In 2016, an estimated 1.8 million people were newly infected, and 1.0 million people died of AIDS worldwide. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that 36.7 million people were living with HIV worldwide in 2016. Sub-Saharan Africa is the most affected region in the global AIDS epidemic. It accounts for about two-thirds (66%) of all people infected with HIV globally.

As of June 2017, 20.9 million people living with HIV were accessing antiretroviral therapy, up from 7.7 million in 2010 and 17.1 million in 2015.1

U.S. PRESIDENT’S EMERGENCY PLAN FOR AIDS RELIEF

On May 27, 2003, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (Public Law 108–25) was signed into law, creating PEPFAR. PEPFAR is the largest commitment ever made by any Nation for an international health initiative dedicated to a single disease.

The plan emphasizes a “whole government” response. It draws from each Agency’s core competencies to provide the most comprehensive, coordinated, and targeted interventions. Many federal departments and agencies are involved in PEPFAR’s implementation, including the U.S. Department of Health and Human Services, U.S. Department of State, U.S. Agency for International Development, U.S. Department of Defense, and the Peace Corps.

PEPFAR is currently focused on “Controlling the Epidemic” with the mandate to attain UNAIDS’ ambitious 90-90-90 goal: 90% of people with HIV diagnosed, 90% of them on antiretroviral therapy, and 90% of them virally suppressed by 2020. This approach is driven by data to strategically target geographic areas and populations for maximum impact. The President’s fiscal year 2017 budget request for PEPFAR is $6.8 billion with bilateral support provided to 41 countries and regional programs in the Americas, Africa, Asia, the Caribbean, Europe, and the Middle East.

HRSA’S GLOBAL HIV/AIDS PROGRAM PROJECTS

HRSA is committed to sustainable control of the HIV/AIDS epidemic. Key components and strategies of the Global HIV/AIDS Program include—

- Supporting training activities and partnerships to develop human and organizational capacity.
- Designing innovative care and support models to remove barriers to care.
- Assessing the effectiveness of specific models of care to promote adaptation of best practices.
- Enhancing the capacity of program partners to collect, monitor, and evaluate data for quality of care.

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CURRENT PROJECTS

- **The International AIDS Education and Training Centers (IAETC)** work with in-country partners to provide support in health systems strengthening to assist countries in their efforts to control the HIV/AIDS epidemic. IAETC activities focus on improving human resources for health, health information systems, and data to care, testing, treatment, and support. The IAETC program promotes the strengthening of sustainable health systems through engagement with the in-country partners, including local organizations and Ministries of Health and Education. IAETC’s geographic scope includes Asia Regional, Botswana, Caribbean Region, India, Kenya, Mozambique, South Africa, and Ukraine.

- **The International Twinning Center** facilitates, manages, and provides technical support for peer-to-peer institutional partnerships (north-south and, increasingly, south-south) between organizations with shared characteristics to achieve a common goal—to strengthen health systems and human resources for the provision of quality, sustainable HIV/AIDS services, by empowering PEPFAR countries to meet internal and regional needs for these services. The International Twinning Center’s geographical scope includes Ethiopia, Cambodia, Kenya, Kyrgyzstan, Mozambique, South Africa, Tanzania, Uganda, Ukraine, and Zambia.

- **The Quality Improvement Capacity for Impact Project (QICIP)** works to build the capacity of host country health systems to improve the effectiveness, efficiency, patient-centeredness, safety, accessibility, and equity of the services they provide. The QICIP provides assistance to country teams seeking to address deficiencies arising from Site Improvement through Monitoring System (SIMS) assessments and gaps along the clinical care cascade, particularly those that represent barriers to achieving epidemic control. The QICIP geographic scope includes Asia Regional (Laos and Thailand), Angola, Cambodia, Cameroon, Kenya, Malawi, Mozambique, Namibia, Nigeria, Papua New Guinea, South Africa, Tanzania, Vietnam, Zambia, and Zimbabwe.

- **The Resilient and Responsive Health Systems (RRHS) Initiative** supports the enhancement of the capacity in the primary health care system, with a focus on health worker training, supply, and quality. The purpose of the RRHS Initiative is to rebuild/strengthen the health workforce, strengthen national governance and coordination frameworks, and create platforms for cross-regional and/or initiative-wide collaborations to promote interprofessional sharing and the adoption of evidence-based practices, innovative models, and educational standards. Some of this work will be accomplished through enhancing skills of health workers at all levels, from community health workers to physicians, and strengthening training institutions through capacity-building activities. The RRHS geographic scope includes Democratic Republic of Congo, Liberia, Sierra Leone, and South Sudan.

- **The Resilient and Responsive Health Organizations (RRHO) Initiative** supports the creation of capacity-building plans and the provision of technical assistance focused on the building or enhancing of organizational capacity in a variety of priority areas, including program and financial management, grants management, leadership and governance, personnel management, and evaluation and monitoring. The RRHO Initiative’s purpose is to strengthen the capacity of impact partners supported under the RRHS Initiative. The RRHO Initiative’s geographical scope includes Democratic Republic of Congo, Liberia, Sierra Leone, and South Sudan.

- **The Health Workforce 21st Century (HW21) Initiative** supports the development and implementation of innovative approaches to increasing adequacy, capacity, employment, coordination, deployment, and retention of physicians, nurses, midwives, pharmacists, community health workers, social service workers, lay health workers, laboratory technicians, and other related health cadres that provide primary care and community health services to people living with HIV, tuberculosis, and other infectious diseases in sub-Saharan Africa, Central Asia, Eastern Europe, the Caribbean, and Latin America.

- **The Optimizing Momentum Toward Sustainable Epidemic Control (OPCON) Project** provides support for the transition and integration of HIV testing, care, and prevention interventions currently or previously supported by PEPFAR into host country health systems. This is done through evaluation and technical assistance to ensure continued gains toward sustainable HIV epidemic control.