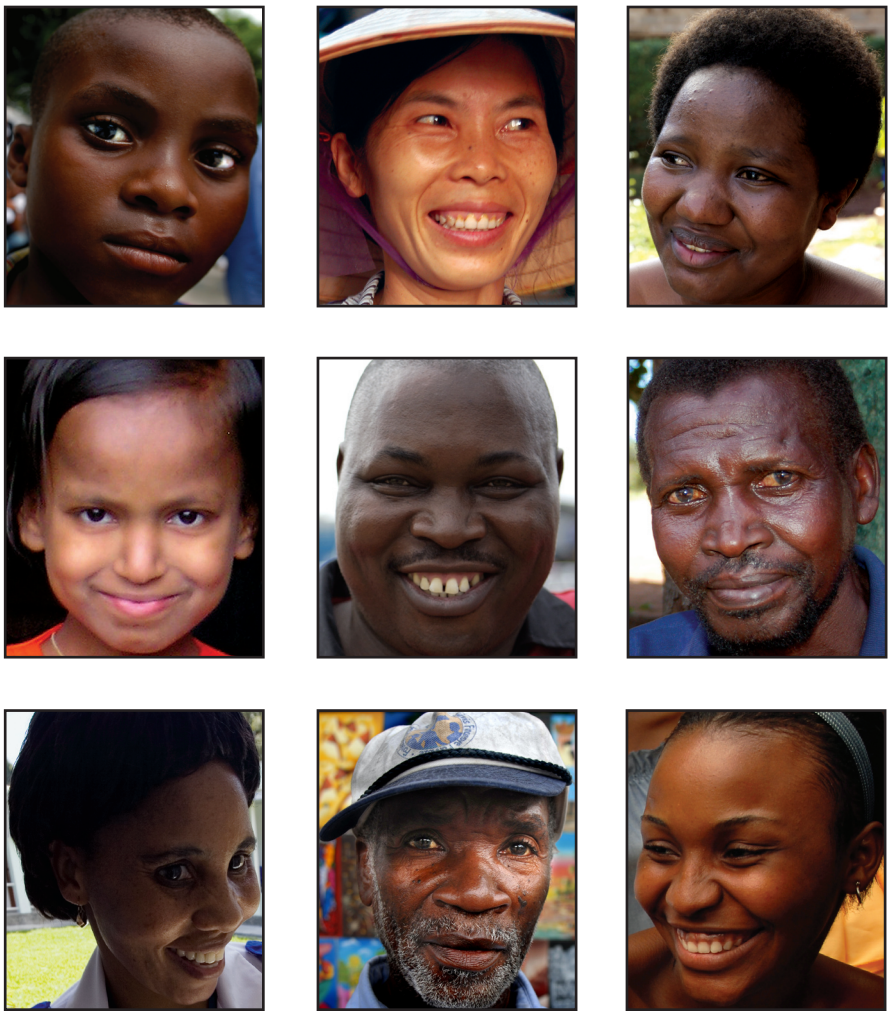
The U.S. President's Emergency Plan for AIDS Relief

Five-Year Strategy



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Dear Members of Congress:

On behalf of President Barack Obama and Secretary of State Hillary Rodham Clinton, I am pleased to share with you the five-year strategy mandated by the Tom Lantos and Henry Hyde United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008.

Since assuming the post of Ambassador-at-Large and Global AIDS Coordinator in June, I have had the opportunity to witness firsthand the breadth and depth of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). In my visits to the field and interactions with the remarkable people of the agencies that implement PEPFAR, I have been impressed by the skills and dedication of those leading the U.S. response to the global AIDS pandemic. The millions of lives that have been touched are a testament to the effectiveness of this collective effort – and to the generosity of the American people. At the same time, I have been struck by the need that still exists in countries around the world. We must support expanded prevention efforts, particularly for women and men at high risk of infection. We have opportunities to prevent mother-to-child transmission and address the urgent needs around HIV and tuberculosis coinfection. We need to improve testing and outreach to identify those in need of treatment and care. The AIDS emergency is not over, and the need for our commitment is now more critical than ever.

The United States and our partner countries have accomplished much during the first phase of PEPFAR, and the Obama administration is committed to building upon these successes. Over the next phase of PEPFAR, I look forward to working with our partners – countries, multilateral organizations, civil society, and other donors – to support effective, country-led responses to the AIDS crisis.

This strategy reflects lessons learned from the first five years, valued insights from a broad range of PEPFAR stakeholders, and new directions informed by an evolving AIDS response. Building on the reauthorization legislation and the principles outlined for the Global Health Initiative, I believe this strategy provides us with a framework for action that fosters true country leadership and sustainability. In the end, the goal of this strategy is to expand our impact within infected and affected populations around the world. It is meant to support the mother on treatment who is the provider for her family, the man or woman at high risk of infection who receive prevention messages, the orphan who is both attending school and caring for siblings, the couple who receive testing and counseling so they can make healthy decisions together. These people are the motivation for this strategy and the programmatic decisions we will make as we move to the next phase of the program.

With your continued support, I look forward to working in partnership with countries to implement this strategy and demonstrate the generosity and hope of the American people.

Sincerely,

Ambassador Eric Goosby

State Department Image

On August 10, 2009, Secretary of State Hillary Rodham Clinton and Angolan Minister of External Relations Assunção Afonso dos Anjos signed the "Partnership Framework between the Government of the Republic of Angola and the Government of the United States of America to Combat HIV/AIDS for 2009 – 2013." The Partnership Framework provides a five-year joint strategic plan for cooperation between the Government of Angola and the U.S. Government, with participation of other stakeholders, to support achievement of the goals of Angola's HIV National Strategic Plan for 2007-2010.

I. Executive Summary of PEPFAR's Strategy

Launched in 2003 by President George W. Bush, PEPFAR holds a place in history as the largest effort by any nation to combat a single disease. In the first five years of the program, PEPFAR focused on establishing and scaling up prevention, care and treatment programs. It achieved success in expanding access to HIV prevention, care and treatment in low-resource settings. During its first phase, PEPFAR supported the provision of treatment to more than 2 million people, care to more than 10 million people, including more than 4 million orphans and vulnerable children, and prevention of mother-to-child treatment services during nearly 16 million pregnancies.

New Directions

This global epidemic requires a comprehensive, multisectoral approach that expands access to prevention, care and treatment. As PEPFAR works to build upon its successes, it will focus on transitioning from an emergency response to promoting sustainable country programs.

Sustainable programs must be country-owned and country-driven. Given that the AIDS epidemic represents a shared global burden among nations, the next phase of PEPFAR represents an opportunity for the United States to support shared responsibility with partner countries. To seize this opportunity, PEPFAR is supporting countries in taking leadership of the responses to their epidemics. In addition, to support an expanded collective impact at the country level, PEPFAR is increasing collaboration with multilateral organizations.

Sustainable programs must address HIV/AIDS within a broader health and development context. PEPFAR must be responsive to the overall health needs faced by people living with HIV/AIDS (PLWHA), their families, and their communities, linking the HIV response to a diverse array of global health challenges. As a component of the Global Health Initiative, PEPFAR will be carefully and purposefully integrated with other health and development pro-

grams. Integration expands country capacity to address a broader array of health demands and to respond to new and emerging challenges presented by HIV. Strategic coordination furthers the reach of bilateral assistance, leverages the work of multilateral organizations, promotes country ownership, and increases the sustainability of national health programs.

Sustainable programs must build upon our strengths and increase efficiencies. PEPFAR is renewing its emphasis on a "whole of government" response, ensuring that agencies focus on core competencies and better coordination to maximize the effectiveness of U.S. Government (USG) assistance. It is also identifying and implementing efficiencies in its work at both field and headquarters levels to ensure value for money. To build upon the strengths of proven programs, PEPFAR is scaling up effective interventions, particularly in prevention. Finally, it is working to ensure that increased access to coverage is accompanied by an emphasis on quality of services.

PEPFAR's Goals:

1. Transition from an emergency response to promotion of sustainable country programs.

2. Strengthen partner government capacity to lead the response to this epidemic and other health demands.

3. Expand prevention, care, and treatment in both concentrated and generalized epidemics.

4. Integrate and coordinate HIV/AIDS programs with broader global health and development programs to maximize impact on health systems.

5. Invest in innovation and operations research to evaluate impact, improve service delivery and maximize outcomes.

*PEPFAR's Targets from Fiscal Year (FY) 2010-FY 2014:**

Prevention

- support the prevention of more than 12 million new HIV infections;

- ensure that every partner country with a generalized epidemic has both 80% coverage of testing for pregnant women at the national level, and 85% coverage of antiretroviral drug (ARV) prophylaxis and treatment, as indicated, of women found to be HIV-infected;

- double the number of at-risk babies born HIV-free, from the 240,000 babies of HIV-positive mothers who were born HIV-negative during the first five years of PEPFAR;

- in every partner country with a generalized epidemic, provide 100% of youth in PEPFAR prevention programs with comprehensive and correct knowledge of the ways HIV/AIDS is transmitted and ways to protect themselves, consistent with Millennium Development Goal indicators in this area.

Care and Support and Treatment

- provide direct support for more than 4 million people on treatment, more than doubling the number of people directly supported on treatment during the first five years of PEPFAR;*

- support care for more than 12 million people, including 5 million orphans and vulnerable children (OVCs); and

- ensure that every partner country with a generalized epidemic reaches a threshold of 65% coverage for early infant diagnosis at the national level, and testing of 80% of older children of HIV-positive mothers, with increased referrals and linkages to care and treatment.

Sustainability

- support training and retention of more than 140,000 new health care workers to strengthen health systems;

- in order to support country ownership, ensure that in each country with a major PEPFAR investment (greater than $5 million), the partner government leads efforts to evaluate and define needs and roles in the national response; and

- ensure that in every partner country with a Partnership Framework, each country will change policies to address the larger structural conditions, such as gender-based

* For more information on PEPFAR's data collection, please visit: *www.pepfar.gov/2009results/*.

violence, stigma, or low male partner involvement, which contribute to the spread of the epidemic.

Programmatic Strategy

In this second phase of PEPFAR, a new program strategy is underway that supports the Administration's overall emphasis on improving health outcomes, increasing program sustainability and integration, and strengthening health systems. Some of these changes are already being implemented with planning and programming for FY 2010. Over the next year, PEPFAR will be working closely with country teams in order to translate, prioritize, and implement this strategy in a manner appropriate to the country context. More information on the broader strategic framework for PEPFAR activities can be found in the strategy annexes which will be made available at *www.pepfar.gov/strategy*.

Prevention

Prevention remains the paramount challenge of the HIV epidemic, and the major priority for the next five years of PEPFAR. Successful prevention programs require a combination of evidence-based, mutually reinforcing biomedical, behavioral, and structural interventions. PEPFAR is expanding its prevention activities with an emphasis on the following:

- Working with countries to track and reassess the epidemiology of the epidemic, in order to fashion a prevention response based on best available and most recent data;
- Emphasizing prevention strategies that have been proven effective and targeting interventions to most at-risk populations with high incidence rates; and
- Increasing emphasis on supporting and evaluating innovative and promising prevention methods.

Linking HIV/AIDS to Women's and Children's Health

According to the World Health Organization (WHO), AIDS is the leading cause of death among women aged 15-44 worldwide.[1] Nearly 60% of those living with HIV in sub-Saharan Africa are women.[2] UNICEF estimates that nearly 12 million children in sub-Saharan Africa have lost one or both parents to HIV/AIDS.[3] Women and children living with HIV also face other conditions, ranging from inadequate access to family planning to lack of antenatal care to the need for food and nutrition support. As part of its overall prevention, care and support, and treatment efforts, PEPFAR is leveraging and linking HIV services to broader delivery mechanisms that improve health outcomes for women and children. Some of these activities include:

- Increasing investment in prevention of mother-to-child transmission to meet 80% coverage levels in HIV testing and counseling of pregnant women and 85% coverage levels of ARV prophylaxis for those women who test positive;
- Increasing the proportion of HIV-infected infants and children who receive treatment commensurate to their representation in a country's overall epidemic, helping countries to meet national coverage levels of 65% for early infant diagnosis, and doubling the number of at-risk babies born HIV-free;
- Expanding integration of HIV prevention, care and support, and treatment services with family planning and reproductive health services, so that women living with HIV can access necessary care, and so that all women know how to protect themselves from HIV infection;
- Strengthening the ability of families and communities to provide supportive services, such as food, nutrition, education, livelihood and vocational training, to orphans and vulnerable children; and
- Expanding PEPFAR's commitment to cross-cutting integration of gender equity in its programs and policies, with a new focus on addressing and reducing gender-based violence.

Treatment

PEPFAR's treatment programs provide essential medications to more than two million people. PEPFAR also contributes to the strengthening of the health systems needed to deliver these drugs in low-resource settings. In addition, PEPFAR serves populations with special treatment needs, like children. Together, all global efforts support approximately four million people on antiretroviral treatment, but at least five million more are still in

need of ARV drugs.[4] This figure will likely double with the recent revision of WHO recommendations for treatment initiation. As part of its reauthorization, PEPFAR was charged with supporting increased treatment commensurate with increased appropriations and efficiencies realized. PEPFAR's treatment strategy over the next five years emphasizes the following activities:

- Directly supporting more than 4 million people on treatment, more than doubling the number of patients directly supported by PEPFAR in its first five years;
- Scaling up treatment with a particular focus on serving the sickest individuals, pregnant women and those with HIV/TB coinfection;
- Increasing support for country-level treatment capacity by strengthening health systems and expanding the number of trained health workers; and
- Working with countries and international organizations to develop a shared global response to the burden of treatment costs in the developing world, and assisting countries in achieving their defined treatment targets.

Health Systems Strengthening

PEPFAR has had a positive impact on the capacity of country health systems to address the WHO's six building blocks of health systems functions. However, the program to date has not placed a deliberate focus on the strategic strengthening of health systems. In its next phase, PEPFAR is working to enhance the ability of governments to manage their epidemics, respond to broader health needs impacting affected communities, and address new and emerging health concerns. PEPFAR now emphasizes the incorporation of health systems strengthening goals into its prevention, care and treatment portfolios. Doing so will help to reduce the burden of HIV/AIDS on the overall health system. Planned activities include the following:

- Training and retention of health care workers, managers, administrators, health economists, and other civil service employees critical to all functions of a health system;
- Implementing a new health systems framework to assist country teams in targeting and leveraging PEPFAR activities in support of a stronger country health system;
- Supporting efforts to identify and implement harmonized health systems measurement tools; and
- Coordinating USG activities across multilateral partners to leverage and enhance broader health system strengthening activities.

Country Ownership

PEPFAR's commitment to the principles of country ownership highlights a new focus on engaging in true partnership with countries. These partnerships pave the way for new approaches to foreign assistance based upon principles and directions common to partner country plans and USG objectives. Over the next five years, PEPFAR's emphasis on country ownership will include:

- Continuing bilateral engagement through its Partnership Frameworks and other efforts to promote and develop a more sustainable response to the local epidemic, whether concentrated or generalized;
- Ensuring that the services PEPFAR supports are aligned with the national plans of partner governments and integrated with existing health care delivery systems;
- Strengthening engagement with diplomatic efforts at all levels of government to raise the profile and dialogue around the AIDS epidemic and its linkages with broader health and development issues;
- Expanding technical assistance and mentoring to country governments, in order to support a capable cadre of professionals to carry out the tasks necessary for a functioning health system; and
- Partnering with governments through bilateral, regional and multilateral mechanisms to support and facilitate South-to-South technical assistance.

Integration

As the largest component of President Obama's Global Health Initiative, PEPFAR is actively working to enhance the integration of quality interventions with the broader health and development programs of the USG, country partners, multilateral organizations, and other donors.

Through activities like co-location of services and expanded training of health care workers, PEPFAR can expand access to overall care and support for infected and affected individuals. As noted earlier, a particular focus of PEPFAR's integration is to expand access to care for women and children. PEPFAR is also emphasizing engagement with broader health and development programs. Some examples include:

- Expanding HIV/TB integration by ensuring that PLWHA are routinely screened and treated for TB, and that people with TB are tested for HIV and referred, with follow up, for appropriate prophylaxis and treatment;
- Linking PEPFAR food and nutrition programs with the new USG Global Hunger and Food Security Initiative;
- Expanding partnerships with education, economic strengthening, microfinance, and vocational training programs; and
- Promoting accountable and responsive governance through increased bilateral engagement and capacity building with partner governments.

Multilateral Engagement

PEPFAR is part of a shared global responsibility to address global health needs. Its success has been closely linked to the success of newer multilateral initiatives such as the Global Fund for AIDS, Tuberculosis and Malaria (Global Fund), and long-standing multilateral organizations including the Joint United Nations Programme on HIV/AIDS (UNAIDS) and WHO. PEPFAR is expanding its multilateral engagement with the goal of strengthening these institutions and leveraging their work to maximize the impact of PEPFAR. PEPFAR's multilateral engagement includes a new emphasis on the following:

- Supporting the Global Fund's efforts to improve oversight, grant performance, and its overall grant architecture in order to position it as a key partner for PEPFAR;
- Supporting UNAIDS efforts to mobilize global action and facilitate adoption of country-level changes that allow for rapid scale-up of key interventions;
- Negotiating a strategic framework for greater PEPFAR-WHO engagement; and
- Increasing coordination with multilateral development banks to improve the performance of health systems investments and better integrate with their broader economic development efforts.

Monitoring, Metrics and Research

PEPFAR's work can and should be systematically studied and analyzed to help inform public health and clinical practice. PEPFAR is not a research organization, but is expanding its current partnerships with implementers, researchers, and academic organizations to improve the science that guides this work. As PEPFAR transitions to support sustainable, country-led systems, it will improve efforts to contribute to the evidence base around HIV interventions, as well as broader health systems strengthening and integration. Over its next phase, PEPFAR will support the following new initiatives:

- Building the country capacity necessary to implement and maintain a fully comprehensive data use strategy;
- Reducing the reporting burden on partner countries and supporting transition to a single, streamlined national monitoring and evaluation system; and
- Working to expand publicly available data.

Photo by Tanzania PEPFAR Team

Tanzanian President Jakaya Kikwete launched the PEPFAR-supported Angaza Zaidi HIV counseling and testing program in April 2009. This program provides urban and rural communities in Tanzania with HIV counseling and testing services, post-test support groups, and referrals for HIV-positive individuals to care and treatment facilities.

II. PEPFAR's Five-Year Strategy

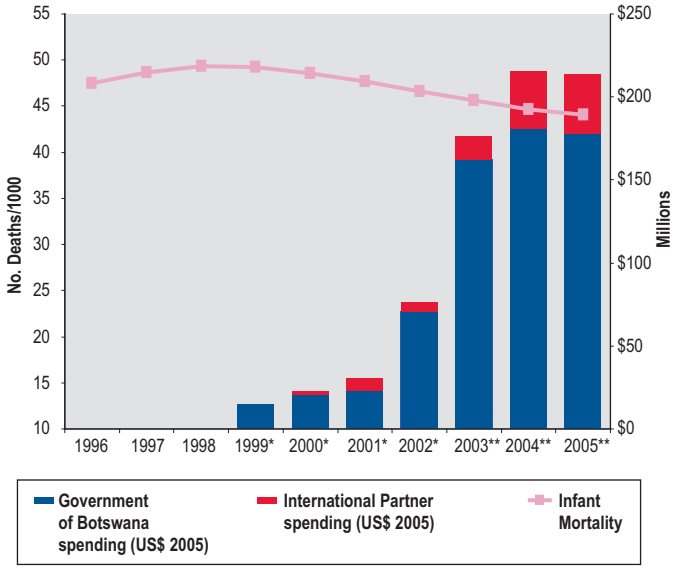
Introduction

The HIV/AIDS epidemic that confronted the world at the beginning of this decade was a humanitarian crisis of a magnitude never before faced in modern history. Despite significant advances in treatment and care in countries like the United States, the life-saving medications available in developed countries were largely inaccessible in developing nations. In 2001, fewer than 50,000 people living with HIV in sub-Saharan Africa had access to antiretroviral medication. As a result, many national health systems were overwhelmed. HIV-related needs absorbed almost all health care services available. Hospitals were packed with people dying from AIDS, spilling forth from beds onto floors and into hallways. Demoralized health care workers turned away severely ill patients, sending them home to die, because they had no treatment to offer.

The impact of the epidemic extended far beyond the health sector and those who were sick. AIDS created millions of orphans and robbed children of the stability and love of their parents. Many youth were forced to drop out of school and assume caregiver status for ailing parents and younger siblings. In addition, the AIDS epidemic paralyzed economies. At the country level, AIDS decimated national gains in economic growth. At a community level, AIDS created poverty among widows and families, and devastated schools, factories, armies and businesses whose employees were dying more quickly than they could be replaced. Adults were dying from AIDS during the time in their life when they should have been at the peak of their earning and production potential. Life expectancy in sub-Saharan Africa overall plummeted, reversing hard-earned gains of other health and development programs.

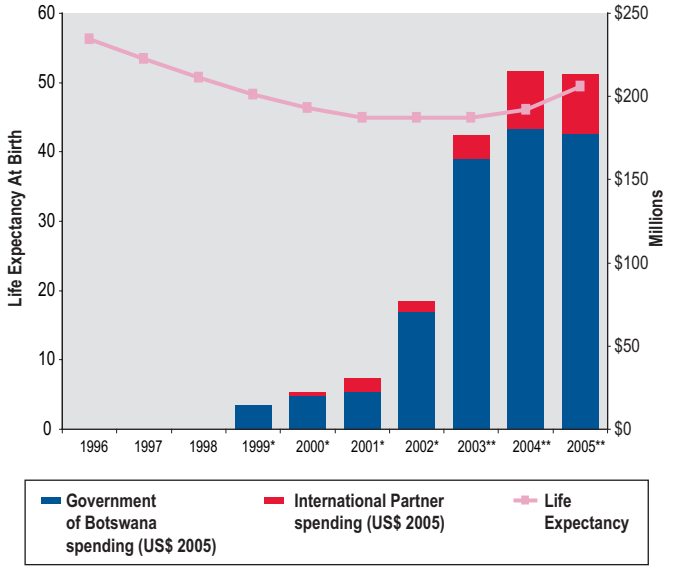
In 2003, President George W. Bush and a bipartisan Congress created the U.S. President's Emergency Plan for AIDS Relief to address this growing crisis. This program holds a place in the history of public health as the largest commitment by any nation to combat a single disease, establishing and expanding the infrastructure necessary to deliver prevention, care, and treatment services in low-resource settings. PEPFAR works to address HIV/AIDS in countries with a diversity of need in these service areas. It operates both in countries where epidemics are concentrated among specific populations and those where HIV

Figure 1: Infant Mortality and HIV Spending in Botswana



Infant mortality data provided by U.S. Census Bureau. Funding data is estimated based on data provided by the Government of Botswana and CDC; may not include all funding sources.

Figure 2: Life Expectancy and Spending in Botswana



Life expectancy data provided by U.S. Census Bureau. Funding data is estimated based on data provided by the Government of Botswana and CDC; may not include all funding sources.

infection occurs among the general population. In many countries where HIV infection prevalence rates are above 1% - the accepted threshold for generalized epidemics – PEPFAR also works to address the epidemic among most at-risk populations.

The achievements of PEPFAR are remarkable by any measure. From its creation through September 30, 2008, PEPFAR received total funding of more than $18 billion. In FY 2009, the USG invested more than $6.4 billion in bilateral HIV/AIDS programming and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. In FY 2009 alone, PEPFAR directly supported more than 2.4 million patients on treatment, and more than 11 million people with care and support programs.* During its first five years, PEPFAR's efforts around prevention of mother-to-child transmission programs allowed nearly 240,000 babies of HIV-positive mothers to be born HIV-free. In addition, during this time, more than 4 million orphans and vulnerable children were assisted by the program. PEPFAR also supported over 16,000 laboratories, approximately 3.7 million training and retraining encounters for health care workers, and more than 256 million prevention outreach encounters.

In addition to achieving Congressionally-mandated targets, the program has also had far-reaching health impacts in countries. A May 2009 study published in the *Annals of Internal Medicine* found that HIV-related mortality had dropped by 10.5% in 12 PEPFAR focus countries analyzed by researchers – implying that about 1.2 million deaths were averted due to the work of PEPFAR.[5] Studies presented at a July 2009 International AIDS Society conference illustrated that investments in fighting HIV/AIDS, including those of PEPFAR, contributed to population-level reductions in child and infant mortality.[6] For example, in Eastern Uganda, the increase in HIV/AIDS services is associated with a 83% reduction in non HIV-related infant mortality.[7] In addition, Botswana experienced declines in infant mortality and increases in life expectancy as HIV spending rose in the country.[8]

Beyond these contributions, PEPFAR also had a significant impact on the way health-related foreign assistance is delivered. Its interagency implementation model is overseen at the headquarters level by the Office of the U.S. Global AIDS Coordinator at the Department of State, and by the U.S. Ambassador at the country level. Through this interagency collaboration, PEPFAR has drawn upon the core strengths of agencies from across the USG to embody sound public health and development principles in its programming. PEPFAR integrates HIV prevention, treatment, and care services in a manner that

* For more information on PEPFAR's data collection, please visit: *www.pepfar.gov/2009results/*.

supports an inclusive, multisectoral response. Its work draws upon the knowledge, access, and talents of local community- and faith-based organizations. The program leverages other development initiatives, including those in nutrition, education, and economic development, to maximize the overall impact of USG investments in HIV programming.

From its beginning, PEPFAR has demonstrated the clear role and impact of USG HIV/AIDS investments upon the larger global health arena. Prior to PEPFAR, many had given up on low-resource settings in the developing world as places where HIV infection was untreatable. The program has been successful in delivering HIV services, and created a new cadre of experts among local health care providers. The systems of care established and strengthened by PEPFAR can serve as a platform to expand, integrate, and co-locate primary and specialty care services to best serve the needs of infected and affected populations.

Challenges and Opportunities

Due to the investments through PEPFAR, the Global Fund to Fight AIDS, Tuberculosis, and Malaria and other stakeholders, much has been accomplished. HIV is no longer overwhelming the day-to-day operations of health systems in many heavily burdened countries. Because of these very successes, however, PEPFAR can and must do more. PEPFAR is evaluating its response to inform a next phase that emphasizes country capacity and sustainable responses while continuing support for existing and emerging prevention, care and treatment needs. PEPFAR's second phase builds upon its strengths and addresses some of the challenges faced by the program. This strategy examines how to best achieve PEPFAR's enormous potential as a health, development, and diplomatic tool.

Given the magnitude of the challenge faced at its creation, PEPFAR's initial emergency approach was critically needed, but had both positive and negative impacts on country-level health systems and budgets. At the beginning of the program, a focus on establishing services took precedence over prolonged engagement in planning and coordination with some country governments or other donors. At times, implementation did not fully complement existing national structures or plans. While the program has been applauded for its focus on service delivery targets, in some countries, this focus did not fully translate to a broader service delivery impact across the health sector. Access to quality services for all health conditions remains problematic in some areas. Given the innovative nature of many of PEPFAR's activities, there remains a need for a broad evaluation of program effectiveness and long-term impact.

Photo by Ethiopia PEPFAR Team

Through the PEPFAR-supported Mothers to Mothers (M2M) program at Bella Hospital in Ethiopia, mothers living with HIV/AIDS provide advice to pregnant women about prevention of mother-to-child transmission services. Through the M2M program, mentor mothers such as Merima Abrar and Messelu Ketema, pictured above, bravely share their life experiences with pregnant women, counsel those who have just learned their HIV status, encourage them to live positively, and ensure they take their antiretroviral drugs regularly. Despite the challenges of this work, the program provides mentor mothers with the skills and confidence to teach their neighbors, and the ability to support their families economically through income generating activities. Merima and Messelu agree that the best reward of all is to see the birth of a child who is free of HIV.

PEPFAR places a premium on programming that responds to the country-level epidemic, but has faced challenges in achieving this goal. Responding to the country-level epidemic requires cooperation with other implementers and stakeholders. Barriers have sometimes existed to coordinating and providing technical assistance to Global Fund-financed programs at the country level. PEPFAR is strengthening multilateral collaboration and cooperation, and more fully incorporating high-level principles of the Paris Declaration. These include donor support of partner-country leadership and shared accountability for results. Such goals are a central aspect of PEPFAR's

new Partnership Framework process, which promotes a more sustainable approach to the fight against AIDS at the country level.

While the interagency process has been one of PEPFAR's strengths, there has been some degree of interagency conflict at both country and headquarters level. PEPFAR was launched as a new way of doing business, causing some uncertainty among health and development experts who were unclear about their role in the new model. Field perspective and input have not always been reflected in policy or planning decisions. PEPFAR's extensive reporting requirements were not always harmonized with other USG development programs or other international indicators. Partner governments and country teams appropriately raised concerns about the impact of reporting requirements on field programming. Finally, the program has represented a significant scale-up of resources at Embassies without always having the commensurate increase in staff.

Increased investments in various disease- and issue-specific programs over the past decade have resulted in immense gains. There has been expanded interest in strengthening health systems as a way to reduce illness and death, particularly maternal mortality and childhood infectious diseases. PEPFAR now has the opportunity to strategically plan programs with greater consideration for the larger health systems impact. PEPFAR holds great potential for better across-the-board integration with broader health systems and development assistance, such as food, nutrition, and economic strengthening activities. Integration can contribute to larger goals involving infrastructure, governance, sustainability, and community-level health impacts, and allows PEPFAR to leverage its impact within a larger development context. In particular, the Global Health Initiative affords an opportunity to support expanded integration of PEPFAR programming with other USG health and development programming.

There is now a track record of success for bilateral initiatives like PEPFAR, multilateral funding vehicles like the Global Fund, and private donors like the Gates Foundation. Rather than emphasizing separate donor identities, opportunities exist to integrate, collaborate, and coordinate to support country-owned, country-guided programs. PEPFAR is working to evaluate existing data to replicate best practices, determine areas of efficiency, and support countries in a coordinated scale-up of proven and promising interventions. Learning from these successes is particularly important as the USG begins to consider larger foreign assistance reform. Lessons from PEPFAR can help to create systems that allow both PEPFAR and other health programs to be better integrated with all types of foreign assistance.

Investments in PEPFAR and the global AIDS fight overall, were and continue to be necessary. Six years after the creation of PEPFAR, AIDS is still a leading cause of death in many countries, and a continued threat around the world. 33.4 million people are living with HIV worldwide, and approximately 2.7 million new infections occurred in 2008.[9] For every two people who start treatment, five more are infected.[10] There still remain millions of children who have been orphaned by AIDS. Women and girls continue to face disproportionate impact of new infections, and WHO reports that AIDS is the leading cause of death worldwide for women in their reproductive years (ages 15-44).[11] Most-at-risk populations – including men who have sex with men (MSM), sex workers, and injecting drug users – continue to face stigma that limit their ability to obtain services, contributing to the wider transmission of HIV. The AIDS crisis is far from over. It will not end during the five year period covered by this strategy. Rather, the world will continue to struggle with continued need for prevention, care and treatment services – need which can only be addressed through a truly global response to the AIDS crisis.

PEPFAR has clearly proven that partnerships between the U.S. government and communities can provide comprehensive prevention, care, and treatment on a wide scale in low-resource countries. The program can now intensify collaboration with partner country governments and establish the conditions necessary to maintain these programs in both rural and urban areas. This strategy is designed to facilitate long-term sustainability and allow partner countries (formerly called "host countries") to lead their national and regional HIV/AIDS responses.

PEPFAR's Strategy

PEPFAR's Vision:

In order to turn the tide of this global pandemic, PEPFAR will work through partner governments to support a sustainable, integrated, and country-led response to HIV/AIDS.

PEPFAR's Goals:

Over the next five years, PEPFAR will work to achieve these five overarching goals:

1. Transition from an emergency response to promotion of sustainable country programs.

2. Strengthen partner government capacity to lead the response to this epidemic and other health demands.

3. Expand prevention, care, and treatment in concentrated and generalized epidemics.

4. Integrate and coordinate HIV/AIDS programs with broader global health and development programs to maximize impact on health systems.

5. Invest in innovation and operations research to evaluate impact, improve service delivery and maximize outcomes.

Key Concepts:

As PEPFAR works in its next phase to achieve its goals and targets, it will be guided by the following key concepts. PEPFAR is working with its country teams to identify the best ways to implement these concepts as appropriate at the country level.

PEPFAR supports true partnerships with governments, in order to assist them as they lead and guide the response to their epidemics.

President Obama and Secretary Clinton have spoken of the need to work with governments in Africa and around the world to support good governance and leadership. The AIDS epidemic represents a shared global burden among nations, and PEPFAR represents an opportunity for the United States to support partner countries in assuming leadership of the response to their epidemics.

In the first five years of the program, PEPFAR focused on establishing and scaling up prevention, care and treatment programs. In some cases, it established programs and services outside of existing, often limited, health care delivery systems. Over this next phase, PEPFAR is focusing on transitioning from an emergency response to a sustainable one. It is working through bilateral, regional, and multilateral channels to improve and expand partner country capacity, enabling them to implement and manage a holistic response to the epidemic within the context of broader health sector concerns. PEPFAR's major goal is to enable governments to manage and coordinate quality health service delivery across all geographic regions within a country.

Photo by Zambia PEPFAR Team

Two-year old Chipo is learning to walk, which is remarkable given the challenges of her early life. Chipo's mother passed away a month after her birth, and Chipo was diagnosed with HIV in addition to severe malnutrition, and was constantly sick. Chipo was cared for by her grandmother who lives in the remote village of Chitanda in Zambia's Central Province. To get Chipo the care she needed, they had to travel 82 kilometers to the nearest hospital because the Rural Health Center had no medication. In April 2008, mobile antiretroviral therapy (ART) outreach began at nearby Chitanda Rural Health Center and Chipo started obtaining treatment in her community. PEPFAR-supported mobile ART outreach currently covers seven remote locations across Central Province. As the mobile ART team provides services, they also train local health center staff. Over time, program responsibility will shift to the health center, freeing the mobile team to expand services to new locations.

PEPFAR's role is to support partner government leadership to organize, develop, and coalesce donors and multilateral agencies around country-driven, country-responsive plans for the epidemic. Prevention, care and treatment activities are being supported with a focus on strengthening health systems and building sustainable partner country capacity. PEPFAR is expanding technical assistance and mentoring with country governments. Doing so supports a capable cadre of government professionals who can carry out the tasks necessary for a functioning health system, including financing and governance. The program is also facilitating partnerships

between governments and a strong civil society, to ensure that citizens can work to provide support to and demand accountability from governments. Finally, the program is working to foster stronger regional collaboration and South-to-South technical assistance.

In many of the countries where PEPFAR works, full transition of operations to partner country ownership and increased financing will take longer than five years to accomplish, but steps are being taken now to create the capacity for sustainability.

PEPFAR is expanding its emphasis on HIV prevention, and matching interventions and investments with epidemiological trends and needs in order to improve impact.

Prevention remains the paramount challenge of the HIV epidemic. While advances in treatment have revolutionized our response to AIDS, truly halting and reversing this epidemic will require a comprehensive, multisectoral prevention, care and treatment response.

There is no single population level intervention that can prevent HIV infection. A successful prevention program requires a combination of mutually reinforcing, continually evaluated interventions that are tailored to the needs and risks of different target populations. Since the beginning of the program, PEPFAR has worked to ensure that its interventions meet the need that exists in countries. Given that the epidemic is not static, changes within countries and regions – including the beneficial impact of prevention efforts – require a prevention response that identifies and deploys interventions to meet these new conditions.

This next phase of PEPFAR presents the opportunity to support countries in reassessing prevention portfolios in order to ensure that they are targeted for maximum impact. The major priority for PEPFAR's prevention programs in the short term is to support countries in mapping and documenting prevention needs. Doing so ensures that interventions are aligned to existing and emerging situations.

By working with countries to identify current drivers, including epidemics among subpopulations that may not be reached by general behavioral prevention messages, PEPFAR can target investments to greatest needs. PEPFAR is also expanding investments into high-impact prevention interventions, such as prevention of mother-to-child transmission (PMTCT), male circumcision (MC), and services for injecting drug users. Finally, the program is working to identify, implement, and evaluate promising and innovative prevention methods, to expand our existing toolkit of interventions and advance the science around HIV prevention.

PEPFAR is committed to expanding access to high-quality prevention, care and treatment and immediate health needs while laying the groundwork for future sustainability.

In recognition of the integrated nature of prevention, care and treatment in PEPFAR, the USG continues to support a portfolio of activities tailored to the country context. PEPFAR is working with countries to ensure an appropriate balance among prevention, care and treatment activities. All of these activities are routinely monitored and evaluated in order to ensure that they are of high quality. They are also being analyzed to identify efficiencies and opportunities for integration with broader health and development efforts. PEPFAR targets its evidence-based prevention activities to the specific drivers of the epidemic, and supports pilots of new and innovative prevention programming.

In its care programming, PEPFAR works with countries to support a quality, integrated package of basic care and support interventions for people living with HIV and their caregivers. It also meets the care and support needs of OVCs. In the area of treatment, PEPFAR is working with partner countries to continue scale up, with a focus on specific populations.

PEPFAR's prevention, care and treatment activities are planned with consideration of how they may impact the overall health system, particularly human resources for health. To the extent possible, PEPFAR will incorporate mentoring and increased technical assistance into its programming. Doing so supports development of a cadre of partner country personnel – clinical, community-based, and civil service employees – with the skills to plan, finance, and operate these programs.

PEPFAR is responsive to people, not just to a virus.

Individuals who are infected and affected by HIV/AIDS experience the epidemic along with the other realities

of their lives. PEPFAR activities must be responsive to the breadth of needs experienced by people living with HIV/AIDS, their families, and the communities hardest hit by the epidemic. High-quality prevention, care, and treatment activities will be implemented with consideration for their overall health systems impact. In addition, PLWHA are a critical part of the response, and must be involved in planning and implementation.

All PEPFAR programs – prevention, care, treatment, and linkages to larger health care services – must be evidence-based and driven by the needs of the people impacted by this epidemic. As a component of the Global Health Initiative, PEPFAR is working to implement women-centered care, and to ensure that its services are gender-equitable. Its programs address the particular vulnerabilities faced by women and girls, especially those who are impacted by gender-based violence. In order to make it easier for people with HIV to access all types of care they need, PEPFAR increases access to high-quality, low-cost care and treatment services. These services are responsive to the public health needs of marginalized communities, including injecting drug users, persons in prostitution, and men who have sex with men. PEPFAR also utilizes its services as a mechanism through which to advance the rights of populations that face stigma, and expand equal access to care.

PEPFAR is also expanding capability of existing service sites by linking HIV/AIDS services to other health interventions, rather than establishing and maintaining parallel systems of care. Given the larger structural barriers that exist in implementing effective HIV programming, PEPFAR is integrating services to respond to the nutrition, education, and economic development needs of AIDS-impacted communities.

In order to maximize U.S. investments, PEPFAR supports integration with other U.S. government programs in health and broader development sectors.

The success of PEPFAR is unambiguously linked to development mechanisms that expand the reach of bilateral HIV/AIDS assistance, promote country ownership, and increase sustainability of national health programs. PEPFAR is improving its own effectiveness by expanding efficiencies, engaging in joint programming, and working to transition programs to countries in both management and financial contexts. Over this second phase, PEPFAR is increasing efforts to integrate HIV services with existing country, USG-sponsored, and multilateral-financed programs. It is engaging in greater wraparound and joint programming with larger development initiatives, including the Global Hunger and Food Security Initiative, education, economic development, and legal and political reform. Doing so helps to create the structural changes that reduce risks for HIV transmission and expand access to quality care and support. This strategic integration also results in broader impact for both PEPFAR and the programs which it is leveraging.

Photo by Vietnam PEPFAR Team

Like many street youth in Vietnam, 20 year old Sang has led a difficult life. For several years, he lived in a city park and spent his days stealing to support himself. He was the leader of a street youth gang that frequently fought with rival groups. Sang and his friends are among thousands of children and youth who live and work on the streets of Ho Chi Minh City. Life changed for Sang when a friend invited him to participate in Project N.A.M, a PEPFAR-supported peer education group. With training and support from the project's adult mentors, Sang and 20 others now work as HIV prevention peer educators. The project supports them to use a gender-based approach to help young men reduce risky sexual and drug use practices. The gender-based approach is two-fold: first, it promotes HIV prevention among young men themselves by helping them to reflect on and challenge gender norms that put young men, and consequently their partners, at risk. Second, it asks young men to question gender inequities. Sang has gained confidence and a sense of purpose: "As a peer educator, I know I'm a positive role model to other street youth and that I can help them make healthier decisions in their lives," he says.

PEPFAR has strong and robust engagement with multilateral partners and other external partners.

The challenges posed by the global AIDS crisis must be addressed as part of a shared global responsibility. PEPFAR is engaging in enhanced coordination with mul-

tilateral, regional, and bilateral partners, ensuring that USG efforts are not duplicative, and that donors are truly sharing the burden of the epidemic. In an affirmation of high level principles of the Paris Declaration, PEPFAR is working with its multilateral and bilateral partners to harmonize and align responses and support countries in achieving their nationally-defined HIV/AIDS goals.

PEPFAR is expanding involvement with the Global Fund, UNAIDS, World Health Organization, and other mechanisms. Doing so supports international consensus and action, progress toward joint programming and harmonized processes, and achievement of global goals such as reduction of commodity prices. PEPFAR also engages with foundations, public-private partnerships, regional bodies, and other civil society donors. Such collaboration supports partner country efforts to utilize all possible partners in developing a national response to HIV and to maximize the effectiveness of all funding streams. PEPFAR's overarching goal is to ensure that the actions of the donor community support efforts to enable countries to lead the response to their epidemics.

PEPFAR supports accountability, monitoring and evaluation, and implementation of efficiencies and best practices.

PEPFAR is committed to clear and transparent reporting of investments and results to ensure that its programs are accountable to taxpayers. PEPFAR works with independent auditors, including agency Inspectors General and the Government Accountability Office, and independent nongovernmental organizations to identify areas for improvement. Its next phase represents the opportunity to improve reporting mechanisms, data use, and monitoring and evaluation to maximize impact and investments. Now that PEPFAR has achieved success in prevention, care and treatment, programs are being reviewed for efficiencies to determine where more can be achieved with existing resources.

PEPFAR is objectively identifying best practices in quality service delivery, and looking for opportunities to replicate and establish cost-effective programs tailored to the country context. In addition, PEPFAR supports innovation, piloting new interventions to establish and expand the evidence base. The program is working to create greater transparency with its data, in order to facilitate identification of best practices and trends in PEPFAR that can contribute to larger systematic knowledge. PEPFAR is not a research initiative, but is expanding its current partnerships with implementers, researchers, and academic organizations to improve the science that guides this work. In keeping with the goal of sustainability, PEPFAR also supports the enhancement of local capacity to carry out monitoring and evaluation activities.

PEPFAR supports greater involvement of USG country teams and a strong interagency model.

PEPFAR has worked to decentralize programming and ensure that decisions on country-level activities are made by the USG country teams that are leading the ground-level response to the epidemic. For the past five years, these country teams have worked to rapidly expand and ensure quality health and social service delivery, while facing heavy reporting requirements. PEPFAR's interagency country teams ensure that programs meet the needs of the countries and communities where they work. PEPFAR is working to further integrate the field perspective into its policy and communications and reduce the reporting burdens and paperwork requirements placed on the field. Over the next few months, PEPFAR will be working closely with country teams to assist them in identifying the ways to best translate and implement these key concepts at the country level.

In order to enable USG country teams to respond to the best of their ability, PEPFAR continues to stress the importance of its interagency model. As a "whole of government" program, PEPFAR has coordinated efforts from multiple agencies to respond to global HIV. It is expanding coordination and linkages with broader USG health and development efforts as part of the Global Health Initiative. PEPFAR is assessing its innovative approaches to determine what elements contributed to interagency success at both the field and headquarters level, in order to replicate these more broadly. PEPFAR is also working to emphasize the core competencies of each agency. By achieving better coordination and building upon the strengths of USG personnel, PEPFAR can maximize its country-level impact.

ENDNOTES

[1] http://whqlibdoc.who.int/publications/2009/9789241563857_eng.pdf, p 40

[2] http://data.unaids.org/pub/GlobalReport/2008/jc1510_2008_global_report_pp29_62_en.pdf

[3] http://www.unicef.org/publications/files/cob_layout6-013.pdf, p 3

[4] http://www.who.int/hiv/pub/tuapr_2009_en.pdf, p 5

[5] http://www.annals.org/cgi/content/full/0000605-200905190-00117v1

[6] http://www.iasociety.org/Web/WebContent/File/Leveraging%20HIV%20Investments%20for%20Health%20Women%20and%20Kids%20%2822%20July%20FINAL%29.pdf

[7] Ibid.

[8] http://www.pepfar.gov/documents/organization/113827.pdf, p 10-11

[9] http://data.unaids.org/pub/Report/2009/2009_epidemic_update_en.pdf, p. 6

[10] http://www.unaids.org/en/CountryResponses/UniversalAccess/default.asp

[11] http://whqlibdoc.who.int/publications/2009/9789241563857_eng.pdf, p 40

Acronyms and Abbreviations

ARV	Antiretroviral Drug
FY	Fiscal Year
IDU	Injecting Drug Users
Global Fund	Global Fund to Fight AIDS, Tuberculosis, and Malaria
MC	Male Circumcision
MSM	Men Who Have Sex with Men
OVC	Orphans and Vulnerable Children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child HIV transmission
UNAIDS	Joint United Nations Programme on HIV/AIDS
USG	United States Government
WHO	World Health Organization

This strategy was prepared by the Office of the United States Global AIDS Coordinator in collaboration with implementing agencies of the U.S. President Emergency's Plan for AIDS Relief. PEPFAR implementing agencies include the Departments of State Defense, Commerce, Labor, Health and Human Services (including the Centers for Disease Control and Prevention, the Food and Drug Administration, the Health Resources and Services Administration, the National Institutes of Health, the Substance Abuse and Mental Health Services Administration, and the Office of Global Health Affairs), the United States Agency for International Development, and the Peace Corps.

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UNITED STATES PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF