facility levels disaggregated by age and sex to monitor program performance at least quarterly in great detail.⁵ PEPFAR sets measurable, specific, and clear targets that relate directly to the lives of people living with or at risk of HIV for each country, agency, and implementing partner to ensure services are delivered at scale with PEPFAR's resources.

As importantly, PEPFAR's MER data, targets, and achievements by country, district, agency, and implementing partner are publicly available to ensure accountability for saving lives and delivering results with U.S. government funds. Thanks to this transparency, civil society and affected communities are better able to pressure PEPFAR to improve when programming underperforms.

Unprecedented Budget Transparency

PEPFAR is an unrivaled global leader in transparency of its funding. Building on the established culture of data use, PEPFAR has developed detailed, specific, and relevant budget and expenditure tracking systems that make clear which agency and implementing partner is responsible for specific programming in each country and tracks whether that programming is being fully implemented in line with the intended budget.⁸

As with PEPFAR's MER data, budget and expenditure data are publicly released to increase accountability of the program to the communities it is meant to serve.⁹ The detail available in these combined data sets is unmatched in any other global health program.



Working with Communities and Inclusive Annual Planning

PEPFAR's annual Country Operational Plan (COP) planning process has become an intensive, focused, and critical driver of programmatic evolution, accountability, and success.¹⁰ The annual planning process convened by the Office of the Global AIDS Coordinator brings together representatives and duty-bearers from U.S. government agencies, ministries of health, multilateral institutions such as the Global Fund, WHO, and UNAIDS, and U.S. and local civil society organizations to review program performance, debate strategy, critique implementation, and co-develop programmatic priorities, activities, and implementation for the coming year. Critically, this inclusive process includes transparent discussion of the proposed targets, objectives, and funding allocations within each country plan prior to finalization so all parties see the relationship between strategic priorities and funding allocations.¹¹

- ⁴ PEPFAR. 2022 Annual Report to Congress. March 2022. https://www.state.gov/wp-content/uploads/2022/05/PEPFAR2022.pdf
- ⁵ PEPFAR. Monitoring, Evaluation, and Reporting Indicator Reference Guide: MER 2.0 (Version 2.6). September 2021. https://www.state.gov/wp-content/uploads/2021/09/FY22-MER-2.6-Indicator-Reference-Guide.pdf
- ⁶ PEPFAR Panorama Spotlight. https://data.pepfar.gov/
- ⁷ amfAR. Data Watch: Data Accessibility from Global Funders of HIV, TB, and Malaria Programming. October 2019. https://www.amfar.org/wp-content/uploads/2022/03/ DataWatch102819.pdf
- ⁸ PEPFAR Financial Classification Reference Guide: Version 2.5. October 2022. https://datim.zendesk.com/hc/en-us/article_attachments/10071830520724/PEPFAR_Financial_ Classifications_Reference_Guide_10.12.2022.pdf
- ⁹ PEPFAR Panorama Spotlight. https://data.pepfar.gov/
- ¹⁰ PEPFAR 2022 Country and Regional Operational Plan (COP/ROP) Guidance. https://www.state.gov/wp-content/uploads/2022/02/COP22-Guidance-Final_508-Compliant-3.pdf;
- Health GAP. Measuring Up: Tracking PEPFAR's Accountability to People Living with HIV 2020–21. https://healthgap.org/wp-content/uploads/2021/02/2020-21-Measuring-Up-FINAL.pdf ¹¹ Russell A, Luba M, Mwehonge K, Lusimbo R, Milanga M, Kavanagh MM. Civil society demand for accountability to achieve the 90-90-90 targets: lessons from Eastern and Southern Africa. *Curr Opin HIV AIDS*. 2019 Jan;14(1):41-45. doi: 10.1097/COH.0000000000516. PMID: 30480584.