Advancing Country Partnerships on HIV/AIDS

By Richard Downie[1]

Executive Summary

U.S. investments to tackle HIV/AIDS by the President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) have saved millions of lives and enabled us to see how the world might bring an end to AIDS as a major public health burden. As the largest funder of HIV/AIDS programs, the United States has driven the progress made so far, but others have also made important contributions. The achievements of PEPFAR and the Global Fund over the past 15 years have been built on strong country partnerships. U.S. engagement has strengthened the leadership capacity of governments to fight the HIV epidemic and energized a host of nongovernmental players—including civil society groups, faith-based organizations (FBOs), and private-sector representatives—to join the effort. In the process, many PEPFAR and Global Fund partners have assumed leadership—and greater financial responsibility—for their HIV/AIDS programs, putting in place the foundations of a sustainable response.

President Trump's proposed FY 2018 budget calls for steep declines in global HIV/AIDS funding and other health programs in many countries that benefit from PEPFAR's presence. Precipitous withdrawals of funding and technical assistance risk undermining, even reversing, hard-won gains. The proposed budget cuts call into question the ability of the United States to sustain progress on HIV/AIDS and could disrupt efforts to encourage country partners to assume more leadership of their own responses to the epidemic. This outcome would not be in the national interest of the United States; it would undermine years of U.S. global health investments and risk a resurgence of the HIV epidemic in countries where intensified efforts could bring epidemic control within reach by 2020.[2] **THE UNITED STATES SHOULD HELP COUNTRIES PUT THE FOUNDATIONS IN PLACE FOR A SUSTAINABLE HIV RESPONSE, INCLUDING AMBITIOUS BUT REALISTIC PLANS TO GROW THEIR ECONOMIES AND INCREASE THE SHARE OF DOMESTIC REVENUES ALLOCATED TO HEALTH**. Only then will it be possible to negotiate transitions away from front-line support without putting lives at risk.

What is country ownership and sustainability?

It is hard to apply universal definitions of locally sustainable programs to countries that vary widely in terms of governance, capacity, wealth, and disease profile. Adding to the confusion, the terms country ownership and sustainability are often used interchangeably. PEPFAR and the Global Fund understand that the ultimate measure of their success is their ability to help countries reach and sustain epidemic control while supporting capacity for governments to fund and manage their own national responses. Both donors have set their own definitions of sustainability and devised common frameworks to track country progress toward it. For example, PEPFAR has identified four components of a sustainable country response to HIV/AIDS: there must be political will, HIV services that meet people's treatment and prevention needs, efficient health systems, and sufficient financial resources.[3] Country ownership often refers to the ability of national governments to

implement fully their HIV response; however, it can and should also refer to the capacity of local governments, the private sector, and civil society to manage the response in partnership.

For the Global Fund, sustainability is *"the ability of a health program or country to both maintain and scale up service coverage to a level, in line with epidemiological context, that will provide for continuing control of a public health problem and support efforts for elimination of the three diseases [HIV, TB, and malaria] even after the removal of funding by the Global Fund and other major external donors."*[4]

The methods used by PEPFAR and the Global Fund to measure sustainability have evolved and increased in sophistication. For a time, PEPFAR managed country relationships by negotiating "partnership frameworks" with host governments. The agreements set out mutual goals and obligations and helped advance country ownership by requiring host nations to lead the process. In many cases, the development of the plans led to greater coordination and cooperation. However, in countries like Nigeria they foundered because there was no mechanism within the frameworks to enforce accountability when goals were missed. More recently, PEPFAR introduced the Sustainability Index and Dashboard (SID), a tool to measure country progress across 15 common sets of objective sustainability criteria that include planning and coordination, service delivery, and domestic resource mobilization. Each PEPFAR country team has completed a SID with input from the host government and other in-country stakeholders.[5] Color-coded dashboards clearly illustrate where greater attention is needed to improve national systems and accountability. Donors and country partners are clearer than ever before about their mutual responsibilities and the importance of implementing phased transitions to greater country ownership of the HIV response.

What are the characteristics of sustainability?

"Sustainability requires a long-term commitment from a country to ensure it establishes and maintains sufficient levels of fiscal ability, technical capability, political will, and citizen engagement."[6]

Countries will reach a sustainable response to HIV/AIDS when they are firmly in the lead, with donors providing a supporting role. Achieving country ownership requires the following critical elements:

Political will: **A COUNTRY CANNOT MOUNT A SUSTAINABLE HIV RESPONSE WITHOUT STRONG, CONSISTENT POLITICAL WILL AT THE HIGHEST LEVELS OF GOVERNMENT**. Political will can take the form of a president repeatedly discussing HIV prevention in public remarks, prioritization of HIV strategies, or coordinated leadership of the national response. For example, South Africa has moved from AIDS denialism in the 1990s and early 2000s to global leadership today, hosting the meeting of the International AIDS Conference in Durban in 2016 and putting more than 3.4 million of its citizens on life-saving AIDS treatment. Strong leadership is also necessary at the sub-national level in countries with federal systems of government. In India, state governments such as Karnataka and Andhra Pradesh have led the way in piloting innovative programs for HIV prevention and treatment that have subsequently been taken up at the national level. By contrast, Russia provides a case study of what can happen when commitment dwindles, external partners are sidelined, and civil society criminalized. In Russia, reported cases of HIV increased by 75 percent between 2010 and 2016, partly due to counterproductive policies toward people who inject drugs and other vulnerable groups.[7] In the Philippines, the government's rejection of evidence-led policies has hindered HIV prevention, testing, and treatment, leading to a surge in new infections among the most at-risk populations.[8]

Financial ownership: **COUNTRIES CANNOT TRULY OWN THEIR HIV RESPONSE IF THEY ARE NOT ASSUMING A FAIR SHARE OF THE COST THAT COMES WITH IT**. However, many of the countries hardest-hit by HIV are poor and face competing development priorities. In April 2001, members of the African Union pledged to allocate at least 15 percent of their annual budget to the health sector. In 2016, only four countries—Ethiopia, Gambia, Malawi, and Swaziland—met the target.[9] While many low-income countries are making progress, it is unlikely they will be able to shoulder the financial burden for tackling the epidemic in the near future.[10] Other countries that are critical to fighting HIV—such as South Africa—are encountering prolonged economic slowdowns that make it difficult to budget additional domestic resources to HIV. Others still, such as Nigeria, could commit more of its own resources despite its current economic struggles.

Strong civil society engagement: **GOVERNMENTS ALONE CANNOT MOUNT A SUSTAINABLE HIV RESPONSE**. In many countries, local nongovernmental organizations led the initial fight against HIV through community support and prevention groups. In Uganda, The AIDS Support Organization (TASO) started in 1987 to address

the needs of those affected by HIV, fight stigma and discrimination, and help spread prevention messages to keep others from being infected. Community-driven activism by groups that provide services, and advocacy on behalf of (and by) those affected by HIV has galvanized high-level political action on HIV, defended the rights of people living with HIV, and directly implemented HIV services. In many countries, these groups represent a powerful, permanent, and sustainable constituency of support for continued attention on HIV and public health. Yet in countries like Tanzania and the Philippines, governments view civil society as a threat rather than an essential partner, leaving them to fight HIV with one hand tied behind their backs.

Effective health systems: **COUNTRIES CANNOT SUSTAIN THEIR HIV/AIDS RESPONSE UNLESS IT IS INTEGRATED INTO A FUNCTIONING, WELL-RESOURCED, AND ADEQUATELY STAFFED HEALTH SYSTEM**. Countries need adequate facilities with trained health care workers, as well as laboratory capacity, to diagnose and treat patients. They need to be able to collect and analyze data to make informed decisions about how and where to address the epidemic. They need to be able to store and transport commodities, including test kits and medication, to all facilities efficiently. Investments in health facilities, data collection, laboratories, drug supply chains, and—most importantly—the health workforce have positive spillover effects that extend beyond the HIV response. For example, stronger health systems and health workforces increase the likelihood that biomedical innovations, often funded by the United States, will significantly improve the quality of HIV care, while reducing the cost of treatment. Functioning, resilient health systems also enable countries to detect new outbreaks and respond effectively, as was seen during the Ebola outbreak in West Africa.

How have PEPFAR and the Global Fund helped advance country ownership?

The task of persuading and enabling country partners to take on more responsibility for their HIV response is arduous and far from complete, yet there has been noticeable progress in several key areas:

Strong partnerships: From their inception, PEPFAR and the Global Fund have funded and mentored community-led activities in partner countries. The Global Fund model of facilitating country coordinating mechanisms (CCMs) set up and run by domestic partners has helped align objectives, broaden the set of actors engaged on HIV, and accelerated the shift toward national accountability. The country government usually chairs the CCMs, but

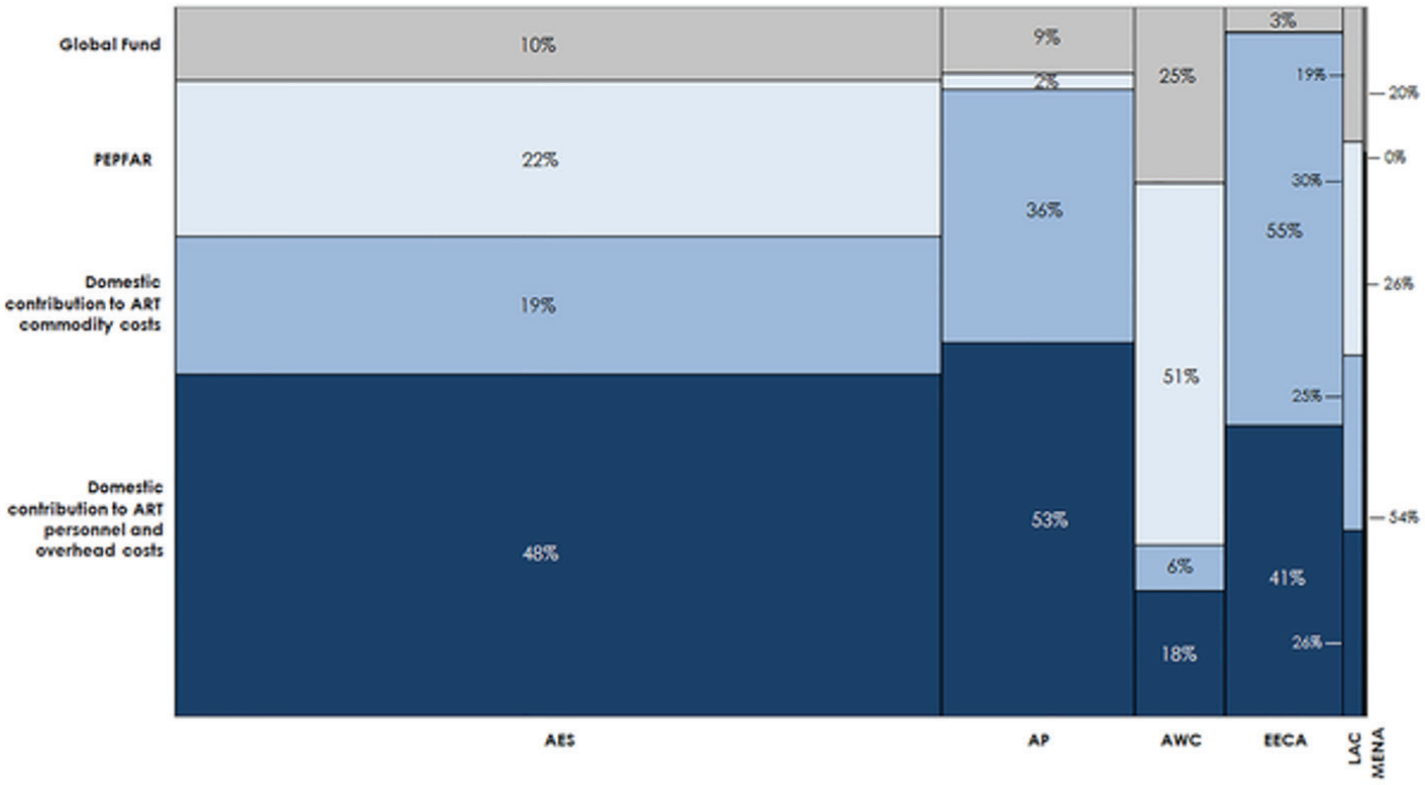
NIGERIA AND THE CONSEQUENCES OF POOR LEADERSHIP ON HIV/AIDS

In Nigeria, a country with one of the highest HIV burdens in the world, a stagnant domestic response has hindered progress against the epidemic. More than 3.5 million people are living with HIV in Nigeria, but less than a quarter are receiving life-saving treatment.[11] Among children, the HIV epidemic is declining more slowly in Nigeria than anywhere else in sub-Saharan Africa, with 41,000 children newly infected in 2015 alone—more than the next eight countries combined.[12] These trends persist despite significant donor investment, largely because of a lack of financial commitment and political will from the government of Nigeria.

In 2014, the government of Nigeria contributed only 27 percent of its HIV response, instead relying largely on investments from international donors like PEPFAR and the Global Fund.[13] These bilateral and multilateral investments totaled over $442 million in 2014, making Nigeria the third-largest recipient of donor financing for HIV after South Africa and Kenya.[14] Low domestic financing for AIDS fits into a broader pattern of health being under-prioritized by Nigerian governments at the federal and state levels. In 2016, health made up just 4 percent of the federal budget and health resources that are allocated are often ineffectively used. Further, corruption in the health sector, including the theft of $3.8 million of grants from the Global Fund in 2015, has slowed the delivery of lifesaving programs and undermined donor confidence.[15] Finally, weak data systems make it nearly impossible to track progress and hold systems accountable for results.

The Nigerian government's persistent failure to live up to funding commitments for health has prompted calls by donors and the Nigerian public for its leaders to get serious about increasing domestic resources for health, despite challenging economic conditions in the country. PEPFAR has cut its budget by almost $100 million in Fiscal Year 2017.[16] In addition, Global Fund financing may be at risk if Nigeria does not deliver on its cofinancing commitment. Africa's most populous nation must urgently prioritize HIV financing at the national and state level and create policies that promote strong health service delivery, or risk a growing and potentially destabilizing AIDS epidemic.

Estimated financial resources available for antiretroviral therapy, 2015–20[26]



Key: AES, Eastern and Southern Africa; AP, Asia and the Pacific; AWC, Western and Central Africa; EECA, Eastern Europe and Central Asia; LAC, Latin America and the Caribbean; MENA, Middle East and North America

with representation by civil society, affected populations, academia, the private sector, donors, and other relevant stakeholders.

In addition, both PEPFAR and the Global Fund have encouraged and facilitated partnerships between host governments, the private sector, and other constituencies to stimulate investment and innovation in the fight against HIV. This approach is exemplified by DREAMS, a $385 million public-private partnership that supports adolescent girls in becoming Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe women. While PEPFAR is the lead partner in DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, Safe), the initiative includes private-sector and foundation cofinancing and in-kind contributions, and prioritizes engagement at the local level through an $85 million innovation Challenge Fund.

Sound policies: PEPFAR and the Global Fund have been instrumental in encouraging host countries to follow evidence-based, effective policies to tackle their HIV epidemic. For example, countries have embraced the UNAIDS 90/90/90 goals,[17] and "test and START," the World Health Organization's recommendation that people should be placed on antiretroviral (ARV) therapy as soon as they are diagnosed with HIV. PEPFAR's evidence-driven approach and diplomatic engagement have positively influenced host-government attitudes toward the populations that drive the epidemic. In Botswana, PEPFAR helped persuade the government to extend treatment to Zimbabwean migrants, a group with high HIV rates that had previously been ineligible for free treatment. Vietnam moved from criminalizing people who inject drugs to offering substitution therapy that gave users the confidence to seek HIV services, thereby reducing the rate of new infections.

Stronger domestic resource generation for HIV: **THROUGH ADVOCACY, TECHNICAL ASSISTANCE, AND INCENTIVES, PEPFAR AND THE GLOBAL FUND ARE HELPING COUNTRY PARTNERS INCREASE THEIR FINANCIAL COMMITMENTS TO THE HIV RESPONSE**.[18] The U.S. Treasury, one of PEPFAR's seven implementing agencies,[19] is helping countries like Zambia and Uganda improve public financial management

of their health resources, facilitate communication between health and finance ministries, and produce sustainable plans for increasing domestic resource allocations for HIV.[20] Countries have produced HIV investment cases that make the argument to ministries of finance to increase HIV spending and think strategically about how to finance them. In 2016, the Global Fund agreed on a new strategy to accelerate this effort that included strengthening cofinancing requirements and incentives for country partners.[21] Several countries have taken up the challenge. In Zimbabwe, the proceeds of a 3 percent tax on formal sector employers and employees were given to Zimbabwe's AIDS Trust Fund. In Côte d'Ivoire, a debt conversion instrument called Debt2Health raised $27 million for the domestic HIV response.[22]

These efforts are generating momentum. **ALTOGETHER, DOMESTIC INVESTMENT AMOUNTS TO NEARLY 60 PERCENT OF HIV SPENDING IN LOW- AND MIDDLE-INCOME COUNTRIES AND INCREASED BY AN AVERAGE OF 11 PERCENT A YEAR FROM 2006 TO 2016**.[23],[24] Wealthier country partners have progressively contributed more domestic resources to the HIV response. India pays for more than 80 percent of its national HIV program, while South Africa pays for 77 percent of its response.[25] Countries such as Brazil, Malaysia, and Romania have graduated from Global Fund support and are entirely self-sufficient. Thailand includes antiretroviral therapy in the package of treatments available under its universal health coverage scheme.

Both PEPFAR and the Global Fund have an important role to play in encouraging new and innovative financing mechanisms for HIV. They include the development of impact bonds and blended financing with interest rate buy-downs, and supporting the growth of strong domestic constituencies that can forcefully argue that HIV remains a high political and budgetary priority.

Obstacles to sustainability

Efforts by PEPFAR and the Global Fund to harness more sustainable HIV responses among their partners face several key challenges:

Managing transitions: While the ultimate goal is to reach a point where countries are fully in charge of their HIV programs, the pace of transition from a donor-led to country-led HIV response must recognize local circumstances and cannot be rushed without putting progress at risk. **IT IS NOT REALISTIC TO EXPECT THAT THE LEAST ECONOMICALLY DEVELOPED COUNTRIES IN SUB-SAHARAN**

VIETNAM, A MODEL OF COUNTRY LEADERSHIP ON HIV/AIDS

Vietnam has built strong partnerships with PEPFAR and the Global Fund, presiding over a shift from a donor-dependent HIV response to one that is primarily domestically funded. In 2015, HIV spending was estimated at $137.5 million, 1.27 percent of total health expenditure in Vietnam. PEPFAR and the Global Fund contributed 36 percent and 14 percent of total HIV expenditure, respectively.[27] The government of Vietnam is taking greater responsibility for health system development, including managing health workers, HIV sentinel surveillance, the harm reduction program, procurement of HIV commodities, and HIV prevention activities.

Between 2014 and 2015, the government of Vietnam increased its annual ARV budget from $0.9 million to $4 million and successfully completed its first domestic procurement of ARVs, negotiating prices comparable to those obtained through PEPFAR and the Global Fund. As a result, Vietnam secured enough fixed-dose combination ARVs to treat more than 26,000 patients for one year. Equally important was the government's decision to centralize procurement of ARVs, to be paid for by the country's Social Health Insurance (SHI) fund beginning in 2017.

Preliminary meetings leading up to the Global Fund request for 2018–2020 have considered how the Global Fund can support the sustainable transition of Vietnam's HIV program to SHI. With PEPFAR support for commodities in its final year, the onus will be on Vietnam's Ministry of Health to manage an orderly transition to SHI so that care and treatment are not interrupted.

While substantial progress has been made in the transition from a donor-led to a host government-run HIV response, U.S. government technical assistance and funding will remain important in several areas. These include the uneven implementation of nondiscrimination policies that limit patient access to services; limited understanding of the potential market for private-sector engagement in HIV prevention commodities; and weak clinical and human resource capacity at public health sites that are taking on HIV prevention and treatment services. Civil society HIV activities are currently externally funded, raising questions about sustainability. Finally, while Vietnam has committed to using its own funds to fill ARV treatment gaps, close monitoring will be required beyond this year to ensure the process remains on track and the most vulnerable populations receive the services they require.

AFRICA WITH LARGE HIV EPIDEMICS WILL BE ABLE TO SUSTAIN EFFECTIVE PROGRAMS BY THEMSELVES IN THE NEAR FUTURE. However, they can be expected to take on greater political and policy leadership, and advance along the path to achieving epidemic control by 2020. PEPFAR help to other countries with smaller epidemics and growing economies can aim to catalyze efforts by the countries themselves to take on full financial responsibility for their HIV program. Where middle income countries are already transitioning away from PEPFAR and Global Fund support due to their commitment and increased wealth, phase-out strategies are appropriate, but should be managed in close consultation with the government and other partners. Cutting off all aid abruptly might leave gaps in niche areas that the donors have promised to fill while country capacity is built. Further, there is a vested interest for the United States to maintain relationships with countries even when there is no direct service delivery or technical assistance occurring. U.S. technical collaboration with Brazil on the Zika virus and vaccine research with Thailand demonstrate the value of continued small investments in global health partnerships.

In the companion two-page policy brief "A Moment of Reckoning for U.S. Leadership on Global HIV,"[28] CSIS recommended that the United States prioritize achieving epidemic control in at least 10 high-burden countries because the U.S. government has the tools to achieve that goal and it should not lose sight of the opportunity. However, achieving that goal does not necessitate dropping lower-burden countries or regions without sufficient transition planning. The U.S. Global AIDS coordinator, Ambassador Deborah Birx, has reinforced this message by committing to achieving epidemic control in 13 countries while continuing to support all the countries where PEPFAR works.[29]

PEPFAR's in-country presence is instrumental in navigating bumps in the road. PEPFAR has established trust with local partners that has taken many years to develop but can be instantly undone in the event of a hasty departure.

Recognizing the importance of managing orderly country transitions, the Global Fund and PEPFAR are assessing transition risks in over 20 countries and taking actions to tackle them. This effort must continue, or there is a real danger that successful programs to tackle HIV will go into reverse gear, leading to millions of additional cases. Members of Congress also acknowledge the need for partner countries to be proactive. In its FY 2018 Appropriations Bill, the State, Foreign Operations, and Related Programs Sub-Committee included language directing PEPFAR to include in its annual report a country-by-country assessment of sustainability and the country-specific obstacles to sustainability.[30]

Managing the tradeoffs of country ownership: **IN SOME COUNTRIES, PEPFAR AND GLOBAL FUND PARTNER GOVERNMENTS PURSUE POLICIES OR PROGRAMS THAT HARM, RATHER THAN ADVANCE, THE FIGHT AGAINST HIV**. In Tanzania, increasing restrictions on civil society and hostility toward populations that drive the epidemic are disrupting service delivery and cutting off access to the most vulnerable. Despite these challenges, maintaining U.S. government staff in-country can help limit the damage and facilitate advocacy of more constructive policies. In Uganda, PEPFAR's strategy of staying diplomatically engaged despite the passage of the 2014 Anti-Homosexuality Act provided continuity and minimized disruption to AIDS programs in the months before the law was annulled by the country's constitutional court.

Next Steps

The United States can support PEPFAR and the Global Fund as they guide countries on the path toward sustainability by prioritizing:

1. **Accelerated country transitions:** PEPFAR and the Global Fund should design ambitious but sustainable transition plans with host-country partners in the more than 50 countries in which PEPFAR invests, particularly middle-income countries that have already advanced along the road to self-reliance. Plans should include mutually agreed-upon criteria for transition, clear benchmarks to assess progress, and accountability mechanisms to enforce implementation. Frequent and transparent communication is critically important to manage mutual expectations and ensure coordination. The Trump administration and Congress can strengthen transition processes and help safeguard the long-term sustainability of the global HIV response by avoiding sudden, sweeping cuts to HIV/AIDS country programs that could trigger hasty, poorly planned exits.

2. **Greater domestic resource mobilization:** Some PEPFAR and Global Fund-supported countries have made steady progress in committing more of their own financial resources to HIV, but others must do more. To assist the process, the United States should consider increasing technical assistance to partner countries' finance ministries to strengthen their capacity to generate domestic resources for health. In countries where progress has been slow, PEPFAR should consider developing mechanisms to incentivize and influence more sustainable domestic responses to HIV, aligning more closely with the Global Fund's transition and cofinancing requirements.

3. **Capacity-building activities:** The singular focus of PEPFAR on aggressively targeting HIV hotspots has been impressive, but to sustain the progress, efforts to build strong, well-resourced, fully staffed health systems in partner countries must continue. It will be important for the Trump administration and Congress to avoid sharp cuts to funding for other, complementary global health programs that help strengthen health systems.

4. **Mutual accountability:** In addition to requiring PEPFAR to report on individual country obstacles to sustainability, Congress should insist that PEPFAR outline the steps it is taking on its own and in partnership with others to address these barriers. These actions should be included in the sustainability transition plans developed for each country.

Notes

1. Richard Downie is acting director of the CSIS Africa Program and a consultant with the CSIS Global Health Policy Center. This paper grew out of a CSIS Global Health Policy Center working group on HIV, which included a subgroup examining how the United States should manage its country partnerships on HIV. Its members include the following (organizations listed for identification purposes only): Sara M. Allinder, CSIS; Chris Beyrer, Johns Hopkins University; Robert Hecht, Pharos Global Health Advisors; Jenny Ottenhoff, ONE Campaign; Tom LaSalvia, End AIDS Coalition; Jirair Ratevosian, Gilead Sciences; Arin Dutta, Palladium Group; Janet Fleischman, CSIS; Ambassador (ret.) Jimmy Kolker; Shepherd Smith, Institute for Youth Development; Ambassador Nomonde Nolutshungu, Embassy of the Republic of South Africa; Maria Schneider, Rabin Martin; Brian Honermann, amfAR.

2. Epidemic control is achieved when the number of new infections in a year is less than the number of HIV-related deaths.

3. President's Emergency Plan for AIDS Relief, "Sustainable HIV Epidemic Control," Position Paper, November 2016, https://www.pepfar.gov/documents/organization/264884.pdf.

4. The Global Fund, "Sustainability, Transition, and Co-financing of programs supported by the Global Fund," Background note, January 13, 2017, https://www.theglobalfund.org/media/5648/core_sustainabilityandtransition_guidancenote_en.pdf.

5. The President's Emergency Plan for AIDS Relief, "FY 2016 PEPFAR Sustainability Indices and Dashboards (SIDs)," https://www.pepfar.gov/countries/cop/c71524.htm.

6. State, Foreign Operations, and Related Programs Appropriations Bill, 2018, H. Rep. No. 115-xxx, 43 (2017), https://appropriations.house.gov/uploaded-files/23926.pdf.

7. UNAIDS, "Ending AIDS: Progress towards the 90/90/90 targets," Global AIDS Update 2017, July 20, 2017, http://www.unaids.org/sites/default/files/media_asset/Global_AIDS_update_2017_en.pdf.

8. Human Rights Watch, "Fueling the Philippines HIV Epidemic," December 2016, https://www.hrw.org/sites/default/files/report_pdf/philippines1216_web.pdf.

9. African Union, "Africa Scorecard on Domestic Financing for Health," https://www.au.int/web/sites/default/files/documents/31331-doc-au_scorecard_-_final_english.pdf. Note that South Africa says it has met the 15 percent target as well, claiming that the AU data is incomplete.

10. See Stephen Resch et al., "Funding AIDS programs in the era of shared responsibility: an analysis of domestic spending in 12 low-income and middle-income countries," The Lancet, January 3, 2015, http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(14)70342-0.pdf.

11. PEPFAR, "Nigeria: Country Operational Plan (COP) 2016: Strategic Direction Summary," June 10, 2016, https://www.pepfar.gov/documents/organization/257635.pdf.

12. UNAIDS, "Prevention Gap Report," 2016, http://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf.

13. Government of Nigeria, "National AIDS Spending Assessment (NASA) for the Period 2013–2014," http://naca.gov.ng/wordpress/wp-content/uploads/2016/11/NASA-report-2013_2014.docx-Final-copy.pdf.

14. UNAIDS, "AIDS Data," 2016, http://www.unaids.org/sites/default/files/media_asset/2016-AIDS-data_en.pdf

15. Richard Downie, Promoting Accountability in Nigeria's Health System (Washington, DC: CSIS, February 2017), 12, https://csis-prod.s3.amazonaws.com/s3fs-public/publication/170221_Downie_PromotingAccountabilityNigeria_Web.pdf?87Nrn7MgZAoMhwhj6jcfzbZPKWYtkaJd.

16. Ibid., 11.

17. The 90/90/90 goals set a deadline of 2020 for 90 percent of people with HIV to know their status, 90 percent of people diagnosed with HIV to receive antiretroviral therapy, and 90 percent of people on antiretroviral therapy to have achieved viral suppression.

18. For example, the Global Fund's Special Initiative on Value for Money and Financial Sustainability has provided catalytic support and advice to countries in transition. For more details, see Robert Hecht and Rachel Wilkinson, "Helping countries transition from donor aid for health: recent experience at the Global Fund," Global Health Your Say blog, July 10, 2017, http://blogs.plos.org/yoursay/2017/07/10/investinginhealthsystems/.

19. U.S. Department of Treasury, "Remarks by Assistant Secretary for International Finance Ramin Toloui at the Center for Global Development," November 28, 2016, https://www.treasury.gov/press-center/press-releases/Pages/jl0618.aspx.

20. See the accompanying CSIS paper, "Opportunities for U.S. Leadership on Global HIV at Its Moment of Reckoning" paper for more information on PEPFAR's whole-of-government approach.

21. The Global Fund 35th Board Meeting, "The Global Fund Sustainability, Transition and Co-financing Policy," April 26–27, 2016, Abidjan, https://www.theglobalfund.org/media/4221/bm35_04-sustainabilitytransitionandcofinancing_policy_en.pdf.

22Rifut Atun et al., "Innovative financing for HIV response in sub-Saharan Africa," Journal of Public Health, June 2016, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4871060/.

23. UNAIDS, "Fast-Track Update on Investments Needed in the HIV Response," 2016, 11, http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Reference_FastTrack_Update_on_investments_en.pdf.

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26. Arin Dutta, Catherine Barker, and Ashley Kallarakal, "The HIV Treatment Gap: Estimates of the Financial Resources Needed versus Available for Scale-Up of Antiretroviral Therapy in 97 Countries from 2015 to 2020," PLOS Medicine 12, no. 11 (November 2015): e1001907, http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001907.

27. Official expenditure data for 2016 is not yet available because validated national health figures typically lag one to two years.

28. Sara M. Allinder and J. Stephen Morrison, "A Moment of Reckoning for U.S. Leadership on Global HIV," CSIS, June 21, 2017, https://csis-prod.s3.amazonaws.com/s3fs-public/publication/170621_Allinder_USLeadershipGlobalHIV_Web.pdf?ZbtTzL1kIIRjhFx_nS8ZHBKYGli3mQow.

29. Office of the Global AIDS Coordinator and the U.S. Bureau of Public Affairs, "Statement by Ambassador Deborah L. Birx: U.S. Government/PEPFAR's Global Commitment to HIV/AIDS Remains Strong," July 20, 2017, https://www.pepfar.gov/press/releases/2017/272760.htm.

30. H. Rep. No. 115-xxx, at 43 (2017), https://appropriations.house.gov/uploadedfiles/23926.pdf.

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