

The President's Emergency Plan for AIDS Relief



Defining U.S. Support for National
Strategies

July 2005

The Emergency Plan: Focus Country Goals

- Emergency Plan goals in focus nations:
 - Support antiretroviral treatment for 2 million people
 - Support prevention of 7 million infections
 - Support care for 10 million people infected and affected by HIV/AIDS, including orphans and vulnerable children

Support for National Strategies

- Monterrey Accord: National ownership is key to sustainability
- The Three Ones Agreement:
 - One national strategy
 - One national coordinating authority
 - One national monitoring and evaluation system

The Biggest Challenges

- Resource-poor nations face significant limitations in capacity
 - Physical infrastructure
 - Human resources
 - Systems
 - Management
 - Financial
 - Supply chain
 - Quality
 - Strategic information

The Capacity-Building Consensus

- “We will ensure our actions strengthen health systems at national and local level and across all sectors since this is vital for long-term improvements in overall health, and we will encourage donors to help build health capacity.”

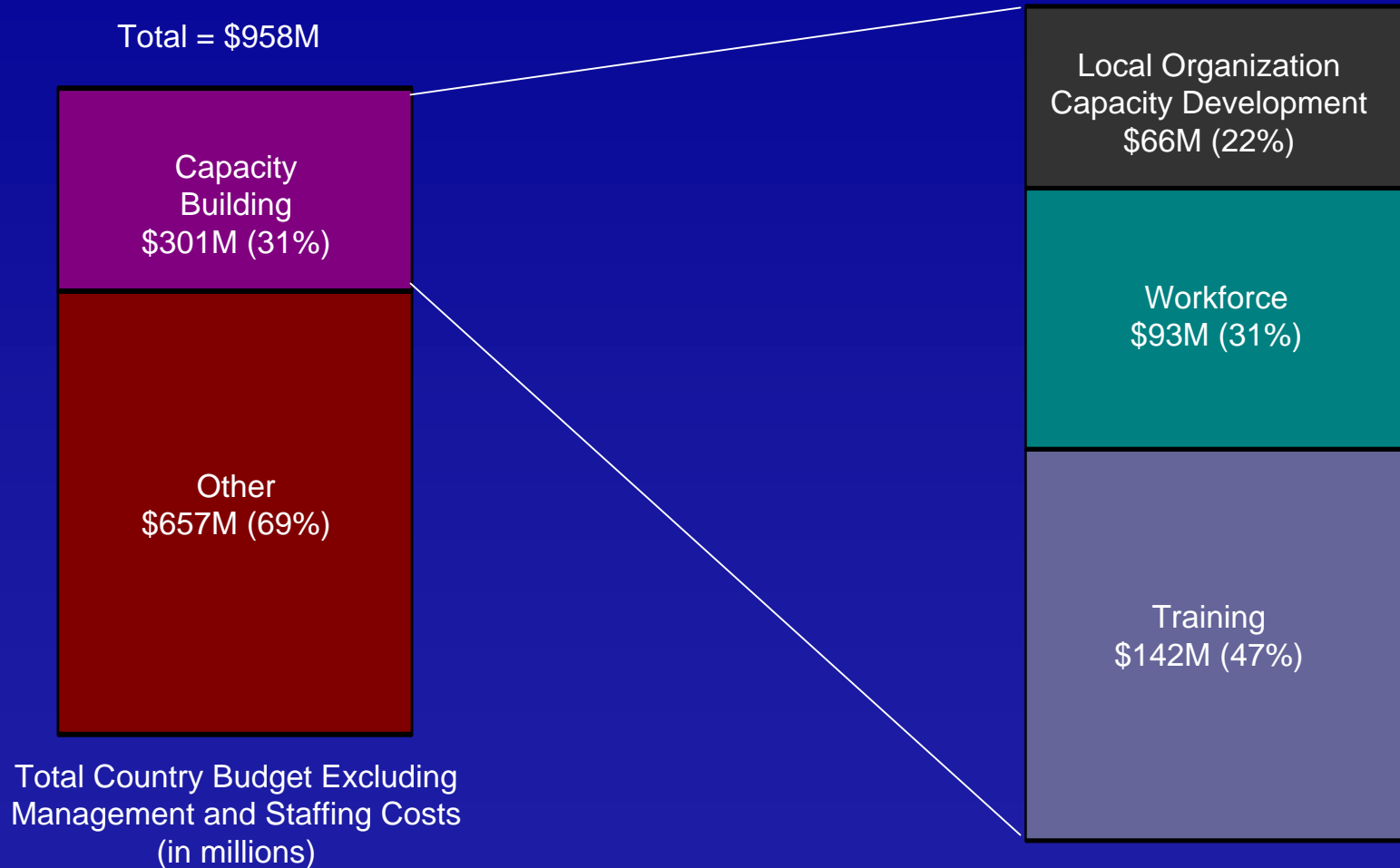
G-8 Gleneagles Communique

The President's Emergency Plan Emphasizes Capacity-Building

“Across Africa, we're working with local health officials to expand AIDS testing facilities, to train and support doctors and nurses and counselors, to upgrade clinics and hospitals, to care for children orphaned by AIDS, and to support pastors and priests and others who are teaching young people the values of respect and responsibility and prevention.”

President George W. Bush
June 28, 2005

FY05 Planned Focus Country Funding for Capacity-Building (excluding Track 1.0 funds)



Note: All funding amounts are rounded to the nearest million. Funding does not include central money.

Workforce: refers to innovative approaches to recruitment, retention, deployment and rewarding of quality performance of health care workers and managers, workforce assessments and policy and planning activities

Local Organization Capacity Development: strengthening the ability of key local institution to implement HIV/AIDS programs efficiently with diminishing reliance, over time, on external technical assistance

Training: activities that impart skills, knowledge, and attitudes to individuals, groups or organizations to enhance their ability to provide quality HIV/AIDS services that are responsive to clients' needs

Capacity-Building Must Count

- Given fundamental importance of capacity-building in building country ownership...
- Must acknowledge reality that those who support capacity-building contribute to prevention/treatment/care of individuals

Implementation and Program Monitoring

- A key choice:

- Delay implementation until monitoring systems were ideal?

OR

- Push ahead with implementation and refine monitoring systems while implementing?

What We Will Cover

- Why we report
- How we report
- What we are doing to improve reporting

Why we report

- To use data to improve programs
- To promote accountability and good governance in country
- Not to take credit for what is being done, given that, as Ambassador Tobias said when we released our latest results:
 - “The key to our success is clearly the work of the talented and dedicated people in country, including the people of the host government and nongovernmental sectors. The Emergency Plan is a vehicle for the American people to support *their* effort and the true credit for the success that has been achieved rests with those working on the ground.”
- Responding to the Washington Post, Botswana Health Minister Tlou said it best:
 - “Focusing on alleged squabbles about who should take credit for progress on AIDS in Botswana badly misses the mark. What matters is that the United States supports Botswana in ways that Botswana identifies as important to saving its citizens' lives.”

How we report

International Collaboration

- U.S., UNAIDS, WHO, Global Fund, DfID, GBC
- Efforts leading to Davos announcement
- Strategic Information and Monitoring and Evaluation Field Officer Regional Meetings in Africa
- Collaboration in defining common sets of indicators and measurement
- Joint work on state of the art methodologies for monitoring and evaluation of the epidemic: surveillance systems; facility based health management information systems; population-based and facility surveys
- HMIS meeting in Africa to talk about joint health-HIV reporting databases and transfer of data – plans to define international standards for HIV database storage and database transmission

PEOPLE IN THE 15 FOCUS NATIONS RECEIVING ARV TREATMENT WITH SUPPORT FROM THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF AS OF SEPTEMBER 30, 2004

INCLUDES

THOSE RECEIVING TREATMENT WITH SUPPORT FROM U.S. BILATERAL PROGRAMS (RED) – 100% FUNDED BY THE EMERGENCY PLAN

AND/OR

THOSE RECEIVING TREATMENT WITH SUPPORT FROM THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA (GREEN) – 33% FUNDED BY THE EMERGENCY PLAN

OVERLAP = 63,000

EMERGENCY PLAN BILATERAL PROGRAMS = 172,000

GLOBAL FUND = 130,000

COMBINED TOTAL = 239,000

Treatment data for Emergency Plan bilateral programs provided by the Office of the U.S. Global AIDS Coordinator.

Treatment data for the Global Fund programs provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Focus on Prevention

- Prevention impact will be assessed by surveys (2-3 per focus country during 5 year program)
- No partner will be able to specify specific program resulting in specific infections averted
- Important to strengthen host country surveillance
- Currently count numbers reached

Focus on Treatment

Defining Elements of Quality Treatment

(Annual Report, pages 34-37)

- Antiretroviral therapy (ART), as defined by national strategies, includes many elements
- If any of these key elements are absent, not quality ART
 - General clinical support for patients, including other medications and lab tests
 - Training and support for health care personnel

Elements of Quality Treatment (continued)

- Infrastructure, including clinics, counseling rooms, labs, and distribution and logistics systems
- Monitoring and reporting systems
- Appropriate referral systems
- Antiretroviral drugs (ARVs)
- One size does not fit all –
 - Each nation's needs are unique
 - Each nation in the best position to know its needs

Cost of Antiretroviral Treatment

- Cost of ARVs no longer the main cost of providing quality ART
- Due to the importance of local conditions, cost of providing quality ART varies dramatically from one nation to another, even for the same partner

Definition of Categories of Emergency Plan ART Support (Annual Report, pages 35-37)

- Complexity of ART created need for more precise definition of categories of support within national programs
- Innovation in reporting: Emergency Plan First Annual Report (February 2005) distinguished between “Upstream” and “Downstream” support

Downstream Support

- “Downstream site-specific support refers to... instances where the Emergency Plan is providing all or part of the necessary components for quality ART *at the point at which services are delivered.*” (Annual Report, page 34)
- Relatively easy to quantify results at service delivery sites where USG directly involved in providing assistance

Upstream Support

- “Beyond the site-oriented downstream components of treatment, support is required to provide other critical elements of treatment, such as the training of physicians, nurses, laboratory technicians, and other health care providers; laboratory systems; strategic information systems, including surveillance and monitoring and evaluation systems; logistics and distribution systems; and other support that is essential to the effective roll-out of quality ART. This coordination and leveraging of resources optimizes results while limiting duplication of effort among donors, with roles determined within the context of each national strategy.” (Annual Report, page 35)

Upstream Support (continued)

- “Such support, however, often cannot easily be attributed to specific sites because it is national or regional in nature, and, in fact, many sites benefit from these strategic and comprehensive improvements. Therefore, this support is referred to as “upstream” support and is essential to developing network systems for care and treatment.” (Annual Report, page 35)

Table 2.1 - Treatment¹: FY04 Overall Results Through September 30, 2004 (from Annual Report)

Country	June 05 Target ^{3, 4}	Results ²			
		Number of individuals receiving upstream system strengthening support for treatment ⁵	Number of individuals receiving downstream site-specific support for treatment ⁶	Totals	
				Total number of individuals reached	Total percentage of year 1 target met
Botswana	29,000	31,900	1,000	32,900	113%
Cote d'Ivoire	10,000	0	4,500	4,500	45%
Ethiopia ⁷	15,000	9,500	0	9,500	63%
Guyana	300	100	400	500	167%
Haiti	4,000	0	2,800	2,800	70%
Kenya	38,000	9,100	8,000	17,100	45%
Mozambique	8,000	4,800	400	5,200	65%
Namibia	4,000	100	3,900	4,000	100%
Nigeria	16,000	7,800	5,700	13,500	84%
Rwanda	4,000	100	4,200	4,300	108%
South Africa	20,000	7,300	4,900	12,200	61%
Tanzania	11,000	0	1,500	1,500	14%
Uganda	27,000	6,600	26,400	33,000	122%
Vietnam ⁸	1,000	0	-	-	-
Zambia	15,000	10,200	3,400	13,600	91%
All countries⁹	200,000	87,500	67,100	155,000	78%

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined.

Footnotes:

1Treatment includes the provision of antiretroviral drugs and clinical monitoring of ART among those with advanced HIV infection in either an ART or a PMTCT+ setting. PMTCT+ includes a minimum package of services: HIV/AIDS counseling and testing for pregnant women, ARV prophylaxis to prevent mother to child transmission, counseling and testing for safe infant feeding practices, family planning counseling or referral, ARV therapy for HIV+ women, their children and their families.

2 Numbers are rounded to nearest 100.

3The first disbursement of Emergency Plan funds occurred in late February, 2004. The June 2005 target, of at least 200,000 receiving treatment, was set to allow the countries an achievable goal after one full year of programming. This is a year one anomaly.

4The June 05 targets were set by the countries in March 2004 to approximate the overall yearly target for the Emergency Plan.

5Number of individuals reached through upstream systems strengthening includes those supported through contributions to national, regional and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

6Number of individuals reached through downstream site-specific support includes those receiving services at U.S. Government funded service delivery sites.

7In FY04, Ethiopia did not use USG funds to provide treatment at service delivery sites.

8Vietnam received Emergency Plan funds late in FY04 and is not required to report during this cycle.

9All Countries line has been adjusted to match the Emergency Plan target of 200,000 individuals receiving treatment by June 2005 and the Total Number of Individuals Reached for All Countries has been rounded up to the nearest 1,000. As such, totals may not equal the sum of every column.

Treatment¹: FY05 Semi-Annual Results (as of March 31, 2005)

Country	Results ²			
	June 05 Target ³	Number of individuals receiving upstream system strengthening support for treatment ⁴	Number of individuals receiving downstream site-specific support for treatment ⁵	Totals
				Total number of individuals reached
Botswana ⁶	29,000	17,500	2,500	20,000
Cote d'Ivoire ⁷	10,000	0	2,100	2,100
Ethiopia	15,000	0	14,900	14,900
Guyana	300	0	600	600
Haiti	4,000	0	3,900	3,900
Kenya	38,000	1,800	26,500	28,300
Mozambique	8,000	8,300	2,000	10,300
Namibia	4,000	800	8,800	9,600
Nigeria	16,000	5,200	8,300	13,500
Rwanda	4,000	200	10,100	10,300
South Africa	20,000	19,000	25,600	44,600
Tanzania	11,000	500	3,900	4,400
Uganda	27,000	11,400	39,500	50,900
Vietnam	1,000	0	300	300
Zambia	15,000	10,200	11,800	22,000
All countries	200,000⁸	74,900	160,800	235,700

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined.

Footnotes:

1Treatment includes the provision of antiretroviral drugs and clinical monitoring of ART among those with advanced HIV infection in either an ART or a PMTCT+ setting. PMTCT+ includes a minimum package of services: HIV/AIDS counseling and testing for pregnant women, ARV prophylaxis to prevent mother to child transmission, counseling and testing for safe infant feeding practices, family planning counseling or referral, ARV therapy for HIV+ women, their children and their families.

2 Numbers are rounded to nearest 100.

3The June 05 targets were set by the countries in March 2004 to approximate the overall yearly target for the Emergency Plan.

4Number of individuals reached through upstream systems strengthening includes those supported through contributions to national, regional and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

5Number of individuals reached through downstream site-specific support includes those receiving services at U.S. Government funded service delivery sites.

6The total number of people on treatment in Botswana represents a decline from the 32,000 on treatment at the end of September 2004. This decline is due to a more conservative method for estimating the extent of USG support through systems strengthening. At the end of March 2005, a total of 41,000 people were receiving antiretroviral therapy throughout Botswana.

7Cote D'Ivoire semi-annual reporting does not include results from public sites.

8The first disbursement of Emergency Plan funds occurred in late February, 2004. The June 2005 target, of at least 200,000 receiving treatment, was set to allow the countries an achievable goal after one full year of programming. This is a year one anomaly.

Counting Conservatively

- In light of evolving nature of reporting, important to count conservatively
- Examples:
 - Cote d'Ivoire
 - Counting patients who receive both downstream and upstream support in downstream total only

Upstream Support for Sustainable National Systems

- “In Botswana, for example, the government has led an aggressive and highly successful multisectoral response with its own resources and significant downstream contributions from the private sector through the African Comprehensive HIV/AIDS Partnerships (funded by the Bill & Melinda Gates Foundation and the Merck Company Foundation)...

Upstream Support for Sustainable National Systems (continued)

- “As the Emergency Plan began, extensive consultations with the government and other donors identified the greatest added value to be strengthening national laboratory and training systems and developing national protocols. This upstream support contributes to the overall success of Botswana’s national strategy.”
(Annual Report, page 35)

Upstream Support for Botswana's National Program

- “The Government of Botswana has used its own resources to lead a highly successful multisectoral treatment program. Consultations with the Government and other partners made clear that the appropriate role for the Emergency Plan in Botswana was to support national laboratory, training and quality assurance systems, contributing to the overall success of the program...”

Upstream Support for Botswana's National Program (continued)

“The U.S. transparently reported the nature of the partnership in Botswana and the number of persons whose treatment benefits from that partnership. The Government of Botswana did, and continues to, agree with that report.”

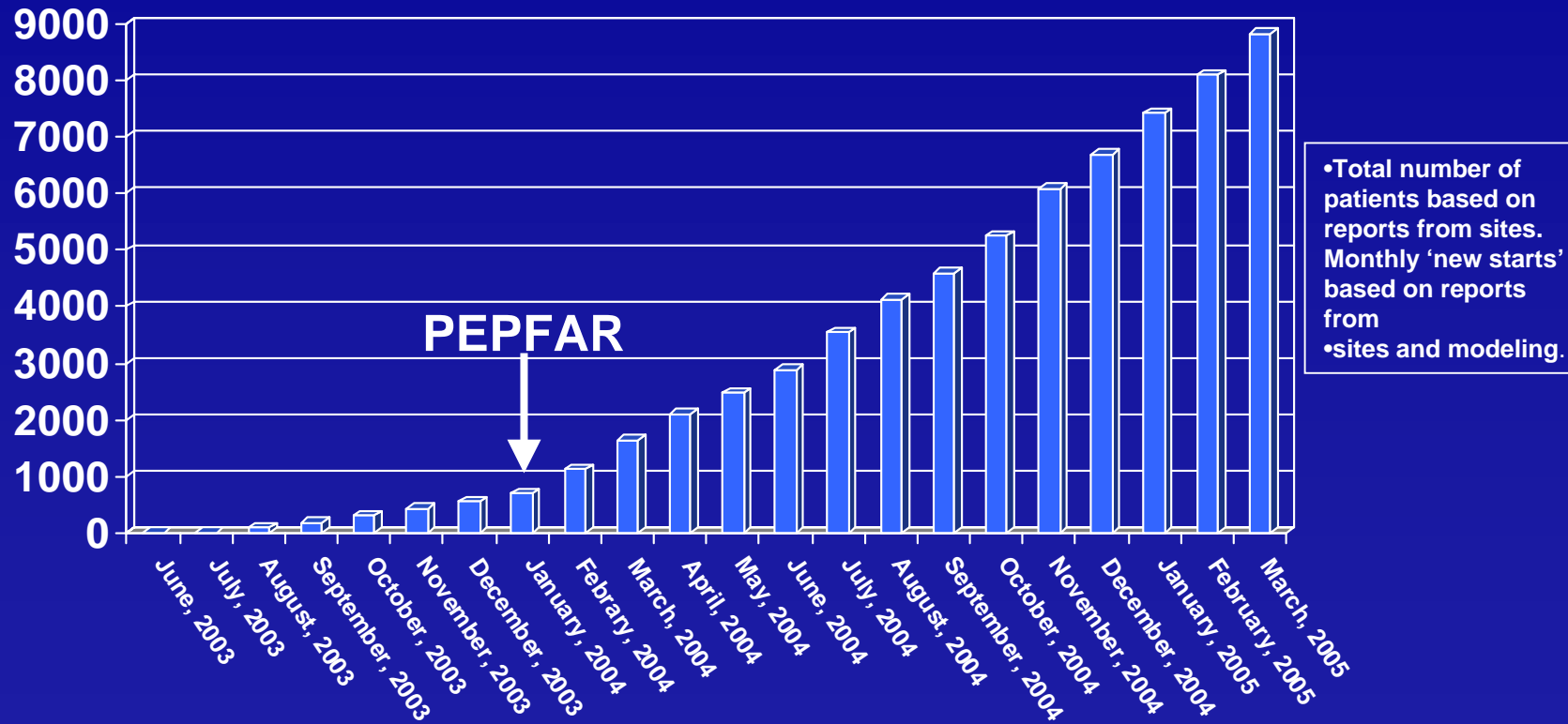
Letter to Washington Post from Professor Sheila Dinotshe
Tlou, Minister of Health, Republic of Botswana and
Ambassador Randall Tobias, U.S. Global AIDS
Coordinator

Range of Emergency Plan Support

- In contrast to Botswana, U.S. support for ART in Rwanda is predominantly downstream (4200 people served downstream vs. 100 upstream in FY04)
- In Kenya, the ratio is close to even (8000 downstream vs. 9100 upstream)
- Both categories of support are of equal value – key question is what is needed by national response

Cumulative number of patients started on ART, Namibia, June, 03 - March, 05*

Dr. I. Katjita, Chair, Technical Advisory Committee, ARV Therapy and Patient Care, Ministry of Health and Social Services



“Right here in our country, the money has already arrived and it's being put to use to assist our victims of this killer disease.”

President Hifikepunye Pohamba, Republic of Namibia

What we are doing to
improve reporting

Refining While Implementing

- Goal: proactive, continuous improvement of data collection and results reporting
- Major challenges in all program areas – prevention is the most difficult of all

A Data Collection Challenge

- Because upstream support is provided to national programs, Emergency Plan largely depends on national authorities for information on results, including numbers of patients receiving ART
- Emergency Plan working to improve data standards and guidelines for reporting of upstream support

The Road Ahead

- Strategic information refinement efforts:
 - Revision of Indicators, Reporting Requirements, and Guidelines (July 2005)
 - Country Operational Plan & Reporting System guidance
 - Interagency Emergency Plan teams train country teams
 - Country teams work with partners
 - Independent assessment to develop Emergency Plan data quality standards and guidelines
 - Further work on prevention and care, both especially challenging

ART Progress by Multi-Country Track 1.0 Partners (FY04)

TOTAL - ALL TRACK 1.0 PARTNERS				
	Planned		Actual	
Country	Total Budget Amount	Projected No. of Patients on ART - Year 1 (Downstream)	Expenditures as of March 31, 2005	No. of Patients on ART on March 31, 2005 (Downstream)
Botswana	\$2,351,855	2,800	\$2,351,855	3,026
Cote D'Ivoire	\$6,549,367	1,879	\$6,339,787	2,050
Guyana	\$303,738	50	\$303,738	52
Haiti	\$1,189,097	900	\$1,189,097	199
Kenya	\$8,973,119	3,431	\$7,014,427	5,908
Mozambique	\$5,000,000	9,540	\$1,707,515	1,005
Nigeria	\$11,131,809	8,600	\$11,131,809	6,365
Rwanda	\$5,647,188	781	\$5,765,482	2,981
South Africa	\$16,354,979	5,053	\$14,631,768	4,466
Tanzania	\$16,182,389	9,014	\$12,104,535	2,943
Uganda	\$2,898,884	2,700	\$2,898,884	4,407
Zambia	\$15,417,575	3,584	\$15,039,203	10,692
TOTAL	\$92,000,000	48,332	\$80,478,100	44,094
	100% of Year 1 Budget Obligated		87% of Year 1 Budget Expended	91% of Year 1 Target Reached

The Road Ahead (continued)

- Closer coordination with international partners (meeting in Geneva this week)
- Investments (e.g. training) in partner capacity for monitoring and evaluation
- Deepening partnership with host nations
 - As national responses and national ownership mature, majority of U.S. support could become more upstream

A Vision of Partnership

- “This effort is succeeding because America is providing resources and Africans are providing leadership. Local health officials set the strategy and we're supporting them.”

President George W. Bush

June 28, 2005