

REPORT BRIEF • MARCH 2007

## PEPFAR IMPLEMENTATION: PROGRESS AND PROMISE

In 2003 Congress passed the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act, which established a five-year, \$15 billion initiative to help countries around the world respond to their AIDS epidemics. The initiative is generally referred to by the title of the 5-year strategy required by the act—PEPFAR, or the President’s Emergency Plan for AIDS Relief.

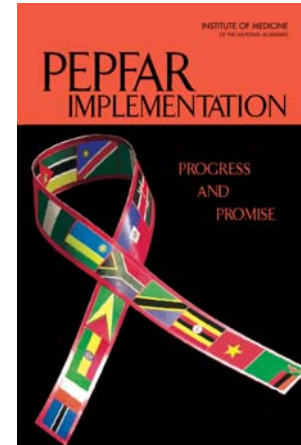
One of the requirements of the act that established PEPFAR was that the Institute of Medicine (IOM) provide Congress with an evaluation of the initiative’s progress three years after the passage of the Act. In response, the IOM Committee for the Evaluation of PEPFAR Implementation examined the initiative, including visits to most of the fifteen PEPFAR focus countries, and it has now released its report.

### PROGRESS TO DATE

Although the Leadership Act passed in May 2003, funds were not appropriated until January 2004, and the majority of the first year’s funding was not fully obligated until September 2004. Thus when the Committee finished its study in the fall of 2006, the initiative had been in full operation for only about two years—too soon to fairly judge its impact. Still, the Committee was able to reach a number of conclusions about PEPFAR’s progress to date and how it could advance more effectively.

The Leadership Act and strategy set 5-year performance targets, including supporting prevention of 7 million HIV infections; provision of antiretroviral therapy to 2 million people with HIV/AIDS; and care for 10 million people affected by HIV/AIDS, including orphans and other vulnerable children. Based on data provided by PEPFAR and on discussions with a wide range of people involved in implementing programs in the focus countries, the Committee concludes that PEPFAR has made a good start toward meeting those targets and establishing the program to make further progress. The initiative has supported the expansion of HIV/AIDS prevention, treatment, and care services in the focus countries, and it has done so in a short period of time and in the face of a number of obstacles.

PEPFAR reports indicate that the program has supported antiretroviral therapy for more than 800,000 adults and children; HIV testing and counseling for nearly 19 million people; services to prevent mother-to-child transmission of HIV to more than 6 million women, including preventive antiretroviral medications for more than half a million women found to be



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\*The 15 focus countries are the Republic of Botswana, the Republic of Cote d’Ivoire, the Federal Democratic Republic of Ethiopia, the Cooperative Republic of Guyana, the Republic of Haiti, the Republic of Kenya, the Republic of Mozambique, the Republic of Namibia, the Federal Republic of Nigeria, the Republic of Rwanda, the Republic of South Africa, the United Republic of Tanzania, the Republic of Uganda, the Socialist Republic of Vietnam, and the Republic of Zambia.



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HIV-positive (estimated by PEPFAR to have resulted in the prevention of HIV infection in more than 100,000 infants); education and information campaigns that are estimated to have reached more than 140 million adults and children; care and support services for approximately 4.5 million adults, orphans, and other vulnerable children; and training in HIV/AIDS care and support services for well over a million people.

## **THE TRANSITION FROM EMERGENCY MODE TO SUSTAINABILITY**

The first three years of PEPFAR have been characterized by a sense of urgency and by rapid implementation of programs. That is understandable: each year that passes, several million more people become infected with HIV and several million more die from AIDS around the world. But because the fight against AIDS will be a protracted one, it is also important to build toward a sustainable program.

Simultaneously with supporting the rapid expansion of services, PEPFAR has sought to strengthen and expand the capacity of the focus countries to develop national HIV/AIDS programs and provide services, and has provided substantial funding and technical assistance for many activities intended to be of lasting benefit—including supporting focus country governments in the development of national plans and monitoring and evaluation systems; improving existing and building new facilities; developing curricula for and training a wide variety of health workers; strengthening and expanding laboratory, blood supply, and medical waste management systems; improving and expanding supply chains; and strengthening existing and fostering new community-based organizations.

Sustainability is an increasingly important consideration, and thus a key recommendation of the report is that PEPFAR should continue to transition from its focus on emergency relief to an emphasis on the long-term strategic planning and capacity building that are necessary for a sustainable, long-term response.

## **THE IMPORTANCE OF HARMONIZATION**

To help support this transition from emergency relief to sustainability, the report identifies a number of opportunities for improving PEPFAR. One area of emphasis is what the global AIDS policy community refers to as “harmonization.” The concept builds on country ownership and leadership of its response to its HIV/AIDS epidemic. Donors are expected to commit to three principles of harmonization: following the national AIDS plan; participating in the country’s national AIDS coordinating agency; and working within the country’s national AIDS monitoring and evaluation framework.

The need for harmonization has a number of specific policy implications. The Committee found, for example, that congressional budget allocations have limited PEPFAR’s ability to tailor its activities to the local epidemic in each country and to harmonize with each country’s national plan. Therefore the report recommends that Congress replace budget allocations with other mechanisms that take into account the needs of individual countries and that allow spending to be directly linked with the efforts necessary to respond to those needs.

A second harmonization-related recommendation deals with how PEPFAR qualifies antiretroviral medications for use in the program. Most other donors and most of the PEPFAR focus countries rely on the World Health Organization (WHO) prequalification process as the accepted global standard for assuring the quality of generic medications, but PEPFAR requires that the medications it provide be approved by the U.S. Food and Drug Administration. This creates complications for countries obtaining antiretroviral medications through PEPFAR, and so the report

recommends that the U.S. Global AIDS Coordinator should study WHO prequalification and support transitioning to it as rapidly as feasible.

## **FURTHER RECOMMENDATIONS**

The report describes a variety of other actions that are necessary for developing a sustainable response to the AIDS pandemic. For example, the ultimate success of the program will depend upon effective prevention. To that end, the report recommends accumulating better data on the precise nature of the epidemic in each country and then using that data to determine the most appropriate interventions and to target the interventions to the people who are most at risk.

The Leadership Act calls for a special focus on the needs of women and girls affected by the HIV/AIDS pandemic, and PEPFAR has responded to this mandate by supporting numerous programs and services directed at reducing the risk to women and girls. But the factors contributing to their increased vulnerability to HIV/AIDS can generally not be addressed adequately in the short term. Thus, as the fight against HIV/AIDS moves from emergency to sustainable mode, the U.S. Global AIDS Initiative will need to keep gender issues at the core of its efforts. The report recommends that PEPFAR increase its focus on the factors that put women and girls at greater risk of HIV/AIDS and to support improvements in their legal, economic, educational, and social status.

One of the greatest challenges facing the countries hit hardest by AIDS is a shortage of healthcare workers. Thus far, PEPFAR's response to this problem has focused on training existing clinicians and other health care workers to deal with HIV and AIDS, but this approach is insufficient. Programs of all varieties—particularly those providing antiretroviral therapy—are exceeding their capacity, have long waiting lists, and have insufficient numbers of staff. Thus, the report recommends that the U.S. Global AIDS Initiative should increase its support for expanding workforce capacity in a manner consistent with country plans. In particular, funding priorities should include the education of new health care workers in addition to AIDS-related training for existing health care workers.

Although PEPFAR has supported a substantial expansion of prevention, treatment, and care services in the focus countries, further expansion is needed as is better integration of programs according to a community-based, family-centered model of care.

Finally, the report emphasizes the importance of increasing our knowledge and understanding about what works against the pandemic. To this end, PEPFAR should continue to emphasize evidence-based approaches, learning from experience, and adaptation to new developments as well as conducting operations research and program evaluations.

Overall, the Committee concludes that PEPFAR has made a promising start, but there is an enduring need for U.S. leadership in the effort to respond to the HIV/AIDS pandemic.

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### FOR MORE INFORMATION...

Copies of *PEPFAR Implementation: Progress and Promise*, are available from the National Academies Press, 500 Fifth Street, N.W., Lockbox 285, Washington, DC 20055; (800) 624-6242 or (202) 334-3313 (in the Washington metropolitan area); Internet, <http://www.nap.edu>. The full text of this report is available at <http://www.nap.edu>.

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