Guidance for PEPFAR Partnership Frameworks and Partnership Framework Implementation Plans

Version 1

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PEPFAR Partnership Framework Guidance

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I. Partnership Frameworks: Introduction

In July 2008, US legislation (Public Law 110-293) reauthorized US Government (USG) global efforts to combat HIV/AIDS, tuberculosis and malaria for 2009-2013. The law authorized the USG to establish compacts or framework documents with partner countries to promote a more sustainable approach, characterized by strengthened country capacity, ownership, and leadership. This approach represents a substantially new focus for PEPFAR.

This document serves as an adjunct to earlier guidance on Partnership Frameworks (primarily the "Framework for Development of Partnership Compacts in PEPFAR") and is meant to clarify the purpose, process, and content of Partnership Frameworks. In general, this document refers to national governments, but, where needed, this guidance can be adapted to regional structures and contexts.

In this guidance, the new term "Partnership Framework" replaces "Partnership Compact" to distinguish it from a legally binding agreement. In addition, this document introduces an optional two-step process of developing a broad initial Partnership Framework and a subsequent more detailed Partnership Framework Implementation Plan.

Because this is a new approach for the USG and PEPFAR, this guidance is entitled "Version 1." A thorough analysis of this guidance following its first phase of use with USG and host country teams is anticipated and appropriate adjustments will be made.

A. PURPOSE

The **purpose** of a Partnership Framework is to provide a 5-year joint strategic framework for cooperation between the USG, the partner ("host") government, and, in some cases, other partners to combat HIV/AIDS in the host country through service delivery, policy reform, and coordinated financial commitments. At the end of the five year time-frame, the expectation is that in addition to results in the prevention, care and treatment of HIV/AIDS, host countries will be better positioned to address the epidemic over the long term. The Partnership Framework should be established with transparency, accountability, and the active participation of other key partners from civil society, the private sector, other bilateral and multilateral partners (e.g., Global Fund to Fight AIDS, TB and Malaria [GFATM]), and international organizations, and should support and strengthen national HIV/AIDS strategies.

B. GUIDING PRINCIPLES

All Partnership Frameworks should embrace the following principles:

Attention to goals and process: As in the first phase of PEPFAR, and in keeping with donor harmonization and alignment efforts, Partnership Frameworks should be fully in line with the national HIV/AIDS plan of the host country, and should continue to emphasize sustainable programs with increased country ownership (including decision-

making authority and leadership). Framework documents should be aligned with the "Three Ones" principles (one HIV/AIDS action framework, one national AIDS coordinating authority, and one country-level monitoring and evaluation system), as well as the principles of the Monterrey Accords and Paris Declaration (see Annex IV). In addition, all Partnership Frameworks should further PEPFAR's program scale-up goals of supporting treatment for 3 million people, prevention of 12 million infections, and care for 12 million, including 5 million orphans and vulnerable children, within the context of improving broader host country health policy, financing and management capacity. Partnership Frameworks should relate to broader development reform efforts (such as the International Health Partnership [IHP+] and the National Strategies Application [NSA] initiative of GFATM) and work within those contexts wherever possible.

Country ownership: A key objective of the Partnership Framework is to ensure that host countries are at the center of decision-making, leadership, and management of their HIV/AIDS programs. The development of the Partnership Framework is the responsibility of the country PEPFAR team, the host government, and host country non-governmental partners. Each Partnership Framework should represent a transition strategy to increase country ownership of HIV/AIDS efforts

USG interagency collaboration: Like other aspects of PEPFAR, the development of Partnership Frameworks from the USG side should be an interagency effort carried out under the leadership of the USG Department of State Chief of Mission or his/her designee[1].

Engagement and participation: In developing Partnership Frameworks, all relevant parties should be engaged. Although the national government (e.g., Ministry of Health, Ministry of Finance, National AIDS Coordinating Authority and other government entities as appropriate) may be the primary or exclusive host country signatory, the approach to development, implementation, and monitoring should be that of a multi-sectoral partnership, highlighting in particular the role of civil society (including NGOs, faith-based organizations, groups or associations of people living with HIV/AIDS [PLWA], community groups, women's groups, etc.), international partners (e.g. GFATM, World Health Organization [WHO], Joint United Nations Programme on HIV/AIDS [UNAIDS]), and the private sector. Where there are effective pre-existing coordinating bodies, for example the GFATM Country Coordinating Mechanism (CCM) or mechanisms through IHP+, consideration should be given to their potential leadership role, perhaps removing the need to create new management bodies for PEPFAR Partnership Frameworks. In addition to consulting civil society, the private sector, other donors, and international organizations, local input should be obtained from organizations representing the urban and rural poor, including women. Cross-border collaboration should also be considered, if applicable, as should engagement of organizations that may be outside the direct purview of public health but have a strong influence on public health, such as education or economic strengthening.

Strategic framework: Partnership Frameworks are 5-year strategic frameworks for the USG's collaborations with partner countries on HIV/AIDS. Thus:

[1] Special considerations apply to Partnership Frameworks with multi-national (i.e., regional) scope.

- Partnership Frameworks should cover all PEPFAR-supported HIV/AIDS activities in the country (i.e., not just new or expanded or "plus-up" activities).
- In FY09 and beyond, no new USG PEPFAR resources above FY08 funding levels will be allocated to countries unless a Partnership Framework is in place. Given the year-to-year nature of budgeting by the USG, host countries, and some other donors, all financial commitments are contingent on availability of funds.
- In future years, for countries with a signed Framework, PEPFAR Country Operational Plan (COP) planning will use the Partnership Framework and Implementation Plan as guiding documents. COPs will essentially present the annual work plan for USG-supported interventions to achieve Framework results. Annual Progress Reports (APRs) will report on results achieved within the context of the Monitoring and Evaluation Plan of the Partnership Framework.
- Partnership Frameworks must fit within the overarching USG Country Assistance Strategy (in countries which have them) and within any relevant host country strategies.

Flexibility: Different approaches to Partnership Frameworks are appropriate for different settings. In some countries, the USG is providing substantial funding and implementation support to scale up services and strengthen health systems. In others, USG support is primarily limited to providing technical assistance. For example, countries with generalized epidemics may have different areas of programmatic emphasis compared with countries with concentrated epidemics. Thus, the appropriate mix of direct services, health system strengthening, and technical assistance will vary by country and will be dynamic—addressing country needs, ideally within the context of national strategies, while transitioning programs to local ownership with reduced reliance on external financial and technical support, and taking into account other donor activities. In addition, the policy areas addressed by Partnership Frameworks should reflect the varied policy reform needs of different countries.

Progress towards policy reform and increased financial accountability: Partnership Frameworks should emphasize key policies that promote effective HIV/AIDS programs. They should also emphasize overall accountability for resources and appropriate budgeting in HIV/AIDS programs. Based on the country's level of resources, a goal should be increased host country financial contributions to the program over time, including increased reliance on GFATM financing. Certain policy reforms are key to effective HIV/AIDS responses, and the Partnership Framework offers an important new opportunity to engage host government partners in these areas (see Annex I). The expectation is that Partnership Frameworks will explicitly address key policy issues and demonstrate PEPFAR and host government commitments to achieve progress. Partnership Frameworks also provide an opportunity for the USG to work with partner governments to more closely track HIV/AIDS and overall health financing through National Health Accounts (NHA), National AIDS Spending Assessments (NASA), and other financial monitoring and reporting systems. Working towards a costed national HIV/AIDS strategy should be an important priority for the Partnership. Principles of cost efficiency and cost effectiveness should be incorporated into the Partnership Framework.

Integration of HIV/AIDS into strengthened health systems and a broader health development agenda: Partnership Frameworks should contribute to strengthened HIV/AIDS services within the context of the broader health system in an environment with diverse development needs. Partnership Frameworks should link and achieve synergies with other relevant development efforts, in particular, other USG development efforts such as the President's Malaria Initiative (PMI), tuberculosis, maternal child health, education, food and nutrition, economic strengthening, Millennium Challenge Corporation (MCC) and other programs as appropriate.

Monitoring and evaluation (M&E): Partnership Frameworks should set measurable goals, objectives, and concrete commitments, not only for the USG but for all partners in the Partnership Framework. The Partnership Framework should identify indicators to assess partners' progress towards achieving these goals and objectives, and meeting these commitments. In general, the scope of the targets should be national and not just reflect PEPFAR-supported accomplishments. The Partnership process should emphasize national target-setting and transitioning PEPFAR-specific reporting systems to national, country-owned systems in full support of the "Third One." As a multi-party partnership, the reporting needs of all parties (including the host government and PEPFAR) should be considered, as should the need for international harmonization of indicators used to monitor the program carried out under the Partnership.

Collaborative but not contractual: Partnership Frameworks are not intended to be legally binding. Rather, they are intended as non-binding joint strategic planning documents that outline the goals and objectives to be achieved and the commitments and contributions of all participating Framework members. Partnership Frameworks are intended to facilitate communication and collaboration among partners, including ensuring through action that programs are more stable and integrated over the five-year time frame. Partnership Frameworks do not alter existing USG or host country rules, regulations, cooperative agreements or contracts.

Transparency: To inform key stakeholders, every Partnership Framework will be submitted to the U.S. Congress, published in the U.S. Federal Register, posted on PEPFAR's public internet website, and should likewise be widely disseminated and made publicly available in host countries.

C. PROCESS AND CONTENT

As detailed in Parts II and III of this guidance document, Partnership Framework documents consist of two inter-related sections which may be developed either simultaneously or in two sequential stages, depending on the country context. The decision of whether to simultaneously or sequentially develop the two sections and whether to formulate one or two documents should be made by the USG PEPFAR country team in consultation with the other country partners, including the host government.

Development of the first section of a Partnership Framework focuses on establishing a collaborative relationship, negotiating the overarching 5-year goals of the Framework

and commitments of each party, and setting forth these agreements in a concise signed document called the "Partnership Framework."

The second, more detailed section, the "Partnership Framework Implementation Plan," may take longer to develop and includes baseline data, specific strategies for achieving the 5-year goals and objectives, and a monitoring and evaluation plan. Some countries may choose to rapidly develop sections of the Implementation Plan where agreement can easily be reached, and to develop other sections over a longer period of time. Whether developed simultaneously or sequentially, the Implementation Plan must flow from the Partnership Framework.

Both sections of the Partnership Framework will need to be reviewed, negotiated and signed. Part IV of this guidance document discusses those processes.

Over the life of the Partnership Framework, PEPFAR and other partners will jointly:

- Develop a document outlining a strategic five year framework of collaboration that includes two sections: a Partnership Framework and a Partnership Framework Implementation Plan. As noted, these can be developed concurrently as one combined document or sequentially as two separate documents.
- Sign the Partnership Framework document(s).
- Conduct annual reviews of the Partnership Framework and Implementation Plan.
- Develop annual work plans for the Partnership Framework through the Country Operational Plan (COP) planning process.
- Report annually on Framework achievements through the Annual Program Results report (APR).

Questions concerning this guidance and its application should be directed to PEPFAR headquarters Country Support Teams. Technical assistance (TA) for development of the Partnership Framework Implementation Plan may be required, particularly in areas such as finance and policy. Country partners developing the Framework should identify such needs and engage appropriate TA from headquarters, the host country, or regional technical experts.

II. Partnership Frameworks

A. PROCESS FOR DEVELOPMENT

The first stage in developing a full partnership framework and implementation plan is negotiating a signed Partnership Framework, which focuses on establishing a collaborative relationship with the host government and other relevant counterparts, defining goals for the arrangement, and setting the stage for a process to define the specific work of the partnership through the Partnership Framework Implementation Plan.

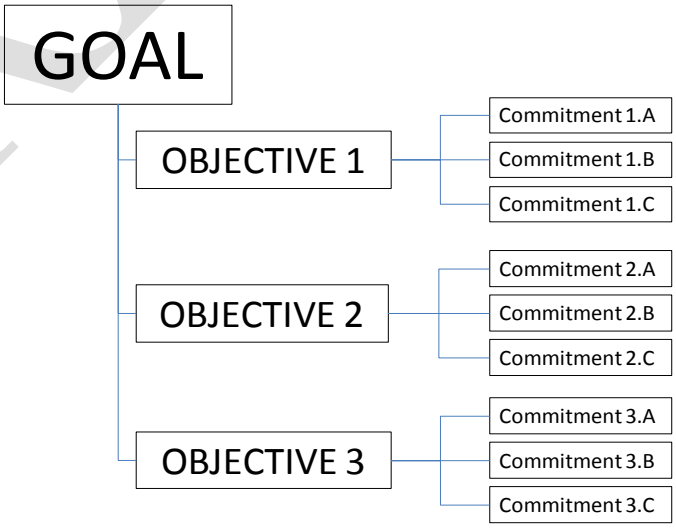
1. Establishing a design team and conducting consultations

Country teams should establish a Partnership Framework design team with responsibility for leading the development of the Partnership Framework. The design team should include representatives of all USG agencies in country, the host government, and other partners, as appropriate. Using this Framework Guidance, the design team should develop a plan and timeline for designing, jointly reviewing, and negotiating both the Partnership Framework and Implementation Plan, including consensus on whether to proceed simultaneously or sequentially with the two-stage process.

To reach an understanding with the host government (with input from civil society, other donors, international organizations and the private sector) on joint strategic goals, broad consultations will be necessary. The design team should consider convening one or more workshops or meetings involving critical stakeholders. Objectives could include: (1) mapping existing HIV services, programs, health systems, and policies and their impact, (2) identifying program and policy gaps that could be addressed by the Framework, and (3) identifying bottlenecks to achievement of program goals. These consultations will contribute to the development of baseline assessments, as described in section B.1. of this document.

As elements of the Partnership Framework are proposed and discussed, in addition to dialogue, written communication with stakeholders is recommended to assure accuracy and to document decisions. The design team will be responsible for achieving consensus on priorities for the Framework.

2. Goals, objectives, and commitments



This first-stage Framework document should define the fundamental structure and relationships of the collaboration to address HIV/AIDS within the context of the national HIV/AIDS strategy. The document should propose a limited number (for example, three to five) of high-level goals that encompass the breadth of activities included within the Framework. Examples might include: reduce HIV incidence by x%; increase PMTCT coverage to x%; or expand access to quality HIV treatment for x% of those in need. Objectives should include the programmatic interventions proposed to achieve each goal. Commitments will describe the overall support from each partner to realize each objective. Illustrative Tables 1 and 2 provide additional examples of the level of detail anticipated at the goal, objective and commitment levels.

B. REQUIRED CONTENT OF THE PARTNERSHIP FRAMEWORK [< 10 PAGES]

The Partnership Framework should succinctly set out the 5-year collaborative strategy between the USG PEPFAR team and the host government. It must contain the following sections and may contain additional ones if the parties so choose: 1) Purpose and principles; 2) Five-year strategic overview; 3) Partners and respective roles and commitments; 4) Plans for developing the Partnership Framework Implementation Plan; 5) Management and communications, and 6) Signatures.

1. Purpose and principles

Describe the value of the Partnership Framework as a 5-year collaborative strategic framework for the USG PEPFAR team, the host government, and other partners and how it lays the foundation for the Partnership Framework Implementation Plan. List and briefly describe key principles of the Partnership Framework (for example, how the Framework supports the National Plan for HIV/AIDS; is aligned with the Three Ones; reflects accountability and transparency; and promotes participation of partners, country ownership, a multi-sectoral approach, integrating HIV/AIDS with health systems; etc.).

2. Five-year strategic overview

Describe the overall scope of the activities to be carried out through this Partnership Framework to achieve the Partnership goals. This scope should include which program areas (e.g., PMTCT service provision, OVC support, lab strengthening, healthcare worker training, etc.) and policy reforms (e.g., task-shifting, opt-out testing, etc.) will be addressed through the Partnership. Describe how these activities help realize the National Strategic Plan on HIV/AIDS, the country's other long-term health and development plans, and PEPFAR numerical program goals. Articulate the strategy to promote greater ownership of programs and activities by the host country over the next 5 years represented by the Partnership Framework.

3. Partners: roles and commitments

List partners and describe their respective roles and high-level commitments to achieve 5-year goals for scale up of service delivery, policy reform, and projected financial and activity commitments. Indicate what key steps will need to be taken to further develop this information for the Partnership Framework Implementation Plan.

Country teams may opt to present this information in a tabular form, which can then be expanded for the Partnership Framework Implementation Plan. Illustrative Table 1, below, provides an example of such a table.

Table 1. Example of tabular format of goals and high-level commitments:

Five-Year Goal **Prevention: Reduce HIV Incidence by 50%**				
Objectives	**Commitments**			**Steps Required for Devt. of Partnership Framework Imp. Plan**
	National	**USG**	**Other**	
Ensure provision of HIV prophylactic treatment of 85% of pregnant women who require this intervention	• GOV will procure prophylactic drugs and HIV test kits • GOV will provide leadership in strategic planning and review of PMTCT effort	• USG will support training in PMTCT • USG will fund PMTCT sites	• GF will procure prophylactic drugs • WHO will support planning and review processes • NGOs will support community mobilization	• Review costing information and negotiate drug procurement commitments by partner • Conduct training needs assessment
Ensure all relevant target populations receive appropriate prevention interventions associated with HIV risk behaviors	• GOV will incorporate life-skills training curricula in primary and secondary schools • TBD	• USG will support a combination prevention pilot • USG will work with UNAIDS to develop quality standards for prevention programs	• GF will support model expansion • UNAIDS will support development of prevention quality standards • PLHA org. will support PwP programs	• Update national prevention strategy • Develop strategy and timeline for combination prevention pilot
Increase the availability of male circumcision services (see next steps)	• GOV will ensure favorable policy environment to support expansion of MC • GOV will fund training of MC providers	• USG will support MC rollout in three provinces	• WHO will support monitoring of MC quality, adverse events • TBD	• Review and finalize MC policy • Conduct baseline assessment of facilities to determine readiness for MC provision • Develop targets
Improve the quality of HIV laboratory services (see next steps)	• GOV will support National Reference Laboratory functions • GOV will support development of QA/QC standards and protocols	• USG will support training of new lab technicians • USG will fund construction costs for new laboratories	• TBD	• Conduct baseline assessment of laboratory services • Agree on construction plan

4. Plans for developing the Partnership Framework Implementation Plan

Include a timeline and those responsible for development of the Partnership Framework Implementation Plan. This information should follow from the last column in Table 1.

5. Management and communications

Establishing a Partnership Framework represents a fundamentally new relationship among the USG, host country governments, and other relevant stakeholders involved in PEPFAR. Substantial attention should thus be paid to how this new relationship will be managed. Describe plans for managing the Partnership Framework, including decision-making structures, coordination bodies, and communications strategies as well as approaches to conflict resolution. In considering Framework governance and implementation, Partnerships may use existing structures where adequate, modified structures, or newly established structures, avoiding duplicating existing structures whenever possible. One potential method for involving government and non-governmental stakeholders is to establish a Partnership Framework Steering Committee, an organized ongoing forum for input from diverse partners and stakeholders. A Committee could also assist with implementing and monitoring the Partnership Framework. Yet, the formation of a new coordination structure for the Framework is neither required nor preferred. In countries that have pre-existing coordinating bodies which fulfill many of these functions, for example, a successful existing CCM, existing IHP+ compact, or another such entity, it would be ideal if the same group could be used to fulfill the coordination needs for the Partnership Framework rather than creating an entirely new coordination structure.

6. Signatures

List the agency, title, and name of all signatories. Include a clause allowing for future modification of the Partnership Framework such as: “This Partnership Framework may be modified in writing by all signatories.” This will allow for flexibility as the environment changes (e.g., elections, new national strategic plans, etc).

III. Partnership Framework Implementation Plans

A. PROCESS FOR DEVELOPMENT

The Partnership Framework Implementation Plan spells out in more detail the objectives, commitments and targets for the Partnership Framework. As a more specific document than the Partnership Framework, the Implementation Plan can be updated as needed to reflect changing conditions or priorities without altering the Partnership Framework. While signatories to the Partnership Framework should be aware of the content of the Implementation Plan, the Implementation Plan itself may be signed by lower-level signatories or by multiple partners, as in the case of Regional Frameworks.

1. Establishing baselines

Given the need for strong evidence-based strategies, either actual baseline data or a timeline and plan for conducting situation assessments and establishing baselines should be included in the Partnership Framework Implementation Plan. Partnership Framework design teams need not start from square one in conducting situation

assessments. Existing assessments should be utilized, when available, to save time and strengthen harmonization. These can be complemented with new situation assessments as needed.

HIV/AIDS epidemic and response situation assessment: In many cases, recent national planning may have included an assessment of the HIV/AIDS epidemic and response, which can be used as a baseline. If this is not the case, design teams will need to develop a baseline situation assessment of the current state of the epidemic and the response by all partners. In conducting an HIV/AIDS situation assessment, consider reviewing national monitoring indicators, including United Nations General Assembly Special Session on HIV/AIDS (UNGASS) National Program Indicators; recent survey and surveillance, program evaluation, data triangulation, and/or cohort study information; and results from other host country partners. The HIV situation assessment should be informed by consultations with key stakeholders, including the host government, civil society, non-governmental organizations, other donors, international organizations, and the private sector. The assessment should include a discussion of the overall strengths and weaknesses of the health system as they affect prospects for achieving PEPFAR prevention care and treatment objectives, including, for example, analysis of service delivery or health workforce. The assessment should identify areas for potential emphasis in the Implementation Plan. See Annex V for additional suggestions for assessing health system strengths and weaknesses.

HIV/AIDS policy reform situation assessment: A policy reform situation assessment can be a stand-alone exercise or can be integrated into the HIV/AIDS situation assessment described above. In either case, all policy areas from Annex I - "List of Policy Areas to be addressed in the Partnership Framework" should be considered. While it may not be appropriate or necessary to work in all areas, analysis of all areas and their implementation should be completed.

Policy reform ensures that evidence-based policies are in place and implemented at the provincial/state, district, and local levels. It includes training of health care workers or others important to policy enforcement (e.g., police on gender-based violence, judiciary on non-discrimination of PLHAs), and other activities that can improve compliance and narrow the gap between policy and practice. Consider reviewing the UNAIDS National Composite Policy Index data available in 2008 UNGASS country reports to note policy areas identified by host government and civil society as requiring increased attention. Also, evaluate the degree to which an enabling policy framework exists in the host country, assessing governance and policy-making processes such as: (a) relevant Constitutional provisions; (b) important influences on policy processes; and (c) effectiveness of tools to implement policies.

Building on or in conjunction with consultations carried out to identify 5-year goals, the design team should consider convening one or more workshops or meetings involving critical stakeholders. Objectives could include: (1) brainstorming existing policies that impact HIV/AIDS and health systems and briefly describing their suspected impact, (2) brainstorming policy gaps that could be filled by new or amended policies, (3) considering whether any policies should be repealed, (4) identifying policy bottlenecks

to achievement of program goals, and (5) discussing ways in which existing policies could be better implemented.

There may be differences of opinion between the USG and the host government on certain policies. In such cases, the Partnership Framework may work *toward* a reform agenda around that policy and/or focus on other policy reform areas where consensus exists.

HIV/AIDS financing situation assessment: The purpose of this assessment is to better understand program costs, available resources and projected gaps and trends over time. Again the ideal is to use existing data sources where-ever possible. Design teams should review trends of financial commitments to health, taking advantage of resources such as National Health Accounts bi-annual data available online at https://www.who.int/nha/ and at http://www.unaids.org/en/KnowledgeCentre/HIVData/CountryProgress/Default.asp, including percentage of total government expenditure budgeted to health as well as National AIDS Spending Assessment data, if available. Evaluation of data from GFATM's enhanced financial reporting system may also be useful, along with other data produced from other financial monitoring and reporting systems. Data on program costs and financing may also exist from completed evaluations.

A financing baseline that identifies gaps and a strategy should be developed with a participatory process involving key stakeholders (e.g., Ministry of Finance) through workshops or meetings. PEPFAR and host government representatives with authority to do so should make planned financial commitments with annual and 5-year targets, while acknowledging uncertainty given annual budgeting.

In many countries, data is limited. In such cases, it is possible that establishing systems to obtain quality data may be one of the Partnership Framework objectives.

2. Setting targets, monitoring, and evaluation

The USG, host government, and other parties involved in the Partnership should consider program response to date, available resources, unmet needs, priorities of the national HIV/AIDS control plan, and other factors, to **determine the scope** of the activities to be carried out through the Partnership Framework to meet the 5-year goals of the Framework. This scope should include program areas (e.g., PMTCT service provision, OVC support, lab strengthening, healthcare worker training, etc.) and policy reforms (e.g., task shifting, opt-out testing, etc.) that will be addressed through the Partnership and cover all PEPFAR-supported HIV/AIDS activities in the country. Objectives for each program area should be defined.

Once the scope of activities and objectives are agreed on, the Partnership should **select indicators** that will be used to set 5-year targets and monitor progress on the goals and objectives. Indicators for goals should be higher level, typically measured by means of outcome and impact indicators. Key indicators for objectives will measure services provided, coverage of services, status of health systems and infrastructure, and other parameters. All indicators used for monitoring Partnership Framework

progress should be the result of a country harmonization process with the national government and other major donors, including the GFATM. In general, indicators should have a national perspective (e.g., percent of pregnant women who were tested for HIV and who know their results), supplemented by a PEPFAR-specific perspective (e.g., number of new healthcare workers who graduated from a pre-service training institute with PEPFAR support) only as needed for USG-specific reporting. Other Framework partners may also have specific requirements for indicators that should be considered.

The Partnership should then **set 5-year targets**, to be measured using these indicators. These targets should be based on baseline data, status of the program, available resources (assuming availability of funds), and other factors. In general, these targets should also have a national perspective and account for all accomplishments in the country by all contributors to the response. Reporting against these targets will take place through PEPFAR's APR process.

Based on these targets, the Partnership should **agree on specific commitments** by the USG, host country, and other partners during the 5 years of the Partnership. These commitments will be financial (i.e., anticipated funding to be provided to the program) and programmatic (e.g., carrying out specific activities in support of blood safety, implementing policy change in gender, etc.). These commitments should evolve over the course of the Partnership such that the programs are increasingly carried out by, managed by, and, where feasible, funded by the host government and civil society.

Finally, the Partnership should **establish a plan for monitoring** progress towards achieving the Partnership's targets, meeting its specific commitments, and measuring its impact.

B. RECOMMENDED CONTENT OF THE PARTNERSHIP FRAMEWORK IMPLEMENTATION PLAN [~20 PAGES]

The Partnership Framework Implementation Plan will be developed at the same time as or subsequent to the signing of the Partnership Framework, as agreed by the PEPFAR country team in consultation with other partners. Together with the more succinct signed Partnership Framework document, it represents the 5-year strategic framework for USG PEPFAR collaboration with the host government and other partners. Therefore, once signed, it is the basis for COP development, and COP activities should all follow from this strategy. PEPFAR country teams may renegotiate the Implementation Plan periodically as circumstances change.

1. Introduction

Relate the Implementation Plan to the Partnership Framework. Describe how the Partnership Framework strengthens the ability of the host country to manage and finance HIV/AIDS programs by emphasizing capacity building and support of country-driven efforts which are, in turn, supported by funds from other donors and the government itself. Address how over the course of the 5 years the responsibility for decision-making and management of programs will be increasingly transitioned to the host country partners.

2. Country HIV/AIDS profile and baselines

Succinctly provide relevant background data for the host country HIV/AIDS profile, the service delivery (including health systems) baseline, the policy reform baseline, and the financial commitment baseline.

Country HIV/AIDS Profile

- Trends in HIV prevalence, incidence, and other characteristics of the country's epidemic (demographic, geographic, social, etc.)
- Health sector characteristics that influence the spread and control of HIV

Baseline information

- Service delivery: Current national response, including respective roles and contributions of host government (including status and timeframe of national strategy and whether it contains cost information, as well as information on health systems and gender), NGOs, private sector, other civil society organizations, international organizations, PEPFAR, and other donors; brief overview of the strengths and weaknesses of the health system as it relates to HIV/AIDS, including critical constraints.

- Policy reform
  - Brief overview of the policy framework including relevant policy-making bodies (e.g., Ministries), authorities, and procedures.
  - Table listing key policies in existence to support HIV/AIDS prevention, care, and treatment, including those addressing issues related to health workforce and human capacity development to address the HIV/AIDS epidemic. Consider all policy areas in Annex I, including the existence of policies and the degree to which they are implemented. However, the baseline need only include those deemed most relevant by the Partnership Framework partners and participating stakeholders.

- Financial accountability
  - Tabulate host government, USG, and other funding on HIV/AIDS and health (data available at http://www.who.int/nha/what/en) over recent years.

3. Strategy and commitments

Describe the overall strategy employed for the Partnership, detailing goals, objectives and commitments.

National Strategy**:** Summarize the programmatic approaches as represented in the National Strategic Plan on HIV/AIDS in the country, addressing HIV prevention, care, and treatment through service delivery, health systems strengthening, policy reform, and financial commitment.

Partnership Framework Strategy: Service Delivery and Policy Reform Commitments**:** Describe how the Partnership Framework's 5-year goals, objectives and commitments complement those of other donors and contribute to the realization of the country's National Strategic Plan on HIV/AIDS. Describe how the commitments to various components of the HIV/AIDS response reflect the comparative advantage of the host country, USG, and other partners to achieve maximum impact. Include, in tabular form, (see illustrative Table 2) the specific goals, objectives and commitments for your Partnership, including policy reform commitments for each relevant objective. This table should build on the table developed for the Partnership Framework, providing more specific detail and information.

Table 2. Example of tabular format depicting relationship among goal, objectives, and commitments.

Five-Year Goal **Prevention: Reduce HIV Incidence by 50%**			
Objectives	**Commitments**		
	National	**USG**	**Other**
Ensure provision of HIV prophylactic treatment of 85% of pregnant women who require this intervention	• GOV will procure xx% of prophylactic drugs • GOV will procure xx% of HIV test kits • GOV will provide leadership in strategic planning and review of PMTCT effort	• USG will train xx% of PMTCT providers • USG will fund xx% of PMTCT sites •	• GF will procure xx% of prophylactic drugs • WHO will support 3 regional and 1 national meeting for planning and review processes • NGOs will support community mobilization in all USG-funded sites
Ensure all relevant target populations receive appropriate prevention interventions associated with HIV risk behaviors	• GOV will incorporate life-skills training curricula in xx% of all primary and secondary schools • GOV will print xxx copies of life-skills curricula annually	• USG will support development of combination prevention pilot, and scale up to 3 provinces • USG will support development of quality standards for prevention programs • USG will support review of policy barriers to service access for MARPS	• GF will support xx% of model expansion • UNAIDS will support printing and dissemination of prevention quality standards • PLHA umbrella org will ensure all member org. have trained PwP counselors
Provide male circumcision services in xx% of country health facilities	• GOV will develop policy and guidelines to support expansion of MC • GOV will fund training of xx% of MC providers	• USG will fund xx% of new MC sites • USG will procure xx% of MC-related surgical equipment	• WHO will support monitoring of MC quality, adverse events
Ensure quality diagnostic services with appropriate use of laboratory facilities and testing	• GOV will support xx% of National Reference Laboratory functions • GOV will support development of QA/QC standards and protocols	• USG will support training of xx% of new lab technicians • USG will fund xx% of construction costs for xx new laboratories	

Financial Accountability**:** Describe the host government's ability to: provide and make publicly available timely and accurate cost and financing information; increase (to the extent feasible) public financing for HIV/AIDS and health (e.g., meeting Abuja Declaration target of 15% national budget to health). Under the PEPFAR reauthorization legislation, Partnership Frameworks must include "cost sharing assurances" from the partner government that demonstrate a 25% contribution (in cash or in kind) to programs in which the USG directly funds the partner government (i.e., assurances meeting the requirements of section 110 of the Foreign Assistance Act). Describe expected commitments and timing of other donors, including the GFATM and the IHP+ as applicable. Describe how cost-efficiencies will be increased over the course of the Partnership, through coordinated financing and other strategies. **Describe how the availability of PEPFAR funds and possibly those of the host government and other donors will be based on a review of the Partnership Framework performance against the annual targets and on the availability of funds.**

Complete, in tabular form (see illustrative Table 3) the projected funding for the HIV/AIDS response in the country by various funding sources. This table should include all funding sources, not just those of signatories to this Partnership. These projections will be used to track financial commitments of the signatories over the course of the Partnership.

Table 3: Projected financial commitments (illustrative only)

Funding Partner	Approximate Funding Level					Areas of Focus
	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	
Host government	$18M	$18M	$20M	$20M	$22M	HIV prevention, care and treatment
PEPFAR	$48M	$48M	$45M	$45M	$45M	HIV prevention, care, treatment
GFATM	$43M	$43M	$43M	?	?	HIV and TB grants • Drug procurement • OVC services • HIV prevention • HCD
MCC	$23M	$23M	$23M	$23M	$23M	Health infrastructure
European Community	$6M	$6M	$5M	?	?	OVC
Clinton Foundation	$8M	$5M	?	?	?	HCD
Irish Aid	$4M	$4M	?	?	?	HR management Drug procurement
DFID	$2.5M	$2.5M	?	?	?	Workplace programs
Total Projected	**$152.5 M**	**$152.5 M**	**$136 M**			
Est. Requirement*	$160 M	$160 M	$160 M			
Gap*	$7.5 M	$7.5	$24 M			

*When a costed HIV/AIDS strategy exists

4. Monitoring and evaluation

Describe how the Partnership Framework Implementation Plan will be monitored, and how such monitoring will support national data collection systems, moving away from PEPFAR-specific reporting systems. In this description, include how the partners plan to jointly monitor the Framework, including an annual joint review that assesses progress

towards targets, meeting of commitments, achieving cost efficiencies through coordinated financing, increasing program ownership by host country, and steps to allow for mid-course corrections, as needed, to ensure achievement of goals. The following suggests a framework for this joint monitoring.

Describe plans to collect data to monitor Framework **goals**. These data should derive from surveillance, population-based surveys, facility surveys, program evaluation, public health evaluation, and other means to describe the impact of the program on key measures of HIV prevalence and incidence, behaviors, morbidity, mortality, population well-being, and health system strengthening. These surveys and surveillance activities do not occur annually, so planning should identify when this work is scheduled and when results will be available for reporting.

Describe plans to monitor progress toward Partnership **objectives** in scaling up services, advancing enabling policies, and meeting financial and activity commitments. Below are two example table templates that can be used for this description. The first (illustrative Table 4) includes programmatic objectives, indicators, baseline, and 5-year targets, while the second (illustrative Table 5) includes objectives, commitments and commitment indicators.

Table 4. Example of table depicting objectives, indicators, and baseline and 5-year target data.

Five-Year Goal **Prevention: Reduce HIV Incidence by 50%**			
Objectives	**Indicators** **National (All programs) and USG (PEPFAR programs)**	**Baseline**	**5-Year Target**
Ensure provision of HIV prophylactic treatment of 85% of pregnant women who require this intervention	• Percent of pregnant women who were tested for HIV and know their results • Percent of HIV-infected pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	• 42% of pregnant women were tested for HIV and know their results • 61% of HIV-infected pregnant women received antiretrovirals to reduce the risk of MTCT	• 85% of pregnant women will be tested for HIV and know their results • 85% of HIV-infected pregnant women will receive antiretrovirals to reduce the risk of MTCT
Ensure all relevant target populations receive appropriate prevention interventions associated with HIV risk behaviors	• Number of PLHA reached with individual/small group comprehensive prevention intervention • Number of MARPS reached with intended number of sessions for individual and small group interventions • Number of schools with PEPFAR-supported life-skills program	• 10,000 of PLHA were reached with individual/small group comprehensive prevention interventions • 2,790 MARPs were reached with intended number of sessions for individual and small group interventions • 140 schools had life-skills programs supported by PEPFAR	• 80,000 of PLHA will be reached with individual/small group comprehensive prevention interventions • 10, 000 MARPs will be reached with intended number of sessions for individual and small group interventions • 750 schools will have life-skills programs supported by PEPFAR
Provide male circumcision	• Number of male circumcisions performed	• 250 male circumcisions were performed in 2008	• 450,000 male circumcisions will be performed over 5

services in xx% of country health facilities	according to national or international standards		years
Ensure quality diagnostic services with appropriate use of laboratory facilities and testing	• Percent of HIV rapid test facilities with satisfactory performance in external quality assurance / proficiency testing program for HIV rapid test	• 22% of HIV rapid test facilities perform satisfactorily in external QA / proficiency testing for HIV rapid tests	• 80% of HIV rapid test facilities perform satisfactorily in external QA / proficiency testing for HIV rapid tests

The programmatic table should include all of the indicators and targets that will be tracked through the Partnership, including all those required by PEPFAR (see forthcoming draft indicator annex) and any others agreed upon as part of the Partnership. These indicators will be used to track the progress of the Partnership in achieving its goals. Indicators are not needed for program areas not addressed through the Partnership Framework and COP.

Annual reporting on these indicators will be through the PEPFAR semi-annual and annual reporting process. In the Partnership Framework, PEPFAR 'downstream' and 'upstream' targets and results will be replaced by 'direct' (USG direct delivery of services) and 'national' counts. Therefore, measurement of the 5-year targets should be based on national-level and PEPFAR direct results. Specific guidance for appropriate PEPFAR accounting in program areas lacking 'direct' support is forthcoming. Financial commitments will be monitored on the basis of National AIDS Spending Assessments and National Health Accounts (see Annex III); reporting will occur bi-annually.

Measuring policy reform will be kept relatively simple and follow a standard template. Details of the template are forthcoming as a component of the indicator annex for the Framework Guidance document. The baseline stage of policy reform and the target stage for the 5-year Partnership will need to be highlighted for all policy areas targeted for the Partnership. These targets will be used to track the progress of the Partnership in achieving its goals of policy reform.

Monitoring specific activity commitments will be based on narrative reporting among the Partnership members. Simple, nominal categories will be used, along with additional explanatory text appropriate to the discussion. Commitments will not be monitored individually, but rather as clusters associated with the objectives. Table 5 provides an illustration of how this matrix might appear. A version of this table will be used by the partners and other stakeholders to track the progress of the partnership in achieving its goals of coordinating activities and transitioning programs to local ownership. These results will be reported annually to headquarters.

Table 5. Example of table depicting objectives, commitments, and commitment indicators.

Five-Year Goal **Prevention: Reduce HIV Incidence by 50%**				
Objectives	**Commitments**		**Indicators**	
	National	**USG**	**National**	**USG**
Ensure provision of HIV prophylactic treatment of 85% of pregnant women who require this intervention	• GOV will procure xx% of prophylactic drugs • GOV will procure xx% of HIV testing kits • GOV will provide leadership in strategic planning and review of PMTCT effort	• USG will train xx% of PMTCT providers • USG will fund xx% of PMTCT sites	Yes / Partial / No	Yes / Partial / No
Ensure all relevant target populations receive appropriate prevention interventions associated with HIV risk behaviors	• GOV will incorporate life-skills training curricula in xx% of all primary and secondary schools • GOV will support development of NGOs for community mobilization	• USG will support development of combination prevention pilot, and xx% of model expansion • USG will support development of quality standards for prevention programs	Yes / Partial / No	Yes / Partial / No
Provide male circumcision services in xx% of country health facilities	• GOV will ensure favorable policy environment to support expansion of MC • GOV will fund training of xx% of MC providers	• USG will fund xx% of new MC sites • USG will procure xx% of MC-related surgical equipment	Yes / Partial / No	Yes / Partial / No
Ensure quality diagnostic services with appropriate use of laboratory facilities and testing	• GOV will support xx% of National Reference Laboratory functions • GOV will support development of QA/QC standards and protocols	• USG will support training of xx% of new lab technicians • USG will fund xx% of construction costs for xx new laboratories	Yes / Partial / No	Yes / Partial / No

IV. Negotiating, Reviewing and Signing the Partnership Framework

A. NEGOTIATION

For the USG, the USG Chief of Mission or his/her designee should lead the team negotiating the Partnership Framework. Negotiation teams should represent all USG agencies supporting HIV/AIDS activities in the host country. Negotiation support may be made available from Department of State and other PEPFAR agency headquarters, if requested. On the host country side, Partnership Frameworks should be negotiated by the highest level of government feasible.

B. CLEARANCE AND REVIEW

1. Optional joint review

While it is anticipated that both the USG and host government will conduct internal reviews of draft Partnership Frameworks, in order to ensure transparency and buy-in, countries may wish to consider conducting a joint review that involves key stakeholders involved in development and implementation of the Partnership Framework. It is anticipated that those participating in such a review would be of a higher level within their organization than those on the design team. If opting to carry out a joint review, inclusive in the plan and timeline for Framework development, as described in Section II.A.1, above, Partnership Framework design teams should define the joint review process, including review criteria, participants, and timing.

2. USG clearance and review process

The USG will follow the process outlined below to review and clear Partnership Framework documents.

STEP 1A: Preliminary review of Partnership Framework

As the elements of the Partnership Framework and Implementation Plan take shape, USG teams are encouraged to informally share annotated outlines or first drafts with their Country Support Team at headquarters for early and iterative feedback. Once a complete draft of the Partnership Framework is completed, but before a joint review, it should be shared with the Country Support Team for a "preliminary review." An interagency team, chaired by the Deputy Principals, will review the draft against the following "big picture" review criteria and provide the design team with feedback/guidance:

- Demonstrates a strong strategic vision for the Partnership on HIV/AIDS over five years;
- Sets ambitious but feasible goals for scale-up of delivery of prevention, care and treatment services;
- Goals and objectives support the National HIV Strategy;
- Framework objectives will lead to achievement of goals;
- Builds on national plans and describes an effective joint governance structure for the Partnership using existing coordination mechanisms where possible;
- Demonstrates reasonable expectations and accountability of partners (host government, USG and others) to achieve goals;
- Reflects a strong consultative process;
- Reflects joint, coordinated programming among all partners;
- Follows PEPFAR and host country policy.

A concurrent preliminary legal and USG policy review will take place. After receiving comments from headquarters, country teams should complete negotiations and finalize the Partnership Framework. They should then move forward with completing the more detailed Partnership Framework Implementation Plan.

STEP 1B: Review of Partnership Framework Implementation Plan

As with the Partnership Framework, USG teams are encouraged to share drafts of the Partnership Framework Implementation Plan with their Country Support Team for ongoing feedback. Once a first draft of the Partnership Framework Implementation Plan is completed, country teams should submit the draft to their Country Support Team for review by an interagency team chaired by the Deputy Principals, against the following criteria:

- Implementation Plan supports the Partnership Framework;
- Baseline information provides good understanding of current state of service delivery, health systems, policy development, and HIV funding;
- Identifies and addresses key policy barriers to adequately address the HIV/AIDS epidemic over the long-term;
- Addresses healthcare workforce issues;
- Demonstrates coordinated financing that moves, where possible, toward greater host country (government and private) support;
- Contributes to strengthened health systems in areas needed for the greatest direct impact on the HIV epidemic;
- Reflects aggressive but feasible plan for increasingly transitioning programs to local ownership over time;
- Appropriate commitments are made by all parties;
- Includes well-designed monitoring plan to measure progress, financing and impact, including Framework partners' reporting and accountability structures;
- Describes a strong management plan and partner communication and management framework;
- Strengthens national data systems.

After receiving comments from HQ, country teams should work with their partners to address any issues raised and finalize the Partnership Framework Implementation Plan.

STEP 2 (A&B): Final clearance and review for Partnership Framework and Partnership Framework Implementation Plan

Once internal (host country and USG) clearances are complete, the proposed Partnership Framework and Partnership Framework Implementation Plan should be submitted to headquarters through the country's Country Support Team lead for final legal review and clearance.

Depending on whether the country team has opted to complete the Partnership Framework and Partnership Framework Implementation Plan simultaneously or sequentially, this final review and clearance can also take place simultaneously or sequentially.

C. SIGNING AND DISTRIBUTING THE PARTNERSHIP FRAMEWORK

After the final review and once all necessary clearances have been obtained, the Chief of Mission or his/her designee, the host government representative(s), and other

signatories should sign the document. A copy of the signed document should be provided to all signatories as well as to OGAC and other agency headquarters. USG legislation requires that the Global AIDS Coordinator submit the final Partnership Frameworks to Congress, publish them in the Federal Register, and post them on the OGAC Internet website within 10 days of signing. The final signed Partnership Framework should also be translated as appropriate, made publicly available, and widely distributed to other stakeholders representing civil society, NGOs, other donors, international organizations, and the private sector to facilitate implementation and monitoring in the host country.

1. Considerations regarding signatories

Partnership Frameworks should be signed by representatives of the USG and host government (or multiple participating governments or regional partnerships in the case of regional frameworks). The host government, in dialogue with the USG, should be the final determinant of whether formal signatory roles should be assigned to entities other than itself and the USG. In the case of regional programs, special considerations will need to be applied when determining negotiation and signatory practices.

General considerations in determining how many signatures are needed and who should sign include:

US Government: The Chief of Mission or his/her designee should sign on behalf of the USG.

Host Government (National Level): Signatories should be able to exercise some control over the allocation of resources planned in the Partnership Framework and influence over those implementing the actions outlined in the Framework. The host government signatory should coordinate with all relevant ministries to ensure effective implementation. For these reasons, signature on behalf of the host government should generally be sought at the Ministerial level or above. If success of the Partnership Framework depends on buy-in from a specific Ministry or host government office, the signature of a representative from that Ministry or office should be considered.

Host Country Government (Sub-National Level): Sub-national signatories may be appropriate if the national government approves and critical activities in the Partnership Framework require involvement of lower levels of government. Signature of national level government is still essential.

International Organizations: In some cases, it may be appropriate to have the GFATM, UNAIDS, or another international organization as a signatory. In the case of the GFATM it is likely that this will occur at either the Country Coordinating Mechanism or Principal Recipient level.

Civil Society and Private Sector: If included, signatories should broadly represent civil society and the private sector; consideration should be given to entities such as umbrella groups, PLWA groups, etc. Groups and their representatives should be acceptable as signatories to both the host country government and the USG.

Annex I - List of policy areas to be addressed in the Partnership Framework

Certain policy reforms are essential for effective HIV/AIDS responses, and Partnership Frameworks offer a unique opportunity to engage host governments in these areas. Across all countries, evidence indicates that progress in these areas is tied to success in prevention, treatment and care of HIV/AIDS. Thus, the expectation is that all Partnership Framework Implementation Plans will explicitly address the policy issues outlined below and demonstrate host government commitments to achieve progress.

In certain policy areas, governments have demonstrated outstanding leadership and are robustly implementing the relevant policies. In such cases, country teams need only communicate to OGAC why the issue is not a concern. Partnership Framework Implementation Plan policy baselines need not refer to all of the following areas, although they should all be discussed during the situation assessment. Partnership Framework Implementation Plans should prioritize policy reforms which can be achieved during the 5-year timeframe and that are considered to be most important to the advancement of programmatic goals and objectives within the country.

- Address Human Resources for Health (HRH):
  Developing a sustainable health worker system is critical to addressing the HIV epidemic and strengthening the health care system as a whole. While there are common HRH challenges across countries, each country needs a unique human resource development strategy reflecting its own context, resources, and constraints. In considering a strategy, four critical components should be considered: (1) policy and financial requirements; (2) human resource management; (3) partnerships; and (4) leadership. In all cases, Partnership Frameworks should specifically address policies around task-shifting and innovative approaches to health worker training and retention. Quantifiable targets and results concerning new health workers (including professionals and paraprofessionals) trained and retained are essential.

- Address gender issues:
  Evidence demonstrating the special vulnerability of women and girls to HIV/AIDS is well established. In addition, there is a growing body of evidence that the gender dynamics of health-seeking behavior may adversely affect treatment and care outcomes for HIV-infected men. Partnership Frameworks provide a unique opportunity to advance policies that address these issues. Specific policy areas for consideration include:
    - Addressing policy factors placing women and girls at greater risk for HIV infection, including policies related to concurrent partners, male norms, gender-based violence and high-risk behaviors of male partners. The approach should take a comprehensive view of these factors and strive to address facilitators and barriers unique to the country context in order to decrease the risk of HIV infection among women and girls.
    - Addressing policy factors that influence men, including the role of men in terms of gender norms, access of men to treatment and, if applicable, opportunities for medical male circumcision.
    - Addressing policy and legal reforms needed to increase gender equity in land and property inheritance rights. The following are strategies to increase women's legal rights generally, and property and inheritance rights specifically:
      - Legal and policy interventions to safeguard the inheritance rights of women, particularly women in African countries, due to exponential growth in the number of young widows, orphaned girls, and grandmothers becoming heads of households.

        - Institutional capacity-building of government ministries, universities, NGOs, and civil society to improve women's legal rights and indigenous women's access to justice.
        - Legal and policy interventions that inform lawyers, prosecutors, law enforcement, and service providers on the legal rights of women, and encourage these groups to enforce these rights through the judicial and legal process.
    - Working with governments and civil society to eliminate gender inequalities in the civil and criminal code.
    - Addressing policy and legal reforms related to Gender-based Violence (GBV). The following are relevant to addressing GBV:
        - Existence of National Anti-GBV/Sexual Violence Laws.
        - Attention to GBV within National HIV/AIDS Policies.
        - Policies related to provision of comprehensive health care services for victims/survivors of sexual violence, including post-exposure prophylaxis (PEP).
        - Capacity-building of government ministries, institutions (education, health, legal, etc.), NGOs and civil society to prevent and respond to GBV.
        - Policies and laws that address norms that perpetuate GBV.

- Address issues that impact children:
  Addressing the unique vulnerabilities of children infected and affected by HIV/AIDS is central. Key policy interventions that should be incorporated in Partnership Frameworks include those that address access of children to care and treatment, and those that provide protection for orphans and vulnerable children for a range of issues from inheritance rights to protection against violence to access to education, shelter, food and social support. Policies should also support efforts to scale up antiretroviral therapy for children, including integrating HIV prevention, care, and treatment for children into both existing antiretroviral therapy sites focused on adult care and into maternal, newborn and child health services.

  Ensure the implementation of policies that improve uptake of counseling and testing:
  Knowledge of HIV status is central to prevention, care, and treatment. Yet evidence-based practices to increase uptake are still not widely implemented. Counseling and testing policies should: enable voluntary and informed consent for all populations, including youth; enable the promotion of confidentiality and beneficial disclosure and guard against inappropriate disclosure; ensure non-discrimination in service provision, facilitating access for a range of population groups; and establish a monitoring and evaluation system that promotes an enabling environment. As epidemiologically appropriate, policies should include:
    - Implementation and promotion of provider-initiated opt-out counseling and testing, especially in PMTCT settings;
    - Task-shifting to allow appropriately trained and supervised lay workers to provide counseling and testing services; and
    - Use of point-of-care rapid HIV testing.

- Improve access to high-quality, low-cost medications:
  Host country policies have a dramatic impact on the availability of drugs and other commodities essential to the care and treatment of PLWA. Access begins with appropriate registration of antiretroviral and other important drugs and commodities. The national drug regulatory authorities (NDRAs) of partner countries should make every

effort to work with drug manufacturers and assist in the timely registration of antiretroviral drugs, drugs for opportunistic infections, drugs for care and treatment, rapid HIV test kits, and other essential HIV/AIDS commodities that are purchased by PEPFAR. In the event that HIV/AIDS pharmaceuticals that can be purchased by PEPFAR are NOT registered in country, the host country should provide import waivers to allow products that are available for purchase by PEPFAR to be imported without NDRA registration. For drugs receiving import waivers, PEPFAR should maintain due diligence to assure quality standards. Strengthening forecasting, procurement and logistics systems within the context of a strong partnership with host country and other international partners to ensure a coordinated response is also critical.

- Address stigma and discrimination:
  Partnership Frameworks should describe plans to encourage leadership from governments to create non-discriminatory policies and to publicly support PLWA and their inclusion in development of policy, community interventions, and program evaluation. Policies should address causes and consequences of HIV-related stigma, and may support programmatic approaches such as: incorporating Prevention with Positives programs into the training of healthcare workers and lay counselors; utilizing PLWA as lay counselors and peer educators; and employing effective measurement and documentation of stigma in program plans.

- Strengthening a multi-sectoral response and linkages with other health and development programs:
  The HIV/AIDS epidemic requires a broad multi-sectoral approach. As a starting point it is essential that government policies support linkage of HIV/AIDS programs with other health programs including maternal and child health, safe motherhood, malaria and TB programs. Policies should also support linkage with other development efforts, for example food and nutrition, economic strengthening, and education, and relevant ministries should also be involved in Framework development. Secondly, the Partnership Framework should support policies to include civil society, including faith- and community-based organizations and groups of PLWA, in the development and implementation of HIV/AIDS programs.

Annex II - HIV/AIDS-related policy reform citations

Citations of potential interest concerning HIV/AIDS-related policies:

An Audit of HIV/AIDS Policies in Botswana, Lesotho, Mozambique, South Africa, Swaziland and Zimbabwe. Funded by the WK Kellogg Foundation. 2004. Human Sciences Research Council.

Australia's Successful Response to AIDS and the Role of Law Reform. 2006. World Bank.

Centre for the Study of AIDS national reports on HIV/AIDS and Human Rights in Botswana, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. 2004. University of Pretoria. www.csa.za.org/filemanager/list/10

Experiences of 100% Condom Use Programme in Selected Countries of Asia. 2004. http://www.wpro.who.int/publications/pub_9290610921.htm

Handbook for Legislators on HIV/AIDS, Law, and Human Rights: Action to Combat HIV/AIDS in View of its Devastating Human, Economic, and Social Impact (second reprint, May 2002). www.unaids.org

HIV/AIDS and the Law: a Resource Manual. 2003. AIDS Law Project & AIDS Legal Network.

International Guidelines on HIV/AIDS and Human Rights (2006 version). www.unaids.org

Legal Aspects of HIV/AIDS: a guide for policy and law reform. 2007. The World Bank.

Protecting Children Affected by AIDS in the Caribbean: Recommendations for Legal Reform. 2006. World Bank.

Protocol for the Identification of Discrimination Against People Living With HIV. 2000. www.unaids.org

Report on Routine vs. Compulsory Testing. 2003. Botswana Network on Ethics, Law, and HIV/AIDS.

Review and Assessment of Laws Affecting HIV/AIDS in Tanzania. Tanzania Women Lawyers' Association. 2003. www.policyproject.com/pubs/countryreports/TZlawreview_sumbooklet.pdf

To Have and to Hold: Women's Property and Inheritance Rights in the Context of HIV/AIDS in Sub-Saharan Africa. 2004. http://www.icrw.org/docs/2004_paper_haveandhold.pdf

http://hivaidsclearinghouse.unesco.org/ & www.healthsystems2020.org/section/resources/

Citations of potential interest concerning policy-making authorities and processes:

National Constitutions available at http://confinder.richmond.edu/

Summaries of key Constitutional provisions of several African countries available at http://www.eisa.org.za/WEP/comconstitution.htm

Domestic policy-making system summaries available at http://www.nyulawglobal.org/globalex/#

Annex III – National AIDS Spending Assessments and National Health Accounts

Two tracking systems exist for tracking health spending by countries and by donors. Both are conducted on a periodic basis and in some countries provide the most comprehensive information on health and HIV spending by governments, donors, and out of pocket expenses. However, these data comes with a considerable time lag and may require annual financial audits to supplement the efforts to track, leverage, and provide transparency for annual funding.

National AIDS Spending Assessments

1. National AIDS Spending Assessments (NASA) – UNAIDS supports country NASAs every other year for its UNGASS reporting. They are HIV focused.

The National AIDS Spending Assessment Workbook provides details on its methodology; it and recent findings can be found at the website below. NASA

> **"is designed to describe the financial flows and expenditures using the same categories as the globally estimated resource needs. This alignment was conducted in order to provide necessary information on the financial gap between resources available and resources needed, and in order to promote the harmonization of different policy tools frequently used in the AIDS field.**
>
> **NASA provides indicators of the financial country response to AIDS and supports the monitoring of resource mobilization. Thus, NASA is a tool to install a continuous financial information system within the national monitoring and evaluation framework.**
>
> **NASA serves several purposes within different time-frames. In the short term, NASA might be useful to provide information on the UNGASS indicator for public expenditure; in the longer term, the full information provided by NASA may be used to:**
>
> - **Monitor the implementation of the National Strategic Plan;**
> - **Monitor advances towards completion of internationally or nationally adopted goals such as universal access to treatment or care;**
> - **Provide evidence of compliance with the principle of additionality required by some international donors or agencies; and**
> - **Fulfill other information needs."**

NASA is not an accounting system. Rather it tracks spending as reported by countries. Donor and government spending is divided in NASA into eight spending classes or chapters of AIDS Spending Categories (ASC): prevention, care and treatment , orphans and vulnerable children, strengthening programme management and administration, incentives for human resources, social protection and social services, enablement of environment and community programmes, and research.

http://www.unaids.org/en/KnowledgeCentre/HIVData/Tracking/Nasa.asp

National Health Accounts

National Health Accounts are broader, more systematic surveys of all health spending within a country and are used in OECD financing estimates. They are designed to "capture the full range of information contained in these resource flows and to reflect the main functions of health care financing: resource mobilization and allocation, pooling and insurance, purchasing of care, and the distribution of benefits. Expenditures are divided by very high-level health functions such as curative care, long-term care, and prevention.

NHAs are conducted on a periodic basis, varying from country to country. For a NHA to have sufficient detail for HIV financial tracking, the HIV disease-specific module needs to be added to an NHA. This HIV disease-specific module is harmonized with the NSA so that it provides comparable information. NHA methods and recent reports can be found at http://www.who.int/nha/what/en/ . The NHA is currently under revision by OECD, EUROSTAT European Commission and WHO.

Annex IV – Paris Declaration and Monterrey Consensus

Paris Declaration on Aid Effectiveness

Paris, France, March 2, 2005

The Paris Declaration on Aid Effectiveness is presented in three sections, viz. the Statement of Resolve set out in Section I, the Partnership Commitments stated in Section II and twelve Indicators of Progress listed in Section III.

Two rounds of monitoring of these commitments are envisaged before meeting in a developing country in 2008 to review progress in implementing this Declaration.

Commitments from the Paris Declaration on Aid Effectiveness include:

- Developing countries will exercise effective leadership over their development policies, strategies, and to coordinate development actions;
- Donor countries will base their overall support on receiving countries' national development strategies, institutions, and procedures;
- Donor countries will work so that their actions are more harmonized, transparent, and collectively effective;
- All countries will manage resources and improve decision-making for results;
- Donor and developing countries pledge that they will be mutually accountable for development results.

The full text of the Paris Declaration can be accessed at:
http://www1.worldbank.org/harmonization/Paris/FINALPARISDECLARATION.pdf

Monterrey Consensus

The **Monterrey Consensus** was the outcome of the 2002 Monterrey Conference, the United Nations International Conference on Financing for Development. It was adopted by Heads of State and Government on 22 March 2002. Over fifty Heads of State and two hundred Ministers of Finance, Foreign Affairs, Development and Trade participated in the event. Governments were joined by the Heads of the United Nations, the International Monetary Fund (IMF), the World Bank and the World Trade Organization (WTO), prominent business and civil society leaders and other stakeholders. New development aid commitments from the United States and the European Union and other countries were made at the conference. Countries also reached agreements on other issues, including debt relief, fighting corruption, and policy coherence.

Since its adoption the Monterrey Consensus has become a major reference point for international development cooperation. The document embraces six areas of Financing for Development:

1. Mobilizing domestic financial resources for development.

2. Mobilizing international resources for development: foreign direct investment and other private flows.
3. International Trade as an engine for development.
4. Increasing international financial and technical cooperation for development.
5. External Debt.
6. Addressing systemic issues: enhancing the coherence and consistency of the international monetary, financial and trading systems in support of development.

The full text of the Monterrey Consensus can be found at:
http://www.un.org/esa/ffd/monterrey/MonterreyConsensus.pdf

Annex V - Health system strengthening priority-setting

Efforts to strengthen health systems in the context of PEPFAR Partnership Frameworks recognizes that well-functioning health systems can effectively prevent, care for and treat HIV/AIDS, that effective interventions exist to strengthen health systems, and that strong health systems can sustain the response to HIV/AIDS over time.

Specific health system weaknesses pose critical barriers to achieving PEPFAR objectives and to ensuring country capacity to sustain the response to HIV/AIDS over time. These weaknesses vary by country and they impact prevention, care and treatment differently. Partnership Framework Implementation Plans are based on assessing issues related to service delivery, workforce, information, medical products and technologies, financing, and leadership and governance.

Partnership Framework Implementation Plans should prioritize health system strengthening issues that can be resolved effectively during the 5-year timeframe and that represent the most pressing system constraints to achieving programmatic goals and objectives within the country.

Priority setting: The questions below are illustrative. They will help you set priorities based on strengths and weaknesses in your country.

- Address service delivery issues: How well do care networks function? Are referral systems in place? Are HIV/AIDS services effectively integrated into health care? What community linkages function? What arrangements ensure outreach to special populations (MARPs)? How does decentralization influence service delivery? Do district officers and clinic and hospital management staff have supervisory and planning skills? What is status of efforts to improve supply/safety of blood? To scale up PMTCT thru MCH integration and strengthening? To adopt and scale up evidence-based prevention services such as male circumcision, alcohol treatment, Prevention with Positives, STIs, ARVs?

- Address health workforce issues: Is there a national HRH strategic plan? How is task-shifting being used to develop sufficient ARV service providers? How are HR systems being made efficient? What are arrangements for in-service training, pre-service training, and capacity building of training institutions? What is status of strategic planning, policy changes, interventions to increase in-country prevention expertise, circumcision skills, substance abuse experts/counselors, counselors for prevention with positives, STI service providers, etc.?

- Address health information issues: What plans are in place to strengthen systems to plan, monitor, and improve ARV delivery services, including DHS/AIS, SPA, ARV M&E, drug resistance surveillance, death registries, HIVQUAL (continuous quality improvement), and data for decision making courses? What is status of systems to plan, monitor, and improve HIV prevention services via HIV surveillance systems, DHS/AIS, SPA, MARP assessments and mapping, new prevention PHEs, data for decision-making courses, etc.?

- Address medical product and technology issues: What is status of development of supply chain systems for ARVs, CD4 and other lab tests to monitor ARV treatment? Are ARVs integrated into general supply chain, procurement, and forecasting systems? What is status of supply chain and procurement systems for free and socially-marketed condoms? What is the status of the general supply chain, procurement, and forecasting systems for STI drugs, HIV test kits, PMTCT drugs?

- Address health financing issues: What has been done to create sustainable ARV financing? Discuss status of ARV cost negotiations, ARV cost modeling, efforts to assist host government funding of ARVs, promoting affordable private sector ARV treatment, optimizing costs per person treated (e.g., via performance-based budgeting of treatment partners)? What support does host government need to promote cost efficiencies and sustainability by funding HIV prevention efforts, promote affordable private sector HIV prevention services (PMTCT, male circumcision, STI treatment), introduce performance-based budgeting of HIV prevention partners, etc.?

- Address health leadership & governance issues: What is status of multi-sector strategic planning for ARV scale-up, patient rights/anti-stigma policy development, national ARV guidelines, private/public sector regulation (HIV accreditation), communication/integration of partners/donors (3 Ones)? How effective are multi-sector strategic planning and implementation for HIV prevention? How strong is civil society's role in HIV prevention efforts? In national leadership related to faithfulness, condom use, and alcohol abuse? How strong are HIV prevention guidelines in context of decentralization?

Annex VI – Strategic information resources

Good program data analyses requires discussion and analyses of current data trends and synthesis of what these trends indicate for future program focus. For example:

- What overall trends are occurring in coverage, program retention, program outputs and/or outcomes of target populations for your program service?
- What services, results, or populations are lagging behind and require renewed support?

When describing the overall status of a program area, a TWG should first draw upon data analyses that are already available. Country teams should supplement the data they are collecting through their routine program monitoring processes with additional data provided through population-based quantitative data, evaluations, consensus meetings, sentinel site information, or potential sources of qualitative data. Several resources accessible to countries are provided below. This is not intended to be an exhaustive list of data sources.

Monitoring and Evaluation

1) **Global Fund –** Global Fund Results as of December 1, 2008 can be found at: http://www.theglobalfund.org/en/results/?lang=en. Additionally, information about country grants and performance can be found at: http://www.theglobalfund.org/programs/search/?lang=en&component=HIV/AIDS

2) **World Bank –** The World Bank launched the Multi-Country HIV/AIDS Program (MAP) in September, 2000. With funding to over 30 countries, the program has been a major contributor of resources to the global AIDS efforts. Limited information regarding the countries that are MAP-funded can be found here: http://go.worldbank.org/I3A0B15ZN0.

3) **Global HIV Monitoring and Evaluation Information** -- This webportal (www.globalhivmeinfo.org) is a powerful 'one-stop-shop' for information and resources on the M&E of the AIDS epidemic and response. The portal includes an extensive and continuously growing number of documents and resources for download in a digital library, interactive calendars of events and training activities and news flashes. You can quickly find information and tools by searching the portal or the digital library, or can tap the wealth of information available on M&E-related sites throughout the internet by using the portal's external search engine.

Surveillance and Surveys

1) **DHS/AIS surveys full reports** – These are full country reports for any country that has conducted DHS or AIS surveys. You can find these reports at: http://www.measuredhs.com.

2) **Population-based demographic and behavioral indicators**: A number of DHS and AIS surveys have been completed in the past 4 years. An excel table is available for many countries that includes UNGASS and PEPFAR indicators in the following areas: stigma and discrimination, knowledge, VCT, sexual negotiation, sexual behaviors, young people sexual behavior, STI care and prevention and HIV prevalence. This can be found at: http://www.pepfar.gov/guidance/framework/dhs/index.htm

3) **Other information** – The following links may also be helpful to provide you with country-level specific information.
   a. Towards universal access: Scaling up priority HIV/AIDS interventions in the health sector. June 2008. Includes estimates of treatment and PMTCT needs and coverage by country. http://www.who.int/hiv/mediacentre/2008progressreport/en/index.html

   b. The WHO HIV/AIDS Epidemiologic Fact Sheets and Country Profiles – Contains the latest HIV/AIDS surveillance data for 170 countries. Epidemiological Fact Sheets are extracted into single-page country profiles. These country profiles have a special focus on time series. They include line charts on HIV prevalence 1990-2007, number of people living with HIV 1990-2007, annual number of deaths 1990-2007, antiretroviral therapy coverage 2004-2007 and prevention of mother-to-child transmission coverage 2004-2007. These can be found at: http://www.who.int/hiv/countries/en/

   c. The UNAIDS 2008 Report on the Global AIDS Epidemic. Includes reports on the latest developments in the global AIDS epidemic. The 2008 edition provides the most recent estimates of the AIDS epidemic and explores new findings and trends in the epidemic's evolution. Based on data available as of December 2007. Estimates are also those found in Universal Access Report. This can be found at: http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp

For most program areas, the above data sources should provide you with:

- Basic epidemiologic data on HIV prevalence and some HIV-related behaviors
- Estimates of the number of persons who are HIV-infected, in need of treatment or services, and orphaned
- Coverage of some services in tabular, graphic and map formats.
- A comparison of cross-country results and targets over time

Health Management and Information Systems / Geographic Information Systems

1) **Health Metrics Network –** The Health Metrics Network (http://www.who.int/healthmetrics/about/en/) is an international organization devoted to strengthening the reporting and use of health information through strengthening health information systems. Their website contains a set of tools, frameworks and standards for planning, organizing, and evaluating the technology for disease monitoring and reporting. These tools and standards provide a roadmap as national governments with donors focus on one national reporting system.