

  
**Highlights**

Highlights of [GAO-04-784](#) a report to the Chairman, Subcommittee on Foreign Operations, Export Financing, and Related Programs, House Committee on Appropriations

### Why GAO Did This Study

The President's Emergency Plan for AIDS Relief (PEPFAR), announced January 2003, aims to provide 2 million people with antiretroviral (ARV) treatment in 14 of the world's most severely affected countries. In May 2003 legislation established the position of the U.S. Global AIDS Coordinator in the State Department. GAO was asked to (1) identify major challenges to U.S. efforts to expand ARV treatment in resource-poor settings and (2) assess the Global AIDS Coordinator's response to these challenges.

### What GAO Recommends

GAO recommends that the Secretary of State direct the U.S. Global AIDS Coordinator to monitor agencies' efforts to coordinate with host governments and other stakeholders; work with the USAID Administrator and HHS Secretary to resolve contracting capacity constraints and any negative effects from agency differences on procurement, foreign taxation of U.S. assistance, and auditing of non-U.S. grantees; specify the activities that PEPFAR can support in national treatment programs that use ARV drugs not approved for purchase by the Coordinator's Office; and work with national governments and international partners to address underlying economic and policy factors creating the crisis in human resources for health care. State, HHS, and USAID concurred with the report's conclusion and said work is underway to address the majority of challenges and issues raised.

[www.gao.gov/cgi-bin/getrpt?GAO-04-784](http://www.gao.gov/cgi-bin/getrpt?GAO-04-784).

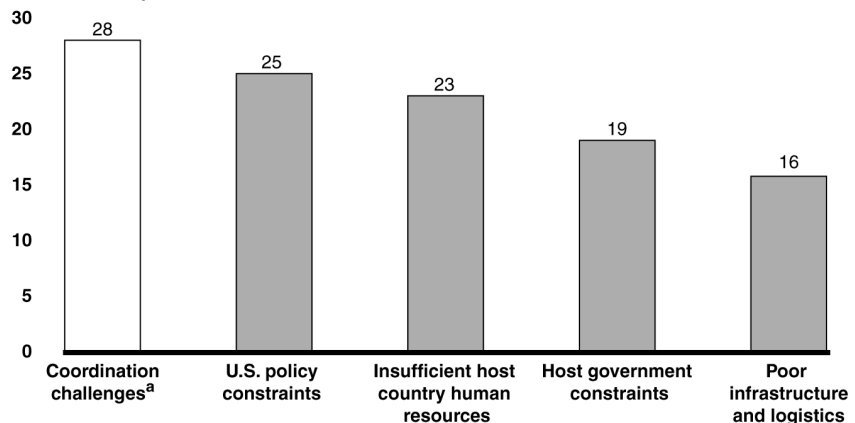
To view the full report, including the scope and methodology, click on the link above. For more information, contact David Gootnick at (202) 512-3149 or [gootnickd@gao.gov](mailto:gootnickd@gao.gov).

## U.S. AIDS Coordinator Addressing Some Key Challenges to Expanding Treatment, but Others Remain

### What GAO Found

GAO interviewed 28 field staff from the U.S. Agency for International Development (USAID) and the Department of Health and Human Services (HHS), who most frequently cited the following five challenges to implementing and expanding ARV treatment in resource-poor settings: (1) coordination difficulties among both U.S. and non-U.S. entities; (2) U.S. government policy constraints; (3) shortages of qualified host country health workers; (4) host government constraints; and (5) weak infrastructure, including data collection and reporting systems and drug supply systems (see figure). These challenges were also highlighted by numerous experts GAO interviewed and in documents GAO reviewed.

**Major Challenges to Expanding ARV Treatment in Resource-poor Settings**  
Number of respondents



Source: GAO.

<sup>a</sup>GAO asked all 28 respondents specific questions about coordination; respondents raised the other four challenges when answering open-ended questions.

Although the Global AIDS Coordinator's Office has begun to address these challenges, resolving some challenges requires additional effort, longer-term solutions, and the support of others involved in providing ARV treatment. First, the Office has taken steps to improve U.S. coordination and acknowledged the need to collaborate with others, but it is too soon to tell whether these efforts will be effective. Second, to address policy constraints, U.S. agencies are working to enhance contracting capacity in the field and resolve differences on procurement, foreign taxation of U.S. assistance, and auditing of non-U.S. grantees. However, the Office's guidance did not address key issues related to the use of PEPFAR funds to buy certain ARV drugs. Third, the Office has proposed short-term solutions to the health worker shortage, such as using U.S. and other international volunteers for training and technical assistance; however, agency field officials said that using such volunteers is not cost effective. The Office is discussing with other donors certain longer-term interventions. Fourth, the Office has taken steps to encourage host countries' commitment to fight HIV/AIDS, but it is not addressing systemic challenges outside its authority, such as poor delineation of roles among government bodies. Finally, the Office is taking steps to improve data collection and reporting and better manage drug supplies.