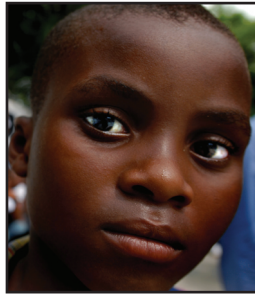


The U.S. President's
Emergency Plan for AIDS Relief

Five-Year Strategy
*Annex: PEPFAR's Contributions to
the Global Health Initiative*





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ANNEX: PEPFAR’S CONTRIBUTIONS TO THE GLOBAL HEALTH INITIATIVE

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Children perform during the arrival of Secretary of State Hillary Rodham Clinton at the PEPFAR-supported Cullinan Clinic in Johannesburg, South Africa. In August 2009, Secretary Clinton traveled to seven African countries to speak about the United States' continued commitment to Africa. Throughout her trip, Secretary Clinton highlighted the fight against global AIDS as a central piece of the foreign policy and global health agenda outlined by the Obama administration.

PEPFAR's Role in the Global Health Initiative

Earlier this year, President Barack Obama announced the launch of the Global Health Initiative (GHI), a six-year, \$63 billion interagency effort of the U.S. Government (USG) to support partner countries in improving and expanding access to health services. As the largest bilateral health assistance program of the USG, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) will be a central part of the GHI.

The GHI is designed to build upon the impressive results and momentum of PEPFAR and other USG health programs. It will leverage the full range of USG assets in supporting a long-term strategic approach to global health. It will carry forward existing commitments, enabling partner countries to improve health in communities impacted by HIV and other diseases. As part of the GHI, PEPFAR will support countries in providing more efficient, integrated and sustainable health programs and serve as a foundation upon which to link and integrate systems of care.

PEPFAR will contribute to the GHI in the following ways:

Adopt a Woman and Girl-Centered Approach to Health and Gender Equity. Evidence has repeatedly shown that women are the gateway to healthy families and key to achieving long-term development goals. Central to the GHI are long-term, systemic changes in the way health programs respond to and incorporate the needs, perspectives, and abilities of women and girls. A woman-centered approach takes into account the realities of women's and girls' lives as shaped by gender norms, service availability, and larger structural factors. Working with men and boys will be important to achieving these goals.

The current data around the AIDS epidemic emphasizes the need to place women and girls at the center of PEPFAR's prevention, care, and treatment work with countries. The World Health Organization (WHO) reports that worldwide, AIDS is the leading cause of death and disease among women of reproductive age.¹ Women currently account for nearly 60% of HIV infections in sub-Saharan Africa.² In many PEPFAR countries, larger structural conditions – social, economic, and cultural factors – often place women and girls at increased risk for infection.

To date, PEPFAR has worked to integrate gender into all aspects of its programming and has developed five key areas of cross-cutting gender focus for its field programs. During the next phase of the program, PEPFAR is working to better implement its gender principles, with a particular focus on addressing the linkages between HIV and gender-based violence. In addition, as part of its prevention portfolio, PEPFAR is increasing investments in prevention of mother-to-child HIV transmission (PMTCT) to ensure that HIV-positive women are identified and referred to treatment and care. Finally, PEPFAR is working to expand the linkages between reproductive health and HIV care and treatment services. Doing so enables women seeking reproductive health care to receive HIV education and services, and women living with HIV to receive quality reproductive health and family planning services.

Increase Impact through Strategic Integration and Coordination. The USG has achieved significant success with both PEPFAR and other disease- and issue-specific initiatives and programs. To build on this success, the GHI will support holistic planning, and programming among health and development programs and will foster integration, where effective and efficient. It will also improve coordination among existing USG health and development programs.

PEPFAR has worked to foster integration between HIV and other health and development programming. It has linked care programs to food, nutrition and safe water initiatives. PEPFAR's prevention programs are linked to education and economic growth efforts, and its treatment programs are linked to tuberculosis (TB) care.

Through Partnership Frameworks, PEPFAR is supporting its partner countries to expand donor coordination at the local level, avoiding duplication of efforts and supporting leveraged investments.

Strengthen and Leverage Key Multilateral Institutions. The USG will expand engagement with key multilateral institutions and global health partnerships to develop a comprehensive approach to achieving the Millennium Development Goals (MDGs), and other core objectives.

Both bilateral and multilateral efforts are essential in achieving durable success in the fight against AIDS. In particular, PEPFAR is working with the Global Fund to

Fight AIDS, Tuberculosis, and Malaria (Global Fund) and its grantees to expand collaboration and ensure consistency and efficiency of programming. PEPFAR is also supporting regional organizations in collaborative efforts to combat HIV/AIDS, and strengthening engagement with the Global Fund, WHO, and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

Encourage Country Ownership and Invest in Country-led Plans. USG partnerships will work to place countries at the center of development, implementation, management, decision-making, and leadership of programs. GHI programs and activities will support country-led health and development plans. Working with other donors and multilateral organizations, the GHI will support long-term partner country capacity to provide essential health services, with particular attention to the poor and underserved.

PEPFAR has already started to implement this principle through its Partnership Framework process. It is expanding these efforts by supporting countries in efforts to reassess and prioritize needs, as well as oversee and coordinate the response of donors and implementers.

Build Sustainability through Health Systems Strengthening. The USG recognizes that achieving sustainable health impact requires country commitment to health systems that extend access, increase equity, and ensure quality health services. The GHI will support countries to make measurable improvements in the WHO's six building blocks of health systems functions — service delivery; health workforce; information; medical products, vaccines and technologies; managing and financing; and leadership and governance — in order to improve the overall quality of their health services. As part of the GHI, the USG will also build the capacity of countries to plan, manage, and sustainably finance their health systems.

PEPFAR's major goal in its next phase is to support the transition from an emergency response to a sustainable program by increasing engagement and technical support for partner countries. In most countries full transition will likely not be completed over the next five years. However, it is essential for PEPFAR to lay the groundwork now for that transition by supporting countries in building capacity to manage and operate programming for infected and affected communities. A significant part of creating

sustainability involves building and strengthening health systems, a heightened emphasis in PEPFAR's next phase.

Improve Metrics, Monitoring and Evaluation. Programs must be continually and effectively monitored and evaluated to ensure accountability and measurable results. The GHI will support harmonized metrics that evaluate the impact of integrating health programs and strengthening health systems. It will also work to measure development of long-term capacity and enduring change at the country level.

PEPFAR will contribute to this effort by using its already-amassed and future collected data to determine best practices and program efficiencies. It is continuing efforts to reduce the administrative burden on the field. In addition, PEPFAR is contributing to the creation of harmonized indicators, and internationally accepted measures of impact.

Promote Research, Development and Innovation. In addition to expanding the evaluation of programs, the GHI will increase focus on research, development, science and technology. Through work with academic institutions and the private sector, the GHI can identify and promote innovations and promising practices in global health.

PEPFAR was designed as an innovative mechanism for responding to a global crisis. It has worked throughout its history to support promising practices and innovation as part of its prevention, care, and treatment programming. In the next phase, PEPFAR is working to train individuals who can engage in identification and evaluation of new interventions at the country level. In addition, the program is continuing to develop public-private partnerships to support initiatives that utilize the technology and skills of the private sector. Finally, through its multilateral engagement, PEPFAR will work to explore creative mechanisms to finance the global AIDS response.



Award winners Demessu, Tesfaye and Bogale are honored for their work in raising awareness about HIV/AIDS and gender-based violence at their schools in Ethiopia. These young women were awarded for educating schoolmates about HIV/AIDS, empowering and encouraging female students to participate in school media programs, and producing innovative and outstanding HIV-related school media programs.

A Woman and Girl-Centered Approach to Health and Gender Equity

Key Points:

- PEPFAR is committed to integrating gender considerations throughout all of its activities, and supports countries in engaging in cross-cutting gender programming. In its next phase, PEPFAR will focus on strengthening robust, country-specific gender responses in its programs.
- PEPFAR is partnering with countries to translate gender commitments into policy change and gender-equitable access to HIV/AIDS and broader health and development services.
- PEPFAR is working with countries to raise awareness of and address the detrimental impact of negative gender norms upon men and boys, and support leadership among men to reduce gender inequalities.
- Data have been lacking to help PEPFAR and other programs assess the quality and true scope of gender programming. PEPFAR is supporting efforts to increase monitoring and evaluation of the impact of cross-cutting gender activities.
- PEPFAR will establish a targeted and comprehensive response to gender-based violence, including intensive scale-up in several countries.
- Through multilateral partners, including the Global Fund and UNAIDS, PEPFAR supports and encourages governments in making and expanding country-level commitments to gender equity.

Gender norms contribute to expectations and behavior for both men and women, and can either reinforce or detract from HIV prevention, care, and treatment efforts. In many of the countries where PEPFAR works, women and girls are disproportionately impacted by the epidemic. In sub-Saharan Africa, nearly 60% of those living with HIV are women³. In some countries, HIV prevalence among girls between the ages of 15 and 19 is three to four times higher than HIV prevalence among boys of the same age.⁴

Structural and cultural conditions at the country level contribute to these disparities. By working to change these conditions, both PEPFAR and the larger GHI will assist countries in improving overall health outcomes for women and girls. For example, PEPFAR's prevention programs work to reduce cultural acceptance of cross-generational sex with older, more sexually experienced, and potentially high-risk male partners. Research supported by the USG is helping to spur development of microbicides, a woman-controlled prevention method. In programs with women, law enforcement and community leaders, PEPFAR strengthens awareness of reporting, treatment services, and systems that address sexual and gender-based violence. Finally, PEPFAR's work with peer education programs assist women in making decisions about their own health and relationships, and assist communities in supporting this role for women.

Gender inequities limit women's power over family and sexual relationships. They contribute to economic, legal, and educational inequities that place women and girls in situations where they cannot protect themselves from HIV. Unequal land tenure laws may mean that widows cannot gain ownership of land following the death of their husbands, leading them to poverty and homelessness. Women who lack access to other economic opportunities may engage in transactional sex for motivations ranging from survival to obtaining status-enhancing material goods. Women and girls who are denied the opportunity to attend school miss important opportunities to learn about HIV and the ways it is transmitted.

The negative impacts of culturally-driven gender norms may be most apparent for women, but have a significant impact on men as well. For example, prevention efforts cannot work if men face pressure to engage in behavior that is risky for themselves and their partners. Cultural

expectations around gender norms further stigmatize men who have sex with men (MSM) and transgender individuals, making it harder for these populations to access health services. PEPFAR's behavior change communication efforts must work to reduce risky behavior, such as procuring commercial sex or abusing alcohol, and create broader support for men who engage in positive behavior. In addition, men are essential partners in efforts to engage in national and community-level changes that address the impact of gender norms. Male leaders are often the ones with the power and platform to convince others to change behavior, policies, and cultural norms.

Addressing gender in the health sector involves activities beyond providing health services to women. The benefits of helping women access care, legal rights, and economic opportunity are clear for both men and women. Through its gender efforts, PEPFAR is facilitating participation of women and men in work that helps their families and communities. PEPFAR's gender work will be linked to efforts to strengthen health systems and engage greater involvement of women as leaders, health care workers and decision makers.

PEPFAR is committed to ensuring gender equity in its prevention, care, and treatment services. This concept of gender equity is one that PEPFAR strives to integrate within all of its programming, taking into account the ways in which gender norms and barriers contribute to epidemics at the country context. In addition to integrating gender throughout its prevention, care, and treatment activities, PEPFAR's gender strategy focuses on five cross-cutting areas:

- Increasing gender equity in HIV/AIDS programs and services;
- Reducing violence and coercion;
- Addressing male norms and behaviors;
- Increasing women's legal protection; and
- Increasing women's access to income and productive resources.

Through its existing gender strategy PEPFAR has demonstrated, and will continue, its commitment to gender

equity at the highest levels of leadership. What must now occur is a robust, country-specific gender response in its programs.

Despite the range of successes in recent years, gender disparities in HIV prevalence persist in most PEPFAR countries. Country-level programming and investments do not always meet the needs that exist at the community level. In addition, PEPFAR's programs to address cross-cutting gender issues have not always successfully translated priorities into practice. Assessing gender equity in HIV/AIDS programs and services requires careful analysis of gender disparities and programming to address those disparities. To date, data have been lacking to help PEPFAR and other programs assess the quality and true scope of gender programming.

Over the next phase of PEPFAR, and in conjunction with the GHI, the program is expanding, assessing, and improving its programming to target gender inequity and the needs of women and girls. Its work includes the following:

Increasing partner government commitment to supporting gender equity through bilateral and multilateral mechanisms

Through Partnership Frameworks and other bilateral discussions, PEPFAR is working to expand country government engagement regarding the impact of gender upon the HIV response. Partnership Frameworks allow PEPFAR to leverage policy reform to address the vulnerability of women and girls and eliminate barriers to women's full realization of their rights. For example, in generalized epidemics, this could mean that Partnership Frameworks address employment or inheritance laws that limit women's ability to achieve economic equality. In addition to Partnership Frameworks, PEPFAR's focus on creating government capacity increases the ability of national, provincial and district governments to plan, implement, and evaluate gender-focused programs and services. PEPFAR is supporting country-level efforts to develop gender strategies as a component of national AIDS strategies. PEPFAR is also continuing its efforts with civil society to ensure that organizations are able to hold governments accountable to their commitments. Finally, through its multilateral partners, including the Global Fund and UNAIDS, PEPFAR supports and encourages governments in making and expanding country-level commitments to gender equity.

Ensuring gender-equitable access to prevention, care, and treatment programming under PEPFAR, as well as PEPFAR's linkages to broader development programming

In its next phase, PEPFAR is maintaining and promoting gender-equitable access to essential prevention, care, and treatment services across the lifespan. PEPFAR supports governments both in establishing such gender-equitable access and eradicating gender-defined structural barriers. As part of the GHI, PEPFAR will work to address the immediate and ongoing HIV/AIDS needs of women and girls, and strengthen linkages with reproductive health, family planning, and other maternal and child health services. In particular need are women who experience gender-based violence or who are unable to negotiate use of protection with partners. Wraparound programming, such as efforts to keep girls in school or address land tenure rights, will address structural drivers and social determinants of the epidemic.

PEPFAR programs also address the detrimental impacts of negative gender norms upon men and boys. During its next phase, PEPFAR is working with countries to change cultural expectations that associate masculinity with behaviors, such as multiple concurrent partnerships, that put individuals at increased risk for HIV.

Helping countries and programs translate gender principles into operational programs

PEPFAR is working to integrate gender concerns within all its prevention, treatment, and care programs and support countries to do the same. In its next phase, PEPFAR is also working to ensure that its headquarters and country staff have the skills and capacity to provide technical assistance to countries as they implement gender-equitable programming.

Expanding monitoring and evaluation, and increasing impact measurement

PEPFAR's reporting of sex-disaggregated data represents progress in HIV data collection and reporting, but the program is doing more to expand monitoring and evaluation. PEPFAR will work with countries to establish measurable goals, targets, and reporting systems to track outcomes in gender work. As in the other areas of PEPFAR, country-level efforts to identify and map needs are necessary in order to ensure that women and girls are being reached by appropriate and responsive prevention, care, and treatment services. In addition, the program is

placing a greater emphasis on highlighting gender-related research. The effectiveness and impact of new and scaled-up programs should not be limited by country-level gender dynamics. PEPFAR is also continuing efforts to work with other donors and bilateral partners to identify and introduce harmonized gender indicators.

Scaling up national programs to address gender-based violence

GBV contributes to increased risk of HIV. Those who experience GBV also face difficulty in disclosing this abuse to health care providers, and may be unable to access critical medical and support services. PEPFAR supports a number of programs addressing the linkages

between GBV and HIV. However, efforts to date have been small compared to high rates of sexual and gender violence within the countries where PEPFAR operates. To expand the reach and scope of sexual and GBV services, PEPFAR will work with countries that have high HIV and GBV rates to develop and bring to scale a comprehensive public sector response to gender violence. In its next phase, PEPFAR is expanding services for survivors of sexual violence, including the provision of post-exposure prophylaxis, treatment of sexually transmitted infections, and reproductive health counseling and services. PEPFAR's investments also enable expanded linkages with law enforcement and judicial systems and mobilization of communities in support of GBV prevention.

Moving Forward with a Woman and Girl-Centered Approach to Health and Gender Equity

Years 1-2 –

- Work through Partnership Frameworks to expand partner government commitments to gender-equitable programming and policy change.
- Ensure that the impact of negative gender norms upon men and boys are recognized in PEPFAR's gender programming.
- Scale up targeted GBV programming.
- Ensure that gender considerations are a component of overall efforts to define, map, and plan to address country-level responses to the epidemic.
- Ensure that all directly supported PEPFAR prevention, care, and treatment services are accessible to women and men.
- Assist both PEPFAR country teams and partner countries in identifying priority areas of gender in which to best achieve impact in the country context, and implementing programs in these areas.

- Expand integration of PEPFAR programming with health and development programs that serve women and girls through the GHI.
- Foster women's leadership in HIV programming in their communities and countries.
- Develop internationally harmonized gender indicators.

Years 3-5 –

- Adopt internationally harmonized gender indicators.
- Monitor partner country implementation of gender programming and policies, and provide necessary technical assistance.
- Evaluate quality and impact of gender programming.



In Haiti, HIV-positive men were hired to help dig a canal thanks to a community-based economic growth project supported by PEPFAR and the International Organization for Migration.

Integration and Coordination

Key Points:

- To minimize morbidity and mortality, PEPFAR is placing a heightened emphasis on screening, diagnosis, treating, and referring HIV/TB coinfecting individuals.
- As part of the GHI, PEPFAR will expand coordination with the President's Malaria Initiative by establishing basic care packages, co-locating services, linking to referrals, and increasing lab capacity.
- As part of the GHI focus on woman-centered care, PEPFAR will enable women and their providers to address multiple health care needs at a single site.
- PEPFAR is continuing wraparound development efforts to create economic opportunity and models of support for people living with HIV/AIDS (PLWHA) and orphans and vulnerable children (OVC).
- PEPFAR is linking its food and nutrition programming for PLWHA and their families to the USG Global Hunger and Food Security initiative, where feasible.
- The education sector provides opportunities to link HIV prevention messaging with broader curricula, and PEPFAR uses schools as a natural venue through which to house and link programming for youth.
- PEPFAR's engagement with partner countries and support for financing and leadership of health systems contributes to overall good governance efforts.
- Given the high levels of unmet need for family planning, a component of the comprehensive package of services defined by WHO,⁵ it is important to integrate HIV prevention, and care and treatment services with family planning and reproductive health services.

Integration has the potential to improve overall health outcomes, create synergies across health and development programs, and promote sustainability with increased efficiency of service delivery. The structural conditions that contribute to HIV infection must be addressed through integrated efforts of multiple sectors that incorporate social, economic, gender, education, and legal interventions. PEPFAR is working at the headquarters level to promote greater integration and synergies in all its programming. However, the practical integration of programs must happen at the country level, based upon country priorities, country opportunities, and the realities of the epidemic at the ground level. Many field programs have provided important lessons learned in program integration to better serve populations. The following are examples of areas where PEPFAR is working over its next phase:

Tuberculosis (TB)

TB is the leading cause of death among individuals with HIV/AIDS in Africa.⁶ Of the more than 9.2 million new TB cases reported by WHO in 2007, an estimated 1.37 million are related to HIV.⁷ The prevalence of HIV infection among patients in TB clinical settings is extremely high. In addition, the emergence of multi-drug-resistant (MDR) and extensively drug-resistant (XDR) TB creates additional challenges in expanding HIV care and treatment. Given the overlap in patient populations and the susceptibility of PLWHA to TB infection, PEPFAR is expanding coordination with USG TB programming in the following ways:

Reducing the burden of TB in PLWHA through provision of routine screening, diagnosis, treatment, and prevention of TB among PLWHA

PLWHA have multiple interactions with the health care system, creating opportunities to monitor the progression of HIV-related illness and prevent, identify, and treat opportunistic infections like TB. To avoid additional morbidity and mortality, each person identified as HIV-positive through a PEPFAR-supported testing and counseling program should be screened for TB. Individuals already in HIV treatment or care programs should also receive routine TB screening. Coinfected clients will receive cotrimoxazole, ART, and TB treatment (including isoniazid prophylaxis in patients without active TB and, as applicable, treatment with anti-mycobacterial drugs). As

effective successor TB treatments and improved diagnostics become available, PEPFAR will work with countries to incorporate them as appropriate. PEPFAR is also supporting efforts to prevent nosocomial transmission among highly susceptible individuals and health care workers.

Reducing the burden of HIV in persons with TB through provision of routine HIV testing and counseling and ensuring appropriate referrals to care

As HIV testing and counseling is the entry point for HIV care and treatment, PEPFAR supports scaling up provider-initiated testing and counseling in TB clinical settings. Although a large number of TB patients are identified as HIV-positive after being tested in TB clinic settings, many of these individuals do not receive HIV care and treatment. The referral and follow-up of patients from TB sites to HIV care and treatment sites will be strengthened. Doing so improves access and use of both HIV/TB services and broader health care services integrated as part of the GHI. These efforts will be tied to more aggressive efforts to identify and refer partners of PLWHA to testing and counseling.

Engaging in health systems strengthening through HIV/TB

The lack of an adequate and well-trained cadre of health care workers is a constant challenge in the effort to identify and serve coinfecting populations. Innovative approaches that strengthen health systems overall can ameliorate this situation. For examples, task-shifting can increase capacity to provide needed services for HIV and TB testing and counseling. The foundation of successful TB diagnosis and treatment programs for PLWHA is a strong laboratory system that includes microscopy, TB culture, and drug-susceptibility testing (DST) capacity. As PEPFAR works with countries to engage in clinic renovation and reconstruction, it will support designs that allow for better infection control. With international partners, PEPFAR is also introducing new laboratory methodologies able to rapidly identify susceptible and resistant TB that are adaptable to low-resource settings.

Supporting coordination between HIV and TB programs

Technical assistance and capacity-building are essential to expand the ability of national HIV and TB programs to plan, implement, monitor and sustain collaborative

activities. PEPFAR is supporting development of international and national policies, guidelines and operational tools, providing technical assistance to governments, and performing program evaluations. Key platform-strengthening approaches include a focus on monitoring and evaluation systems and laboratory and program surveillance, including for drug-resistant TB.

Malaria

Many of the countries in the President's Malaria Initiative (PMI) – Angola, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Rwanda, Tanzania, Uganda, and Zambia – are countries in which PEPFAR is currently operating. Given the significant USG investments in both of these initiatives, PEPFAR is integrating and coordinating its services with PMI where feasible. Doing so leverages the expertise of both programs, allows for a broader reach to specific populations, and maximizes the impact of USG investments.

In its next phase, PEPFAR is collaborating with PMI to achieve the following:

Ensuring that families impacted by HIV are able to access malaria prevention and treatment

In countries with high prevalence of both HIV and malaria, country teams are linking services to improve malaria prevention for families with HIV by establishing basic care packages, co-locating services, and ensuring that linkages to referrals are accessible. In addition, community health workers providing basic malaria commodities also provide education and information about HIV.

Increasing integration of health systems functions

Certain functions of both PEPFAR and PMI contribute not only to overall health systems strengthening, but to better functioning of both programs. For example, laboratory strengthening helps labs perform both HIV testing and malaria diagnostics. As part of the GHI, both PEPFAR and PMI will explore additional ways to integrate activities to support health systems at the country level. PEPFAR and PMI should also support co-location of clinical services in the same facility, in order to reduce administrative redundancies and contribute to more efficient procurement and human resources.

Women's Health

According to the WHO, AIDS is the leading cause of death among women aged 15-44 worldwide⁸, and nearly 60% of those living with HIV in sub-Saharan Africa are women⁹. As a result, it is essential that PEPFAR ensure that the services it provides for women are linked to and expand access for their primary and specialty health care needs. An ultimate goal of PEPFAR, working as part of the GHI, is to provide women and their providers with the ability to address multiple health care needs at a single visit. PEPFAR can contribute to this goal through efforts to ensure that women living with HIV have access to necessary antenatal and reproductive health care. In addition, women seeking antenatal, reproductive health, or sexually transmitted infection care should have expanded access to HIV prevention, including testing and counseling.

The WHO recommends access to a comprehensive package of services, including services for HIV, maternal and child health, sexually transmitted infections, reproductive health, and family planning. Yet in many PEPFAR countries, platforms for these services are underdeveloped or underutilized. As part of GHI, PEPFAR will focus on increasing the linkages between HIV/AIDS and reproductive health services. These linkages will offer opportunities to identify and refer women in need of HIV-related services.

PMTCT is an important focal point for the GHI effort to expand women's health services. The strength of PMTCT services is reliant upon the strength of national antenatal care programming. As part of PMTCT expansion, PEPFAR is working with countries to provide these services at existing or new sites for maternal, child, family planning, and sexually transmitted infection, and reproductive health care.

Existing family planning programs provide an excellent platform for work on HIV prevention. Women and men in these programs are already receiving information about a range of reproductive health issues. Unfortunately, in many places, family planning programs and systems are not robust and levels of unmet need for family planning are often high. In areas with high HIV prevalence and strong family planning and reproductive health services, PEPFAR has traditionally supported the provision of

HIV testing and counseling within existing family planning and reproductive health sites. This co-location links women with HIV education, care, medical treatment and PMTCT as needed. Many women living with HIV, like many other women across the developing world, still experience significant unmet need for contraception. Adequate education and planning for HIV-positive women who desire future pregnancies is lacking.

As part of GHI, PEPFAR will work with countries to create comprehensive access to health services for HIV-positive women, including the following:

- Linking commodity management efforts to create secure supply chains and ensure PEPFAR service sites have reliable sources of medications, contraceptives, and commodities;
- Co-location of reproductive health care and HIV services;
- Expansion of health care worker training to ensure that clinic personnel are able to provide quality reproductive health, HIV and primary care services; and
- Integration of HIV prevention and education messaging into family planning counseling and other reproductive health discussions.

Nutrition and Food Security

Food and nutrition support is a critical component of comprehensive HIV/AIDS care and treatment as well as effective TB treatment. For many PLWHA, the infection causes or aggravates malnutrition through reduced food intake, increased energy needs and impaired nutrient absorption. Malnutrition hastens the progression of HIV by further weakening the immune system, increasing susceptibility to opportunistic infections and reducing the effectiveness of treatment. Food and nutrition support breaks this vicious cycle by improving management of symptoms, nutritional status, response to treatment, and quality of life and productivity.

Food and nutrition services are essential as part of a comprehensive response to the epidemic. With the recent

G8 and G20 commitments to improve food security at L'Aquila, as well as the USG Global Hunger and Food Security initiative, opportunities exist to increase coordination of nutrition, food security, and PEPFAR programs. Possible linkages include activities around nutrition surveillance at the household level, development of specialized food products to combat undernutrition, and livelihood assistance support.

In PEPFAR programs, food and nutrition care and support is designed to be an integral component of clinical and community services. The primary program approach for integrating nutritional care and support with care and treatment services has been Food by Prescription (FBP). Components of FBP are:

- Nutrition assessment and counseling, feeding support, micronutrient supplementation, provision of point-of-use water treatment, and referral to food security and livelihood assistance;
- Specialized food products, including therapeutic foods, prescribed for a limited duration on the basis of clear anthropometric entry and exit eligibility criteria; and
- Nutrition surveillance at the household level as a component of home-based care and other community programs to identify individuals who are chronically ill and need referrals for care.

FBP, home-based care and other PEPFAR-supported programs provide entry points and platforms to link food-insecure PLWHA and their families, including OVC, to additional food security and livelihood assistance through partners like the UN's World Food Program, United States Agency for International Development (USAID) Title II programs, and country governments.

In addition to FBP, PEPFAR is working to reach women and children in PMTCT programming. Low-resource settings may lack access to clean water for formula. PEPFAR engages in interventions to reduce postnatal mother-to-child HIV transmission and increase HIV-free survival, and supports activities that adhere to WHO guidelines around breastfeeding. Services include regular post-weaning assessment, nutrition support, early and ongoing

infant feeding support and counseling, and provision of basic child survival interventions to at least 24 months of age.

With increased harmonization of PEPFAR and USG food security programming in its next phase, PEPFAR is working with countries to focus on the following areas:

Expanding Nutrition Care and Support for PLWHA

PEPFAR plans to roll out FBP in additional PEPFAR country care and treatment programs. The expansion will increase quality and expand integration with clinical services and home-based care and community programs. In addition, PEPFAR is expanding local industry capacity to manufacture and package safe, quality-assured products for FBP.

Increasing Postnatal PMTCT/HIV-Free Survival of Children

PEPFAR promotes HIV-free survival as a key goal of PMTCT programs. It is increasing linkages between PMTCT and the postnatal continuum of care with FBP, PMTCT and maternal and child health programming.

Food Security and Economic Strengthening

PEPFAR is working to integrate household food security and livelihood assessments within FBP programs. It is establishing referral systems for food commodity assistance and food security and livelihood assistance support. Through these programs, PEPFAR can identify models for livelihood assistance and longer-term food security support. By linking these models to comprehensive food security strategies, countries can reduce poverty and improve nutrition, particularly for those who are most vulnerable.

Education and Economic Support

Basic education provides a forum through which to provide important prevention messages. In addition, schooling has a protective effect in terms of reducing risk behaviors. “Life skills” or “skill-based” programming provides students with the ability to deal effectively with the demands and challenges of everyday life. Life skills curricula include not only HIV information, but also age- and culture- appropriate sex education, and negotiation and

decision-making skills. For example, through this programming, students learn about the ways in which HIV is transmitted, how to negotiate delay of sexual debut, and reduce their risk for HIV.

In carrying out this work, PEPFAR collaborates with USAID’s basic education programs. Through the GHI, PEPFAR is working with countries to help educational programs deliver coordinated prevention messages. It will also train teachers to deliver quality HIV and life skills curricula. Through Partnership Frameworks, PEPFAR will also work with partner governments to ensure that Ministries of Education are involved in government-wide, multisectoral responses to HIV.

PEPFAR recognizes that a lack of economic assets increases vulnerability to infection, particularly for women, girls and OVC. In addition, extreme poverty can interfere with treatment adherence for PLWHA, leading to worse health outcomes. PEPFAR supports efforts to expand economic opportunities to PLWHA, OVC, and populations at risk for infection. These opportunities help them to avoid high-risk behaviors, to seek and receive health care services, and to care for their families. Such efforts include:

- Economic strengthening interventions that supply, protect, or grow physical, natural, financial, human and social assets, encompassing microfinance, microcredit, vocational training, market development, or income generation;
- Microfinance projects linked to peer support interventions with PLWHA;
- Support for family and community gardens that provide food or can be used as a source of income;
- Programs to ensure that girls are given equal opportunity to attend school; and
- Vocational training targeted to offer economic alternatives to transactional sex.

In its next phase, PEPFAR is expanding partnerships in these areas, in order to leverage both expertise and funds from these areas to achieve mutual objectives. A particu-

lar focus is working to assist orphans and vulnerable children in accessing vocational training or job opportunities, enabling them to support themselves and their families.

Increasing Government Leadership Capacity

Governance is one of the WHO's six building blocks of a well-functioning health system, and is often a focus of larger development efforts. Financing, budgeting, planning, and prioritization are essential skills for governments that are establishing or expanding HIV and other health services. When corruption exists, wasted money limits the impact of investments in health services. Corruption can also constrain donor engagement, and ultimately hurt the individuals who are in need of care.

With its successes in service delivery, PEPFAR's first five years helped to dispel concerns that corruption would limit the effectiveness of USG foreign assistance programs. PEPFAR's new emphasis on building country-level capacity creates additional opportunity to support accountable and competent leadership in low-resource nations. Country ownership cannot be complete without adequate accountability and financial management systems through which governments can track and report on funding. By working to develop technical expertise with civil service employees at partner ministries across sectors, PEPFAR supports a government culture that emphasizes knowledge and technical skills.

PEPFAR's efforts to build management in the health sector will contribute to and reinforce messages that support competent and honest governance. This message must also be put forward by other donors, including the Global Fund and USG programs like the Millennium Challenge Corporation.

In its next phase, PEPFAR is promoting country leadership capacity with the following activities:

Supporting Development of Country Plans

PEPFAR has always supported countries in the development of country-level plans for a national HIV response, an approach enhanced through the Partnership Framework process. To develop these plans, countries must justify distribution of resources based upon epidemiology, as well as meet the standards of multiple donors. Developing and overseeing national plans also provides countries with an opportunity to coordinate among donors to maximize impact. The act of engaging in needs assessment, plan-

ning, and coordination is in and of itself an exercise in capable governance.

Promoting Accountability and Transparency

The Partnership Framework process involves working with countries to jointly establish targets for HIV/AIDS programming. As the process of implementation unfolds, country teams work with partner governments to ensure that they are able to meet and report out on these targets. By supporting stronger linkages between civil society and governments, PEPFAR is helping citizens assist and hold governments accountable in meeting the HIV/AIDS and health needs.

Strengthening financial management

Transitioning management of programs to countries requires strong country financial capacity to oversee programs. Through PEPFAR's plans to support managerial capacities within the civil service of partner countries, it will expand the ability of Ministry of Finance employees to manage donor and national funding in a transparent way. It is important to note that civil society plays a strong role in reinforcing government accountability and ensuring that funding is used in an efficient and effective manner.

Strengthening and Leveraging Key Multilateral Institutions

Strategic integration and coordination requires engagement with multilateral partners at both the country and international level. Through work with multilateral partners, PEPFAR is able to leverage its investments, mobilize resources, support service delivery, and ensure a broad-based multisectoral response. In its next phase, PEPFAR is expanding its work with multilateral partners such as the Global Fund, UNAIDS, WHO and multilateral development banks. More information on PEPFAR's plans for increased multilateral engagement can be found in additional annex documents available at www.pepfar.gov/strategy/.

Moving Forward with Integration and Coordination

Years 1-2 –

- As part of the GHI, determine ways to integrate at the country level with the partner country health system, other USG programs, multilaterals, and other donors.
- Ensure that PEPFAR-supported service sites have routinized screening, referrals, and treatment for TB, as appropriate, in order to address the needs of HIV/TB coinfecting populations.
- Work with PMI to ensure that program expansion is integrated with existing HIV programming as appropriate.
- Expand FBP, PMTCT nutrition linkages, and other efforts in conjunction with the USG Global Hunger and Food Security initiative.
- Increase integration with family planning and reproductive health services.

- Expand efforts to link youth and OVC programming with broader education and economic strengthening efforts.
- Ensure that systems are in place, working with countries and multilateral partners, to manage health funding in a transparent and accountable manner.

Years 3-5 –

- Monitor and, as necessary, provide assistance to countries in meeting and reporting their Partnership Framework targets in these areas.
- Refine indicators and collection of data to measure the impact of integration.



In South Africa, an innovative PEPFAR-supported public-private partnership with Toga Integrated HIV Solutions is improving the standard of care and treatment provided to people living with HIV/AIDS in resource-poor settings – by taking lab services to the people. ‘Togatainers’ are self-contained laboratories containing state-of-the-art equipment in refurbished shipping containers. Each Togatainer is staffed by trained lab technicians who provide instant results to clinics in the vicinity, and who ensure that data is fed back through a comprehensive monitoring system to the headquarters in Johannesburg. The central laboratory in Johannesburg flags any inconsistencies in data, ensuring a comprehensive monitoring solution in a compact, cost-effective container.

Health Systems Strengthening (HSS)

Key Points:

- PEPFAR is implementing new tools to help country teams strategically plan, support and document contributions to strengthening country health systems.
- As part of the GHI and increased multilateral engagement, PEPFAR will integrate and link health systems activities to leverage global action on this issue.
- In order to develop skills necessary to engage in strategic HSS planning and implementation, PEPFAR must support additional training for both partner government personnel and PEPFAR employees.
- In its next phase, PEPFAR is emphasizing the strategic planning and implementation of its prevention, care, and treatment activities with consideration for their country-level health systems impacts.
- PEPFAR is working with partner countries to expand understanding of each health system at the national, provincial, district, and community level.
- PEPFAR, through the GHI and increased multilateral engagement, will work to develop universally accepted and harmonized indicators for HSS. In addition, PEPFAR is supporting countries in expanding their own mechanisms for data collection to measure the most important health services and health outcomes in a country.

WHO has identified six core health systems functions: service delivery; human resources for health; medical products, vaccines and technologies; information; governance; and finance. PEPFAR is assisting countries to improve health systems in these six core areas while achieving significant HIV/AIDS prevention, care, and treatment outcomes.

A health system encompasses the individuals, organizations and processes - from the national government to the private sector to community based organizations - focusing primarily on ensuring health outcomes. Examples of how PEPFAR has contributed to these six building blocks include the following. These represent a small sample of PEPFAR’s larger health systems impacts:

Building Block	PEPFAR Activity
Service Delivery	Through supporting a technical assistance program for country government laboratories, PEPFAR has improved quality and accessibility of lab services for both HIV and larger health systems needs.
Human Resources for Health	PEPFAR has worked to create policy changes that allow for task-shifting of health care worker duties, allowing a broader pool of trained individuals to assume tasks formerly provided solely by doctors and nurses.
Medical Products, Vaccines, and Technologies	Through comprehensive injection safety programs, PEPFAR has worked to reduce the medical transmission of HIV and other blood-borne pathogens.
Information	PEPFAR has developed public-private partnerships to utilize cell phones as a tool for health information reporting and communication.
Governance	By supporting community-level microfinance groups to address HIV, trafficking, and alcohol abuse, PEPFAR has created mechanisms through which participants can engage the government in larger community and development issues.
Finance	Through National Health Account HIV Subaccounts, PEPFAR has helped countries to track total national expenditures around HIV/AIDS, identify opportunities to improve resource flows, and understand the contributions of all sources to HIV programming and the larger health system.

As part of broad global investments in HIV/AIDS, PEPFAR has contributed to improvements of larger health systems, with impacts on maternal and child health.¹⁰ However, PEPFAR has not had a strategic vision or plan to incorporate a health systems lens into its programming. In the first phase of PEPFAR, health systems activities were largely *ad hoc*, varied across countries, and did not always factor in an intervention’s impact on the country’s broader health system.

In 2009 PEPFAR developed a strategic framework tool for HSS. This tool is designed to help country teams plan HSS activities. Such planning can maximize the positive impacts of prevention, care, and treatment activities and identify opportunities to leverage and partner with other health and development programs. Through this framework, PEPFAR programs can identify:

- Focused investments needed to achieve prevention, care, and treatment objectives;
- Intentional spillovers or collateral benefits – primarily HIV-related work that benefits other parts of the health system at low additional cost; and
- Targeted leveraging with other donors or USG programs, allowing PEPFAR and other health and development partners to jointly support programs that broadly benefit the health system.

In its next phase, PEPFAR is emphasizing the strategic planning and implementation of its prevention, care, and treatment activities with consideration for their country-level health systems impacts. To enable country health systems to respond to both HIV/AIDS and broader health needs, PEPFAR is engaging in the following activities:

Supporting strong government leadership of health systems, which is integral to sustainability

Health systems are strongest where governments have leadership and technical skills to address health system weaknesses. While a network of public and private partners deliver services, governments play the lead role in overseeing health systems among multiple actors at national, district, and community levels. In collaboration with other USG programs and international donors, PEPFAR supports governments to identify opportunities for HSS within their HIV and broader health sector plans. By working with governments, PEPFAR can create technical capacity necessary to engage, coordinate and oversee the multisectoral activities falling within the six building blocks. PEPFAR will provide mentoring and technical assistance to government employees and promote the involvement of a multisectoral country response in addressing a country's health needs.

Expanding efforts to partner with multilateral organizations on this issue

Organizations such as the Global Fund, the Global AIDS Vaccine Initiative (GAVI), the World Bank, WHO, and the International Health Partnership Plus (IHP+) are expanding HSS activities. Heightened donor interest provides PEPFAR with an opportunity to work in partnership and strengthen health systems at the country and regional level. As part of larger efforts, PEPFAR can work with countries to leverage additional donor resources and coordinate activities to realize a broader impact on an overall health system. As part of the GHI, PEPFAR will explore opportunities for joint programming and increased coordination around implementation and evaluation of health systems activities.

Including considerations of health systems dynamics in work to define, map, and implement plans to address country-level need

With its focus on rapid scale-up during the first five years of PEPFAR, the program sometimes established parallel health systems within a country, rather than strengthening the complex health systems that exist in each country. The process of assessing a health system itself can be a skill- and relationship-building tool with ministries, civil society, the private sector, and donor community counterparts. PEPFAR is working with partner governments to expand understanding of each health system at the national, provincial, district, and community level.

Through this engagement, PEPFAR is supporting creation of new, or review of existing, health systems assessments that contribute to overall country HIV/AIDS plans.

Developing good indicators to track progress with health systems strengthening

The challenge in health systems lies in identifying impact. It is difficult to determine exactly which health systems parameters are most closely associated with positive health outcomes, which interventions are most effective at improving health system performance, and which measures most effectively track progress. Setting appropriate targets, developing sound indicators, and monitoring change can be particularly challenging. PEPFAR, in collaboration with the GHI and other donors, will work to develop universally accepted and harmonized indicators for HSS. In addition, PEPFAR is supporting countries in expanding their own mechanisms for data collection to measure the most important health services and health outcomes in a country.

Moving Forward with Health Systems Strengthening

Years 1-2 –

- Work with countries to identify how HIV/AIDS activities can contribute to broader HSS efforts.
- Support both headquarters and country teams to obtain the skills necessary to carry out programming with a HSS perspective, and provide the technical assistance necessary to increase these skills in partner countries.
- Increase multilateral engagement around accomplishing HSS HIV/AIDS activities.
- Continue efforts to identify internationally accepted indicators for HSS.
- Support policy change needed to attain HSS goals defined in Partnership Frameworks.

Years 3-5 –

- Implement harmonized HSS indicators within PEPFAR programming.
- Expand and coordinate, as appropriate, multilateral efforts to support HSS.
- Strengthen country governance and financing of the health system to advance the goals of country ownership and sustainability.



PEPFAR has supported the Vietnamese National Institute of Hygiene and Epidemiology and the Vietnamese Military Institute of Hygiene and Epidemiology to develop external quality assessment programs to identify laboratories with a high rate of testing errors. Through these programs, staff from both institutes were sent to Thai government testing facilities in Bangkok for training. They returned with panels of serum to conduct an assessment of HIV testing in Vietnamese laboratories. These serum panels were sent to more than 100 provincial and regional laboratories to be tested and the results were compared among all laboratory participants from the program. Laboratories that performed poorly received training to improve their skills, resulting in vast improvements.

Human Resources for Health (HRH)

Key Points:

- In its next phase, PEPFAR will meet its targets around training and retention of new health workers.
- PEPFAR will support human resource mapping and planning as essential components of overall country plans to respond to the epidemic.
- PEPFAR's HRH efforts include not only the education of health care professionals, but task-shifting, innovative retention strategies, reemployment and additional training of health care personnel across the WHO six building blocks of health.
- PEPFAR will support multilateral efforts to address issues of salary and retention to mitigate the impact of brain drain caused by migration of health care workers.

Human resources for health (HRH) are an essential component not only of health systems, but of PEPFAR's efforts to transition to sustainability and increased country ownership. Partner governments cannot manage, operate, oversee, or finance programs if they do not have a trained workforce to carry out these tasks. Shortages are especially notable in the health care workforce sector. Six partner countries with significant PEPFAR investments do not meet the World Health Organization's "Health For All" standard of one medical doctor per 5,000 population; in Mozambique, 600 doctors serve a population of 18 million people.¹¹

PEPFAR supports partner countries in developing a healthy, competent, and motivated workforce. Strategically placed USG investments expand and improve the functioning of the health care workforce. An emphasis on holistic pre-service education, which prepares workers to address both HIV and broader health care needs, should replace the dominant emphasis on in-service HIV-specific trainings. By involving secondary education students in allied health professions training, countries will strengthen the capacity of pre-service education institutions and cultivate new generations of health care workers.

PEPFAR is training a mix of doctors, nurses, and paraprofessional workers (those with six months or more of training). In addition, PEPFAR is working to train community health workers to provide basic health services. PEPFAR is also facilitating increased country-level civil service capacity to carry out all functions of a health system. Supported HRH activities include the following:

Helping countries develop and utilize HRH strategies

Most countries have a national HRH plan for the health sector, but not all countries use these plans for workforce planning. PEPFAR is working to assist countries to develop and implement short- and long-term strategies to build the health workforce and address issues of distribution, density, and performance. Such strategies support cross-cutting and mutually reinforcing interventions, including those involving policy, financing, and information systems. Strategies should address the need for new professional school curricula and capacity. Through such efforts, PEPFAR supports schools in increasing the number of competent clinicians and nurses equipped to take an integrated, problem-oriented approach to care.

Expanding efforts to create innovative training and retention schemes across the six building blocks of health systems

In order to support a successful program at the country level, a health system needs epidemiologists, laboratorians, technicians, health economists, facility administrators, and a whole host of functional employees. PEPFAR has already engaged in some innovative programming to attract health care workers, including task-shifting, re-employment of retirees, and short-term hiring. In order to effectively manage and oversee programming, PEPFAR will work with partner countries to attract and retain a well-trained, technically-oriented cadre of civil servants throughout government health programs. Potential incentives include salary support, creation of safe working conditions, opportunities for expanded training, and academic and research opportunities.

Expanding integration in conjunction with the Global Health Initiative

The doctors, nurses, and other health professionals treating PLWHA are not simply treating HIV – they are also preventing, diagnosing and treating the range of conditions experienced by people living with HIV. These clinicians must have a background in HIV, primary care, pediatrics, reproductive health, and a range of other specialty services. And these clinical services cannot take place without managers, hospital administrators, outreach workers, and others who are critical components of health systems. PEPFAR is expanding efforts to engage in joint training efforts with other USG health programs at the country level. These programs, where appropriate, should be packaged with additional element-specific curricula in order to provide a strong primary care background to health care providers. In addition, PEPFAR is working to ensure that training opportunities are not limited to clinical professionals, but expanded to other professionals who support health systems.

Engaging in multilateral action around larger policy issues

The problem of brain drain involves multiple countries, and must be addressed through multilateral mechanisms. PEPFAR continues to work with the WHO, World Bank, International Monetary Fund (IMF) and others to support discussions about various policy mechanisms that can improve worker retention at the country level.

Moving Forward with Human Resources for Health

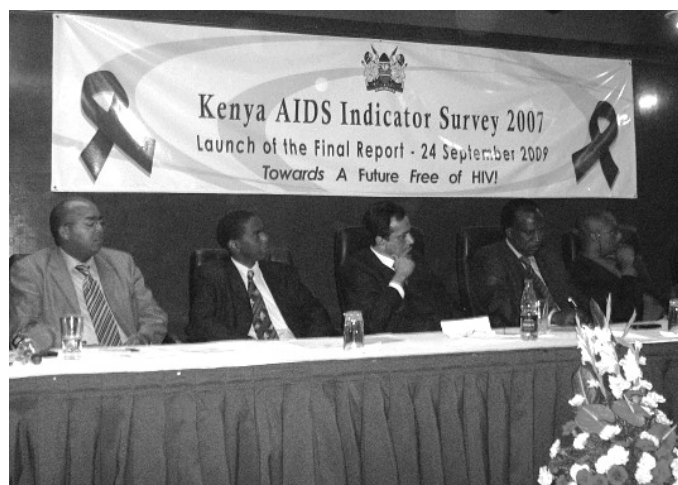
Years 1-2 –

- Work in partnership with countries to ensure that health workforce needs are included in efforts to define overall country need, and are linked to the development and implementation of national HRH strategies.
- Develop the evidence base around HRH, identify best practices, and disseminate them among countries and country teams in order to address short-term workforce needs while new health care workers are being trained.
- Expand training in health professional schools to increase clinical competencies at all levels within the health care delivery system.

- Work through the GHI to identify opportunities for joint health worker training, mentoring, and continuing education across USG health programs, and coordinate training efforts with other donors as appropriate.
- Support global and country-level efforts regarding retention of health care workers.

Years 3-5 –

- Ensure that countries are expanding workforce training to address needs across the six building blocks of health systems functioning.
- Complete training of 140,000 health care workers.



In September, 2009, the Government of Kenya launched the 2007 Kenya AIDS Indicator Survey report. The PEPFAR-supported survey is the most comprehensive national surveillance effort implemented by the Kenyan Government to date. An important activity for the people of Kenya, policymakers, and international stakeholders, the KAIS will play a crucial role in building an evidence base to guide the design and evaluation of the Kenya National HIV/AIDS Strategic Plan.

Metrics, Monitoring, Research and Innovation

Key Points:

- PEPFAR is not a research initiative, but its service delivery, data collection, and experience in the field must contribute to the advancement of global HIV research.
- PEPFAR is expanding tracking of quality, outcomes, cost-effectiveness, innovation, and impacts in both the short- and long-term.
- In keeping with both PEPFAR's focus on sustainability and the principles of the GHI, PEPFAR is reorienting away from parallel systems to more concerted support for national systems.
- Well-designed and empirically grounded research and evaluation of PEPFAR should promote improved performance, accountability, informed decision-making, and lessons from experience.
- PEPFAR will prioritize operations research (OR) studies that focus on improving program delivery, ask and answer questions that PEPFAR is uniquely poised to research, and provide clear answers about the efficiency, effectiveness, and impact of programs in a timely manner.
- Operations research is an important mechanism through which country teams and headquarters can initiate research; however, the process needs to be refined.
- PEPFAR should be more proactive in disseminating results so as to advance understanding of effective implementation of HIV prevention, care, and treatment programs.
- As additional indicators are developed to measure items like health systems strengthening, integration, and progress on gender, PEPFAR will continue to work with its international partners to use the same benchmarks in measurement and monitoring.

PEPFAR was designed as an emergency prevention, care, and treatment response to the global HIV/AIDS epidemic. However, the work that is being done through PEPFAR can and should support advances in research. It must be systematically studied and analyzed to help inform public health and clinical practice. PEPFAR is improving efforts to contribute to the evidence base around HIV prevention, care, and treatment, as well as broader HSS and integration.

Types of Data Use Supported by PEPFAR

Key components of data use supported by PEPFAR include the following:

- **Monitoring:** Monitoring involves the routine collection and analysis of data to ensure that programs are on track to meet goals.
- **Program Evaluation (PE):** PE is a systematic and practical process of examining program implementation and outcomes in both the short and long term to improve and inform further development of the program.
- **Special Studies:** Special studies are driven by the specific and *ad hoc* needs for information not available from routine sources.
- **Operations Research (OR):** OR involves systematic and objective assessment of the availability, accessibility, quality, or sustainability of services, and is designed to improve service delivery. It assesses only factors that are under the control of program or project managers, such as improving the quality of services, increasing training and supervision of staff, and adding new service components. It may also compare effectiveness of delivery models and relative costs in achieving a desired program impact.

PEPFAR's OR refers to studies that guide PEPFAR partner country program and policy development, inform service delivery, and identify areas where further evaluation and research may be needed. These activities answer key questions, build knowledge applicable across the range of PEPFAR-funded sites, and assess the impact of PEPFAR programs on the population being served.

Information Utilization

At the outset of PEPFAR's emergency response, information use and knowledge management targeted immediate returns in the forms of relatively simple output data. This focus reflected the program's overall emphasis on rapid scale-up of services. While PEPFAR's goal was to support national efforts to build information systems, the acceleration of service delivery sometimes resulted in parallel data systems. In the next phase of PEPFAR, the program is expanding tracking of quality, outcomes, cost-effectiveness, innovation, and impacts in both the short- and long-term. It is also continuing to monitor the scale-up and maintenance of prevention, care, and treatment programs.

In keeping with both PEPFAR's focus on sustainability and the principles of the GHI, PEPFAR is reorienting away from parallel systems to more concerted support for national systems. Information is critical to all aspects of a health system; strengthening the national system for access to and use of data requires a unified and focused approach. PEPFAR is better integrating its own activities in monitoring and evaluation, survey and surveillance, health management information systems, and OR. Doing so supports a more uniform approach in providing guidance and assistance to partner countries. The primary goal of PEPFAR's programming in this area is to build the country capacity necessary to implement and maintain a fully comprehensive data use strategy.

Indicators and Monitoring

PEPFAR released its Next Generation Indicators (NGI) in 2009. In conjunction with the shift from an emergency response to country capacity and sustainability, the NGI reflects emphasis on efforts to reconsider how to track and account for PEPFAR's work. Use of improved and new indicators allows PEPFAR to strengthen the tracking and reporting of the full spectrum of work conducted in country programs. These indicators were developed in close consultation with other donors, multilaterals, and civil society to ensure the greatest degree of harmonization, and are designed to refine data collection around quality and coverage of service delivery and around data regarding PEPFAR's support for capacity-building, policy development, and systems strengthening. Through these, PEPFAR increases streamlined support to a single national monitoring and evaluation system.

The NGI advanced PEPFAR's progress in support of the UNAIDS Monitoring and Evaluation Reference Group (MERG) goal to harmonize indicators across governments and donors alike. Thirty-four percent of the NGI are fully harmonized across all MERG member organizations. Seventy-four percent of the NGI are partially or fully harmonized with at least one multilateral organization (WHO, UNAIDS, UNICEF, World Bank, or Global Fund). As additional indicators are developed to measure items like HSS, integration, and progress on gender, PEPFAR will continue to work with its international partners to use the same benchmarks in measurement and monitoring. Using common indicators allows for comparison across PEPFAR countries and programs.

Data Collection and Analysis

During the first five years of PEPFAR, the program's focus on accountability and results meant that country teams collected a substantial quantity of data. Data included program outputs, documentation of demographics, and behavioral patterns of populations and sub-populations. In its next phase, PEPFAR is working with country counterparts to define broad "data-use frameworks." These can help to determine data needs and strengthen processes for data collection, management, and analysis, allowing countries to better translate data for use within decision-making structures.

PEPFAR is assisting countries to engage in the targeted data collection and mapping necessary to define need for services. To do so, countries need trained personnel to engage in data collection and OR. PEPFAR's larger training goals for both health workers and broader health systems professionals will help countries expand this capacity. More information about PEPFAR's data collection can be found at www.pepfar.gov/2009results/.

PEPFAR Operations Research

Operations research, a term which has been used interchangeably with public health evaluation (PHE) for most of PEPFAR, is a mechanism through which to assess the effectiveness or impact of a program. Through OR, PEPFAR can compare program models, answer questions related to program implementation, and seek evidence in support of innovation. With OR, PEPFAR, at the individual or multi-country level, continually collects data and evaluates implementation in an objective manner, thus identifying best practices that should be scaled up. Such evaluation contributes to improvement of programs

globally and informs decisions about future resource allocations. The feedback loop of OR is distinct from, and does not replace, ongoing program monitoring or basic program evaluation. It also does not encompass clinical or basic medical research.

These studies may be proposed by country teams working in collaboration with local scientists and governments, promoting the development of local capacity in evaluation and the local use of data to guide programs. In addition, involvement of government entities, PLWHA, local universities, and other key stakeholders in the oversight and implementation of OR helps to support an expansion of national research capacity.

PEPFAR's OR process will be improved to contribute to more effective implementation. In previous OR efforts, many proposed country-level studies addressed similar questions, and a lack of coordination limited comparability of results. There was a lack of uniformity regarding quality or applicability of results. Some PEPFAR studies replicated or did not take into account similar research being funded by other organizations. In order to address these concerns, PEPFAR implemented a full review and revision of the process in 2008.

In the future, priority will be given to OR studies that:

- focus on improving program delivery,
- ask and answer questions that PEPFAR is uniquely poised to research, and
- provide clear answers about the efficiency, effectiveness, and impact of programs in a timely manner.

PEPFAR is also encouraging OR studies that involve multiple countries and coordinated methodologies. These studies will be rigorously managed to meet the highest quality assurance standards.

Transparency, Dissemination and Use

To maximize benefits from a more expansive and coherent monitoring, evaluation, and OR agenda, PEPFAR is placing greater emphasis on the dissemination and use of the results of its work. PEPFAR is organizing a process to identify monitoring and evaluation reports and make these data accessible to expand learning opportunities. A

corollary to the dissemination of reports and publications is the accessibility of data for additional research. PEPFAR is working within the context of the OR process to include a requirement to make data publically available.

Innovation

When it was created, PEPFAR represented an innovative model for providing foreign assistance. In turn, PEPFAR has worked to support innovative methods of service delivery in its programming, from public-private partnerships that utilize cell phones and video games in HIV programming, to supporting promising pilot initiatives like the use of electronic medical records. PEPFAR is expanding its efforts to support promising interventions and expand the capacity of local organizations within partner countries to create and support such interventions. Activities supported include the following:

- Expanding linkages between implementers and scientists to support identification and scale-up of promising practices across health and development sectors;
- Creating better collaboration and country support for public-private partnerships to increase public health system awareness and use of groundbreaking technologies that are common in the private sector; and
- Supporting innovative multisectoral linkages to address the structural interventions that contribute to HIV transmission.

More information on PEPFAR's work to support innovation with public-private partnerships can be found in additional annex documents available at www.pepfar.gov/strategy/.

Moving Forward with Metrics, Monitoring, Research and Innovation

Years 1-2 –

- Analyze currently available data and publish results from such data analysis.
- Expand efforts to build the country capacity necessary to implement and maintain a fully comprehensive data use strategy through a more uniform approach in providing guidance and assistance to partner countries.
- Assist countries in engaging in efforts to define, identify, and map data needs at the country level (and, where applicable, regional level) and use the data and information that come from monitoring, evaluation, and OR efforts.
- Launch transparent and timely OR efforts that support country team efforts, complement other research, have rapid turnaround of results, and are rigorously managed to meet the highest quality assurance standards.
- Work with international partners to identify and pilot new indicators to address gaps around sustainability and HSS, and continue harmonization of indicators.
- Engage in training of health professionals who can support all aspects of data collection and use for program monitoring, evaluation and OR.
- Expand linkages with the National Institutes of Health and other USG research and research management efforts.
- Ensure high quality monitoring, OR, evaluation, and special studies for country-led programs.

Years 3-5 –

- Continue to publish research resulting from current ORs, evaluations, and special studies.
- Implement new indicators identified through piloting process described above.
- Help countries engage in additional special studies to enhance the ability to understand and improve impact of service delivery and programming as the needs of their populations evolve.

ENDNOTES

¹ <http://www.who.int/mediacentre/factsheets/fs334/en/index.html>

² http://data.unaids.org/pub/GlobalReport/2008/jc1510_2008_global_report_pp29_62_en.pdf, p 35

³ Ibid.

⁴ http://data.unaids.org/pub/GlobalReport/2008/jc1510_2008_global_report_pp211_234_en.pdf, p 217

⁵ http://www.who.int/hiv/mtct/PMTCT_enWEBNov26.pdf

⁶ http://www.who.int/tb/challenges/hiv/factsheet_hivtb_2009.pdf

⁷ http://www.who.int/tb/publications/global_report/2009/pdf/chapter1.pdf, p 9

⁸ http://whqlibdoc.who.int/publications/2009/9789241563857_eng.pdf, p 40

⁹ http://data.unaids.org/pub/GlobalReport/2008/jc1510_2008_global_report_pp29_62_en.pdf, p 35

¹⁰ [http://www.iasociety.org/Web/WebContent/File/Leveraging%20HIV%20Investments%20for%20Health%20Women%20and%20Kids%20\(22%20July%20FINAL\).pdf](http://www.iasociety.org/Web/WebContent/File/Leveraging%20HIV%20Investments%20for%20Health%20Women%20and%20Kids%20(22%20July%20FINAL).pdf)

¹¹ <http://www.state.gov/documents/organization/69651.pdf>, p 6

ACRONYMS AND ABBREVIATIONS

DST	Drug-Susceptibility Testing
FBP	Food by Prescription
GAVI	Global AIDS Vaccine Initiative
GBV	Gender-Based Violence
GHI	Global Health Initiative
Global Fund	Global Fund to Fight AIDS, Tuberculosis, and Malaria
HRH	Human Resources for Health
HSS	Health Systems Strengthening
IHP+	International Health Partnership Plus
IMF	International Monetary Fund
KAIS	Kenya AIDS Indicator Survey
MDG	Millennium Development Goals
MERG	Monitoring and Evaluation Reference Group (UNAIDS)
MDR-TB	Multi-Drug-Resistant Tuberculosis
MSM	Men Who Have Sex with Men
NGI	Next Generation Indicators
OR	Operations Research
OVC	Orphans and Vulnerable Children
PE	Program Evaluation
PEPFAR	U.S. President’s Emergency Plan for AIDS Relief
PHE	Public Health Evaluation
PLWHA	People Living with HIV/AIDS
PMI	President’s Malaria Initiative
PMTCT	Prevention of Mother-to-Child HIV transmission
PPP	Public-Private Partnership
SCMS	Supply Chain Management System
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization
XDR-TB	Extensively Drug-Resistant Tuberculosis

