

ADVISORY COMMITTEE ON VOLUNTARY FOREIGN AID

**Public Meeting
June 7, 2006**

OPENING REMARKS

Benjamin Homan, ACVFA Chairman, welcomed the committee members and attendees, noting their extraordinary interest in foreign assistance and the promotion of kindness and compassion around the world.

**AFRICAN GROWTH AND OPPORTUNITY ACT (AGOA) FORUM: USAID'S
ROLE AS IMPLEMENTING PARTNER**

Lloyd Pierson, *Assistant Administrator, Bureau for Africa, USAID*

Economic development is a major focus of the African Growth and Opportunity Act (AGOA), in particular the creation of jobs to address staggering unemployment rates in some parts of the continent.

Until last year USAID had three trade hubs in Africa: in Nairobi, Gaborone, and Accra. Last November it opened a fourth in Dakar.

USAID announced two new initiatives during the AGOA Forum:

- \$20 million for the West African Cotton Improvement Program
- \$5 million to improve phytosanitary standards to make it easier for African nations to export agricultural products

The Bureau for Africa administers four presidential initiatives directly:

- The five-year, \$200 million per year Initiative to End Hunger in Africa (IEHA)
- The two-year, \$30 million Congo Basin Forest Partnership
- The four-year, \$400 million Africa Education Initiative
- The five-year, \$200 million Africa Global Competitiveness Initiative (AGCI)

There are thirteen other initiatives it administers partially.

Africa is undergoing a number of significant changes. The overwhelming number of orphans affects how the Agency must structure its programs. Meanwhile, predominantly rural economies are giving way to migration to cities. Oil wealth could add another destabilizing force.

AGOA PANEL DISCUSSION

Moderator: Elise Fiber Smith, *ACVFA Member and Senior Policy Advisor on Gender, Winrock International*

The relationship between development and trade has become increasingly important to nongovernmental organizations (NGOs). Trade policies need to be linked to development. NGOs are especially concerned that trade benefits reach the poor in developing countries.

We know that consultation with civil-society groups is critical as trade policies are developed. We need to pay particular attention to disadvantaged groups, particularly women, to ensure that they benefit from trade opportunities.

AGOA is an important trade initiative. USAID's trade hubs can help forge partnerships with NGOs in the implementation of business opportunities.

Carol Grigsby, *Acting Deputy Assistant Administrator, Bureau for Africa, USAID*

USAID is expanding the preexisting efforts of its trade hubs with the five-year, \$200 million Africa Global Competitiveness Initiative (AGCI), a continuation of the previous four-year, \$70 million Africa Trade Initiative. Like the Trade Initiative, AGCI will focus on policy and regulatory reform along with direct assistance to business. It will also address two new areas: financial services and infrastructure barriers to trade. Ultimately, African governments, institutions, and individuals bear responsibility for creating trade opportunities and removing local and regional barriers to economic development and trade.

In its Comprehensive Africa Agricultural Development Program (CAADP), the New Partnership for African Development (NEPAD) has set a goal of 6 percent annual agriculture growth by 2010. USAID supports the CAADP goal through IEHA, in programs conducted largely through local organizations.

IEHA already serves Mali, Ghana, Uganda, Kenya, Mozambique, and Zambia, and will expand to cover three additional famine-prone countries this year, selected in partnership with NEPAD. Its financing has increased from \$35 million in 2003 to around \$200 million in 2006. A portion of that increase is intended to align development assistance more closely with food aid. Ultimately, USAID hopes to help vulnerable groups diversify their crops and remain out of poverty.

Sub-Saharan Africa is the only region of the world projected to have more people in poverty in 2015 than it had in 1990. We will have to reduce poverty by 6 percent each year if we hope to achieve the goal of cutting hunger in half by 2015.

Jacqueline Schafer, *Assistant Administrator, Bureau for Economic Growth, Agriculture, and Trade, USAID*

Secretary Condoleezza Rice has called for “transformational diplomacy” that “help[s] to build democratic and well-governed states that will respond to the needs of their people and conduct themselves responsibly in the international system.”

Such transformational diplomacy in Africa depends on two critical factors. First, Africa will not achieve its annual 6 percent poverty-reduction goal without trade, yet Africa’s share of global trade has declined over the last decade, and currently stands at less than 2 percent. Second, foreign investment in sub-Saharan Africa is hampered by the fact that so much of the area’s economic activity takes place in the informal arena. The Bureau for Economic Growth, Agriculture, and Trade (EGAT) works with Africa’s leadership in the public and private sectors to reverse both of these conditions.

EGAT worked closely with the Bureau for Africa and other agencies to design AGCI. In general, EGAT plays an advisory role, aiming to transfer successful practices from one region to another. EGAT incorporates academic work in a variety of sectors, though it also cooperates with the NGO and private realms to identify best practices.

AGOA represents a major U.S. commitment to give Africa access to our large and vibrant market. USAID is working with African firms to help them reach global markets, and in particular working with African officials, the private sector, and civil society to improve the African trading climate and develop predictable and transparent rules. The primary responsibility for this transformation rests with Africans themselves, and local private-sector and civil-society leaders must themselves undertake to advance participatory governance.

Currently, African entrepreneurs face an extremely difficult business environment that constrains private-sector growth. Unfortunately, sub-Saharan Africa as a whole has been the slowest region to embrace reform, though there are exceptions. According to the World Bank’s “Doing Business” reports, only 40 percent of sub-Saharan African countries have made at least one reform, as compared to two-thirds of countries worldwide and every country in Europe.

Dr. Michael Porter’s work on competitiveness has shown that a local market base is essential to competing successfully on a global level. Some projects underway in Africa therefore involve increasing regional trade. Expertise gained from successful regional trade can then be transferred to the world market.

Nancy Zucker Boswell, *ACVFA Member and Managing Director, Transparency International USA*

One key criterion of AGOA is that a nation must have established or be making continual progress toward a system to combat corruption. This linkage has widespread support: 140 countries signed the recent UN Convention against Corruption. The other criteria of AGOA will fail in a country where corruption, bribery, and embezzlement are not controlled.

The Millennium Challenge Account (MCA) also includes an anticorruption criterion. With both AGOA and MCA the key questions are: How are we assessing progress in fighting corruption? Are we consulting local civil society?

AGOA recommends that countries adopt the Organization for Economic Cooperation and Development Convention. Transparency International's National Integrity Surveys or the UN Convention might be more appropriate points of reference.

Free-trade agreements also include vital transparency provisions, particularly in the area of public procurement, a notoriously corrupt sector. Compliance with such provisions could also be part of an assessment.

Regardless of the assessment tool, one of the most important aspects of fighting corruption is consultation with civil society. It is important for donors to recognize the importance of helping government and civil society develop their technical and financial capabilities—and even in some instances to provide protection, since fighting corruption can be dangerous.

Further, we need to coordinate and integrate the numerous bilateral and multilateral anticorruption programs and resources. It is burdensome for recipient countries to comply with these requirements. That burden will be lighter if programs can be better integrated.

Finally, we must address an inherent tension: We all want to see economic benefits from trade, investment, and assistance flow to Africa. But without anticorruption measures, most people will not benefit. On the other hand, many worry that if anticorruption criteria are applied too strictly, the flow of aid could be cut off, creating other hardships. We must recognize this tension and find a way to help governments and civil society do the necessary work to keep economic benefits flowing.

DISCUSSION

Often programs that aim to increase public participation focus on governments, helping them to set up and publicize public meetings. To increase consultation and trade opportunities for traditionally excluded groups, USAID and its partners need to consider providing resources to civil-society groups as well.

Many African presidents seem familiar with the notion that informal rather than legally formal systems of ownership make it impossible for subsistence farmers to access formal systems of credit. A 2003 World Bank study found that 43 percent of GDP in sub-Saharan Africa came from the informal sector. Yet this understanding does not appear in the evaluation mechanisms of NEPAD. Reforms are only possible in countries committed to them. Pressure from institutions like the IMF and the World Bank can help reverse the presumption that important information, such as a country's budget, is private. NEPAD's very existence is a major step forward, but it is still in its early stages.

USAID has not consulted with American civil-society groups such as Transparency International to establish minimum standards under MCA. The U.S. government could do more to institutionalize broad consultation and create opportunities for public participation, especially since in some MCA countries governments have created their own "civil society" groups, undermining MCA intent. In a society where most people must walk to meetings, it can be physically difficult for some people to interact with their government. USAID is working with the U.S. Telecommunications Training Institute on ways to extend Internet technology into rural areas and allow greater interaction through e-government.

The Cotton Improvement Program responds to the expressed desires of West African countries to keep their cotton industries alive. But at the same time USAID is trying to help those countries diversify their products—especially by adding value in the region, so that they are no longer simply exporting raw cotton.

USAID has much more dialogue with other agencies today than it has had in the past. The Agency is an integral part of trade discussions involving developing countries. This would not have been the case ten years ago. The President does aim to lift U.S. barriers to trade, as long as it can be done equitably.

KEYNOTE ADDRESS: TRANSFORMATIONAL DIPLOMACY AND U.S. FOREIGN ASSISTANCE

Ambassador Randall L. Tobias, *Director of U.S. Foreign Assistance, U.S. Department of State and Administrator, U.S. Agency for International Development*

From the highest levels, this administration has made an enormous commitment to development and transformation. In fact, total official development assistance provided by the United States in 2005 came to \$27.5 billion, a near tripling since 2001. But these vastly increased resources have also come with new responsibilities: to focus on performance, results, and accountability, and

ultimately to define success as a nation's ability to graduate from aid and become a full partner in international peace and prosperity.

The State Department and USAID have developed a new strategic framework to focus foreign-assistance policy, planning, and oversight on Secretary Condoleezza Rice's overarching goal for transformational diplomacy. A working draft of this framework is now on the State Department and USAID Web sites.

Some have raised concerns that the words "poverty alleviation" do not appear in the framework's primary goal. Others have said that the goal sounds too political, in that it focuses directly on state governance. And for others, the goal as stated feeds the fear that "development assistance" is being overtaken by foreign-policy concerns, that short-term goals are overtaking long-term development objectives.

To the contrary, our foreign policy is now recognizing what has been best practice in the development arena for at least a decade. As President Bush has said, development requires far-reaching, fundamental changes in governance and institutions so that countries can sustain economic and social progress without permanently depending on foreign aid. Achieving such transformation requires the participation of host governments.

Despite the noblest of intentions, in the long term outsiders cannot secure citizens' health and safety, educate a critical mass, or create the conditions needed for economic growth. That is why the new strategic framework focuses on achieving well-functioning and accountable states that respond to the needs of their people. It is also why the framework explicitly identifies end goals for U.S. foreign assistance.

Regardless of rhetoric, any government's true priorities are revealed in where it directs its funds. Currently, most U.S. foreign assistance is focused on five goals:

- Sustaining critical security partnerships in the Middle East
- Supporting traditional Eastern European partnerships
- Countering narcotics in the Andean region
- Fighting HIV/AIDS in critical countries
- Responding to humanitarian crises

While important, these goals do not add up to a foreign-assistance strategy that supports transformational diplomacy. The new framework calls for a more comprehensive approach that includes peace, security, and stability; just and democratic governance; investments in citizens; and economic growth.

The framework categorizes countries on the basis of shared characteristics. Each category describes the types of program we would seek to support based on those characteristics.

- In “rebuilding” countries, where societies are in or emerging from conflict, the first priority is to achieve peace and stability.
- In “developing” countries, where government accountability may be lacking, we must address issues of governance and democracy even as we support programs in health, education, and poverty alleviation.
- “Transforming” countries often have the governance right but need continuing help until they are fully on a path to sustainable progress.
- The “sustaining partnership” category recognizes that some countries are likely to continue receiving foreign-assistance money in order to sustain peace and security or promote some other foreign-policy objective.

Along with this new strategic approach, the Department of State and USAID have implemented a new leadership and management model. Ambassador Randall Tobias’s appointment as both State Department Director of Foreign Assistance and Administrator of USAID is intended to ensure that each agency’s strengths are put to use.

The new approach aims to integrate planning, budgeting, programming, and results reporting at every level. It gives the Secretary and other senior leadership greater control over the strategic-, budget-, and program-planning processes. Washington will set integrated, coherent strategic direction and priorities across agencies, while the field will develop integrated, coherent tactical plans based on strategic direction.

This new strategic approach tells a single story of what we are trying to accomplish, and provides a way to evaluate our progress.

DISCUSSION

USAID will need the help of the development community to communicate this new vision for foreign aid. The American public is willing to support this new direction, but it has not been communicated broadly enough.

MCA has revealed that many governments are not rewarded for helping their people; the incentives for individuals to get rich while obstructing development are overwhelming. But many current tools to make states more accountable are aimed at governments alone. The Agency will aim to replicate best practices in empowering citizens and civil society to demand accountability from their governments.

Currently USAID has identified 1,400 priorities for foreign assistance. This is a reflection of a bottom-up approach rather than strategic goal-setting at the top.

Each country team will report on who will get funds, what those entities have committed to accomplish, and how the team plans to measure what has been

achieved. That discipline, along with an effort to replicate successful practices, should be very helpful.

HIV/AIDS: 25 YEARS LATER

Dr. Mark Dybul, *Acting U.S. Global AIDS Coordinator, U.S. Department of State*

At \$15 billion, the President's Emergency Plan for AIDS Relief (PEPFAR) is the largest health initiative in world history dedicated to a single disease. It has the charge of supporting treatment for 2 million infected persons, care for 10 million infected persons and orphans, and the prevention of 7 million infections.

The majority of PEPFAR's work takes place in fifteen focus countries (twelve in Africa, two in the Caribbean, and one in Asia), which together account for 50 percent of the world's infections. It also supports bilateral efforts in 120 countries, and provides contributions to the Global Fund. (The United States is the largest contributor to the Global Fund, providing 30 percent of its resources.) In addition, PEPFAR supports international research on vaccines and microbicides, mainly through NIH.

In two years, PEPFAR has provided antiretroviral therapy (ART) for 560,000 people, including 552,000 in sub-Saharan Africa; supported care for 3 million people, including 1.2 million children; and provided counseling and testing to prevent mother-child transmission for 4.5 million women. This testing has led to prophylactic ART for almost 350,000 mothers, preventing around 65,000 infections. Finally, PEPFAR has supported counseling and testing as the entryway to prevention, care, and treatment for 13.6 million people.

The fundamental method of PEPFAR is to build local ownership: 80 percent of its partnerships are with local programs. No more than 8 percent of any country's grant total can go to any one organization because PEPFAR wants to help many such groups grow. The United States also now includes language in its grant contracts requiring grantee organizations to build up local capabilities.

Many impediments remain. Unfortunately, the rest of the world has not responded energetically enough. Through PEPFAR the United States now provides about half the AIDS resources in the world. We cannot achieve our goals unless the rest of the world lives up to its commitments.

We must bring pilot programs to national scale by building national health systems. We must also address enormous issues of human resources. Finally, we must stay with evidence-based programs and ignore politically motivated noise. The U.S. government supports ABC—Abstinence, Be Faithful, and Correct and Consistent Condom Use—because all three are needed.

DISCUSSION

In 2002 the world community adopted the Monterrey Consensus, which has four main principles: country ownership, good governance, results-based efforts, and contributions from all sectors. USAID needs to support local communities in efforts they direct. At the same time, USAID wants to support practices that are supported by data, not those that the data show are counterproductive.

One of PEPFAR's hallmarks is its interagency approach: AIDS workers in the same country from the Centers for Disease Control and Prevention (CDC) and USAID now cooperate with one another and with local health systems. One interagency working group coordinates with food programs in the U.S. government and with the UN World Food Program. Similar efforts are underway with respect to education and water sanitation.

One of the factors driving the epidemic is gender inequality. PEPFAR aims to make sure women get services. Of the treatment supported so far, 60 percent has gone to women, as has 66 percent of counseling. But that is not enough. PEPFAR is supporting 300 programs that try to address women's empowerment.

Much of the work to change the policies of countries that are not yet providing enough prevention, treatment, or even candor takes place behind the scenes. But it is difficult. Often the United States uses international partners, who sometimes have more influence.

While PEPFAR's authorizing legislation does talk about abstinence-until-marriage programs (in part because formerly the U.S. promoted only condoms), "abstinence" and "marriage" are culturally specific terms. For example, in Botswana only 30 percent of the country ever marries, so counselors talk about abstinence until partnership. But B (Be Faithful) is also important. If you are partnered at a young age to an HIV-negative partner, you need to be faithful to that partner. Testing is important so you both know your HIV status, and if one partner is HIV positive, you need to have condoms available.

ABC is just as important for men who have sex with men. And in Latin America and Asia, where sex among men is a factor driving the epidemic, PEPFAR does support programs aimed at that population.

U.S.-based international organizations are needed to help develop local capabilities, to work as umbrella organizations, and to bring interventions to a large scale.

THE NEW PARTNERS INITIATIVE

Patrick Purtil, *Director, New Partner Outreach, Office of the U.S. Global AIDS Coordinator, U.S. Department of State*

The New Partners Initiative (NPI) aims to build indigenous capabilities in host nations, making HIV/AIDS efforts more sustainable. The announcement for NPI grants is available at www.grants.gov (M-OAA-GH-HSR-06-937). Additional information can be found at www.pepfarnpi.gov.

Eligible entities will be NGOs that have been awarded no more than \$5 million in U.S. government funding during the preceding five years, excluding disaster or emergency assistance or funding as a subcontractor or subgrantee. Particularly encouraged are NGOs that propose to establish or expand partnerships with indigenous community- and faith-based organizations (C/FBOs).

A documented consortium of service providers that work across several countries may submit a single application to conserve administrative resources and benefit from one another. Organizations that dedicate the highest percentages of their funding to the direct provision of services will be most competitive.

The application process is intended to be open and inviting, with a low cost of entry. The first step, a "concept paper," will be only five pages, describing how the proposed project will address PEPFAR's Annual Program Statement (APS) objectives and one or more of its strategic approaches.

The four APS objectives are:

- Prevention
- Counseling and Testing (C&T)
- Care of Orphans and Vulnerable Children (OVC)
- Care for Persons Living with HIV/AIDS (PLWHA)

No applicant is required to work in all these areas, though organizations are encouraged to link with organizations working in areas they do not cover. The concept paper should also identify partnerships, proposed project activities, geographic scope, and results and outcomes, including information on beneficiaries. It should include a summary budget and an account of the applicant organization's ability to carry out the proposed project.

Organizations may apply in one of three funding categories:

- Intermediary/umbrella organizations
- Domestic and in-country organizations
- Twinning Center partnerships

Matching funds are not required, but contributing money from sources other than the U.S. government may score up to ten bonus points in the application review.

Concept paper solicitation will be held open for a year. Concept paper applications will be considered in bundles following four deadline dates:

- July 15, 2006
- November 15, 2006
- February 15, 2007
- May 14, 2007

Concept papers will be reviewed at a single meeting following each deadline, following which some organizations will be invited to submit a full technical application and budget. Applications will be considered until funding is exhausted. All \$200 million available under NPI will not be granted through this single solicitation. The minimum amount for an award is \$250,000 per year for three years. There is no maximum amount.

DISCUSSION

In many populations AIDS and TB have high coinfection rates, so counseling and testing should be done for both at once whenever it is feasible.

PEPFAR monitoring is intended to generate compatible datasets. Mechanisms exist for targeted evaluations to ensure quality and identify best practices. Beyond that, NPI will favor organizations providing more services to a broader range of people for a lower price—which means de facto that spending money on other evaluation activities is discouraged.

Applicant organizations should consider two things: focus countries' national strategies and PEPFAR's country operational plans. In some countries, the national strategy or operational plan calls for organizations to work in specific areas. Those strategies and plans, along with all other information on what organizations need to do to be competitive, can be found at www.pepfarnpi.gov. Many of the focus countries also have Web sites, and geographic information may be found there. If none of those sites provides an answer, country teams may be able to answer specific questions directly, so long as the information is generally available to the public.

CHALLENGES AHEAD IN THE HIV AND AIDS EPIDEMIC

Dr. Tim Flanigan, *ACVFA Member and Chief, Division of Infectious Diseases, Department of Medicine, Brown University*

Treatment and prevention are inseparable. In fact in many ways HIV treatment is prevention: HIV-positive men on ART have markedly less unprotected sex, and ART reduces the amount of HIV in the blood, semen, and other body fluids.

Ideally, all treatment programs should incorporate prevention counseling, all prevention programs should incorporate HIV testing, and all testing programs should link with care. These interventions must address not just HIV-positive patients but also their spouses, partners, and families.

HIV care ideally always includes ART, but where ART is not available other useful treatments can still be started:

- Trimethoprim and Sulfamethoxazole (Bactrim/SEPTRA) for the prevention of infections, especially pneumonia and brain infection
- Fluconazole (often available free)
- TB care

TB and HIV are co-occurring epidemics, and a TB smear is even easier to do than a rapid AIDS test. HIV care does not require high-tech diagnostics or tests for HIV viral load or drug resistance. It does not even require CD4 testing (though such testing can be helpful).

Basic testing, however, is very important. HIV testing is the backbone of treatment and prevention programs. A study published in the *Lancet* in 2002 found that with voluntary counseling and testing (VCT), risky behavior decreased in 35 percent of men and 39 percent of women, as compared to 13 percent of men and 17 percent of women with counseling alone.

VCT can be a problem as well as a help, however. In the developing world it can be difficult to implement. It is onerous to train VCT counselors and the counseling protocol itself is time consuming and bureaucratic. New testing programs are needed. These may include:

- Couples testing
- Routine testing “opt-out” in medical settings
- Community-based oral rapid testing
- Methods of testing that decrease the stigma of being HIV positive
- Routine testing before marriage

There have been great successes in the fight against HIV/AIDS. In Uganda, for example, where in the early 1990s 25–35 percent of pregnant women were HIV positive, by 2000 only 5–10 percent of women were infected. In Kenya, HIV prevalence rates among pregnant women dropped from 13 percent in 2000 to 7 percent in 2004.

Many of us once thought that behavior change was impossible. But emerging data show that that is not the case.

Yet any discussion of behavior change has to address women's incredible vulnerability and lack of control over their own bodies. Frequently women do not have a say in whether or not they have sex.

Corina Gardner, *Abstinence Advisor, Office of HIV/AIDS, Implementation Support Division, Bureau for Global Health, USAID*

Interestingly, data from Kenya show greater trends among men toward Abstinence and Being Faithful, while women show greater trends toward Condom Use. In both cases those are the genders considered harder to influence for those behaviors, making those data particularly encouraging.

PANEL DISCUSSION ON LESSONS FROM PEPFAR GRANTEES

Moderator: Benjamin Homan, *ACVFA Chairman and President and CEO, Food for the Hungry*

The ABC approach to prevention has helped Food for the Hungry focus activities on those three emphases among what would otherwise be a wide range of options. That in turn has spurred innovation and led to higher-quality programs.

Emily Chambers, *Youth HIV/AIDS Programs Manager, Samaritan's Purse*

Samaritan's Purse has developed an ABY program: Abstinence and Be Faithful for Youth. Its goal is to help youth make healthy choices that will limit the spread of HIV, including abstinence, being faithful, and avoiding substance abuse.

It has been helpful to be able to focus on those areas that Samaritan's Purse can do well as a faith-based organization; it cannot participate in certain areas of ABC because of its values. But faith-based organizations do have a role to play. Often schools, hospitals, and health outposts are not major community structures, but small churches and mosques are everywhere.

Though services are scarce, Samaritan's Purse does as much testing as possible, for two reasons. First, because it reduces the stigma of the disease. Second, because children often want to know their status.

The programs of Samaritan's Purse do not employ pledges, and are careful to define sex very explicitly. It can be difficult to break into dialogue in traditional societies but it is important to do so, so that young men and women know what abstention means. It is also important to engage community leaders. Samaritan's Purse has adopted a model from the UN called Community Conversations, in which it discusses with community leaders their role in protecting children, including issues of abuse and exploitation, helping to establish boundaries, and encouraging healthy living in all areas of life, not just sexuality.

Stephen Moseley, *ACVFA Member and President and CEO, Academy for Educational Development*

Over the last twenty years the Academy for Educational Development (AED) has worked in fifteen African countries to prevent mother-child HIV transmission through counseling, education, and medicines. Its high rates of success are documented on its Web site.

In the last ten years, with USAID and now PEPFAR support, AED has worked in Haiti, Vietnam, Ukraine, Zimbabwe, and Nigeria to reduce the stigma of HIV in the workplace, and by extension provide greater opportunities for people with AIDS, their families, and their communities.

Clearly it is important to elicit the full participation of local organizations, so that each participates in defining the program that affects its members.

AED tries to create holistic programs even in the face of funding intended to support particular interventions. It has seen the greatest impact when it combines testing, counseling, prevention, care, and communications strategies designed to convince people to change their behavior.

More recently, with PEPFAR support AED has begun exploring new approaches to OVC based on greater family and community involvement. In Zambia, PEPFAR money along with other funding has recently allowed AED to begin addressing the dramatic impact HIV/AIDS has had on the teacher corps. And in Namibia, AED is using PEPFAR funds to help the educational system develop AIDS curricula with age-appropriate messages at all levels.

PEPFAR has had a positive effect on the activities of a wide range of NGOs, and fostered coordination among a variety of agencies and implementing partners. This in turn has made country-level work a great deal easier. The much-increased level of funding available through PEPFAR has made it possible to work on a large scale.

Three areas could be improved. First, at times prevention is given less attention than treatment; they should be addressed equally. Second, as long as funding is granted on an annual rather than multiyear cycle, it will be very difficult for NGOs to build up local institutions in the way we all agree is necessary. Finally, USAID and those in the NGO community must begin now to plan for the day when PEPFAR's \$15 billion is spent.

William Reese, *ACVFA Member and President and CEO, International Youth Foundation*

Prevention remains extremely important. According to Gates Foundation researchers, it may be fifteen years before a transportable vaccine is fully

developed, which could mean 75–80 million more infections. Even reducing that number to 50 million would make a huge difference.

At the village level, the International Youth Foundation (IYF) encourages the development of life skills that enable young people to choose healthy behaviors. Messages cannot be delivered only once, through a school lesson, a presidential speech, a billboard, or a television spot or show—time-honored ways of effecting behavioral change through “social marketing”—but must also be reinforced through daily or weekly youth programs.

In many places IYF and others find themselves battling deeply held beliefs, ignorance, and mistaken ideas. IYF has found that peer-to-peer discussions are the best way to begin to change such attitudes.

IYF is an AB grantee, and believes that abstinence is important. But in the cultural wars it is not only condom advocates who can be contentious. Some advance the idea that condoms don't work, which is ridiculous.

Finally, we need to build up the capabilities of these local grassroots groups we all agree are so important. Civic organizations need staff-management training, financial training, improved information technology, and better governance so they can manage well the extra money PEPFAR is pumping into them.

DISCUSSION

Private voluntary organizations (PVOs) should not feel that each needs to develop its own AIDS-prevention program and obtain an NPI grant. Simply integrating AIDS prevention into their regular work would be a great thing.

Programs to combat gender-based violence must deal with couples rather than individuals. Supporting families may decrease some gender-based violence.

Because of the rapid startup of PEPFAR, partners were asked to use the vast majority of their funds on programs and services, with evaluation to follow later. A two-year evaluation process of AB programs is just now getting underway, and some decisions about methods are still being made. The evaluation will likely address the capabilities and effectiveness of organizations receiving funds.

The only data showing decreases in TB among HIV-positive patients were for those on ART. Several groups in South Africa have documented very well that the best way to prevent TB infection among HIV-positive patients is to have them on good ART. There are political constraints to integrating TB and HIV care because both can be quite bureaucratic. That resistance will have to disappear.

Reluctance to provide testing in the absence of ART assumes people don't want to be tested, even when they have been counseled at length about the danger of HIV. Still, people do feel despair when they learn they are HIV positive, and there cannot be testing without care available—though care does not necessarily mean ART.

PEPFAR is trying to diversify providers, making care and treatment more widely available, while at the same time aiming to develop comprehensive programs that include testing for HIV and TB, counseling, various kinds of therapy and treatment, and other interventions. The tremendous development in HIV care will itself alter public-health and primary-care systems in many countries.

CDC and World Health Organization guidelines recommend two separate rapid tests for HIV. Training methods for testing vary with the target population. One program in Kenya gives counselor/testers one week of training and puts mobile testing centers (essentially large containers) in nontraditional spaces such as mosques and the main trucking routes around Nairobi. Today, an interagency working group is analyzing all of PEPFAR's twenty-six AIDS focus countries to identify government-policy barriers to couples testing, rapid testing, and the easy certification of counselors.

Of the three ABC elements, B (Be Faithful) is perhaps not as well supported as it should be. The full meaning of C is "*consistent and correct* condom use," and being faithful helps in making condom use consistent and correct. Emerging evidence supports the importance of being faithful. But in a generalized epidemic with heterosexual transmission, it is not "high-risk" behavior (such as drug use or sex work) that spreads the disease the fastest, but rather behavior not perceived as risky (such as having just a couple of regular partners). Emphasizing fidelity to one partner is an incredibly important component of the ABC strategy. Studies in the United States show that where kids are already having sex, increasing the availability of condoms does not increase promiscuity.

Before ART was introduced in sub-Saharan Africa, many argued that patients there would not adhere to the treatment program as rigorously as they must for it to be effective. In fact, sub-Saharan adherence rates are better than those in the United States, in part because people are often desperately sick when they first receive treatment, and therefore see the benefits quite dramatically. But unfortunately the cultural expectation is that you only go to the doctor if you are sick, so when people feel better they stop seeking care. One model is to insist patients visit with family members, so someone else will be there to make sure they return.

CLOSING REMARKS

Benjamin Homan, ACVFA Chairman, observed that the day's conversation had often touched on the need to change how people think: to address governance in Africa, to change attitudes toward reform in the aid community, or to change behavior amid the AIDS pandemic.