



## U.S. President's Emergency Plan For AIDS Relief



### **Examples of PEPFAR Platforms Strengthening the Effectiveness and Sustainability of Country Efforts on Health**

#### **Working through Partnership Frameworks to increase country investments in health**

Partnership Frameworks (PFs) under PEPFAR have produced strengthened country capacity, ownership, and leadership. These are joint strategic frameworks for cooperation between the U.S. Government, the partner government, and other partners to address HIV/AIDS in the host country through service delivery, policy reform, and coordinated financial commitments.

- Under Angola's PF, the country finances approximately 80% of total expenditures for HIV, including an estimated 50 percent of expenditures targeted on HIV prevention programs. Angola's overall health expenditures increased from 4.1% of the national budget in 2006 to 6.7% in 2008, in line with the government goal of 15% by 2015.
- In the development of the PF in Nigeria and its accompanying implementation plan, a key approach has been to align the health programs financed by USG with those within the national health plan. Each party agrees to certain contributions to make the goals of the PF sustainable. These contributions can include increases in budgets at all levels of the public health care system; collaborations with the private sector to ensure services reach primary health care clinics in hard-to-reach areas, and skills development for community-level advocates.
- As part of the PF Implementation Plan negotiation process in Zambia, the partner government pledged to increase domestic financing for the national HIV response and has delivered on this promise.

#### **Using multilateral partnerships to build country capacity to manage health programs**

USG health teams have worked effectively with host nations in aligning HIV, malaria, and TB activities supported by the partner country, Global Fund, WHO and others, to promote country ownership. This type of engagement of partner countries and institutions complements the Global Fund's efforts in promoting the use of partner government budgetary systems with integration of USG-supported activities around the national strategy.

- USG health programs have invested in supply chain systems of the partner country, assisting with implementation of national programs financed with partner government and Global Fund financing. For example, in countries where the Ministries of Health and Finance serve as Principal Recipients (PR) of Global Fund grants, the USG has been able to provide technical assistance to support locally-implemented procurement systems.

This type of assistance has been highly effective in ensuring grant implementation succeeds and clients are well served.

- In Tanzania, Global Fund, PEPFAR, and government programs are deeply connected and carefully coordinated. Tanzania's national HIV/AIDS response leverages PEPFAR technical assistance to government-implemented grants responsible for procuring the majority of HIV/AIDS commodities, with the Ministries of Health and Finance in both mainland Tanzania and Zanzibar serving as Principal Recipients (PRs). At the site- and community-level, Global Fund grants support the purchase of antiretroviral (ARV) drugs, while PEPFAR's bilateral programs support test kits, training, and the delivery of ARVs to patients.
- Another example is the collaboration between PEPFAR, the Global Fund, and the Government of the Republic of Namibia (GRN) to maximize the sustainability of the national HIV/AIDS response. The national Ministry of Health and Social Services (MOHSS) serves as the Principal Recipient (PR) for five of six Global Fund-supported programs in HIV/AIDS, TB, and malaria. Over the last year, the Global Fund, GRN, and PEPFAR established the Human Resources for Health Task Force, culminating in a joint request to the Ministry of Finance for a phased approach to reallocating health worker positions from the Global Fund and PEPFAR payrolls to the public system. These efforts will be expanded through the PEPFAR-supported Country Collaboration Initiative. These investments set the stage for an eventual transition to country-led HIV/AIDS efforts supported through Global Fund financing with USG technical collaboration. Namibia is already exceeding the Abuja Declaration target and spending more than 15% of its budget on the health sector. It is committed to continuing this public financing for health. The USG continues to support the government's transition toward greater financial ownership and stewardship of the public health response. Through PEPFAR, the USG has worked with the Ministry of Health and Social Services (MOHSS) and the Ministry of Gender to develop a transition plan for various levels of health care workers in the Namibian HIV/AIDS response. Together with the Global Fund and the government, the PEPFAR team developed an analysis of the current situation, a revamping of the current package of health services, and a strategic plan for transitioning these health care workers to the public payroll. The Ministry of Health will present a phased, region-by-region plan for transitioning positions to the Ministry of Finance for inclusion in the 2012-2013 budgets, and high level government officials have expressed commitment towards taking on this portion of the health response.

### **Strengthening human resources for health**

PEPFAR has shown the importance of strengthening health systems by investing in human capital to create a skilled health workforce. Through innovative programs we have invested in developing human resources by providing textbooks, skills labs and curricula revisions that are updated for competency-based learning as opposed to formerly theoretical text. By refurbishing

wards, building laboratories, classrooms, and care and treatment facilities, PEPFAR has contributed significantly to health systems personnel and infrastructure that address a broad range of country health needs.

- **PEPFAR's Medical and Nursing Education Partnership Initiatives (MEPI, NEPI)** are strengthening Africa's healthcare workforce through grants to African educational institutions to improve the quality of training of health providers. This improved training will increase both the quality and quantity of doctors and nurses available to respond to the full range of health needs.
- The PEPFAR-supported launch of the **African Society for Laboratory Medicine** will advance laboratory medicine practice and foster the sharing of best practices. This will provide faster and better diagnoses and clinical support for patients facing a variety of health issues.
- **CDC's Field and Epidemiology Leadership Training Program**, which receives support from PEPFAR, trains doctors to be leaders in applied epidemiology and lab management, building capacity of Ministries of Health to manage their country health programs.
- To support the expansion of critical services and reverse staffing shortages in Kenya, PEPFAR is working to establish an emergency hiring mechanism, enabling an additional 800 new nurses to be deployed to sites around the country.

### **Strengthening supply chains**

PEPFAR investments through the Supply Chain Management System it established have resulted in improved supply chains and better distribution of HIV commodities. These systems have also proven to keep lifesaving pathways for commodities open in the event of emerging epidemics or natural disasters. Additionally, PEPFAR technical teams have invested significant time and resources into developing the capacity of partner countries to conduct better forecasting of commodities. Across the health sector, improved forecasting results in fewer stock-outs and keeping people on medication, ultimately reducing costs and preventing time-consuming emergency procurement procedures.

- PEPFAR's Emergency Commodity Fund, created to support countries in responding to stock-outs, has been an example of strategic leveraging. In Swaziland, the Ministry of Health and Finance negotiated and approved a contract for a 12-month supply of ARVs, prioritizing HIV in the national budget allocation despite an economic crisis. PEPFAR was able to deliver the needed drugs within three weeks of approval of the ECF request, continuing a long history of partnership and country ownership. Consequently, stock-outs have been averted and treatment continuity for more than 60,000 people has been maintained.

## **Partnering with the private sector to strengthen national systems**

The private sector is playing a critical role in supporting country-level leadership to build sustainable, national responses to the epidemic. And its contribution goes beyond philanthropy or cash. The private sector is contributing skills and results-based, market-driven approaches that will make a durable, lasting impact.

- As PEPFAR works to strengthen technical assistance going to Ministries of Health, the private sector is playing a key role. The private sector brings its core competencies to this capacity-building effort in management, organizational change/strategy, finance and accounting, contracting and procurement, quality assurance, IT systems and more that enhance the MOH's ability to increase ownership of programs. For example:
  - Johnson & Johnson has partnered with PEPFAR to deliver performance improvement and business practices training to frontline district-level health officers working to end pediatric AIDS.
  - Becton Dickinson is working with laboratory technicians to improve standard operating procedures and strengthen national lab systems in Uganda and South Africa, and improving safe blood draw practices for health workers in Kenya and Zambia. These efforts will have positive impacts across the range of health activities.
  - In countries such as Namibia and Uganda, PEPFAR is working with the Ministries of Health and through workplace programs to expand access to low-cost private health insurance and training private sector providers to deliver critical services, like male circumcision. This work is diversifying sources of health financing and easing health service provision burdens on the public sector.

## **Ensuring a safe blood supply**

- PEPFAR funds have made safe blood banks available in countries where the blood supply was formerly extremely limited and often contaminated. Before PEPFAR, blood transfusions in many developing countries occurred only when a relative came forth to donate. Blood was not screened carefully and diseases like HIV and hepatitis went undetected.
- As a result of PEPFAR funding for blood safety, many partner nations have built national and zonal blood banks that have the equipment and skilled human resources to virtually eliminate transmission of diseases through blood. Additionally, satellite blood banks and mobile caravans dispatched in some communities are building a repeat donor base. Two of the top killers in many developing nations are road accidents and postnatal hemorrhaging. In areas with adequate blood supply, maternal mortality and accident fatalities have declined drastically.
- In Guyana, nine public and private sector sites provide blood collection and storage services, and 10 sites perform blood transfusions. PEPFAR is working in partnership with the Guyanese Ministry of Health to ensure a safe blood supply in the country. With

PEPFAR support, the Ministry of Health reports that 100 percent of the blood supply is tested for HIV, hepatitis B and C, syphilis and malaria.

### **Using innovation to expand impact**

- PEPFAR funds numerous M-Health initiatives that provide data critical to evaluate, contain, and prevent epidemics. Mobile reporting tracks HIV incidence and in some areas has been optimized to monitor other diseases. This tool is particularly useful in rural areas where reporting may otherwise be sporadic.
- Through working with countries to expand demographic mapping of populations, such as populations at high risk of HIV infection, PEPFAR has been able to expand evidence-based interventions that address the range of health needs experienced by specific populations.

### **Strengthening maternal and child health**

- PEPFAR programs have integrated maternal and child health by creating a one-stop shop at many primary health care facilities. In conjunction with antenatal care, a pregnant woman at a PEPFAR-funded clinic now receives HIV counseling and testing, prevention of mother to child transmission measures if HIV-positive, and information on family planning. This has created a generation of women more educated and engaged in their pregnancies and more receptive to facility-based deliveries, resulting in healthier mothers, healthier children, and a marked improvement in the survival of both. Additionally, mothers seeking facility-based care are more likely to receive and utilize mosquito nets, attend monthly child clinics, immunize their children, and understand the value of well balanced nutrition and hygiene.

*For more information about the U.S. President's Emergency Plan for AIDS Relief, please visit [www.PEPFAR.gov](http://www.PEPFAR.gov), <http://twitter.com/pepfar>, and [www.facebook.com/PEPFAR](http://www.facebook.com/PEPFAR).*