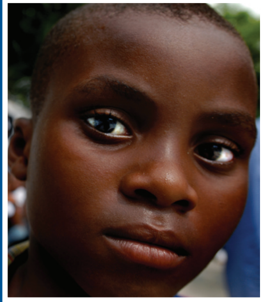

The U.S. President's Emergency Plan for AIDS Relief

Five-Year Strategy

Annex: PEPFAR and the Global Context of HIV

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ANNEX: PEPFAR AND THE GLOBAL CONTEXT OF HIV

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Photo by Swaziland PEPFAR Team

On June 4, 2009, Maurice S. Parker, U.S. Ambassador to Swaziland, and Dr. Barnabas S. Dlamini, Prime Minister of the Kingdom of Swaziland, signed the Swaziland Partnership Framework on HIV and AIDS for 2009-2013. The Partnership Framework focuses on the development of a comprehensive national HIV prevention program, improving the coverage and quality of HIV-related treatment and care, mitigating the impacts of HIV/AIDS with a focus on children, increasing access to high quality medical male circumcision, and building the human and institutional capacity needed to achieve and sustain these goals.

Partnership Frameworks

In July 2008, as part of its reauthorization, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) was encouraged to negotiate framework documents with partner countries. By establishing these partnerships, PEPFAR is promoting and developing a more sustainable approach to the fight against HIV/AIDS at the country level. These Partnership Frameworks are characterized by strengthened country capacity, ownership, and leadership, and represent a substantially new focus for PEPFAR. Partnership Frameworks pave the way for approaches to foreign assistance based upon collaboration on principles that are common to U.S. Government (USG) objectives and partner country plans and activities.

Partnership Frameworks provide a joint five-year strategy for cooperation between the USG and the partner government, with the participation of other partners. In some instances, PEPFAR is also negotiating Partnership Frameworks at the regional level. Each Framework clearly establishes plans for provision of technical assistance and support for service delivery, policy development, and coordinated financial commitments. At the end of the five-year timeframe, in addition to gains around HIV prevention, care, and treatment, country governments will be better positioned to assume responsibility for their national responses to the epidemic.

Like other aspects of PEPFAR, the development of Partnership Frameworks is an interagency effort. It is carried out under the authority of the U.S. Global AIDS Coordinator at the Department of State, and led by the U.S. Ambassador in-country with support from the interagency PEPFAR country team. The process of negotiating

these partnerships also involves the active participation of other key partners from civil society.

The primary lessons learned to date include the following, which PEPFAR will use to guide the process moving forward:

- It is critical to involve high-level, broad representation from multiple ministries in the partner government from the very beginning;
- Where applicable, Partnership Frameworks should build upon existing national strategies;
- While the central dialogue in a Framework is between the USG and the partner government, multisectoral involvement ensures buy-in from all involved parties across government and civil society, including people living with HIV/AIDS (PLWHA);
- Continuous, ongoing dialogue allows all voices to be heard and issues to be rapidly resolved as they arise; and
- The process of negotiating these documents provides a new and welcome platform for leveraging policy reforms.

The principles used to guide the development of these partnerships include the following:

- **Country ownership:** Governments must be at the center of decision-making, leadership, and management of their national HIV/AIDS programs and health systems. Over the period defined in the Partnership Framework, as appropriate in the respective country, PEPFAR-supported programs will take steps to progressively shift supported activities from direct implementation to technical assistance. These efforts will build government and local capacity to plan, oversee, and manage programs, deliver services, and coordinate assistance from multiple donors. Discussions regarding country ownership should involve Ministries of Health and all appropriate ministries and high level elected officials that impact HIV/AIDS programming. As noted above, local civil society is also a key component in multisectoral discussions. By including the contributions of multiple donors as part of the Framework, PEPFAR will help countries take a position of leadership in coordinating among funders.
- **Sustainability:** Partnership Frameworks should be crafted to help ensure that the national response to the HIV/AIDS epidemic is moving toward sustainability while improving quality of programming. Efforts to create sustainability must support the country government in developing the capacity to manage all relevant components of a multisector health system. Donor funding should supplement, not supplant, existing country work around HIV/AIDS, and Frameworks should account for the contributions of public, private, and civil society organizations.
- **Flexibility:** Different approaches to Partnership Frameworks are appropriate for different settings. Country context must drive Framework objectives and approaches. Thus, the appropriate mix of direct services, health systems strengthening, and technical assistance will vary by country within the context of national strategies and plans. In addition, the policy areas addressed by Partnership Frameworks should reflect the specific policy development needs of the relevant country.
- **Progress toward policy reform and increased management and financial accountability:** Partnership Frameworks emphasize key policies that promote effective, sustainable, and quality HIV/AIDS programs. They also offer an important new opportunity to engage government partners in commitments. Through these Frameworks, PEPFAR and government partners emphasize overall accountability for resources and appropriate budgeting in HIV/AIDS programs.
- **Integration of HIV/AIDS into strengthened health systems and a broader health and development agenda:** Partnership Frameworks contribute to strengthened HIV/AIDS services within the context of the broader health system. In an environment with diverse development needs, they promote integration of services to maximize impact and efficiency.
- **Monitoring and evaluation (M&E):** Partnership Frameworks set measurable goals, objectives, and concrete commitments for PEPFAR, the government, and all partners in the Partnership Framework. The

Partnership Framework identifies indicators to assess progress toward achieving these goals and objectives, and meeting national commitments.

- **"Do no harm":** Partnership Frameworks promote sustainability and country ownership through capacity-building of governments and local partners. Existing service systems supported by PEPFAR and partner governments are continuing to deliver quality prevention, treatment, and care services while the transition to country ownership occurs over time.

Photo by Rwanda PEPFAR Team

In Rwanda, 67 percent of the population is under the age of 20 and approximately two in five people report becoming sexually active before age 20. While nearly all young adults in Rwanda are aware of HIV/AIDS, less than 50 percent of 15- to 19-year-olds have an in-depth understanding of the disease. To address this concern, a PEPFAR-supported program began training secondary students and their parents on how to talk openly about HIV/AIDS and other health issues. Through this program, families participate in five sessions that are designed to break down communication barriers and encourage safe behavior. Upon completion of the training, these students and parents become role models in their communities, passing on the information and methods they have learned to their peers.

Improving Resource Management and Mobilization

Key Points:

- It is necessary to mount a true global response to the shared global burden of unmet need.
- PEPFAR is identifying efficiencies and opportunities for leveraging in programming; the cost-savings gained from these efficiencies can expand the reach of the program.
- Funding will be targeted to build upon successes and established systems and achieve greater impact.
- PEPFAR remains committed to working with countries in addressing both generalized and concentrated epidemics.
- An immediate priority of PEPFAR is to support country-level, regional, and global efforts to review prevention, care and treatment needs, as well as ways to jointly marshal resources to meet the global need.
- PEPFAR is building the capacity of country governments to serve as the conveners and coordinators of diverse funding sources.

From 2004 to 2009, the USG has contributed an unprecedented amount to global HIV/AIDS programs. Despite the significant gains in health outcomes that have resulted from these investments, there is still unmet need that outstrips the ability of any single donor to meet it.

According to the World Health Organization (WHO), while more than 4 million people are receiving antiretroviral therapy in low- and middle-income countries, more than 5 million people in these countries are currently in need of treatment.[1] The WHO recently released clinical guidelines that recommend treatment initiation at a CD4 cell count of 350/mm^3, rather than 200/mm^3. These guidelines are expected to roughly double the number of people in need of treatment. In addition, the impact of treatment on transmission and future incidence is currently under active debate at the WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

UNAIDS has done significant work in establishing estimates for long-term funding needs. These estimates inform efforts to meet the Millennium Development Goal of halting and reversing the spread of HIV by 2015. According to UNAIDS, the needs for 2010, based upon country-defined targets in low- and middle-income countries, will be $25.1 billion. This figure encompasses at least $11.6 billion needed for prevention, $7 billion needed for treatment and care, and $2.5 billion for programs serving orphans and vulnerable children.[2] In 2008, according to UNAIDS, $13.7 billion was available for HIV programming in low- and middle-income countries.[3] Given the scope and enormity of need, a coordinated global effort is necessary to mount an effective and sustainable response to the epidemic. To contribute to this type of response, PEPFAR is focusing on the following:

- Identifying efficiencies;
- Targeting funding to build upon successes and achieve greater impact; and
- Supporting countries in identifying and marshaling additional resources for their HIV epidemic.

Efficiencies in Programming and Systems

Efforts to combat global HIV/AIDS have benefited from significant funding over the past decade, allowing for the establishment and rapid scale-up of services. As PEPFAR transitions to a sustainable response, it is working to identify and implement efficiencies at both field and headquarters levels. Since PEPFAR was created, investments from the USG, partner countries, and governments have created conditions that reduce the overall costs associated with programming, particularly the provision of antiretroviral drugs (ARVs). These conditions include:

Investing in equipment, infrastructure, training

Overall, per-patient financial costs of treatment have dropped as global AIDS efforts have matured. Much of the infrastructure and equipment required for a site to function was established before patients were enrolled, and any expansion in patient numbers was preceded by expansions in clinic capacity. As PEPFAR works with the Global Health Initiative (GHI) to expand and build health systems, it will build upon the country infrastructure platform to continue to reduce costs for increased coverage of care.

Improving personnel response

PEPFAR programs benefited from economies of scale as patient cohorts expanded. Increasing numbers of patients are often treated by the same number of health workers as a result of several factors, such as improved worker efficiency after the start-up period. More recently, there is some early indication of the effects of task-shifting upon improving efficiencies. Over the next phase, PEPFAR is identifying additional efficiencies to assist health workers to care for patients. Through the GHI, it will also explore mechanisms like appropriate co-location of services to reduce recurring personnel and facility costs.

Decreasing commodity costs

Licensing, approval, and competitive manufacture of generic formulations of ARVs has resulted in an environment of rapidly declining pricing for these commodities. PEPFAR, utilizing bulk-purchasing mechanisms, has been aggressive in taking advantage of these lower ARV prices to extend treatment to additional patients. PEPFAR is working with partner countries and existing multilateral and foundation efforts to encourage the policy changes needed to continue this downward trajectory of drug prices. As part of the GHI, PEPFAR will also explore possible efficiencies in supply chain management.

Marshaling resources for need

The USG is the major funder of global HIV/AIDS programming. As of 2007, it contributed at least 51% of inter-

national donor government assistance to HIV/AIDS.[4] The majority of this funding is directed through PEPFAR's bilateral programs. USG contributions also account for roughly 29% of Global Fund resources directed to AIDS.[5] Because of the scope of the epidemic, an effective response to global AIDS requires funding from multiple sources, including country governments, bilateral donors, regional actors, multilateral partners, private foundations, and nongovernmental organizations. To support a diverse funding base, PEPFAR is building the capacity of country governments to serve as the conveners and coordinators of these diverse funding sources.

An immediate priority of PEPFAR is to support countries in reassessing and identifying the scale of their national HIV/AIDS epidemic, to ensure interventions respond to existing and emerging realities. Governments should convene or expand inclusive processes in which demographic data is used to define and prioritize unmet need. Once the government has defined need and set priorities for action, PEPFAR will support the country in efforts to coordinate donors and investments. PEPFAR is encouraging its multilateral partners, including the Global Fund and UNAIDS, to join similar coordinated assessments and processes at the national and international level.

Through the GHI, PEPFAR will explore possible financing and leveraging opportunities beyond those traditionally utilized in USG development assistance, including those involving public-private partnerships. PEPFAR will also expand its cooperation with multilateral partners to explore possible cooperation around internationally-supported financing mechanisms.

Country and Regional Overview

When PEPFAR was created, investments were focused in 15 focus countries, although program funding was utilized to support efforts to combat HIV/AIDS in areas beyond these 15 countries. In the next phase of PEPFAR, the program will work to reduce the distinction between "focus" and "other" countries. While the former focus countries account for a significant amount of program funding, PEPFAR has made significant investments in over 30 countries and regions. These countries include both those where the epidemic is concentrated among specific populations, and those where HIV occurs among the general population. In many countries where HIV prevalence rates are above 1% - the widely defined threshold for generalized epidemics – prevalence is often much higher among sub-populations, such as men who have sex with men (MSM) and sex workers. PEPFAR's regional approaches provide an ability to review and apply best practices among similar countries. Whether the countries and regions where PEPFAR works have generalized or concentrated epidemics, all these places have unmet need in HIV prevention, care, and treatment.

Given the dynamic nature of the epidemic, PEPFAR will ensure that its programs are flexible and tailored to the country context. This context includes not only epidemiologic data, but the need to coordinate and reduce duplication with multilateral and country partners and build upon existing health systems. It is important to note that PEPFAR's response is likely to vary based upon the level of investments that exist from PEPFAR and other donor sources within a country. For example, in a country with a concentrated epidemic, PEPFAR's work may focus on providing technical assistance to governments and working to coordinate with mechanisms of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund). Alternately, in a low-resource hyperendemic country, PEPFAR's work may focus on ensuring quality service delivery and strengthening country capacity to deliver care.

A brief summary of the epidemic profile in the countries and regions where PEPFAR works follows. Country-level prevalence estimates are from the 2008 UNAIDS Report on the global AIDS epidemic:[6]

Africa

Southern Africa, the epicenter of the pandemic, has countries with the highest HIV prevalence rates in the world, including Swaziland (26%), Botswana (24%), and Lesotho (23%). In these "hyperendemic" countries, HIV has spread widely across the population. The region also has the largest number of PLWHA. Infection rates vary substantially within countries, and there are significant gender disparities in prevalence in the 15-24 age cohort.

HIV infection rates appear to be stabilizing in many countries in Southern Africa, but are still at high levels.[7] Declines and plateaus likely reflect the natural course of the epidemic as well as the contribution of program inter-

ventions. The potential impact of treatment roll-out on prevention also remains unclear. More analysis is needed to better understand the factors contributing to evolving epidemic trends.

In **West Africa,** HIV prevalence is notably lower than in southern Africa. High-prevalence West African countries include Côte d'Ivoire (4%) and Nigeria (3%). This lower regional prevalence is likely attributable to numerous factors, especially much higher prevalence of male circumcision.

HIV prevalence in **East Africa** falls between the levels in West and Southern Africa. Trends in prevalence vary, but there is evidence that prevalence has stabilized.[8] Urban prevalence tends to be higher than rural, but access to services is still needed in rural areas.

Caribbean and Latin America

In the **Caribbean**, many low-level generalized epidemics have stabilized, with evidence of slight declines among some sub-populations. However, prevalence rates remain high in certain countries, including Haiti (2.2%). In **Latin America**, most countries are experiencing concentrated epidemics, although some countries like Guyana (2.5%) have higher prevalence rates. In these areas, the main mode of HIV transmission is heterosexual sex, often tied to transactional sex, although emerging evidence indicates that substantial transmission is also occurring among men who have sex with men.[9]

Southeast and East Asia

PEPFAR is operating in several countries throughout **Southeast and East Asia**. Thailand has the highest prevalence rate in Asia (1.4%). However, the large populations of many countries within Asia mean that a low prevalence rate may translate into a large number of people living with the virus. Approximately 4.7 million people in this region are living with HIV, the second highest number outside of sub-Saharan Africa.[10] PEPFAR will continue to support treatment in low-income countries in this region, while also working with governments and civil society to address barriers to services among marginalized populations. In emerging economies like India, where prevalence rates are still low but the number of people living with HIV is substantial, PEPFAR will expand technical assistance and work to leverage investments of multilateral mechanisms like the Global Fund.

Eastern Europe and Central Asia

In **Eastern Europe and Central Asia,** there is a significant need to address concentrated epidemics, with high rates of HIV occurring among injecting drug users and sex workers. Countries in this area with higher prevalence rates include Ukraine (1.6%) and the Russian Federation (1.1%). PEPFAR will continue to work with countries to support technical assistance and policy reform to address the needs of these often-marginalized populations. PEPFAR will also work to leverage existing investments of these countries and multilateral mechanisms like the Global Fund.

Moving Forward with Improving Resource Management and Mobilization

Years 1-2 –

- Identify and implement efficiencies at field and headquarters levels, including those that lower the cost of treatment.
- Support countries to reassess and identify the scale of their national HIV/AIDS epidemic to ensure interventions respond to existing and emerging realities.
- Build the capacity of country governments to serve as the conveners and coordinators of diverse funding sources, and encourage multilateral efforts to coordinate donors and investments at the international level.
- Through the GHI, explore possible financing and leveraging opportunities beyond those traditionally utilized in USG development assistance, including those involving public-private partnerships.
- Identify ways in which existing health systems and infrastructure can be utilized in efforts to reduce costs and increase access.

Years 3-5:

- Use existing and emerging data to ensure continued and coordinated alignment of PEPFAR investments with country-identified needs and plans.
- Transition resources from direct service provision to financing of and technical assistance for country-managed mechanisms, where feasible.

Photo by Lukas Amakali

H.E Hifikepunye Pohamba, President of the Republic of Namibia, opened the 2009 HIV/AIDS Implementers' Meeting in Windhoek, Namibia on June 10, 2009. The meeting was hosted by the Government of Namibia and co-sponsored by PEPFAR; the Global Fund to Fight AIDS, Tuberculosis and Malaria; UNAIDS; UNICEF; the World Bank; the World Health Organization; and the Global Network of People Living with HIV. The conference focused on three major themes: sustainability, efficiency and effectiveness, and prevention.

Strengthening and Leveraging Key Multilateral Institutions

Key Points:

- PEPFAR's success is linked to the success of its multilateral partners, particularly the Global Fund.
- Through the GHI, the USG will expand engagement with key multilateral institutions and global health partnerships in support of a comprehensive approach to achieving the Millennium Development Goals (MDG) and other core objectives.
- In order to ensure the long-term sustainability of the Global Fund, PEPFAR will support reforms that create conditions for eventual transition of some PEPFAR programs to Global Fund mechanisms.
- PEPFAR will support efforts by UNAIDS to mobilize global action and facilitate adoption of country-level changes that allow for rapid scale-up of key interventions.
- Given the important role of WHO as the key normative global health institution, PEPFAR is working to expand collaboration and promote best practices with this organization.
- PEPFAR will expand efforts to coordinate with multilateral development banks and support their health systems investments.

Since the inception of PEPFAR, the USG has considered both bilateral and multilateral efforts essential in achieving durable success in the fight against AIDS. PEPFAR needs to work with and through others to build political will, establish international norms, ensure a broad-based multisectoral response, and support service delivery. In addition, through its work with multilateral partners, PEPFAR is able to leverage its investments, mobilize resources, and provide stable external financing.

The need for a coordinated multilateral response is even greater today than it was five years ago. As PEPFAR shifts from an emergency response, it is expanding work with multilateral organizations and bilateral partners, and increasing country-level and international commitment to financing and implementation.

The Obama administration is committed to a collaborative, transparent, and integrated approach to international health and development challenges. PEPFAR's success is linked to the success of multilateral mechanisms like the Global Fund and multilateral partners like the UN system.

Over the next phase of PEPFAR, the program is working toward an international consensus on the scale of the global HIV/AIDS need, as well as the increased political and financial commitments necessary to meet it.

Global Fund to Fight AIDS, Tuberculosis, and Malaria

The Global Fund is a unique global public-private partnership dedicated to attracting and disbursing resources to prevent and treat AIDS, tuberculosis, and malaria. As a partnership among governments, civil society, the private sector and affected communities, the Global Fund represents a new approach to international health financing.

Since its creation in 2002 and with strong financial support from the USG, the Global Fund has become the main external financing mechanism for programs to fight AIDS, tuberculosis, and malaria. It has approved funding of $18.7 billion for more than 600 grant programs in 144 countries. Worldwide, of all international financing, the Global Fund provides approximately one quarter for AIDS, two-thirds for tuberculosis, and three quarters for malaria.

PEPFAR strongly supports the Global Fund. The United States made the founding contribution to the Global Fund, and remains its largest donor. The USG has contributed more than $4.3 billion to the Global Fund to date, with additional pledges that bring the total USG commitment through fiscal year 2009 to $4.5 billion. In addition to these direct contributions, PEPFAR provides specific technical assistance funding for grant implementation and oversight. By working through the Global Fund, the USG can catalyze contributions from other donors, expand the geographic reach of USG bilateral programs, promote country ownership, and increase the sustainability of national health programs.

The Global Fund model represents an inherently country-owned approach, which fits well with PEPFAR's goal of supporting increased country ownership of national HIV/AIDS programs. This goal is critical to the long-term sustainability of AIDS responses and can be supported through a robust and coordinated multilateral response. PEPFAR is working with both the Global Fund and the UN system to support increased country ownership in a coordinated manner. The Global Fund can provide countries with predictable, performance-based financing, and the UN system has the mandate, country presence, and expertise to build country-level capacity and leadership. Nevertheless, continued USG engagement and support at the country level will be essential in supporting a full transition to country ownership. Consequently, PEPFAR will expand the engagement of its country teams with its country-level Global Fund counterparts and processes.

PEPFAR is also supporting a shift in Global Fund grant architecture. This shift would move it from a project-based approach to a program-based approach supporting comprehensive national responses to AIDS, tuberculosis, and malaria. These reforms are intended to consolidate and rationalize country programs and reporting requirements, harmonize Global Fund financing with country-level fiscal and planning cycles, and reduce transaction costs. By reducing duplication of effort at the country level, both PEPFAR and the Global Fund will enable countries to identify gaps in services, and achieve better value for money.

PEPFAR's long-term goal is to see more management and operation of bilateral programs conducted by the countries themselves, with financial support through the

Global Fund. In order to promote this goal, PEPFAR is working to improve grant performance, quality, and consistency of services, and transparent and accountable financial management. PEPFAR is continuing efforts with the Global Fund Secretariat, its Inspector General, and its Board to improve the impact, oversight, and cost-effectiveness of Global Fund grants. Financial and program accountability is paramount to ensuring that PEPFAR funds are effectively leveraged and that, ultimately, programs are successfully implemented.

Joint United Nations Programme on HIV/AIDS

UNAIDS is an innovative venture of the United Nations family, comprising a Geneva-based Secretariat and 10 cosponsoring bodies: the World Health Organization, the UN Development Programme, the UN Office on Drugs and Crime, the UN Children's Fund, the UN Population Fund, the International Labor Organization, the World Food Program, the UN High Commissioner for Refugees, the World Bank, and the UN Educational, Scientific, and Cultural Organization.

UNAIDS is guided by a Programme Coordinating Board (PCB) with representatives from 22 governments from all geographic regions, the UNAIDS Cosponsors, and ten representatives of nongovernmental organizations, including associations of people living with HIV. UNAIDS is widely viewed as UN reform in action.

UNAIDS has field-based staff and works directly in 70 countries, addressing HIV/AIDS primarily through country-coordination theme groups that seek to mobilize all sectors to address AIDS. The UN system is an important partner because of its power to convene. UNAIDS also provides technical support for country-led strategies, provides robust global-level strategic information, and ensures the meaningful involvement of civil society in efforts to combat the epidemic.

The gains made to date in the fight against AIDS are largely due to a multisectoral approach that recognizes both the clinical needs and structural contributors to the epidemic. The UN system is an essential part of this multisectoral and rights-based approach, and UNAIDS has been an effective mechanism within that system to mobilize and coordinate Member States. Increasingly, UNAIDS is at the forefront of global efforts to mobilize additional resources and forge coalitions to leverage the AIDS response in achieving broad-based health and development objectives.

In this next phase of PEPFAR, the USG will, as a board member and major funder of UNAIDS, continue to be a strong supporter of the organization. UNAIDS serves as the mechanism through which to organize and maintain momentum in the UN system's response to the epidemic. PEPFAR will partner with UNAIDS as a convener and norm-setter to facilitate increased action and attention in certain areas of the epidemic. In particular, PEPFAR views the UN system as able to contribute effectively to rapid scale-up of cross-cutting gender interventions, PMTCT, male circumcision, and prevention among injecting drug users (IDUs).

While most parts of the Joint Programme are not programmatic implementers, UNAIDS can establish and disseminate international norms, build political will, and provide technical support at the country level around these interventions. PEPFAR will also collaborate with UNAIDS to strengthen national ownership of the response to HIV and support a multilateral process to build upon country-level processes through which global need and global resources for the fight against HIV are identified.

World Health Organization

As the global norm-setting body for public health, WHO builds support for best practices, including PMTCT, and disseminating promising new interventions like male circumcision. The WHO provides technical support to governments, helping them develop National Strategies that include guidelines for minimum packages of services. In addition, the WHO is a global leader in the area of health systems strengthening. PEPFAR and WHO are discussing a four-year strategic framework that emphasizes, among other areas, collaboration in health systems strengthening, strategic information, antiretroviral treatment, prevention, and the challenges posed by HIV/TB coinfection. PEPFAR and WHO are continuing collaboration to promote best practices and make progress on a number of specific challenges related to the epidemic.

Multilateral Development Banks

Multilateral development banks like the World Bank and the International Monetary Fund play important roles in

financing and economic and policy analysis that inform both HIV/AIDS work and broader development policy. In its next phase, PEPFAR will expand efforts to coordinate with these organizations to improve the performance of their health systems investments. It will also work to better integrate PEPFAR services with their broader economic development efforts.

Moving Forward with Strengthening and Leveraging Key Multilateral Institutions

Years 1-2 –

- Expand work with multilateral organizations and bilateral partners, increasing country-level and international commitment to financing and implementation.
- Support Global Fund efforts to shift grant architecture to program-based approach.
- Expand engagement with UNAIDS around gender, male circumcision, PMTCT, and comprehensive packages of care for IDUs.
- Complete development of PEPFAR/WHO strategic framework.
- Engage with multilateral development banks around health system investments.

Years 3-5 –

- Increase alignment of PEPFAR and Global Fund funding with national plans based upon new grant architecture.
- Harmonize PEPFAR, UNAIDS, and Global Fund indicators in support of country-level objectives.
- Continue efforts with multilateral partners in building country capacity to deliver services and manage distribution programs.

Public-Private Partnerships

Secretary Clinton has said, "The problems we face today will not be solved by governments alone. It will be in partnerships – partnerships with philanthropy, with global business, partnerships with civil society." As PEPFAR shifts to promotion of country-led sustainable responses, it is essential to employ all possible mechanisms to build systems and expand capacity.

Photo Courtesy of General Mills

In September 2009, General Mills, a leading U.S. food company, PEPFAR and USAID launched a public-private partnership that will improve the capacity of small and medium-sized food businesses across sub-Saharan Africa to produce healthy, fortified food products and widen the availability of fortified flour products for people living with HIV enrolled in PEPFAR-supported "Food by Prescription" programs. Over time, the partnership aims to improve the ability of these small and medium-sized enterprises to produce quality, nutritious and safe food at affordable prices.

Public-Private Partnerships

Public-private partnerships (PPPs) are a tool that can enhance PEPFAR and country government approaches to HIV/AIDS and strengthening of overall health systems. PEPFAR has worked with public-private engagement mechanisms throughout the government, including the Department of State's Global Partnerships Initiative. Over the past three years, PEPFAR has made significant strides in brokering PPPs and establishing relationships with key private sector entities.

Private sector partners have skills that complement PEPFAR's technical focus, including marketing and distribution networks. Many of PEPFAR's private sector partners have specific technical expertise in areas such as laboratory capacity and information technology. PEPFAR has worked to link their capabilities with areas of program emphasis to leverage not just dollars, but results that can be sustained in the long term.

Over the next phase of PEPFAR, the program is developing partnerships that will deliver impact with low transaction costs. There will be an emphasis on partnerships supporting prevention, broad health systems strengthening, and human resources for health. PEPFAR's PPP projects will explicitly integrate gender strategies as a cross-cutting element wherever feasible. The following are ways that PPPs can support the vision for the next phase of PEPFAR:

- **Identifying and promoting integration of the private sector in service delivery.** According to a 2007 study conducted for the World Bank/IFC by McKinsey, around 60% of sub-Saharan Africa's total health expenditures were financed by private parties; about 65% of that was directed to for-profit providers.[11] This spending is not based on wealth. According to a compilation of Demographic and Health Surveys (DHS) from 10 sub-Saharan African countries, 44% of those in the poorest quintile brought their sick children to private, for-profit, providers.[12] PEPFAR must work with partner governments to help them identify and understand the role that private and non-profit providers currently play in the response to the disease. Doing so allows governments to coordinate with these private partners as part of a comprehensive national health system.

- **Facilitating provision of technical assistance in areas of core competencies.** The private sector can work directly with government officials and healthcare workers to build their capacity and strengthen national

health systems. As PEPFAR focuses on increasing capacity-building and technical assistance to governments, it can help to facilitate relationships between partner countries and businesses supporting development of core competencies.

- **Supporting North-South and South-South mentoring programs.** Part of PEPFAR's PPP mandate is to engage professional organizations and companies, diaspora groups, and even individuals involved in PEPFAR programs. Leading HIV/AIDS experts, clinicians, nurses, and practitioners in the United States can play an important collaborative role with their counterparts in PEPFAR countries. Over the next phase of PEPFAR, the program is expanding collaborative and mentoring relationships with partner governments.

- **Expanding and integrating workplace programs.** In many countries, businesses were and are on the leading edge of the response to HIV/AIDS, given the threat that the epidemic poses to the stability of the local economy. However, the development of workplace programs has not always been linked to a national HIV/AIDS prevention response. Private companies can play a leading role in the sustained response to the disease through the workplace, but a new, up-to-date strategy for engagement needs to be developed. PEPFAR can help governments ascertain the landscape of workplace programs and attain efficiencies by ensuring coordination of workplace efforts with larger public programming.

- **Integrating gender strategies.** PPPs play an important role in PEPFAR's gender programming strategy. PEPFAR engages with private companies to address structural issues that impact women and men's risk for HIV infection and access to quality care and treatment. The private sector can play a strong role in mobilizing investment capital to support women's access to income and productive resources. With increased emphasis from both PEPFAR and external actors on gender-based violence, PEPFAR is working to develop partnerships around this specific issue. PEPFAR can also do more to engage women as both providers and recipients of private sector health services. These private services must be strategically linked to reproductive health, family planning, and maternal care, and serve as a conduit to get families into HIV and other health services.

ENDNOTES

[1] http://www.who.int/hiv/pub/2009progressreport/en/

[2] http://data.unaids.org/pub/Report/2009/JC1681_what_countries_need_en.pdf, p 8

[3] Ibid, p 3

[4] http://www.kff.org/hivaids/upload/7347-052.pdf

[5] Ibid

[6] http://data.unaids.org/pub/GlobalReport/2008/jc1510_2008_global_report_pp211_234_en.pdf

[7] http://data.unaids.org/pub/FactSheet/2009/20091124_FS_SSA_en.pdf

[8] Ibid

[9] http://data.unaids.org/pub/FactSheet/2009/20091124_FS_caribbean_en.pdf

[10] http://data.unaids.org/pub/Report/2009/2009_epidemic_update_en.pdf, p. 37

[11] http://www.ifc.org/ifcext/healthinafrica.nsf/AttachmentsByTitle/IFC_HealthinAfrica_Sec1/$FILE/IFC_HealthinAfrica_Sec1.pdf, p 5,6

[12] Ibid, p 9

Acronyms and Abbreviations

ART	Antiretroviral Treatment
ARV	Antiretroviral Drug
DHS	Demographic and Health Survey
GHI	Global Health Initiative
Global Fund	Global Fund to Fight AIDS, Tuberculosis, and Malaria
IDU	Injecting Drug User
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MSM	Men Who Have Sex with Men
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child HIV transmission
PPP	Public-Private Partnership
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USG	United States Government
WHO	World Health Organization

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