

December 3, 2024

Sustainability of the HIV/AIDS Response – Getting to 2030 & Beyond

OVERVIEW AND CONTEXT

The global HIV/AIDS crisis, first recognized in the early 1980s, has claimed millions of lives and continues to disproportionately impact low- and middle-income countries, particularly in sub-Saharan Africa. Despite advancements in treatment and prevention, HIV/AIDS remains a significant public health challenge, with 1.3 million people acquiring HIV in 2023 and over 39.9 million living with HIV globally. The United States President's Emergency Plan for AIDS Relief (PEPFAR), established in 2003 under the leadership of President George W. Bush, has played a pivotal role in addressing this crisis. It is the largest global health initiative ever undertaken by one country to combat a single disease, providing over \$110 billion in bilateral assistance to more than 50 countries over two decades. PEPFAR's efforts have been instrumental in saving millions of lives, with key successes including 25 million lives saved and 5.5 million babies born HIV-free. In addition, PEPFAR has contributed to broader health benefits, including a 35 percent reduction in child mortality and a 25 percent reduction in maternal mortality in PEPFAR-supported countries (Gaumer et al., 2023).

PEPFAR's contributions extend beyond HIV treatment and prevention. The program has strengthened health systems by investing in laboratory services, health infrastructure, and workforce development, resulting in broader improvements in maternal and child health, childhood immunization rates, and even economic growth (Crown et al., 2023; Gaumer et al., 2024). Before PEPFAR, the HIV crisis was reducing national average GDP per capita growth rates by two to four percentage points per year (DOS, 2022). Through its efforts to improve population health, PEPFAR has helped reverse these declines and foster economic recovery. Despite these achievements, the fight against HIV/AIDS has reached an inflection point. PEPFAR's future impact is threatened by shifting political priorities, funding constraints, and evolving global health needs (Kates et al., 2021). These challenges are underscored by the program's recent struggles to secure a 5-year reauthorization, highlighting the shifting ground on which PEPFAR operates and the growing scrutiny of its future (Kates et al., 2024).

In line with the United Nations (UN) Sustainable Development Goal of ending the HIV/AIDS epidemic as a public health threat by 2030, urgent action is required to sustain and build on PEPFAR's accomplishments. This will involve continued investments in health systems, scaling up prevention and treatment efforts, and integrating HIV services with broader health care delivery systems. The global community must commit to keeping PEPFAR as a central pillar in the fight against HIV/AIDS.

In this context, the National Academy of Medicine organized a workshop, *Sustainability of the HIV/AIDS Response – Getting to 2030 & Beyond*, on September 18, 2024. The intended audience for the workshop included policy makers, donors, implementing partners, researchers, and advocates involved in the global HIV/AIDS response. Discussions centered on sustaining the political commitment, enhancing the effectiveness of future responses to the crisis, and addressing both domestic and donor financing for the global HIV/AIDS response. PEPFAR was a particular focus within the broader discussion, given its pivotal role in shaping the global HIV/AIDS response to date. Additionally, the workshop aimed to propose strategies to re-energize global efforts and ensure the future sustainability of HIV/AIDS programs post-2030.

WELCOME AND INTRODUCTION

The opening session of the workshop, facilitated by **Victor Dzau** of the National Academy of Medicine and **Carlos del Rio** of Emory University School of Medicine, laid the foundation for discussions on the future of the global HIV/AIDS response.

Dzau highlighted the immense achievements of the global HIV/AIDS response, while urging participants to consider the future. Dzau acknowledged the significant progress achieved, including the saving of 25 million lives since 2003 and a

reduction in HIV-related deaths from 1.3 million in 2010 to 630,000 in 2023 (Gaumer et al., 2023; UNAIDS, 2024). However, he emphasized that the world is not on track to meet the UN's Sustainable Development Goal of ending the HIV/AIDS epidemic as a public health threat by 2030. He pointed to key challenges such as declining political commitment, insufficient funding, and a rise in new infections. Dzau also noted that in 2023, total resources available for HIV decreased by 5 percent from 2022 and fell short by \$9.5 billion of the \$29.3 billion required by 2025, highlighting the urgent need for increased and sustained support (UNAIDS, 2024).

A statement from **Congresswoman Barbara Lee** was shared, commending the global coalition that has made significant strides in fighting HIV/AIDS. However, she warned that complacency, especially in wealthy nations, threatens continued progress. Lee stressed the importance of renewing efforts, including bipartisan support for PEPFAR, to ensure an AIDS-free generation by 2030.

Carlos del Rio of Emory University reflected on how the global response might be “victims of our own success,” highlighting the reduced sense of urgency that can follow significant progress in controlling a disease. He emphasized that PEPFAR provides valuable lessons that could inform strategies for addressing other global health challenges. However, he raised the question of sustainability, asking whether it means national governments will assume financial responsibility or if global funding will continue. Del Rio invited participants to provide bold recommendations and solutions.

REFLECTIONS AND OPENING COMMENTS

Jim Yong Kim from Global Infrastructure Partners shared insights from his experiences tackling complex global health challenges. He reflected on his early work countering drug-resistant tuberculosis in Peru and launching an innovative HIV medication program in Haiti, which sparked hope by visibly transforming patients' health. He also discussed the success of the World Health Organization's 3x5 campaign, which aimed to provide antiretroviral treatment to three million people with HIV/AIDS by 2005. Despite doubts about feasibility due to drug costs and infrastructure, the campaign—though it did not fully achieve its target—was a success. It demonstrated the viability of large-scale antiretroviral therapy programs and laid the foundation for a global effort that has now reached millions with life-saving treatment.

Kim stressed the economic and social benefits of investing in HIV/AIDS treatment. Studies showed that fully funding the HIV/AIDS response in sub-Saharan Africa would generate a return of 4.3 times the investment through increased labor productivity, reduced health care costs, and positive economic growth. Antiretroviral therapy (ART) alone added 1.2 percent to Africa's GDP growth annually from 2000 to 2015 and averted 42 million years of extreme poverty. By improving the health of individuals living with HIV, ART boosts economic productivity by enabling individuals to maintain employment and support their families, reducing the risk of extreme poverty. Additionally, ART reduces the burden on health care systems and leads to lower health care costs by decreasing the incidence of opportunistic infections and other HIV-related illnesses.

Kim also highlighted the potential of innovative financial strategies to sustain the HIV/AIDS response. He pointed out that the World Bank and other multilateral development banks currently hold billions in liquidity, which could be leveraged to increase grant funding. By using low-interest loans and long-term repayment options through mechanisms like the International Development Association, Kim argued that there are many untapped ways to strengthen the financial foundation needed to end the HIV/AIDS epidemic.

Ambassador John Nkengasong, who leads PEPFAR and the new Bureau for Global Health Security and Diplomacy in the US Department of State, delivered an update on PEPFAR's progress and outlined the journey to achieving the 2030 HIV/AIDS goals.

Nkengasong highlighted PEPFAR's accomplishments, including 20.5 million people living with HIV on treatment in PEPFAR-supported countries and a doubling of PrEP (Pre-Exposure Prophylaxis) scale-up since 2022. PEPFAR now supports 90 percent of global PrEP initiatives. However, he warned that gains remain fragile, drawing lessons from past malaria control efforts, which saw progress followed by a resurgence when programs were discontinued.

Looking toward 2030, Nkengasong emphasized the need to sustain gains, prevent treatment interruptions, and accelerate progress by closing key gaps in populations such as men, youth, and children. He emphasized the critical importance of sustaining uninterrupted treatment for people living with HIV to improve health outcomes and significantly reduce transmission, as effective

ART can suppress viral loads to undetectable levels, making transmission highly unlikely. He highlighted the rollout of new prevention tools like long-acting PrEP, including injectable cabotegravir and lenacapavir, which aim to reduce new infections.

Nkengasong outlined PEPFAR’s four lanes of sustainability—political, programmatic, financial, and partnerships—and noted the importance of the planning process for PEPFAR’s 2025 Country Operational Plans (COP25), as a critical inflection point. PEPFAR’s efforts in each country are guided by an annual Country Operational Plan, developed in collaboration with PEPFAR field teams, partner governments, implementing partners, multilateral organizations, and civil society. In COP25, country teams will need to develop plans that enable long-term sustainability and shift responsibility for HIV programs to national governments and local entities. By 2030 the goal is that the large majority of HIV prevention, care, and treatment programs will be led and delivered by local governments or delivered by other domestic entities with community engagement and government accountability. PEPFAR is developing metrics to measure progress toward the 2030 goal.

POST-2030 STRATEGY: ACHIEVING 2025 GOALS & OPTIMIZING FUTURE RESPONSE

The session on “Post-2030 Strategy: Achieving 2025 Goals & Optimizing Future Response,” moderated by **Carlos del Rio**, Emory University, focused on the strategies necessary to ensure the long-term sustainability of the HIV response. The panelists included **Wafaa El-Sadr**, ICAP at Columbia University; **Eric Goosby**, University of California, San Francisco; **Jennifer Kates**, KFF; **Michel Sidibé**, African Medicines Agency; and **Yogan Pillay**, Bill and Melinda Gates Foundation, who each provided key insights into how investments, partnerships, and political commitment are essential to achieving these goals.

The session emphasized that sustainability depends on investments in people, health systems, and innovations, such as rapid testing and long-acting PrEP. It was underscored that retaining individuals in continuous treatment is paramount, as declines in treatment retention could undermine all other efforts. Transforming health systems to deliver continuous, integrated care—rather than episodic treatments—will be essential for building durable health care models capable of addressing HIV over the long term. Simplifying services and adapting care models to specific local contexts were highlighted as key to optimizing the HIV response beyond 2030.

Participants reflected on past challenges in building partnerships with countries, emphasizing the need to align global efforts with broader national health priorities, including addressing noncommunicable diseases that affect people living with HIV/AIDS. There was also a strong focus on ensuring supply chains are resilient and adaptable to country-specific needs, as well as ensuring local ownership of HIV/AIDS programs to enhance sustainability.

Concerns were raised about declining donor funding and the need to transition global health programs, such as PEPFAR, to more country-led models. The discussion acknowledged how much the political and economic landscape has shifted since PEPFAR’s creation, with significant challenges such as the 2008 global economic crisis, the economic fallout of COVID-19, increasing political division and partisanship, misinformation, and mounting economic pressures on low- and middle-income countries, including high debt burdens. These changes underscore the necessity for PEPFAR and the broader HIV response to adapt their strategies for the future. Additionally, the discussion highlighted the importance of equity in reaching key populations and the need to move beyond abstract notions of sustainability toward concrete, time-bound actions. There was also concern about HIV losing priority in many countries, as other pressing issues such as climate change, emerging pandemics, and economic challenges dominate the agenda. Participants emphasized the need for new strategic alliances and greater local ownership of HIV efforts in response to shrinking international aid and shifting global health priorities.

Examples were shared of countries, such as South Africa and Kenya, already taking the lead in funding their own HIV/AIDS programs, illustrating the importance of country-centric planning, local stewardship, and integrating HIV efforts into broader health systems. The discussion also addressed financial strategies, including how multilateral development banks could leverage existing liquidity and low-interest borrowing mechanisms to secure sustainable financing for the HIV/AIDS response.

Throughout the session, participants explored the need for long-term strategic thinking, greater political will, and innovative financing models to sustain progress. The session underscored that maintaining momentum post-2030 will require renewed global commitment, local accountability, and a focus on equity to ensure that gains made in the HIV/AIDS response are preserved and expanded.

SUSTAINING POLITICAL COMMITMENT TO ENDING HIV AS A PUBLIC HEALTH THREAT

The session on “Sustaining Political Commitment to Ending HIV as a Public Health Threat,” moderated by **Robert Redfield**, University of Maryland, focused on the need for continued political and financial support to ensure the long-term sustainability of the global HIV/AIDS response. The panelists included **Deborah Birx**, Texas Tech University of Health Sciences; **Chris Collins**, Friends of the Global Fight; **Austin Demby**, Sierra Leone Ministry of Health and Sanitation; **Jean William Pape**, Weill Cornell Center of Global Health & GHESKIO; and **Shepherd Smith**, Children’s AIDS Fund International, each of whom provided insights on how to maintain momentum and secure future investments.

Panelists reflected on lessons from previous successes against HIV/AIDS in the early 2010s, such as reducing mother-to-child transmission rates, emphasizing the importance of clear, consistent metrics in securing political backing. They stressed the need to build local capacity while reducing reliance on expensive external personnel from the US government and US-based implementing partners. The discussion highlighted that political will often wanes after several years, making it crucial to push governments to continue prioritizing the HIV/AIDS response. Several speakers stressed that sustaining political commitment will require ongoing visibility of PEPFAR’s success, particularly in a complex global health landscape. The HIV/AIDS response has often been described as exceptional due to its community engagement, focus on key populations, and commitment to equity. As these programs are integrated into broader health systems, it is essential to retain these unique qualities while ensuring that progress continues to be measured and communicated effectively to maintain bipartisan support.

A key point raised was the need for sustainability plans that involve broader health system strengthening. In countries like Sierra Leone, where the largest killers remain malaria and maternal mortality, there is a need to ensure that investments in HIV/AIDS programs do not come at the expense of other public health needs. Challenges faced by health care systems in politically unstable regions, like Haiti, were highlighted, with discussions focusing on the need for integrated approaches that address both HIV/AIDS and chronic diseases. Addressing food insecurity was mentioned as vital to improving medication adherence, alongside the importance of partnerships between HIV programs and other global health initiatives. Health systems must be able to support a range of health challenges, and lessons from the HIV response can be applied more broadly to improve overall health system resilience, including during other health crises like Ebola and COVID-19. At the same time, maintaining a focus on key populations, especially those disproportionately affected by HIV/AIDS, remains crucial to the success of both HIV/AIDS programs and broader health efforts.

The session also examined the difficulty of sustaining political commitment, particularly in securing PEPFAR’s reauthorization amid a politically polarized environment. Panelists emphasized the importance of a clear, actionable plan to communicate the successes and challenges of the HIV/AIDS response, ensuring HIV/AIDS remains a priority on the global health agenda. The conversation underscored the importance of maintaining bipartisan support for PEPFAR, with participants noting the necessity of clear communication with Congress to prevent perceptions of “mission creep.” Clear and consistent metrics were emphasized as crucial for sustaining political support. However, panelists warned that fluctuating data could be detrimental, as critics might use inconsistent metrics to argue that PEPFAR or other programs are underperforming. The session concluded with an acknowledgment of the significant effort required to secure ongoing political support, including educating new policy makers and maintaining bipartisan backing, while advocating for sustainable financial and political commitment to ending HIV/AIDS as a public health threat.

GLOBAL ACCOUNTABILITY: DOMESTIC AND DONOR SUPPORT

The session on “Global Accountability: Domestic and Donor Support” explored strategies for ensuring accountability, mobilizing domestic resources, and securing long-term donor funding for the global HIV response. The session was moderated by **Peter Piot**, European Commission, and panelists included **Winnie Byanyima**, UNAIDS; **Mark Dybul**, Georgetown University; **Tom Frieden**, Resolve to Save Lives; and **Peter Sands**, Global Fund.

Panelists opened the session by discussing the global HIV/AIDS response and the significant funding gaps. While the global HIV/AIDS response is often cited as a successful example of multilateralism, with approximately \$20 billion mobilized annually, for the response in low- and middle-income countries from a combination of domestic sources, donor governments, and international organizations, a nearly \$10 billion gap persists to meet global targets. There are still 9.3 million people without treatment, who contribute to the ongoing spread of HIV, and 1.3 million new infections were recorded in the last year. As a result, the global

HIV/AIDS response cannot afford to slow down, especially given fiscal constraints in many low- and middle-income countries. Many of these nations rely heavily on external funding, which raises concerns that if global solidarity weakens, progress may stall. Without sustained efforts, the number of people living with HIV/AIDS could increase to 46 million by 2050. The panel underscored the vital role of donor contributions, particularly from the United States, which provides 73 percent of external funding for HIV/AIDS programs.

The discussion then shifted to the need for a clear roadmap to gradually reduce donor dependence while maintaining the impact of HIV/AIDS programs. One proposal suggested that a smaller group of countries—around 15 to 20—be selected for deeper engagement to help low- and middle-income countries transition to financial independence through block grants and technical assistance. Rwanda was highlighted as an example where a block grant helped expand health services, even with a 60 percent reduction in the national budget. Setting benchmarks to monitor progress and ensure that funding reductions are implemented gradually was seen as essential to avoid a potential funding “cliff.”

Sustaining HIV/AIDS services will require robust primary health care systems, and the panel identified three main barriers to this: logistics, information systems, and payment mechanisms. Effective protocols, forecasting, and the use of digital tools were recommended to improve supply chain management and track patient outcomes. While integrating HIV/AIDS programs into broader primary health care systems could lead to efficiencies, it is essential to retain the accountability and community engagement that have made programs like PEPFAR so successful.

A major challenge discussed was the reluctance of donors to commit to long-term funding without a clear timeline or exit strategy. Donors seek a clear plan for ending the HIV/AIDS epidemic, rather than providing perpetual support. This places pressure on countries to increase their financial contributions, though many low- and middle-income nations face significant challenges in doing so. The panel emphasized that without continued political leadership and a strong commitment from governments, momentum in the fight against HIV/AIDS could wane, potentially shifting attention to other pressing global health issues, such as climate change or humanitarian crises.

The role of communities in the HIV/AIDS response was emphasized throughout the discussion. Civil society and individuals living with HIV/AIDS have been key to the success of global HIV/AIDS programs, especially in decision-making processes. However, integrating HIV/AIDS services into broader health systems could risk diluting this community-driven approach. A balance must be struck between greater integration and maintaining the active participation of civil society.

Participants also stressed the importance of bridging gaps between the HIV response and other health issues, as well as between governments and civil society. The private sector was identified as a potential source of funding, particularly through innovative partnerships and investments in health care infrastructure. One participant noted that 42 percent of health care investments in low- and middle-income countries come from out-of-pocket spending, indicating that the private sector has a significant role to play. Additionally, the use of data and digital tools to improve health care delivery and engage private resources was seen as a promising way forward. The session closed with calls to elevate HIV/AIDS on the global political agenda and ensure sustained attention and funding for the fight against the epidemic.

KEY THEMES AND FUTURE FOCUS AREAS

Carlos del Rio, MD, Emory University, and **Victor J. Dzau, MD**, National Academy of Medicine

Based on the collective insights shared during the workshop discussions, the authors identified several key themes and priority areas for action.

Reinvigorating Global Commitment

The call for a global recommitment to combat the HIV/AIDS epidemic emerged as a critical consensus. This is not a time to conflate progress with success. The remarkable reductions in mortality and infection rates, facilitated by monumental efforts like PEPFAR, underscore the risk of backsliding if vigilance wanes. The discourse underlined the need for sustained international and domestic commitment, emphasizing that the fight against HIV/AIDS is far from over. Stakeholders across the board are urged to rejuvenate their efforts, recognizing that our collective efforts need to be as dynamic as the challenges we face.

Embracing Innovation and Adaptability

A prominent theme from the workshop was the imperative to adapt and innovate. The sentiment that “doing more of the same is no longer acceptable” resonates deeply, calling for a shift toward new approaches that respond effectively to evolving global health landscapes. Innovations such as long-acting PrEP represent transformative tools in trying to accelerate declines in incidence. The goal to rapidly scale up such interventions to impact significantly on incidence rates underscores an ambitious, yet critical, pathway to altering the course of the epidemic, representing this generation’s “3x5” opportunity. However, as discussed below, this must not come at the expense of ongoing efforts to ensure equitable and sustained treatment access.

Ensuring Equity and Access

Finding, linking to care, treating, and ensuring uninterrupted treatment for people with HIV has been a cornerstone of success in combating the HIV epidemic. There is an absolute need to continue to prioritize and invest in sustained treatment and care for people with HIV. In particular, the persistent challenges of reaching the most marginalized populations and addressing disparities in access to prevention, treatment, and care were underscored repeatedly. Millions remain undiagnosed or out of care, often due to stigma, criminalization, and social barriers that thwart effective engagement in health systems. Prioritizing these populations is essential to closing the gaps that hinder the eradication of the HIV/AIDS epidemic.

Novel Financing Models

The sustainability of HIV/AIDS initiatives critically hinges on securing robust financing. The need for novel financing models was a recurrent discussion point, emphasizing that sustainability is not merely about securing funds—it is also about ensuring these resources catalyze long-term, impactful changes. Engaging with a variety of funding sources, including public–private partnerships and innovative financing mechanisms, could provide the financial diversity needed to support sustained HIV/AIDS responses.

Fostering Country Ownership and Accountability

The workshop highlighted the indispensable role of country ownership in driving the HIV/AIDS agenda forward. With numerous calls for local governments to play a more substantial role, the path to sustainability is seen through the lens of increased local stewardship and accountability. This approach not only ensures that interventions are contextually relevant but also strengthens the political and social will necessary to maintain momentum toward the 2030 targets.

Strategic Communication and Future Planning

Developing a clear, strategic communication plan about realistic expectations for 2030 and beyond, as well as the interim milestones before 2030, is vital. For PEPFAR, this includes not only articulating its progress and impact but also maintaining bipartisan support by crafting a compelling narrative that resonates with Congress. Stakeholders must effectively communicate PEPFAR’s achievements and future goals in a way that underscores its value, ensures sustained funding, and highlights its critical role in the global fight against HIV/AIDS. Such strategies should include detailed implementation plans with clear indicators of success, as they are crucial for maintaining focus and measuring progress toward the ambitious goal of ending the HIV/AIDS epidemic as a public health threat.

EPILOGUE: POST-WORKSHOP CONCLUSIONS AND RECOMMENDATIONS

Carlos del Rio, MD, Emory University, and **Victor J. Dzau, MD**, National Academy of Medicine

At the conclusion of the workshop, a small group of participants drafted the following recommendations as a way forward:

1. **Recommit to Ending the HIV Pandemic with Reauthorization of PEPFAR:** Global leaders must urgently recommit to ending the HIV pandemic. This includes advocating for a five-year reauthorization of PEPFAR, free from additional policy conditions or stipulations that could undermine its effectiveness. As one of the most successful and impactful global health initiatives—reflecting US leadership, scientific preeminence, and values—PEPFAR has consistently delivered on its promises and remains a cornerstone of the global HIV/AIDS response. While PEPFAR’s accomplishments are remarkable, its work is not complete. Sustained support is critical to achieving the 2030 goals amid declining political commitment and shifting priorities.
2. **Leverage the Proven PEPFAR Model:** PEPFAR’s approach, centered on health systems strengthening, durable in-country impact, data-driven decision making, and robust civil society engagement, remains uniquely effective and

efficient. Its achievements in reducing maternal and child mortality, boosting workforce capacity, and improving health care infrastructure underscore the program’s transformative role in advancing health, economic, and security outcomes globally. As a model, PEPFAR offers insights that can inform broader health system improvements while maintaining its targeted focus on HIV.

3. **Adapt and Change — Transition from Emergency Response to Sustainability:** Recognizing that PEPFAR is no longer an emergency program, its strategies must evolve to address long-term sustainability and efficiency. This involves shifting the focus to country ownership and leadership of HIV programs, integrating services into broader health systems, and fostering local accountability. PEPFAR must strategically allocate resources to maximize returns in achieving the 2030 goals, ensuring investments are targeted for the highest impact. Detailed implementation plans with measurable indicators of sustainability are essential to guide this transition.
4. **Capitalize on New Biomedical Innovations for HIV Prevention:** Advancements in HIV prevention, such as long-acting antiretrovirals for pre-exposure prophylaxis, present a significant opportunity to accelerate a reduction in new infections globally. Participants underscored the importance of scaling up these innovations to catalyze progress toward the 2030 goals, alongside efforts to strengthen service delivery in underserved regions.
5. **Ensure Lifelong Access to Antiretroviral Therapy (ART):** In the absence of a cure and with nearly 30 million people currently on ART, uninterrupted access to treatment is vital. Transforming health systems to provide continuous, integrated care—rather than episodic treatments—is essential for addressing HIV over the long term. Simplifying services and tailoring care models to fit local contexts are key to optimizing the HIV response beyond 2030. Enhanced supply chain resilience, innovative financing strategies, and the expansion of primary health care systems are also crucial to safeguard treatment continuity.
6. **Expand Access to Diagnosis and Care:** While millions are benefiting from ART, many remain without care due to systemic inequities, stigma, and social barriers. Efforts must focus on addressing the barriers faced by millions who remain undiagnosed or out of care, ensuring that vulnerable and marginalized populations are prioritized. Closing these gaps requires targeted efforts to reach key and priority populations, including youth, men, and marginalized communities. Prioritizing equity ensures that no one is left behind in the global HIV/AIDS response.
7. **Develop Novel Sustainable Financing Models and Facilitate a Thoughtful Transition to Country Ownership:** Sustaining HIV/AIDS programs demands innovative approaches to financing, particularly as donor contributions plateau or even diminish. PEPFAR should explore instituting a domestic co-financing requirement and establishing transition criteria for countries to transition off US support over time. This might include exploring public–private partnerships, leveraging multilateral development bank resources, and piloting new funding mechanisms such as block grants to reduce dependency on traditional donor models. Additionally, the transition to country ownership must be carefully managed to ensure local governments have the resources, capacity, and accountability mechanisms to sustain and expand HIV programs effectively. All US government entities and partners should develop an implementation plan for sustainability and efficiency with clear indicators to monitor progress in real time. Achieving this goal requires a collaborative approach involving national stakeholders, donors, and civil society.
8. **Establish Regional Leadership for Sustainability:** To advance sustainability, the African Union or another regional convening body should establish a high-level committee focused on promoting local stewardship and accountability. This body would support countries in developing strategies for transitioning to domestic funding and integrating HIV services into national health care frameworks.

REFERENCES

1. Crown, W., D. Hariharan, J. Kates, G. Gaumer, M. Jordan, C. Hurley, Y. Luan, and A. Nandakumar. 2023. Analysis of economic and educational spillover effects in PEPFAR countries. *PLoS ONE* 18(12):e0289909. <https://doi.org/10.1371/journal.pone.0289909>.

2. DOS (US Department of State). 2022. *PEPFAR's Five-Year Strategy: fulfilling America's promise to end the HIV/AIDS pandemic by 2030*. Washington, DC: DOS. Available at: https://www.state.gov/wp-content/uploads/2022/11/PEPFARs-5-Year-Strategy_WAD2022_FINAL_COMPLIANT_3.0.pdf (accessed November 24, 2024).
3. Gaumer, G., W. H. Crown, J. Kates, Y. Luan, D. Hariharan, M. Jordan, C. L. Hurley, and A. Nandakumar. 2023. Analysis of maternal and child health spillover effects in PEPFAR countries. *BMJ Open* 13(12):e070221. <https://doi.org/10.1136/bmjopen-2022-070221>.
4. Gaumer, G., Y. Luan, D. Hariharan, W. Crown, J. Kates, M. Jordan, C. L. Hurley, and A. Nandakumar. 2024. Assessing the impact of the president's emergency plan for AIDS relief on all-cause mortality. *PLOS Global Public Health* 4(1):e0002467. <https://doi.org/10.1371/journal.pgph.0002467>.
5. Kates, J., A. Carbaugh, and M. Isbell. 2021. *Key issues and questions for PEPFAR's future*. San Francisco, CA: KFF. Available at: <https://www.kff.org/report-section/key-issues-and-questions-for-pepfars-future-issue-brief/> (accessed November 24, 2024).
6. Kates, J., B. Honermann, and G. Millett. 2024. The ground has shifted under PEPFAR: what does that mean for its future? *Journal of the International AIDS Society* 24(11):e26396. <https://doi.org/10.1002/jia2.26396>.
7. UNAIDS (Joint United Nations Programme on HIV/AIDS). 2024. *The urgency of now: AIDS at a crossroads*. Geneva, CH: UNAIDS. Available at: https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update_en.pdf (accessed November 24, 2024).

DISCLAIMER: This Discussion Proceedings was prepared by **Celyne Balatbat** as a factual summary of what occurred at the meeting and areas of future focus and priorities for action. The statements made are those of the rapporteurs or individual meeting participants and do not necessarily represent the views of all meeting participants; the planning committee; members of the associated program; the National Academy of Medicine; or the National Academies of Sciences, Engineering, and Medicine.

REVIEWERS: To ensure that it meets institutional standards for quality and objectivity, this Discussion Proceedings was reviewed by **Jennifer Kates**, KFF, **Mitchell Warren**, AVAC, and **Myron S. Cohen**, University of North Carolina at Chapel Hill.

SUGGESTED CITATION: del Rio, C. and V. J. Dzau, rapporteurs. 2024. *Sustainability of the HIV/AIDS Response – Getting to 2030 & Beyond*. Discussion Proceedings, National Academy of Medicine, Washington, DC.



NATIONAL ACADEMY OF MEDICINE