

Workshop on Design Considerations for Evaluating the Impact of PEPFAR

April 30 – May 1, 2007

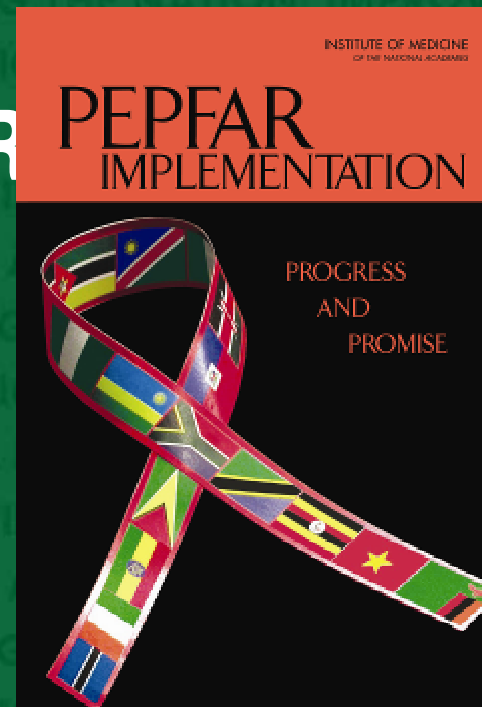
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Implementation



Evaluation of PEPFAR Implementation released March 30, 2007



Transition to Sustainability

Continuity, Improvement, Flexibility

- **Address Long-term Factors**
 - Emphasize Prevention
 - Empower Women
 - Build Workforce Capacity
 - Expand Knowledge Base
- **Better Harmonization**
 - Improve Coordination
 - Support WHO Prequalification Process
 - Remove Budget Allocations



Expand, Improve, Integrate Services

- Data-Driven Prevention
- Adequate Medications for Treatment
- Community-based, Family-centered Care
- Target for Orphans and Vulnerable Children
- Attention to Marginalized Populations



Expand the Knowledge Base

- Increase **global evidence base** by better capitalizing on opportunity PEPFAR represents to learn about and share what works
- **Emphasize** importance of and provide additional **support** for operations **research** and program evaluation
- All programs should include **robust monitoring and evaluation** that factors into decisions about whether and in what manner they are to continue
- Maintain openness to new and innovative approaches, but unproven programs in particular should be required to have an **evaluation** component **to determine** their **effectiveness**



Measuring PEPFAR's Impact

- The Committee suggests indicators of PEPFAR's Impact that are AIDS-specific and also more general indicators
- And encourages PEPFAR to participate in joint attribution of outputs, outcomes, and impacts.



Impact Indicators

- Incidence and Prevalence of HIV Infection
- Behavior Change
 - Rates of Risky Behaviors
 - Rates of Protective Behaviors
- Stigma & Discrimination
- Survival and Quality of Life
- Development of Resistance
- Physical, Mental, and Social Well-being



More General Indicators

- Status of Women and Girls
- General Health Indicators
 - Infant mortality
 - All-cause mortality
- Capacity of community-based organizations
- Public Health Infrastructure/Capacity
 - Work Force
 - Supply Chain



More General Indicators

Expanding the Knowledge Base

- Needed Contributions Include:
 - What Works Best
 - How to Implement
 - How to Scale-up
 - How to Sustain



Human Capacity Development/Workforce

- Depletion to disease itself
- External Brain Drain
- Internal Brain Drain



Integration

- PEPFAR is a vertical program. Much debate has existed in the past around the relative merits of vertical versus horizontal approaches to health care.
- This is a false dilemma and an unnecessary dichotomy, for we should aim to have the best of both.
- **A diagonal approach** is one in which explicit intervention priorities--such as HIV/AIDS—is used to drive the desired improvements into the health system.



Integration

- AIDS is certainly not the only health problem in Sub-Saharan Africa, nor can we tackle all problems at once. PEPFAR is laying the grounds for a unique opportunity—by contributing to the necessary capacity building—to incrementally incorporate other selected health priorities in the different countries' agendas.

