

Evaluation of PEPFAR

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- Committees are created to ensure requisite expertise and to avoid conflicts of interest

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About the President's Emergency Plan for AIDS Relief (PEPFAR)

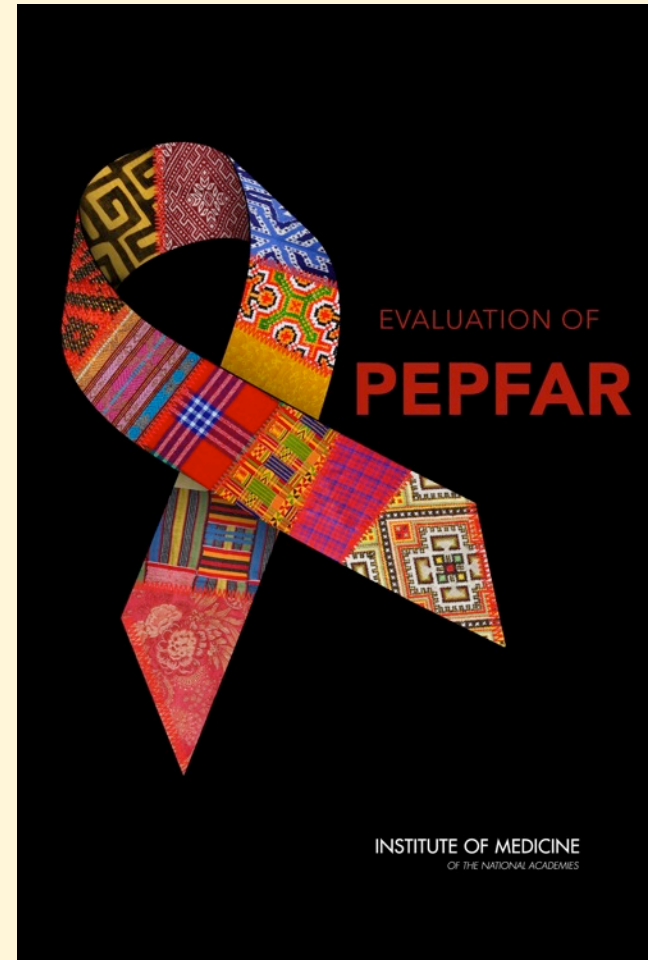


- Authorized in the U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 for \$15 billion for 5 years
 - Focused on the urgent need to scale up treatment, care, and prevention programs
 - Set bold, ambitious goals
- Reauthorized in the Lantos–Hyde Act of 2008 for up to \$39 billion for HIV for another 5 years
 - Expanded targets and focused on a transition to activities and goals to contribute to a sustainable response in partner countries
 - Implemented in multiple countries for nearly a decade
 - Largest share of the investment currently in 33 partner countries
 - Has supported bilateral HIV/AIDS programs in over 100 countries

Evaluation of PEPFAR - Congressional Charge

Lantos–Hyde Act of 2008 mandated that the Institute of Medicine conduct an evaluation of PEPFAR to assess its performance and effects on health, specifically:

- progress in meeting PEPFAR's prevention, care, and treatment targets
- impact of PEPFAR-supported HIV prevention, care, and treatment programs
- impact of PEPFAR on child health and welfare
- PEPFAR's efforts to address gender-specific aspects of HIV/AIDS
- effects of PEPFAR on health systems



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Evaluation of PEPFAR: Evaluation Phase Committee

ROBERT E. BLACK (*Chair*), Johns Hopkins University

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PAPA SALIF SOW, Bill and Melinda Gates Foundation

SALLY K. STANSFIELD (through August 2012), Independent Consultant

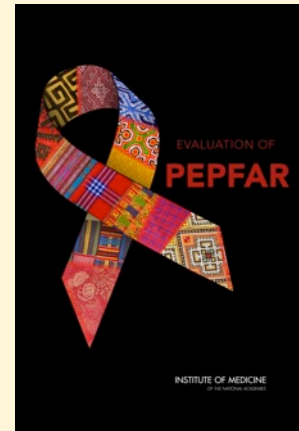
TAHA E. TAHA, Johns Hopkins University

KATHRYN WHETTEN, Duke University

CATHERINE M. WILFERT, Retired, Elizabeth Glaser Pediatric AIDS Foundation

Evaluation Approach and Methods

- Conducted over 4 years
 - Extensive planning phase followed by intensive implementation phase
- Assessment of contribution to the HIV response in partner countries and globally since the inception of PEPFAR
- Whole-of-PEPFAR assessment; not an evaluation of specific countries, programs, partners, or agencies
- Evaluation of a dynamic initiative with a range of supported activities



Evaluation Approach and Methods

- Rigorous mixed methods, drawing on a range of data sources:
 - Financial data (*through FY11*)
 - Program monitoring indicator data (*through FY10*)
 - Clinical data from Track 1.0 implementing partners (*through FY11*)
 - 13 partner countries
 - UNAIDS epidemiological data on national prevalence and coverage (*through FY09*)
 - Document review (*variable timeframes and subsets of countries*)
 - Primary data collection
 - Visits to 13 partner countries: 383 semi-structured interviews, 68 with site visits (*through Feb 2012*)
 - 32 USG HQ and global stakeholder semi-structured interviews (*through Sept 2012*)

Response to the Congressional Charge

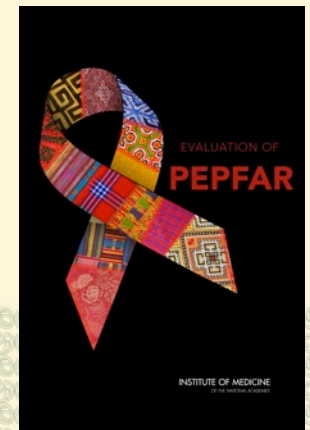
- **Progress in meeting prevention, care, and treatment targets**
 - Latest PEPFAR results (retrieved from www.pepfar.gov, after committee review period for program monitoring data)
 - **Treatment**
 - Current Target: Treatment of 6 million
 - **Latest Results:** As of Sept 2012 the USG directly supported ART for nearly 5.1 million men, women, and children
 - **Prevention**
 - Current Target: Prevention of 12 million new infections
 - **Latest Results:**
 - No public results from modeling of infections averted
 - In FY 2012, PEPFAR supported ARVs for PMTCT for nearly 750,000 HIV-positive women; estimated 230,000 infants born HIV-free

Response to the Congressional Charge

- **Progress in meeting prevention, care, and treatment targets**
 - Latest PEPFAR results (retrieved from www.pepfar.gov, after committee review period for program monitoring data)
 - **Care**
 - Current Target: More than 12 million, including 5 million OVC
 - **Latest Results:** In FY 2012, PEPFAR directly supported care and support for nearly 15 million people, including more than 4.5 million OVC

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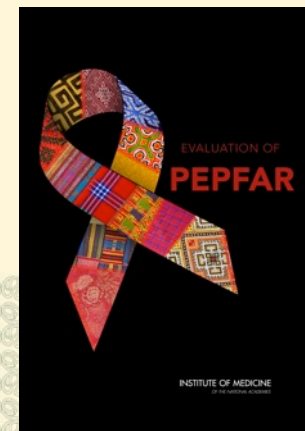


Response to the Congressional Charge

- **Impact of PEPFAR-supported HIV prevention, care, and treatment programs**
 - Supported HIV prevention, care, and treatment services
 - Ensured attention to vulnerable populations in HIV response
 - Saved and improved the lives of millions of people
 - “Proof of principle” that services can be effectively delivered on a large scale in countries with a high disease burden, resource constraints, and limited infrastructure

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Response to the Congressional Charge

- **Impact of PEPFAR on child health and welfare**
 - Met the needs of children affected by the epidemic
 - Unprecedented attention to and investment in OVC programs
 - Coverage of pediatric HIV care and treatment remains proportionally much lower than coverage for adults
- **PEPFAR's efforts to address gender-specific aspects of HIV/AIDS**
 - Evolution of scope and framing to include vulnerabilities and gender norms for women/girls and men/boys
 - Lack of clear objectives and desired outcomes for gender efforts

Response to the Congressional Charge

- **Effects of PEPFAR on health systems**

- Strengthened health systems in partner countries in all WHO building blocks, with major contributions in laboratory, supply chain, workforce, policies related to the HIV response
- Increased knowledge about the epidemic and the response in partner countries
 - Supported epidemiologic data collection activities in partner countries
 - Strengthened partner country health information systems and fostered data use among partner country stakeholders

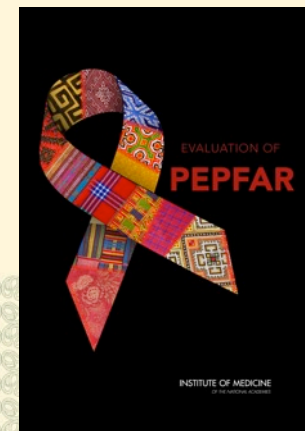


Other Key Findings and Conclusions

- **PEPFAR's efforts to transition to a sustainable response**
 - Focused efforts on capacity building, including fostering country leadership
 - Increasingly engaged in joint planning with governments and other stakeholders in partner countries
 - Transitioning to a more country-led and sustainable response will take time
 - High reliance on external donor funding in partner countries creates fragility

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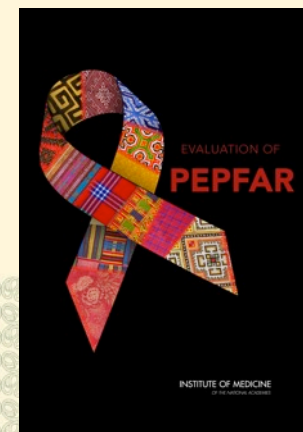


Other Key Findings and Conclusions

- **PEPFAR's efforts in knowledge management**
 - Developed systems for accountability through program monitoring
 - Improved support over time for program evaluation and research across a range of technical areas
 - Used available evidence to inform programs and responded to emerging knowledge and scientific evidence
 - Contributed to the global knowledge base on effective HIV/AIDS interventions and program implementation

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Other Key Findings and Conclusions

- **PEPFAR's efforts in knowledge management (cont.)**
- Initially, PEPFAR-specific data collection systems met the need to quickly measure results but limited harmonization with partner countries and the global community
 - More recently OGAC has worked to improve harmonization; more progress needed
- Large burden of reporting requirements
- Program monitoring system is not sufficient to determine outcomes, effectiveness
- Program monitoring system does not capture results of key activities (such as technical assistance, capacity building, systems strengthening)

Committee Recommendations in Four Areas

**Improving Implementation of
HIV Programs**

**Strengthening Systems and
Capacity for the Response in
Partner Countries**

**Transitioning to a Sustainable
Response**

**Transforming Knowledge
Management**

- PEPFAR is moving in a direction consonant with the recommendations
- Intent of the recommendations is to inform, support, and improve further progress in achieving the goals of USG global HIV/AIDS programs

Highlights of the Recommendations

Collaborate with partner country stakeholders to **allocate limited resources** in program portfolios that are **strategic, targeted, and coordinated** – reflecting each country's unique epidemic, circumstances and needs

For example:

- **Coordinate to improve linkages** among services, such as from HIV counseling/testing to care and treatment and to prevention services
- **Target vulnerable populations**, which differ according a country's epidemic and circumstances (*for example, people who inject drugs, sex workers, men who have sex with men, mobile or transient populations, young people at high risk such as street youth, serodiscordant couples, geographically remote populations*)
- **Emphasize reduction of sexual transmission** with a balance among biomedical, behavioral, and structural interventions (*in a portfolio with prevention efforts for other modes of transmission, such as PMTCT, injection drug use, blood safety*)

Highlights of the Recommendations

Shift focus from activities to outcomes, with flexibility at the country level to prioritize the outcomes and develop the program portfolio to achieve them

For example:

- **Improve retention** and adherence among patients in care and treatment.
- **Increase coverage** of testing and treatment for infants and children
- **Increase rates** of staying in school for orphans and vulnerable children
- **Establish intermediate outcomes** as objectives for prevention efforts
- **Establish objectives** and desired outcomes for gender-focused efforts

Highlights of the Recommendations

Invest in long term capacity to achieve sustainable HIV programs and management of the HIV epidemic in partner countries

Target four key areas:

- Service delivery
- Financial management
- Program management
- Knowledge management

Highlights of the Recommendations

Plan **with partner country stakeholders for sustainable management**. Include the following for **comprehensive, country-specific planning**:

- Ascertain the trajectory of the epidemic and the need
- Identify gaps, unmet needs, and fragilities
- Estimate costs and project resource needs
- Develop plans for resource mobilization
- Coordinate and share information transparently among stakeholders
- Establish priorities, goals, and benchmarks for progress

Highlights of the Recommendations

Refine program monitoring, evaluation, and research

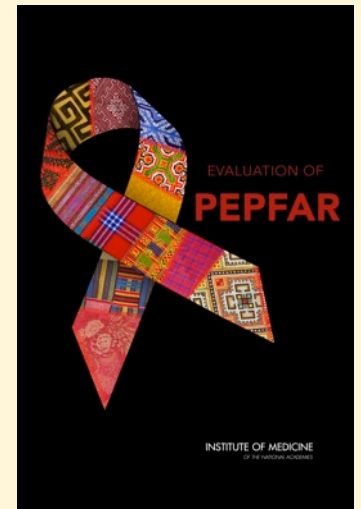
- Develop reliable, credible approaches to:
 - Assess outcomes for services and programs
 - Assess efforts for systems strengthening, capacity building, and supporting sustainability
- Document contribution to the improved performance and effectiveness of national efforts
- Contribute to the global knowledge base through active dissemination of knowledge on effective implementation of HIV programs

Programmatic Conclusions

- PEPFAR has had positive effects on the health and well-being of individual beneficiaries, on institutions and systems in partner countries, and on the global response to HIV
- Even with PEPFAR's remarkable contributions, substantial unmet needs remain for all services and programs that are part of an effective response to HIV
- The critical issue for the future is to sustain gains and to continue to make progress in controlling the HIV epidemic in partner countries
- PEPFAR has made progress in assisting partner countries in their ability to sustainably manage their epidemics; this is a process that will require country-specific planning and will take time

Final Conclusions

- Played a transformative role in its contribution to the global response to HIV
- Described as a lifeline; people credit PEPFAR for restoring hope
- Entering a new era
 - Gradually transitioning from direct service delivery to more technical assistance, more support for local implementation of services, and more focus on facilitation of partner country government leadership with meaningful engagement of other partner country stakeholders
- Results may not be as rapid and dramatic as in the past, but if successful in this new era PEPFAR has the potential to again transform the way health assistance is envisioned and implemented



Evaluation of PEPFAR - IOM Staff and Consultants

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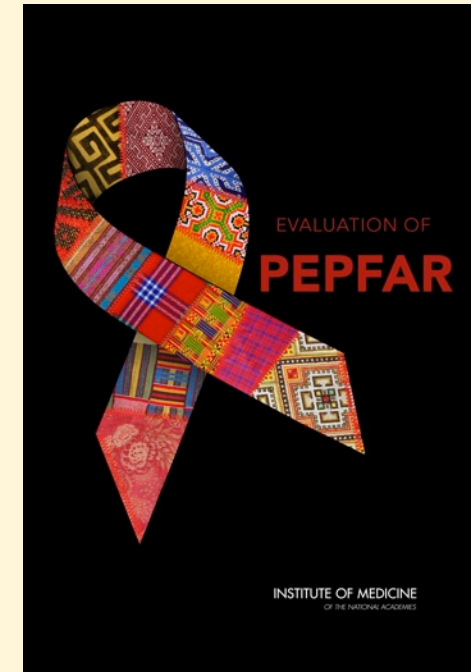
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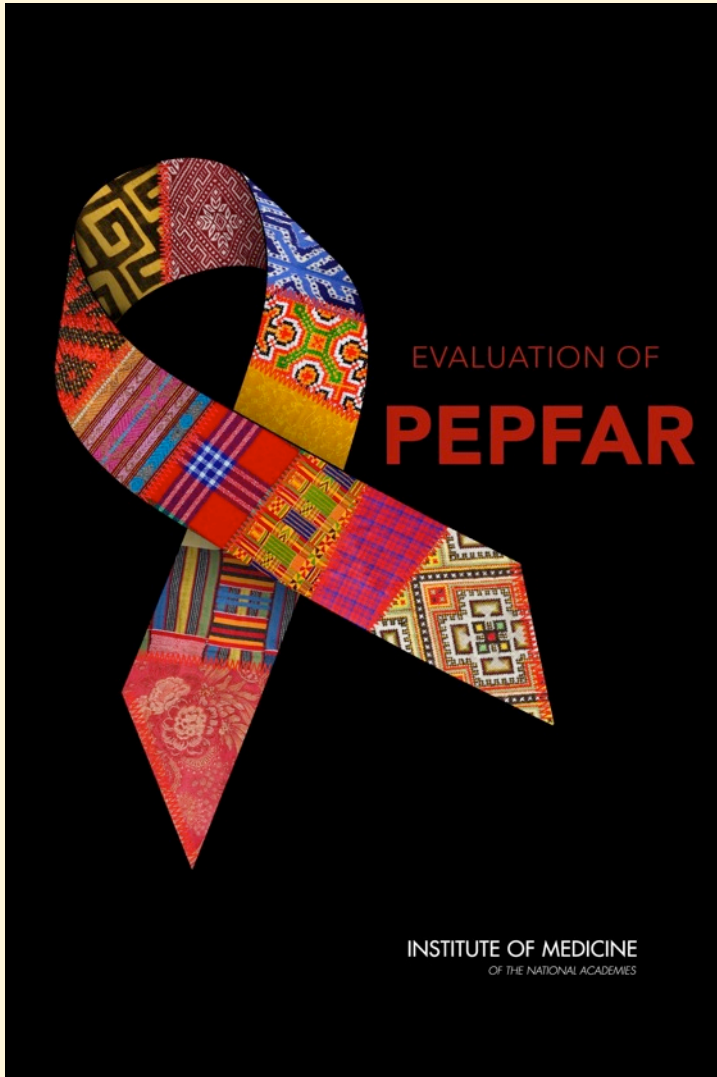
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Full Prepublication Report
can be downloaded for free:

www.iom.edu/pepfar2

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