Guidance for PEPFAR Partnership Frameworks and Partnership Framework Implementation Plans

Version 2.0

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PEPFAR Partnership Framework Guidance

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I. Partnership Frameworks: Introduction

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

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

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

This is "Version 2" of this guidance, updated following its first phase of use and further refinement of the direction of PEPFAR under reauthorization.

A. PURPOSE

The **purpose** of a Partnership Framework is to provide a 5-year joint strategic framework for cooperation between the USG, the partner government, and other partners to combat HIV/AIDS in the country through technical assistance and support for service delivery, policy reform, and coordinated financial commitments. At the end of the five year time-frame, the expectation is that, in addition to results in the prevention, care and treatment of HIV/AIDS, country governments will be better positioned to assume primary responsibility for the national responses to HIV/AIDS in terms of management, strategic direction, performance monitoring, decision-making, coordination, and, where possible, financial support and service delivery. The Partnership Framework should be established with transparency, accountability, and, in addition to the partner government, the active participation of other key partners from civil society (e.g. associations of people living with HIV/AIDS, non-governmental organizations [NGOs], private voluntary organizations [PVOs], community-based and faith-based organizations [CBOs, FBOs]), the private sector (for-profit organizations and companies, non-profit organizations, business coalitions, chambers of commerce, etc.), other bilateral and multilateral partners (e.g., the Global Fund to Fight AIDS, TB and Malaria [GFATM]), and international organizations (e.g. UNAIDS), bringing together all actors to support and strengthen the capacity of governments to plan, oversee, manage, and ultimately finance their national HIV/AIDS strategies.

B. GUIDING PRINCIPLES

All Partnership Frameworks should embrace the following principles:

Country ownership: A key objective of the Partnership Framework is to ensure that programs reflect country ownership – that is, that governments are at the center of decision-making, leadership, and management of their national HIV/AIDS programs and ultimately their national health systems, and that their efforts embrace the contributions of civil society. Partnership Frameworks present an opportunity to support country ownership by accelerating a transition of PEPFAR support from direct service provision to increased provision of technical assistance to governments, with the goal of expanding government capacity to plan, oversee, manage, deliver, and eventually finance national HIV/AIDS programs. This focus will support government coordination of different funding streams under the framework of a national strategy to ensure consistency of interventions and priorities, to improve overall health systems, and to engage with indigenous partners in the private for-profit and not-for-profit sectors to provide quality services. For many countries, the non-governmental sector is an important implementer of services as part of the national response to the epidemic, led by an engaged and active government, and the Partnership Framework should reflect this. To strengthen the government response, PEPFAR should work with governments to develop their capacity to manage, develop appropriate policies for, and regulate the services delivered by the non-governmental sector, as well as their capacity to oversee and coordinate with the provincial, district, and village levels.

PEPFAR should facilitate governments' leadership role in their HIV/AIDS programs by: 1) providing technical assistance to expand government capacity to plan, develop and implement policies, and to oversee, manage, deliver, monitor, and finance programs; 2) supporting a robust policy reform agenda; and 3) integrating existing parallel service delivery systems with the government-coordinated and managed health system. Over the five year period of the Partnership Framework, as appropriate in the country, PEPFAR-supported programs will in most cases take steps to progressively shift from directly implementing programs and services, predominantly through external partners, to providing technical assistance and support that build government and local capacity to plan, oversee and manage programs, deliver quality services and deploy local capacity to implement services. Country context will dictate the speed at which this transition will take place, the institutions that will be the focus of technical assistance, and the content and form of the PEPFAR-supported technical assistance. Also central to country ownership is government leadership to convene the range of country actors (including all donors) to ensure that their contributions support the national strategy; PEPFAR should support governments' efforts to play this role.

Sustainability: For purposes of Partnership Frameworks, promoting sustainability means supporting the partner government in growing its capacity to lead, manage, and ultimately finance its health system with indigenous resources (including its civil society sector), rather than external resources, to the greatest extent possible. Every country is at a different point on the continuum of sustainability. Partnership Frameworks should be crafted to help ensure that the national response to the HIV/AIDS epidemic is moving toward sustainability while sustaining or improving quality, with the country government

developing the capacity to support all relevant components (e.g., service delivery, workforce, products and technologies, financing, information, and governance) of a multi-sector health system, which may include public, private for- and not-for profit, civil society, and community organizations. Partnership Frameworks should support the national system's progress, commensurate with the country's need and available resources, toward maintaining a level of effective and quality programs. Because of limited resource availability, PEPFAR partner countries will continue to use donor resources and assistance to develop and maintain their health systems. Partnership Frameworks should help strengthen government capacity to coordinate the multiple sources of financial and technical assistance.

Support for country coordination of resources: As in the first phase of PEPFAR, in keeping with donor harmonization and alignment efforts, and to emphasize the principle of country ownership, Partnership Frameworks should be fully in line with the national HIV/AIDS plan of the country, and should emphasize sustainable programs with increased country decision-making authority and leadership. Framework documents should be aligned with the "Three Ones" principles (one HIV/AIDS action framework, one national AIDS coordinating authority, and one country-level monitoring and evaluation system), as well as the principles of the Monterrey Accords and Paris Declaration (see Annex IV). In addition, all Partnership Frameworks should further PEPFAR's program scale-up goals of supporting treatment for 3 million people, prevention of 12 million infections, and care for 12 million, including 5 million orphans and vulnerable children, within the context of improving broader country health policy, financing and management capacity. As part of the USG's Global Health Initiative, Partnership Frameworks should relate to broader development reform efforts that may be taking place in a country (such as the International Health Partnership [IHP+] and the architectural reforms of the GFATM, including the National Strategy Application [NSA] process) as indicated by the country, articulating the relationship between the PEPFAR Partnership Framework and these other efforts.

USG interagency collaboration: Like other aspects of PEPFAR, the development of Partnership Frameworks should be an interagency effort carried out under the authority of the U.S. Global AIDS Coordinator at the Department of State, and led by the U.S. Chief of Mission or his/her designee[1] at the Embassy with support from the USG agencies on the interagency PEPFAR country team.

Engagement and participation: Successes in the fight against AIDS have been achieved, in part, because of a strong multi-sectoral approach. In developing Partnership Frameworks, all relevant parties should be engaged, with the partner government taking the lead in deciding who to include, and when to include the participation of civil society and other sectors. The national government (e.g., Ministry of Health, Ministry of Finance, National AIDS Coordinating Authority and other government entities as appropriate) should be the country signatory, but if the government deems it appropriate, Partnership Framework development, implementation, and monitoring may also include a multi-sectoral partnership, highlighting the role of civil society (e.g. NGOs, faith-based organizations, groups or associations of people living with HIV/AIDS

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

[PLWA], community groups, women's groups), international partners (e.g. GFATM, World Health Organization [WHO], World Bank, Joint United Nations Programme on HIV/AIDS [UNAIDS]), other bilateral donors working in country, private foundations, and the private sector (e.g. local Business Coalition on HIV/AIDS, Chamber of Commerce, actively engaged companies). As deemed appropriate by the government, cross-border collaboration should also be considered, as should engagement of organizations from sectors that may be outside the direct purview of public health but have a strong influence on public health, such as education or economic strengthening. Where there are effective pre-existing coordinating bodies, for example the GFATM Country Coordinating Mechanism (CCM) or mechanisms through IHP+, consideration should be given to their potential leadership role, if the partner government so chooses. The intent is not to create a new management body, but to support the country's leadership in engaging all sectors.

Strategic framework: Partnership Frameworks are 5-year strategic frameworks for the USG's collaborations with partner countries on HIV/AIDS. Thus:
- Partnership Frameworks include all PEPFAR-supported HIV/AIDS activities in the country (i.e., not just new or expanded or "plus-up" activities).
- Partnership Framework Implementation Plans provide the 5-year roadmap to how the Partnership Framework will be implemented and monitored. Implementation Plans will clearly indicate priorities, approaches to achieving goals and objectives, planned funding levels, and indicators of success.
- Implementation Plans should include, at a minimum, an analysis of how the existing portfolio of USG-supported, NGO-implemented programs will transition to the partner government, remain NGO-based, or be terminated within the 5-year timeframe.
- Given the year-to-year nature of budgeting by the USG, countries, and some other donors, all financial commitments are contingent on availability of funds.
- In future years, for countries with a signed Framework, PEPFAR Country Operational Plan (COP) planning will use the Partnership Framework and Implementation Plan as guiding documents. COPs will present the annual work plans for USG-supported interventions to achieve Framework results and as such should reflect the Partnership Framework principles and transition strategy. Annual Progress Reports (APRs) will report on results achieved within the context of the Monitoring and Evaluation Plan of the Partnership Framework.
- Partnership Frameworks must fit within the overarching USG Country Assistance Strategy (in countries which have them) and within any relevant country strategies (e.g., National HIV/AIDS Plan, National Health Plan).

Flexibility: Different approaches to Partnership Frameworks are appropriate for different settings and thus country context must drive Framework objectives and approaches. For example, in some countries, the USG is providing substantial funding and support for service delivery and strengthening health systems, while in others, USG support is primarily limited to providing technical assistance. Similarly, countries with generalized epidemics have different areas of programmatic emphasis compared with countries with concentrated epidemics. Thus, the appropriate mix of direct services, health system strengthening, and technical assistance will vary by country and will be

dynamic in order to address country needs, within the context of national strategies. In addition, the policy areas addressed by Partnership Frameworks should reflect the specific policy reform needs of the relevant country.

Progress towards policy reform and increased financial accountability: Partnership Frameworks should emphasize key policies that promote effective and sustainable quality HIV/AIDS programs and offer an important new opportunity to engage government partners in these areas (see Annex I). The expectation is that Partnership Frameworks will explicitly address each of these key policy issues and demonstrate PEPFAR and government commitments to achieve progress. Partnership Frameworks should also emphasize overall accountability for resources and appropriate budgeting in HIV/AIDS programs. Based on the country's level of resources, a goal should be increased country financial contributions to the program over time, which could include increased reliance on GFATM financing as well as increased funding from national budgets. Partnership Frameworks also provide an opportunity for the USG to work with governments to improve transparency and more closely track HIV/AIDS and overall health financing through National Health Accounts (NHAs), National AIDS Spending Assessments (NASAs), and other financial monitoring and reporting systems. Working towards a costed national HIV/AIDS strategy should be an important priority for the Partnership. Principles of cost efficiency and cost effectiveness should be incorporated into the Partnership Framework.

Integration of HIV/AIDS into strengthened health systems and a broader health and development agenda: Partnership Frameworks should contribute to strengthened HIV/AIDS services within the context of the broader health system in an environment with diverse development needs, and should be aligned with the Global Health Initiative (GHI) approach of integrating services to maximize impact and efficiency. Partnership Frameworks should link and achieve synergies with other relevant development efforts, in particular working towards the Millennium Development Goals (MDGs) and other USG development efforts such as the President's Malaria Initiative (PMI), tuberculosis, maternal child health, education, food and nutrition, economic strengthening, Millennium Challenge Corporation (MCC), and other programs as appropriate. Where parallel service delivery systems have been created, the USG should support government efforts to integrate these into the government-coordinated public health system wherever possible.

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

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

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

"Do no harm": Partnership Frameworks should promote sustainability and country ownership through aggressive capacity-building of governments and local partners, but existing service systems implemented by external partners should continue to deliver quality prevention, treatment, and care services while the transition to greater sustainability and country ownership occurs over time. For example, continued access must be ensured for persons started on antiretroviral treatment or in OVC programs with PEPFAR support.

C. PROCESS AND CONTENT

As detailed in Parts II and III of this guidance document, Partnership Framework documents consist of two inter-related sections developed in two stages — the Partnership Framework and the Partnership Framework Implementation Plan

Development of the first section of a Partnership Framework focuses on establishing a collaborative relationship, negotiating the overarching 5-year goals of the Framework and the commitments of each party, and setting forth these agreements in a concise signed document called the "Partnership Framework."

The second, more detailed section, the Partnership Framework Implementation Plan, flows from the Framework. It includes a description of the approach to supporting increased country ownership, baseline data, specific strategies for achieving the 5-year goals and objectives, and a monitoring and evaluation plan.

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

Over the life of the Partnership Framework, PEPFAR and the government, with the participation of other partners, will jointly:
- Develop a document outlining a strategic five-year framework of collaboration that includes two sections: a Partnership Framework and a Partnership Framework Implementation Plan.
- Sign the Partnership Framework documents.

- Conduct annual reviews of the Partnership Framework and Implementation Plan.
- Based on the Partnership Framework and Implementation Plan, develop work plans encompassing all PEPFAR funding in country through the COP planning process.
- Report annually on Framework achievements through the APR report.

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

II.   Partnership Frameworks

A. PROCESS FOR DEVELOPMENT

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

1. Establishing a design team and conducting consultations

Country teams should establish a Partnership Framework design team with responsibility for leading the development of the Partnership Framework. The design team should include representatives of all USG agencies in country, the government, and other relevant partners. Using this Framework Guidance, the design team should develop a plan and timeline for designing, jointly reviewing, and negotiating both the Partnership Framework and Implementation Plan.

To reach an understanding with the government (with input from civil society, other donors, international organizations and the private sector) on joint strategic goals, broad consultations will be necessary. The design team should consider convening one or more workshops or meetings involving critical stakeholders. Objectives could include: (1) mapping existing HIV services, programs, health systems, and policies and their impact, (2) identifying program and policy gaps that could be addressed by the Framework including a mapping of all donor activities in the sector, and (3) identifying bottlenecks to achievement of program goals. These consultations will contribute to the development of baseline assessments, as described in sections III.A.1. and III.B.2. of this document.
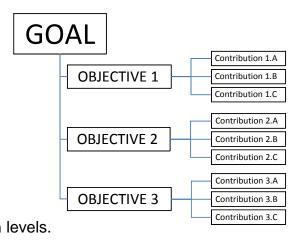
As elements of the Partnership Framework are proposed and discussed, in addition to dialogue, written communication with stakeholders is recommended to assure accuracy

and to document decisions. The design team will be responsible for achieving consensus on priorities for the Framework.

2. Goals, objectives, and contributions

This first-stage Framework document should define the fundamental structure and relationships of the collaboration to address HIV/AIDS within the context of the national HIV/AIDS strategy. The document should propose a limited number (for example, three to five) of high-level goals that encompass the breadth of activities included within the Framework. Examples might include: reduce HIV incidence by x%; increase PMTCT coverage to x%; or expand access to quality HIV treatment for x% of those in need. Objectives should include the programmatic interventions proposed to achieve each goal. Contributions will describe the overall support expected from each partner to realize each objective. Illustrative Tables 1 and 3 provide additional examples of the level of detail anticipated at the goal, objective and contribution levels.

B. REQUIRED CONTENT OF THE PARTNERSHIP FRAMEWORK [< 20 PAGES]

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

1. Purpose and principles

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

2. Five-year strategic overview

Articulate the strategy to promote greater ownership of programs and activities by the country government and local organizations over the five years represented by the Partnership Framework, and provide a clear description of the state of the national response at the end of the five years. Describe the overall Partnership Framework goals

and the scope of the activities to be carried out through this Partnership Framework to achieve these goals. This scope should include which program areas (e.g., PMTCT service provision, OVC support, lab strengthening, healthcare worker training, etc.) and policy reforms (e.g., gender-based violence, opt-out testing, etc.) will be addressed through the Partnership and what steps will be taken to transition from direct USG implementation of services, in many cases through external organizations, to assumption of a technical assistance role strengthening government management and delivery of services at the national, provincial, district, and village levels. Describe how Partnership Framework activities help build sustainability and expand country government capacity to plan, oversee, manage, implement, and finance HIV programs and help realize the National Strategic Plan on HIV/AIDS, the country's other long-term health and development plans, and PEPFAR numerical program goals. For example, describe how USG technical assistance will promote increased government capacity, how targeted policy reforms (Annex 1) will strengthen the government's role in overseeing its HIV/AIDS and health national strategic plans, and how the government's financial systems will be strengthened. Identify barriers to government ownership of the HIV/AIDS response, and a strategy to address them.

### 3.	Partners: roles and commitments

List USG, government, and other partners and describe their respective roles and high-level commitments to achieve 5-year goals for service delivery, policy reform, capacity-building, and projected financial and activity contributions. This section should put Partnership Framework objectives and contributions into the larger context by referencing the roles of all key partners, e.g., GFATM, the UN system, private foundations, and key bilateral donors. While Partnership Frameworks may not include an exhaustive list of other partner activities related to a given objective, every effort must be made to provide information on other partners (i.e., Global Fund, UN system, bilateral donors, major foundations) that is as complete as possible in the Partnership Framework Implementation Plan. This information is essential to ensuring that both the Partnership Framework and Partnership Framework Implementation Plan are truly harmonized and aligned in favor of sustainable country-owned strategies. Indicate what key steps will need to be taken to further develop this information for the Partnership Framework Implementation Plan.

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

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

Five-Year Goal
Prevention: Reduce HIV Incidence by 50%

Objectives	Expected Contributions			Steps Required for Development of Partnership Framework Implementation Plan
	National	**USG**	**Other**	
Ensure provision of HIV prophylactic treatment of 85% of pregnant women who require this intervention	• GOV procures prophylactic drugs and HIV test kits • GOV provides leadership in strategic planning and review of PMTCT effort	• USG supports training in PMTCT • USG provides technical assistance in planning and management to the MOH at the national and provincial levels	• GF procures prophylactic drugs • WHO supports planning and review processes • NGOs support community mobilization	• Review costing information and negotiate drug procurement contributions by partner • Conduct training needs assessment
Ensure all relevant target populations receive appropriate prevention interventions associated with HIV risk behaviors	• GOV incorporates life-skills training curricula in primary and secondary schools	• USG supports a combination prevention pilot • USG works with UNAIDS to develop quality standards for prevention programs	• GF supports model expansion • UNAIDS supports development of prevention quality standards • PLHA org. supports PwP programs • Country Business Coalition increases work-place prevention programs	• Update national prevention strategy • Develop strategy and timeline for combination prevention pilot
Increase the availability of male circumcision services	• GOV ensures favorable policy environment to support expansion of MC • GOV funds training of MC providers	• USG supports government to develop a national strategy for MC rollout and fund MC rollout in three provinces	• WHO supports monitoring of MC quality, adverse events	• Review and finalize MC policy • Conduct baseline assessment of facilities to determine readiness for MC provision • Develop targets
Improve the quality of HIV laboratory services	• GOV supports National Reference Laboratory functions • GOV supports development of QA/QC standards and protocols	• USG supports training of new lab technicians • USG funds construction costs for new laboratories		• Conduct baseline assessment of laboratory services • Agree on construction plan

4. Plans for developing Partnership Framework Implementation Plan

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

5. Management and communications

Establishing a Partnership Framework represents a new emphasis on formalizing the relationship between the USG and country government, with the government assuming leadership over the efforts of the USG and other relevant stakeholders involved with the national HIV/AIDS response. Describe plans for government management of the Partnership Framework, including decision-making structures, coordination bodies, and communications strategies as well as approaches to conflict resolution. In considering Framework governance and implementation, the ideal is to make governmental structures successful in their management, planning and coordination functions. It is up to governments to decide whether to use existing governmental structures, modified structures, or newly established structures. Governments may opt to establish a government-led Partnership Framework Steering Committee to receive input from diverse partners and stakeholders, or to use an existing successful CCM, IHP+ compact, or other entity to support the government in its planning and coordination roles. The bottom line is that the decision on how best to manage the Partnership – and all HIV/AIDS efforts in country – rests with the government; the USG is to play a supportive role.

6. Signatures

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

III. Partnership Framework Implementation Plans

A. PROCESS FOR DEVELOPMENT

The Partnership Framework Implementation Plan spells out in more detail the 5-year objectives, contributions and targets for the Partnership Framework. As a more specific document than the Partnership Framework, the Implementation Plan can be updated in writing during the five year period to reflect changing conditions or priorities without altering the Partnership Framework. While signatories to the Partnership Framework should be aware of the content of the Implementation Plan, the Implementation Plan itself may be signed by lower-level signatories or by multiple partners, as in the case of Regional Frameworks.

1. Establishing baselines

Given the need for strong evidence-based strategies, either actual baseline data or a timeline and plan for conducting situation assessments and establishing baselines should be included in the Partnership Framework Implementation Plan. Partnership Framework design teams should use existing assessments, when available, to save time and strengthen harmonization, complemented with new situation assessments only as needed. In many countries, data are limited. In such cases, it is possible that establishing systems to obtain quality data may be one of the Partnership Framework objectives.

HIV/AIDS epidemic, response, and health systems situation assessment: In many cases, recent national planning exercises may have included an assessment of the HIV/AIDS epidemic and response, which can be used as a baseline. If this is not the case, design teams will need to develop a baseline situation assessment of the current state of the epidemic and the response by all partners. In conducting an HIV/AIDS situation assessment, consider reviewing national monitoring indicators, including United Nations General Assembly Special Session on HIV/AIDS (UNGASS) National Program Indicators, and recent survey and surveillance, program evaluation, data triangulation, and/or cohort study information. The HIV situation assessment should be country government-owned and informed by consultations with key stakeholders, including the government, civil society, non-governmental organizations, other donors, international organizations, and the private sector. The assessment should include a discussion of the overall strengths and weaknesses of the health system as they affect prospects for achieving national and PEPFAR prevention, care, and treatment objectives, including, for example, analysis of service delivery or health workforce. It should describe the governmental and non-governmental health system and any other relevant sectors that are engaged in HIV/AIDS prevention, care and treatment, and how HIV/AIDS services fit into and/or relate to the overall governmental and non-governmental health system. It should particularly highlight areas or key gaps for technical assistance, and it should address in detail the geographic relationship between the target populations and health system resources. For each target population, define the necessary continuum of prevention, treatment and care services. Define necessary OVC services. Include the status and timeframe of the national strategy and whether it contains cost information, as well as information on health systems, and how it coordinates with NGOs, private sector, other civil society organizations, international organizations, PEPFAR, and other donors. Describe all GFATM grants (which essentially represent a country-owned model of support), any technical assistance to facilitate their effective use, and the relationship of USG resources to the GFATM grants. The assessment should identify areas for potential emphasis in the Implementation Plan. See Annex V for additional suggestions for assessing health system strengths and weaknesses, including questions that will help to guide country teams through this discussion.

HIV/AIDS policy reform situation assessment: A policy reform situation assessment can be a stand-alone exercise or can be integrated into the HIV/AIDS situation assessment described above. In either case, all policy areas from Annex I - "List of Policy Areas to be addressed in the Partnership Framework" should be explicitly addressed. Create a

table listing key policies (see Table 5) in existence that impact HIV/AIDS prevention, care, and treatment, and their respective completed stages within the 6 stages of policy reform listed in the Next Generation Indicators Reference Guide, version 1.1, annex 4, table 1. Address all policy areas in Annex I including the existence of policies and the degree to which they are implemented. The baseline should include the specific policies targeted for reform by the Partnership Framework partners and participating stakeholders with a notation explaining why other critical policy areas are not addressed. While it may not be appropriate or necessary to work in all policy areas, a joint collaborative analysis with government of all areas and their implementation should be completed. In addition, policy areas that are important and relevant in the country context but are not explicitly listed in Annex 1 also should be included in the assessment (such as policy issues around maternal and child health). Policy reform promotes country leadership and ownership by ensuring that evidence-based policies are in place and implemented at the national, provincial/state, district, and local levels (Annex 1). Consider reviewing the 2008 UNAIDS National Composite Policy Index data from government and civil society at http://www.unaids.org/en/KnowledgeCentere/HIVData/CountryProgress/2008_NCPI_reports.asp to note policy areas identified by government and civil society as requiring increased attention. The National Composite Policy Index and the Partnership Framework Policy Reform Monitoring Table (see Table 5) are complementary in that the former assesses the 'overall policy, strategy, legal and program implementation environment of the HIV response' and the latter assesses specific policies to be reformed over the next five years. Also, evaluate the degree to which an enabling policy framework exists in the country, assessing governance and policy-making processes such as: (a) relevant Constitutional provisions; (b) important influences on policy processes; and (c) effectiveness of tools to implement policies. Identify relevant policy-making bodies (e.g., Ministries), authorities, and procedures as well as the effectiveness of available tools to implement policies. There may be differences of opinion between the USG and the government on certain policies. In such cases, the Partnership Framework may work *toward* a reform agenda around that policy and/or focus on other policy reform areas where consensus exists.

HIV/AIDS financing situation assessment: The purpose of this assessment is to better understand program costs, available resources and projected gaps and trends over time, using existing data sources where possible. Design teams should review trends of financial commitments to health and tabulate funding from different sources, taking advantage of resources such as National Health Accounts bi-annual data available online at https://www.who.int/nha/ and at http://www.unaids.org/en/KnowledgeCentre/HIVData/CountryProgress/Default.asp, including percentage of total government expenditure budgeted to health as well as National AIDS Spending Assessment data, if available. Evaluation of data from GFATM's enhanced financial reporting system may also be useful, along with other data produced from other financial monitoring and reporting systems. Data on program costs and financing may also exist from completed evaluations. Describe what has been done to address sustainable ARV financing, and note the status of any ARV cost negotiations and cost modeling, as well as prevention and care cost issues. Identify any technical support the government needs to promote cost efficiencies and sustainability.

## 2.	Setting targets, monitoring, and evaluation

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

Once the scope of activities and objectives are agreed on, the Partnership should **select indicators** that will be used to set 5-year targets and monitor progress on the goals and objectives. Indicators for goals should be higher level, typically measured by means of outcome and impact indicators. Key indicators for objectives will measure services provided, coverage of services, status of health systems and infrastructure, and other parameters. All indicators used for monitoring Partnership Framework progress should be the result of a country harmonization process with the national government and other major donors, including the GFATM. In general, indicators should have a national perspective (e.g., percent of pregnant women who were tested for HIV and who know their results). These should be supplemented by a PEPFAR-specific perspective (e.g., number of new healthcare workers who graduated from a pre-service training institute with PEPFAR support) **only** as needed for USG-specific reporting. Other Framework partners may also have specific requirements for indicators that should be considered.

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

Based on these targets, the Partnership should **agree on specific commitments** by the USG, country, and other partners during the 5 years of the Partnership. These commitments will be financial (i.e., anticipated funding to be provided to the program) and programmatic (e.g., carrying out specific activities in support of blood safety, implementing policy change in gender, capacity-building, etc.). As described above, technical assistance and mentoring to the government should be among the key USG commitments, so that programs are increasingly coordinated and managed by, and where feasible funded and implemented by, the government, with the participation of civil society and the private sector. Identifying process and program outcomes will be critical to allowing the partners to track the evolution of country ownership.

Finally, the Partnership should **establish a plan for monitoring** progress towards achieving the Partnership's targets, meeting expected partner contributions, and measuring its impact. It is critical to track financial flows over the course of the

Partnership Framework Implementation Plan to show progress toward country investment in its national response. Conducting or regularly updating existing National AIDS Spending Assessments should be considered as part of the monitoring plan to achieve these goals.

B. REQUIRED CONTENT OF THE PARTNERSHIP FRAMEWORK IMPLEMENTATION PLAN [~30 PAGES]

The 5-year Partnership Framework Implementation Plan flows from the Partnership Framework, and may be developed subsequent to the signing of the Partnership Framework. Together with the more succinct Framework, it represents the 5-year strategic framework for USG PEPFAR collaboration with the government and other partners. Therefore, once signed, it is the basis for COP development, and COP activities should follow from this strategy. PEPFAR country teams may renegotiate the Implementation Plan periodically as circumstances change.

1. Supporting country ownership [1-2 pages]

Relate the Implementation Plan to the Partnership Framework. Describe how the Partnership Framework and Implementation Plan strengthen the ability of the country government to plan, oversee, manage, and ultimately deliver and finance, HIV/AIDS programs by emphasizing capacity-building and support of country-driven programs.

Describe how the existing portfolio of USG-supported, NGO-implemented programs will transition to the partner government (at national, provincial, district, and village levels), remain NGO-based, or be terminated within the 5-year timeframe. Please also describe any plans and approaches for developing the capacity of local private non-profit and for-profit implementing partners which may be integral components of the government-led national HIV/AIDS response.

For countries where technical assistance is already the focus, describe how technical assistance and support will be used to strengthen sustainable government systems. For countries with relatively small PEPFAR programs, describe how the Partnership Framework and Implementation Plan will contribute to national goals and a sustainable scale-up through existing government systems, rather than through direct service delivery. Describe the particular niches that the USG will support within the context of the national plan, and in relation to other assistance efforts such as GFATM grants. Describe how technical assistance will build the capacity of the government to manage and oversee the program. For countries with larger PEPFAR programs (e.g., former "focus" countries), describe plans to transition service delivery by external partners into government–coordinated health systems, and to maximize USG investments by providing increased capacity-building and technical assistance directly to the government to improve efficiencies and quality in existing programs.

Please reflect support for country ownership in all goals and objectives.

2. Country HIV/AIDS profile and baselines [3-5 pages]

Summarize the results of the three situation assessments conducted under section III.A.1 above.

3. Strategy and commitments [10-15 pages]

Describe the overall strategy employed for the Partnership that will lead to expanded government capacity to plan, oversee, manage, and ultimately finance their national HIV/AIDS strategy. In this context, summarize how the Partnership Framework will address key weaknesses in the health sector to enable the sustainability of the partner country's response to HIV/AIDS, and identify who will play key roles in the partnership and in the HIV/AIDS response. Detail goals, objectives and commitments of the USG, the partner government, and any other partners.

  a) National Strategy: Summarize the programmatic approaches as represented in the National Strategic Plan on HIV/AIDS in the country, addressing, for each target population, HIV prevention, care, and treatment through service delivery, health systems strengthening, policy reform, and financial commitment. Describe how the Partnership Framework Implementation Plan contributes to the National Strategy.

  b) Partnership Framework Strategy: Institutional and Human Capacity Building: Describe the Partnership Framework's strategy to build the institutional and human capacity of the partner government to lead and sustain the national response to HIV/AIDS. Relating to information described in the baseline assessments above, identify key strengths and weaknesses in institutional and human capacity that the Partnership Framework will focus on, and the anticipated five-year results of planned capacity-building efforts. Describe any plans for institutional and human capacity development in the public and private sectors to support the national strategy, and any plans for promoting productive partnerships between various levels of government and other sectors (civil society, the private sector (non-profit and for-profit), and communities).

  c) Partnership Framework Service Delivery and Policy Reform: Describe how the Partnership Framework's 5-year goals, objectives and contributions will contribute to the realization of the country's National Strategic Plan on HIV/AIDS, and promote country ownership, including effective use of all available resources, including GFATM grants. Other donor activities must be mapped out in the Partnership Framework Implementation Plan in order for it to effectively communicate opportunities to realize efficiencies, ensure quality services, and promote sustainability. Describe how the contributions to various components of the HIV/AIDS response reflect the comparative advantage of the country, the USG, and other partners to achieve maximum impact. Include, in tabular form, (see illustrative Table 3) the specific goals, objectives and contributions for your Partnership, including agreed targets for policy reform for each relevant objective. This table should build on the table developed for the Partnership Framework, providing more specific detail and information.

d) <u>Financial Accountability:</u> Establish a timeline of increasing partner government commitment to add financial support, and include criteria to allow tracking of the amount of partner country support. Describe the government's ability to provide and make publicly available timely and accurate cost and financing information, and its ability to increase public financing for HIV/AIDS and health (e.g., whether meeting Abuja Declaration target of 15% of national budget for health is feasible). Describe efforts to support transparency and combat corruption. Under the PEPFAR reauthorization legislation, Partnership Frameworks must include "cost sharing assurances" from the government that demonstrate a 25% contribution (in cash or in kind) by the government to programs in which the USG directly funds the government (i.e., assurances meeting the requirements of section 110 of the Foreign Assistance Act). The PFIP should acknowledge the government's intention to meet cost-sharing requirements for such programs. If the government is financially unable to provide cost-sharing assurances, the PFIP should briefly outline the country's financial condition and indicate that a waiver will be requested. The PFIP should also describe expected commitments and timing of other donors, including the GFATM and the IHP+ as applicable, describe cost-sharing from PVOs and NGOs, and describe how cost-efficiencies will be increased over the course of the Partnership through coordinated financing and other strategies. **Please describe how the availability of PEPFAR funds and those of the government and other donors will be based on a review of the Partnership Framework performance against the annual targets and on the availability of funds.**

Complete, in tabular form (see illustrative Table 2) the projected funding for the HIV/AIDS response in the country from various funding sources. This table should include all funding sources, not just those of Partnership signatories. These projections will be used to track financial commitments of the signatories over the course of the Partnership.

e) <u>Implementation modality and budget:</u>
   o Provide a brief description of each goal area and describe the primary strategies and mechanisms by which goals will be achieved. Identify: 1) population coverage linked to goals and objectives; 2) approaches and methods which have increased effectiveness or decreased costs in order to maximize efficiencies (among partners, programs, etc); 3) highlights of implementation approaches based on lessons learned about what has worked and not worked; 4) major/innovative mechanisms to be used over the next five years for achievement of goals and objectives; 5) focus areas for targeted technical assistance (Annex 7 provides an example of Malawi's table format describing goals and implementation modalities).
   o Provide basic funding trends for Partnership Framework Goal Areas. Describe USG contributions and estimated funding trends over the Partnership Framework period for each goal area. Funding trends should be consistent with implementation modalities, approaches and methods and thus should demonstrate movement towards achievement of goals and country ownership. (An illustrative example of a tabular format used by the Caribbean region is provided in Annex VIII).

Table 2: Projected financial contributions (illustrative only)

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

*When a costed HIV/AIDS strategy exists

Table 3. Example of tabular format depicting relationship among goal, objectives, and commitments.

Five-Year Goal Prevention: Reduce HIV Incidence by 50%					
Objectives	**Expected Commitments**				
	National		**USG**		**Other**
	5-Yr	Year 1	5-Yr	Year 1	5-Yr
Ensure provision of HIV prophylactic treatment of 85% of pregnant women who require this intervention	• GOV procures xx% of prophylactic drugs • GOV procures xx% of HIV test kits • GOV provides leadership in strategic planning and review of PMTCT effort • GOV fully implements 'opt out testing"	• GOV procures (**xx-4n**)% of prophylactic drugs • GOV procures (**xx-4n**)% of HIV test kits • GOV provides leadership in strategic planning and review of PMTCT effort • GOV includes assessment of "opt out testing" in its supervision system	• USG funds training xx% of PMTCT providers working in country government facilities incorporating a comprehensive approach that includes Emergency Obstetric Care, Neonatal Resuscitation and Family Planning as appropriate. • USG provides long-term consultants to work at the national MOH to build planning and management capacity including a strategy for building similar capacity at the provincial levels • USG (using other resources) strengthens ANC, labor and delivery, and postpartum services for women and children	• USG funds training (xx%-4n) of PMTCT providers working in country government facilities incorporating a comprehensive approach that includes Emergency Obstetric Care, Neonatal Resuscitation and Family Planning as appropriate. • USG recruits and identify consultants to work at the national MOH. • USG (using other resources) assesses strategic areas in which to strengthen ANC, labor and delivery, and postpartum services including voluntary family planning	• GF procures xx% of prophylactic drugs • WHO supports 3 regional and 1 national meeting for planning and review processes • NGOs support community mobilization in all USG-funded sites
Ensure all relevant target populations receive appropriate prevention interventions associated with HIV risk behaviors	• GOV incorporates life-skills training curricula in xx% of all primary and secondary schools • GOV prints xxx copies of life-skills curricula annually	• GOV incorporates life-skills training curricula in (**xx-4n**)% of all primary and secondary schools • GOV prints (**xxx-4n**) copies of life-skills curricula annually	• USG supports development of combination prevention pilot, and scale up to 3 provinces • USG supports development of quality	• USG implements development of combination prevention pilot • USG implements quality assessment of prevention programs	• GF supports xx% of model expansion • UNAIDS supports printing and dissemination of prevention quality standards

	• GOV collects data on MARPs and use its resources to target interventions towards MARPs • MOE updates teacher training college curricula to include prevention skills	• GOV implements MARPS survey in year 1 • MOE reviews current curricula and develop plan to update	standards for prevention programs • USG supports review of policy barriers to service access for MARPS • USG (using other resources) supports MOE in dissemination and quality improvement of HIV prevention and life skills curricula through teacher training colleges.	• USG initiates review of policy barriers to service access for MARPS • USG identifies other resources and support MOE to review current curricula and develop plan to update	• PLHA umbrella org ensures all member org. have trained PwP counselors • Country Business Coalition ensures to xx% of members having workplace programs
Provide male circumcision services in xx% of country health facilities	• GOV develops guidelines to support expansion of MC • GOV funds training of xx% of MC providers	• GOV develops guidelines to support expansion of MC • GOV identifies and/or develop health cadre to implement MC	• USG provides TA to MOH to develop a national strategy for MC rollout • Upon establishment of GOV policy and guidelines, USG funds xx% of new MC sites in accordance with the rollout strategy • USG procures xx% of MC-related surgical equipment	• USG identifies TA needs for MOH to develop a national strategy for MC rollout • Upon establishment of GOV d guidelines, USG will funds (xx%-4n) of new MC sites in accordance with the rollout strategy • USG procures (xx%-4n) of MC-related surgical equipment	• WHO supports monitoring of MC quality, adverse events
Ensure quality diagnostic services with appropriate use of laboratory facilities and testing	• GOV supports xx% of National Reference Laboratory functions • GOV supports development of QA/QC standards and protocols	• GOV supports (**xx-4n**)% of National Reference Laboratory functions	• USG supports training of xx% of new lab technicians • USG (through PEPFAR, TB, and other leveraged resources) funds xx% of construction costs for xx new laboratories	• USG supports training of (xx%-4n) of new lab technicians • USG (through PEPFAR, TB, and other leveraged resources) funds (xx%-4n) of construction costs for (xx-4n) new laboratories	

Note. '4n' represents a first-year decrement from the total planned achievement ('xx') over the course of the five years.

4.   Monitoring and evaluation [5-10 pages]

Describe how the Partnership Framework Implementation Plan will be monitored, and how such monitoring will support national data collection systems, moving away from PEPFAR-specific reporting systems. In this description, include how partners (such as GFATM, DFID, etc.) plan to be involved in jointly monitoring the Framework, including an annual joint review that assesses progress toward: targets; projected financial contributions; cost efficiencies through coordinated financing; increasing program ownership by the government; and any steps to allow for mid-course corrections, as needed, to ensure achievement of goals. The following suggests a framework for this joint monitoring.

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

Describe plans to monitor progress toward Partnership **objectives** in scaling up services, advancing enabling policies, and meeting anticipated financial and activity contributions. Below are two example table templates that can be used for this description. The first (illustrative Table 4) includes programmatic objectives, indicators, baseline, and 5-year targets, while the second (illustrative Table 6) includes objectives, expected contributions and contributions indicators.

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

Five-Year Goal Prevention: Reduce HIV Incidence by 50%			
Objectives	**Indicators** National (All programs) and USG (PEPFAR programs)	**Baseline**	**5-Year Target**
Ensure provision of HIV prophylactic treatment of 85% of pregnant women who require this intervention	• Percent of pregnant women who were tested for HIV and know their results • Percent of HIV-infected pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	• 42% of pregnant women were tested for HIV and know their results • 61% of HIV-infected pregnant women received antiretrovirals to reduce the risk of MTCT	• 85% of pregnant women tested for HIV and know their results • 85% of HIV-infected pregnant women receive antiretrovirals to reduce the risk of MTCT
Ensure all relevant target populations receive appropriate prevention	• Number of PLHA reached with individual/small group comprehensive prevention intervention • Number of MARPS reached	• 10,000 of PLHA were reached with individual/small group comprehensive prevention interventions	• 80,000 of PLHA reached with individual/small group comprehensive prevention interventions • 10, 000 MARPs reached with

interventions associated with HIV risk behaviors	with intended number of sessions for individual and small group interventions • Number of schools with PEPFAR-supported life-skills program	• 2,790 MARPs were reached with intended number of sessions for individual and small group interventions • 140 schools had life-skills programs supported by PEPFAR	intended number of sessions for individual and small group interventions • 750 schools have life-skills programs supported by PEPFAR
Provide male circumcision services in xx% of country health facilities	• Number of male circumcisions performed according to national or international standards	• 250 male circumcisions were performed in 2008	• 450,000 male circumcisions performed over 5 years
Ensure quality diagnostic services with appropriate use of laboratory facilities and testing	• Percent of HIV rapid test facilities with satisfactory performance in external quality assurance / proficiency testing program for HIV rapid test	• 22% of HIV rapid test facilities perform satisfactorily in external QA / proficiency testing for HIV rapid tests	• 80% of HIV rapid test facilities perform satisfactorily in external QA / proficiency testing for HIV rapid tests

The programmatic table should include all of the indicators and targets that will be tracked through the Partnership, including all those required by PEPFAR (see Next Generation Indicators Reference Guide, version 1.1) and any others agreed upon as part of the Partnership. These indicators will be used to track the progress of the Partnership in achieving its goals. Indicators are not needed for program areas not addressed through the Partnership Framework and COP.

Annual reporting on these indicators will be through the PEPFAR semi-annual and annual reporting process. In the Partnership Framework, PEPFAR 'downstream' and 'upstream' targets and results will be replaced by 'direct' (USG direct delivery of services) and 'national' counts. Therefore, measurement of the 5-year targets should be based on national-level and PEPFAR direct results. Specific guidance for appropriate PEPFAR accounting in program areas lacking 'direct' support is available in the Next Generation Indicators Reverence Guide version 1.1. Financial contributions will be monitored on the basis of National AIDS Spending Assessments and National Health Accounts (see Annex III); reporting will occur bi-annually.

It is essential to engage partner governments in taking ownership of policy reform and monitoring its progress. To support this, measuring policy reform should be kept relatively simple and may follow a standard template per Annexes 3 and 4 of the Next Generation Indicators Reference Guide Version 1.1 (August 2009). The baseline stage of policy reform and the target stage for the 5-year Partnership for all policies targeted by the Partnership will need to be agreed with the government. The government and partners will then be able to use these targets to track the progress of the Partnership in achieving its goals of policy reform. An illustrative policy reform monitoring table is included on the next page (Table 5) as an example of how to report on this essential reported Health System Strengthening indicator. The seven policy areas from Annex I are included, followed by an example of a policy reform not included in Annex I but which has been targeted in the hypothetical Partnership Framework. The specific targeted policy reforms in this table are only meant to be illustrative.

Table 5. Illustrative Policy Reform Monitoring Table

1. Create a column for each specific policy reform targeted in the Partnership Framework (multiple pages may be required).
2. For each specific policy reform, check applicable boxes to indicate baseline (i.e., *completed)* stages of policy reform.
3. For each specific policy reform, use an 'x' to indicate the target stage for the end of the Partnership Framework.

	Specific Policy Reforms Targeted in Partnership Framework								
Country X Policy Reform Monitoring Table	Human Resources for Health (e.g., HRH policy)	Gender (e.g., violence against women)	Children (e.g., OVC protection policy)	CT uptake (e.g., HIV PITC guidelines)	Access to high-quality, low-cost medications (e.g., drug registration policy)	Stigma and Discrimination (e.g., enforcement of legislative provisions)	Multisectoral response to health and development (e.g., TB/HIV testing policy)	*Male Circumcision (e.g., national policy) *optional*	*Maternal and Child Health (e.g., infant nutrition) *optional*
Stage of Policy Reform — 1. Identify baseline policy issues by conducting situation assessment	✔	✔	✔	✔	✔	✔	✔	✔	✔
2. Engagement of stakeholders in developing common policy agenda	✔					✔	✔	✔	
* 3. Develop policy	✔		x		✔	✔		✔	
* 4. Official Government endorsement of policy		x			x	✔		✔	x
5. Implementation of policy	x			x		x	x	✔	
6. Evaluation of policy implementation						x		x	

* Only required if making a change in existing written policy (e.g., amending, repealing, or drafting new). Note: the first seven columns represent policy reform areas that are required to be included in the policy situation assessment, and may be included in the agenda. In addition, if other actors or donors are already working in a specific policy reform area, the U.S.G. does not necessarily need to work in that area unless there is value added.

Monitoring specific contribution activities will be based on narrative reporting among the Partnership members. Simple, nominal categories will be used, along with additional explanatory text appropriate to the discussion. Activities will not be monitored individually, but rather as clusters associated with the objectives. Table 6 provides an illustration of how this matrix might appear. A version of this table will be used by the partners and other stakeholders to track the progress of the partnership in achieving its goals of coordinating activities and transitioning programs to local ownership. These results will be reported annually to headquarters.

Table 6. Example of table depicting objectives, commitments, and commitment indicators.

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

IV. Negotiating, Reviewing and Signing the Partnership Framework

A. NEGOTIATION

For the USG, the Chief of Mission or his/her designee should lead the team negotiating the Partnership Framework. Negotiation teams should represent all USG agencies supporting HIV/AIDS activities in the country. Negotiation support may be made

available from Department of State and other PEPFAR agency headquarters, if requested. On the country side, Partnership Frameworks should be negotiated by the highest level of government feasible.

B. CLEARANCE AND REVIEW

1. Optional joint review

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

2. USG review and clearance process

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

STEP 1A: Preliminary review of Partnership Framework

In order to facilitate a smooth review, as the elements of the Partnership Framework and Implementation Plan take shape, USG teams should informally share annotated outlines or first drafts with their Country Support Team for early and iterative feedback. Once a complete draft of the Partnership Framework is completed, but before a joint review, it must be shared with the Partnership Framework Review Team for a "preliminary review." An interagency team, chaired by the Deputy Principals, will review the draft against the following "big picture" review criteria and provide the design team with feedback/guidance:
- Demonstrates a strong strategic vision for the Partnership on HIV/AIDS over five years that builds towards long-term sustainability;
- Concrete actions that increase country ownership and enhance government (national, provincial, district, village) capacity to plan, oversee, deliver, finance, and manage programs;
- Sets ambitious but feasible goals for delivery of prevention, care and treatment services in identified target populations;
- Contains a realistic policy reform agenda (e.g., describes various procedural steps required under nation's law for the targeted policy reforms to be realized – i.e., which government bodies must do what and in what order);
- Appropriately addresses health system and capacity challenges;
- Addresses specific gender dynamics and issues of gender inequity;
- Goals and objectives support the National HIV Strategy;
- Framework objectives will lead to achievement of goals;

- Builds on national plans and describes an effective joint governance structure for the Partnership using existing coordination mechanisms where possible;
- Demonstrates reasonable expectations and accountability of government and other partners (civil society, private sector and others) to achieve goals; explicitly references GFATM and how the USG will be positioned to help strengthen government management and oversight of resources.
- Reflects a strong consultative process;
- Reflects joint, coordinated programming among all partners;
- Explicitly lays out other partner activities and roles in National HIV Strategy;
- Proposed allocation of resources is appropriate for the goals;
- Follows PEPFAR and country policy.

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

STEP 1B: Final review and clearance for Partnership Framework

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

STEP 2A: Preliminary Review of Partnership Framework Implementation Plan

As with the Partnership Framework, USG teams are strongly encouraged to share early drafts of the Partnership Framework Implementation Plan with their Country Support Team for ongoing feedback. Once a first draft of the Partnership Framework Implementation Plan is completed, country teams must submit the draft to their Country Support Team Lead for review by an interagency team chaired by the Deputy Principals, against the following criteria:
- Implementation Plan supports the Partnership Framework;
- Strengthened country ownership and capacity is supported throughout all goals and objectives;
- Baseline information provides good understanding of current state of service delivery, health systems, policy development, mapping of in-country donor activity, and HIV funding;
- Identifies and addresses key policy barriers to adequately address the HIV/AIDS epidemic over the long-term;
- Addresses healthcare workforce and gender issues;
- Describes HIV response and how it fits with broader global health issues (i.e. TB, family planning, etc)
- Demonstrates coordinated financing that meets cost-sharing requirements, and moves, where possible, toward greater country (government and private) support (including GFATM resources);
- Contributes to strengthened health systems in areas needed for the greatest direct impact on the HIV epidemic, including national data systems;

- Reflects aggressive but feasible plan for increasingly transitioning programs to government ownership over time;
- Shifts emphasis of USG-based partners from implementation to technical assistance and capacity building of country government and local implementing partners;
- Wherever possible, integrates the activities of other partners (i.e. GFATM, UN system, bilateral donors, and major foundations) into transitioning plans;
- Appropriate contributions are expected from all partners;
- Includes well-designed monitoring plan to measure progress, financing and impact, including Framework partners' reporting and accountability structures;
- Describes a strong management plan and partner communication and management framework.

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

STEP 2B: Final review and clearance for Partnership Framework Implementation Plan

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

C. SIGNING AND DISTRIBUTING THE PARTNERSHIP FRAMEWORK

After the final review and once all necessary clearances have been obtained, the Chief of Mission or his/her designee, the government representative(s), and other signatories should sign the document. A copy of the signed document should be provided to all signatories as well as to OGAC and other agency headquarters. USG legislation requires that the Global AIDS Coordinator submit the final Partnership Frameworks to Congress, publish them in the Federal Register, and post them on the OGAC Internet website within 10 days of signing. The final signed Partnership Framework should also be translated as appropriate, made publicly available, and widely distributed to other stakeholders representing civil society, NGOs, other donors, international organizations, and the private sector to facilitate implementation and monitoring in the country. If the country wishes to sign the Partnership Framework or the Implementation Plan in another language, the USG team should inform its Country Support Team Lead and provide an informal translation of the document for review by the Department of State's Office of Language Services.

1. Considerations regarding signatories

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

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

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

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

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

International Organizations: Governments may opt to have the GFATM, UNAIDS, or another international organization sign the Partnership Framework. In the case of the GFATM it is likely that this would occur at either the Country Coordinating Mechanism or Principal Recipient level.

Civil Society and Private Sector: Governments may opt to include as additional signatories civil society and private sector organizations such as umbrella groups, PLWA groups, local business coalitions, etc.

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

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

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

PEPFAR funding is intended to provide HIV/AIDS prevention, treatment and care services to target populations, and should not become a source of general revenue to the host government through customs duties, taxes (including VAT) or similar charges. If arrangements with the government do not routinely provide exemption from such charges for PEPFAR commodities, including pharmaceuticals, the USG team should explore with the government whether policy reforms are needed to ensure exemption.

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

- Address gender issues:
  Evidence demonstrating the special vulnerability of women and girls to HIV/AIDS is well established. In addition, there is a growing body of evidence that the gender dynamics of health-seeking behavior may adversely affect treatment and care outcomes for HIV-infected men. Partnership Frameworks provide a unique opportunity to advance policies that address these issues.   Specific policy areas for consideration include:
  - Addressing policy factors placing women and girls at greater risk for HIV infection, including policies related to concurrent partners, male norms,

gender-based violence and high-risk behaviors of male partners. The approach should take a comprehensive view of these factors and strive to address facilitators and barriers unique to the country context in order to decrease the risk of HIV infection among women and girls.

- o Addressing policy factors that influence men, including the role of men in terms of gender norms, access of men to treatment and, if applicable, opportunities for medical male circumcision.
- o Addressing policy and legal reforms needed to increase gender equity in land and property inheritance rights. The following are strategies to increase women's legal rights generally, and property and inheritance rights specifically:
   - Legal and policy interventions to safeguard the inheritance rights of women, particularly women in African countries, due to exponential growth in the number of young widows, orphaned girls, and grandmothers becoming heads of households.
   - Institutional capacity-building of government ministries, universities, NGOs, and civil society to improve women's legal rights and indigenous women's access to justice.
   - Legal and policy interventions that inform lawyers, prosecutors, law enforcement, and service providers on the legal rights of women, and encourage these groups to enforce these rights through the judicial and legal process.
- o Working with governments and civil society to eliminate gender inequalities in the civil and criminal code.
- o Addressing policy and legal reforms related to Gender-based Violence (GBV). The following are relevant to addressing GBV:
   - Existence of National Anti-GBV/Sexual Violence Laws.
   - Attention to GBV within National HIV/AIDS Policies.
   - Policies related to provision of comprehensive health care services for victims/survivors of sexual violence, including post-exposure prophylaxis (PEP).
   - Capacity-building of government ministries, institutions (education, health, legal, etc.), NGOs and civil society to prevent and respond to GBV.
   - Policies and laws that address norms that perpetuate GBV.

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

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

- Improve access to high-quality, low-cost medications:
  Country policies have a dramatic impact on the availability of drugs and other commodities essential to the care and treatment of PLWA. Access begins with appropriate registration of antiretroviral and other important drugs and commodities. The national drug regulatory authorities (NDRAs) of partner countries should make every effort to work with drug manufacturers and assist in the timely registration of antiretroviral drugs, drugs for opportunistic infections, drugs for care and treatment, rapid HIV test kits, and other essential HIV/AIDS commodities that are purchased by PEPFAR. In the event that HIV/AIDS pharmaceuticals that can be purchased by PEPFAR are NOT registered in country, the country should provide import waivers to allow products that are available for purchase by PEPFAR to be imported without NDRA registration. For drugs receiving import waivers, PEPFAR should maintain due diligence to assure quality standards. Strengthening forecasting, procurement and logistics systems within the context of a strong partnership with country and other international partners to ensure a coordinated response is also critical.

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

- Strengthening a multi-sectoral response and linkages with other health and development programs:

The HIV/AIDS epidemic requires a broad multi-sectoral approach. As a starting point it is essential that government policies support linkage of HIV/AIDS programs with other health programs including maternal and child health, safe motherhood, malaria and TB programs. Policies should also support linkage with other development efforts, for example food and nutrition, economic strengthening, and education, and relevant ministries should also be involved in Framework development. Secondly, the Partnership Framework should support policies to include civil society, including faith- and community-based organizations and groups of PLWA, in the development and implementation of HIV/AIDS programs. Finally, country ownership should be inclusive of the local private sector, whether in service provision or as a resource contributor in public-private partnerships (PPPs). The Partnership Framework should address where PPPs can play a role in leveraging both the resources and core competencies of local business, and should identify plans to seek PPP opportunities. Country teams are encouraged to consider offline consultations with headquarters on PPP opportunities as appropriate.

Annex II - HIV/AIDS-related policy reform citations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

UNAIDS National Composite Policy Index data to monitor national commitment and action as part of UNGASS follow up. 2008: http://www.unaids.org/en/KnowledgeCentre/HIVData/CountryProgress/2008_NCPI_reports.asp

Annex III – National AIDS Spending Assessments and National Health Accounts

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

National AIDS Spending Assessments

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

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

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

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

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

National Health Accounts

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

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

Annex IV – Paris Declaration and Monterrey Consensus

Paris Declaration on Aid Effectiveness
Paris, France, March 2, 2005

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

The Third High Level Forum on Aid Effectiveness met in Accra, Ghana in 2008 to review progress in implementing this Declaration.

Commitments from the Paris Declaration on Aid Effectiveness include:

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

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

Monterrey Consensus

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

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

1. Mobilizing domestic financial resources for development.

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

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

Annex V - Health system strengthening priority-setting

Efforts to strengthen health systems in the context of PEPFAR Partnership Frameworks and, more broadly through the Global Health Initiative recognize that partner government-led, well-functioning health systems can effectively prevent, care for and treat HIV/AIDS, that effective interventions exist to strengthen health systems, and that strong health systems can sustain the response to HIV/AIDS over time.

Specific health system weaknesses pose critical barriers to achieving national and USG, including PEPFAR, objectives and to ensuring country capacity to sustain the response to HIV/AIDS over time. These weaknesses vary by country and they impact prevention, care and treatment differently.   Partnership Framework Implementation Plans are based on a strategy that is founded on an assessment of issues related to service delivery, workforce, information, medical products and technologies, financing, and leadership and governance. Please note that in countries where there are broader USG investments in health, the expectation is that support to health systems strengthening would be based on a strategic plan across the USG and funded through multiple accounts. Additionally, given the importance of health systems strengthening to support sustainability, leveraging with other partners is critical for supporting health systems results.

Partnership Framework Implementation Plans should prioritize health system strengthening issues that can be addressed effectively during the 5-year timeframe and that build towards long-term sustainability and country ownership.

Priority setting: The questions below are purely illustrative and intended to will help you set priorities based on strengths and weaknesses in your country. While these are quite specific to HIV/AIDS they will, in many cases, also relate to other public health services within the context of an integrated program.

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

- Health workforce issues: Is there a national HRH strategic plan? How is task-shifting being used to develop sufficient ARV service providers? How are HR systems being made efficient? What are arrangements for in-service training, pre-service training, and capacity building of training institutions? What is being done to strengthen the capacity of institutions for medical and nursing education to meet the health care demands of the future and to improve the quality of

clinical education and clinical care? What is status of strategic planning, policy changes, interventions to increase country prevention expertise, circumcision skills, substance abuse experts/counselors, counselors for prevention with positives, STI service providers, etc.?

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

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

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

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

Annex VI – Strategic information resources

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

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

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

Monitoring and Evaluation

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

2) **World Bank –** The World Bank launched the Multi-Country HIV/AIDS Program (MAP) in September, 2000. With funding to over 30 countries, the program has been a major contributor of resources to the global AIDS efforts. Limited information regarding the countries that are MAP-funded can be found here: http://go.worldbank.org/l3A0B15ZN0.

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

Surveillance and Surveys

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

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

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

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

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

For most program areas, the above data sources should provide you with:
- Basic epidemiologic data on HIV prevalence and some HIV-related behaviors
- Estimates of the number of persons who are HIV-infected, in need of treatment or services, and orphaned
- Coverage of some services in tabular, graphic and map formats.
- A comparison of cross-country results and targets over time

Health Management and Information Systems / Geographic Information Systems

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

Annex VII – Basic USG funding trends for PF goals areas

USG Budget Table Example from Caribbean region

Example Goal Area	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Prevention	30% / $7.8	35%	40%	35%	35%
Laboratory Strengthening	25% / $6.5	20%	10%	8%	7%
Strategic Information	20% / $5.2	15%	20%	15%	20%
Human Capacity Development	12.5% / $3.25	15%	15%	22%	18%
Sustainability	2.5% / $0.65	5%	5%	10%	10%
Management & Staffing	10% / $2.6	10%	10%	10%	10%

Percentages are applied to the total amount of funding in a given fiscal year. Dollar figures are in millions. Dollar amounts for FY 2009 – 2012 are dependent upon the review of funding levels at OGAC. In this example, total funding for FY 2008 is approximately $26 million.

Annex VIII – Sample table from Malawi PFIP describing goals and implementation modalities

Goal 4 - Systems Strengthening Strategy Area 1: Health Management Information Systems	
Contributions:	**GOM:** Implementation of policy commitment to change "anonymous" reporting to "confidential" reporting in order to permit a name-based referral system at all HTC sites to commence. This is necessary to enable pre-ART patients to be tracked by electronic data systems (EDS) **PEPFAR:** Scale-up and modification of EDS to track ART patients at high-volume facilities; Provide software and core data sets development for patient record transfer across program areas; Provide technical assistance to districts and zones to better utilize data to improve the quality of their programs **Other Partners:** Other private implementing partners to provide input into how EDS system can be improved
Policy Areas:	Name-based confidential referrals allowed to enable electronic data systems (EDS) to capture pre-ART patients Policy to support Unique Patient Identifiers (should be included in revised HIS National Policy) Revise National Health Information System Policy to support open source data systems
Cross-Cutting PF Objectives:	NAF Objective 1.1 Reduce the sexual transmission of HIV (counseling and testing) NAF Objective 1.2 Reduce mother-to-child transmission NAF Objective 2.1: To improve the capacity of the health care system to manage HIV and related disease diseases NAF Objective 2.1.3 Strengthen referral systems within and between health facilities and communities NAF Objective 2.1: To improve the capacity of the health care system to manage HIV and related diseases NAF Objective 2.2: To increase access to a continuum of HIV treatment and care services
Integrated Multi-sectoral Support:	EDS supports cross-cutting programs at Malawian institutions such as Lighthouse, MACRO, MPC, CHAM, CMED, and Kamuzu and Queen Elizabeth Central Hospitals Support s ART, HTC, PMTCT, Lab & Pharmaceuticals, TB/HIV Supports M&E within the broader health sector (SWAp Indicators) and strengthens M&E at district levels
Sustainability and Transition Plans:	The PFIP support is entirely to the national system, supporting government development and implementation of a national HMIS system with a strong focus on creating greater human resource capacity through mentoring opportunities for technical and management staff

Implementation Areas	Budget	Monitoring and Evaluation Plan			
		Indicators	Baseline Sept 2009	Benchmark Sept 2012	Target Sept 2014
• MOH to convene and lead EDS working group to		No. of sites using EDS systems		40	

develop recommendations for how to modify/improve EDS and to develop specific plans for scaling-up EDS over the next five years	No. of patients managed by EDS system		60,000	
• MOH to lead the development of a National Health Information Systems Strategic Plan, including priority investments in the short-term (1-2 years), intermediate term (3-9 years) and long term (10 years and beyond)	Achieve interoperability across separate reporting systems into one central repository		2	
	No. of districts with connectivity		20	
	No. of sites with internet connectivity		40	
• MOH to chair and lead National Data Standards Technical Working Group, which is sub-divided into three groups: data (standardizing/ harmonizing core data sets and indicators); security (Confidentiality, Unique patient IDs); and health information systems enterprise architecture (data exchange standards, Open MRS, technical specifications of central repository).	No. software modules developed		3	
	No. Quarterly Standards Task Force Meetings (with deliverables) held		4	
	No. of persons trained in informatics		10	
• PEPFAR and partners to support informatics capacity building (especially around central repository) • MOH and Partners to initiate Unique Patient Identifiers at a few sites.	No. sites using unique Patient IDs		3	

Sample Table documenting the Implementation Strategy of the Guiding Principles of the PF

PF Guiding Principles		Implementation Strategy of the Guiding Principles
1.	High-level government commitment, national leadership and continued ownership of the response by the government and people of Malawi.	• Malawian participation in decision making on prioritizing programs to be funded; co-management of co-funded civil society groups • GOM to plan, oversee and manage programs to deliver quality services with the participation of local civil society, and communities.

2.	Promoting the principles of the "Three Ones" – One National Strategy which is the NAF; One National Authority which is the NAC; One National Monitoring and Evaluation System	• Fully align PEPFAR support with national HIV/AIDS strategies through the processes begun during the National Strategy Application (NSA) to the Global Fund. • Revise the national indicators in 2010 using the New Generation Indicators (NGI's) as a resource. • Continue to build more linkages for PEPFAR partners to report results directly into the national reporting systems at the NAC.
3.	Greater transparency and joint decision-making in the implementation of programs and allocation of resources for the national response including reporting PEPFAR budgets, expenditures and results within the GOM mechanisms for reporting the achievements of the overall national response.	• PF will be included in the Annual Reviews of the HIV and AIDS response, Monthly meetings of the Pool Funding Partners Group, and Quarterly meetings of the MGCCM • PF planning budget and expenditures will be reported to NAC and MOF annually during the COP planning season (planning) and quarterly (expenditures). • NAC will include PEPFAR planning budgets in the planning budget for the IAWP • MOH will include PEPFAR in the budget presented to cabinet. PEPFAR will make funding levels available by May of fiscal year.
4.	Promoting good stewardship of GOM, U.S., and other pooled funds.	• PEPFAR to disclose disbursements and expenditures to the GOM
5.	Recognition that U.S. and GOM resources are limited and investments are subject to the availability of funds.	• GOM to prioritize resource mobilization efforts • GOM to prioritize national prevention efforts as a means of reducing the AIDS bill
6.	Strongly aligning with the support provided by the Global Fund AIDS, TB, and Malaria (GFATM) grants.	• Framework will continue the partnership developed with in-country platforms for managing GFATM resources utilized during the development of the PF and PFIP
7.	Strong alignment with the comparative strengths of the USG agencies implementing PEPFAR including technical support and strengths of implementing partners to deliver services.	• GOM will continue support to diversified partnerships recognizing the comparative strengths of other partners beyond those PEPFAR – supported implementers
8.	Increasing results for programs based on scientific evidence and best practices, implemented in the highest quality and most cost effective manner achievable, and held fiscally accountable.	• Both GOM and PEPFAR will continue to insist on evidence-based programming