

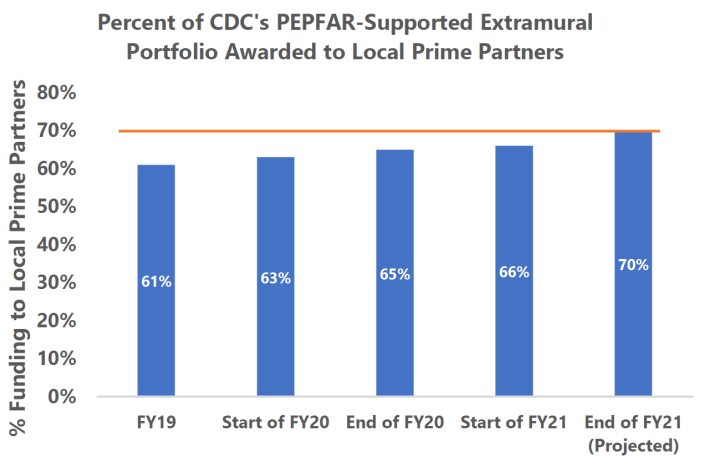
Supporting the Transition of HIV Services To Local Partners

In 2018, the U.S. State Department’s Office of the Global AIDS Coordinator announced a bold target for how the agencies that implement the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) will provide HIV services in the countries where they work. By the end of fiscal year 2020, 70% of funding received by a country from a PEPFAR implementing agency must be provided to local prime partners.* The purpose of this shift is to accelerate sustainable country ownership of the HIV response.

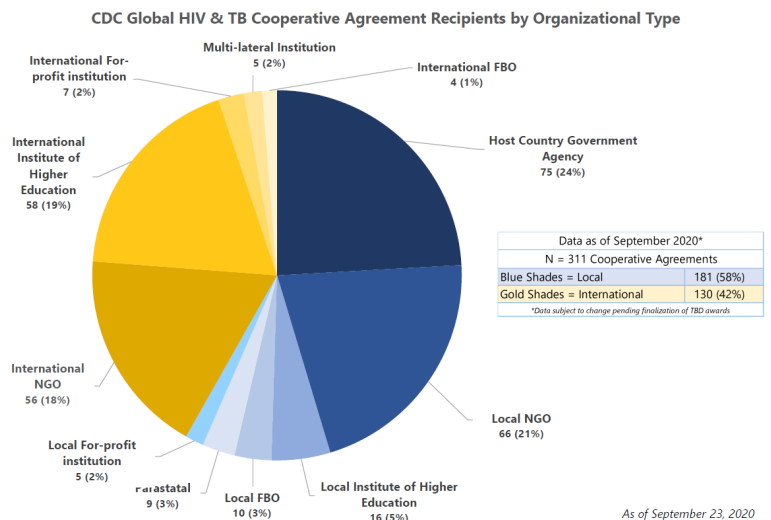
As a key implementing agency of PEPFAR, the U.S. Centers for Disease Control and Prevention (CDC) is dedicated to controlling the global HIV epidemic. Sustainable HIV epidemic control can only be achieved when the full range of HIV prevention and treatment services are owned and operated by local institutions, governments, and community-based and community-led organizations.

CDC is driving the transition of HIV services to local partners in alignment with this PEPFAR goal. As of September 2020, 66% of CDC’s PEPFAR-supported cooperative agreement funds went to local prime partners. CDC anticipates 70% of this funding will go to indigenous partners by the end of fiscal year 2021 (see Graph 1). These local organizations include host country government agencies, local non-governmental organizations, and local faith-based organizations (see Graph 2).

Graph 1



Graph 2



In an effort to responsibly transition up to 70% of its PEPFAR funding to local partners, CDC has:

- Provided funding preferences for local partners in competitive funding opportunities and new awards.
- Reviewed and built the capacity of existing local sub-awardees who have the potential to become prime awardees.
- Provided support to local prime partners through technical assistance from international partners.

* Source: PEPFAR 2020 Country Operational Plan Guidance for all PEPFAR Countries, <https://www.state.gov/wp-content/uploads/2020/01/COP20-Guidance.pdf>



CDC's Track Record of Building Local Capacity

Strong local partnerships have been and continue to be the core of how CDC does business both in the United States and in countries around the world. This was evidenced in PEPFAR's Track 1.0 Transition, when CDC and the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services transitioned antiretroviral treatment (ART) programming from traditional U.S.-based partners to partner country governments and indigenous organizations.

In 2004, the CDC and HRSA, as part of PEPFAR, issued a solicitation for organizations who possessed the skills and expertise to rapidly scale-up HIV care and treatment programs in selected countries. Between 2004 and 2013, four partners received Track 1.0 ART awards.

2004 – Track 1.0 ART program began, implemented by CDC and HRSA

- CDC partners were ICAP at Columbia University and the Elizabeth Glaser Pediatric AIDS Foundation
- HRSA partners were Harvard University and AIDSRelief, a consortium led by Catholic Relief Services

2009 – Track 1.0 ART program extended an additional three years to support the responsible transition to local ownership

- Transition plans developed for each country
- Capacity building support provided to local entities with technical assistance from U.S.-based partners
- 30 new funding opportunities to support transition to local partners

2011-2012 – CDC issued 51 new awards with 67% of approved funds awarded to local institutions

As these HIV care and treatment programs scaled rapidly, CDC provided leadership and oversight in capacity building for local partners and civil society institutions. Over time, the capacity built within the public health workforce enabled CDC and HRSA to transition more administrative and clinical responsibilities to indigenous organizations, such as Ministries of Health, which had been capacitated to take on more ownership of the HIV response. This process was known as the Track 1.0 Transition, and it required a significant hands-on approach to support Ministries of Health.

The lessons learned from the Track 1.0 Transition are informing the current focus on supporting local partners, and the success of this effort gives CDC confidence in the continued, responsible transition of HIV services to more local partners.

Lessons from the Track 1.0 Transition

1. Design transition with program approaches that **progressively increase leadership** and decision-making roles
2. Use **measurable benchmarks** for U.S. Government partners to support increasing health system capacity
3. Strengthen Ministry of Health and local partner capacity using **learning-by-doing** methods
4. Engage partner country leaders at **sub-national levels** to provide transition leadership and support
5. Focus on **early wins** to gain transition momentum
6. Adjust the rate of **transition based on local capacity** to absorb administrative, fiscal, and technical responsibilities