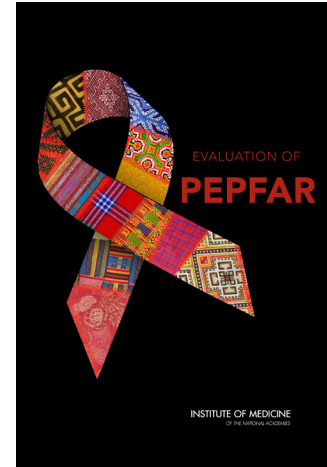


Evaluation of PEPFAR



Through the President's Emergency Plan for AIDS Relief (PEPFAR), the United States has provided an unprecedented level of health and development assistance and health diplomacy around the world. Since it was first authorized by Congress in 2003, PEPFAR has saved and improved the lives of millions; supported HIV prevention, care, and treatment; strengthened systems; and engaged with partner countries to facilitate HIV policy and planning. PEPFAR has expanded global expectations for what can be accomplished in partner countries with resource constraints and limited infrastructure.

When PEPFAR was reauthorized in 2008, Congress asked the Institute of Medicine (IOM) to evaluate the effectiveness of the U.S. government's response to global HIV/AIDS. The IOM evaluation, conducted over four years, drew upon a variety of data sources, including quantitative data, extensive document review, and primary qualitative data collection through more than 400 interviews with diverse stakeholders in PEPFAR partner countries, at PEPFAR's headquarters, and at other institutions and agencies involved in the global HIV response. Committee members visited 13 countries to conduct interviews and visit PEPFAR-supported programs and facilities. The IOM's rigorous assessment, going back to the beginning of the initiative, is presented in *Evaluation of PEPFAR*.

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Remarkable Expansion of HIV Services, Ongoing Challenges

In light of the magnitude of the HIV crisis at the time PEPFAR began, the initiative initially focused on the urgent need to scale up HIV services. PEPFAR

set ambitious aims and has met or surpassed many of them, resulting in a tremendous increase in the availability of HIV services and programs. Working with a wide range of partners—both international and local—in partner countries, PEPFAR has expanded services for prevention; testing; clinical care and treatment, including antiretroviral therapy; and nonclinical care and support. It also has provided unprecedented support for programs for orphans and other vulnerable children and adolescents living with or affected by HIV.

An ongoing challenge with services, however, is to improve seamless transitions and linkages among different services. For example, a person who receives HIV counseling and testing also needs to be linked to prevention services and, if HIV-positive, to reliable, accessible care and treatment services. Another essential need is to improve efforts to ensure that people living with HIV continuously receive care and treatment services for the long term.

Ultimately, altering the course of the HIV epidemic will hinge on a renewed and strengthened emphasis on HIV prevention. As one example, PEPFAR support has made a major contribution to preventing the transmission of HIV from pregnant women to their children. For other prevention strategies, the initiative has become increasingly flexible over time in its approach and

has achieved positive results by supporting data collection to better understand the factors driving the epidemic in each country and scaling up prevention programs for the general population and for populations at elevated risk. However, greater attention to a range of prevention strategies is needed. In particular, there is a need to increase the focus on preventing sexual transmission, which is responsible for the majority of new infections. Biomedical approaches are important but are not sufficient. As the largest available platform for testing innovative interventions, PEPFAR should lead the way by supporting advances in the availability of strategies to effectively decrease behaviors that contribute to HIV risk as well as approaches to address social, economic, and policy factors that are linked to HIV risk.

Across all of the services that are part of an effective response to HIV, future success in achieving positive outcomes will depend on PEPFAR contributing in each country to a portfolio of activities that is strategic, targeted, and reflective of each country's priorities—given its unique circumstances and HIV epidemic.

Sustaining Hard-Fought Gains

Despite the remarkable progress in the past decade as a result of U.S. government invest-

BOX: Themes of the Committee's Recommendations

- **Plan program portfolios** and the allocation of limited resources, in collaboration with partner country stakeholders, to be more strategic, targeted, and coordinated among activities in order to reflect each country's unique epidemic, circumstances, and needs.
- **Shift the focus** of central guidance from specifying activities to identifying key targeted outcomes, with flexibility at the country level in prioritizing the outcomes and developing activities to achieve them.
- **Enhance support** for long-term systems strengthening, capacity building, and decision-making processes to achieve sustainable HIV programs and sustainable management of the HIV epidemic in partner countries.
- **Support a comprehensive partnership** effort in each country to ascertain the trajectory of the epidemic; identify gaps and fragilities in the current response; estimate costs and project resource needs; develop plans for resource mobilization; coordinate and share information among stakeholders; and establish priorities, goals, and benchmarks for progress.
- **Refine program monitoring**, evaluation, and research to adapt to a transition from direct support for services and programs to efforts and technical assistance in support of systems strengthening, capacity building, and sustainability. Invest to develop reliable, credible approaches to assess these efforts and their contribution to the improved performance and effectiveness of national efforts.

Comprehensive plans for future U.S. support should concentrate on long-term development of infrastructure and improving the capacity of partner countries to establish and implement effective processes and systems for planning and implementing HIV programs.

ment along with contributions from international donors and partner countries themselves, substantial unmet needs remain across HIV services. For future progress, PEPFAR will need to work effectively with partner countries and global stakeholders to ensure that hard-fought gains are not lost and to achieve sustainable management of HIV programs, equitable access to services for the populations that are most in need, and sustainable control of the HIV epidemic.

Success will rely on an unrelenting focus on strengthening the capacity for service delivery through local public and private health systems in PEPFAR partner countries. Already, PEPFAR has improved the function of health systems. It has strengthened laboratories; bolstered the reliability of supplies of essential medicines and HIV-related health commodities, such as condoms and test kits; and strengthened the health workforce by training hundreds of thousands of health care providers and others involved in implementing HIV programs. As PEPFAR matures, it will continue to transition away from the emergency response mode that defined its early existence.

In recent years, PEPFAR has provided increasing support for partner country planning and the development of national frameworks, policies, and strategic plans, which are critical for a sustainable HIV response led by individual countries. PEPFAR is gradually shifting funding away from providing services directly to providing technical assistance, building capacity, and

strengthening systems. As PEPFAR intensifies its focus on fostering the ability of countries to take on greater responsibility for long-term efforts to respond to HIV, ambitious aims may not lead to results as rapidly or dramatically as in the past. During the transition period, the level and quality of services and programs available in partner countries may be diminished. At the same time, the transition can be an opportunity to better integrate HIV services with other health services, to achieve efficiencies and to improve overall health.

Today, the ability of many countries to respond to HIV relies heavily, and sometimes exclusively, on external funding. There has been a growing recognition by all stakeholders that partner countries will need to take ownership of HIV programs that respond to their particular epidemics, by defining goals and priorities, providing more services, shouldering increasing funding responsibility, and making strategic, albeit difficult, decisions about the efficient use of finite resources.

Comprehensive plans for future U.S. support should concentrate on long-term development of infrastructure and improving the capacity of partner countries to establish and implement effective processes and systems for planning and implementing HIV programs. The essential pillars of capacity building will include not only the facilities and service providers that have been the focus in the past, but also a stronger emphasis on financial and program management.



Committee on the Outcome and Impact Evaluation of Global HIV/AIDS Programs Implemented Under The Lantos-Hyde Act of 2008

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Conclusion

PEPFAR has been globally transformative. Across partner countries, PEPFAR was described as a lifeline, and people credit PEPFAR for restoring hope. The initiative's future contributions will be informed by its past achievements, but, by necessity, will take a new direction. PEPFAR will gradually cede control, as partner countries take on more central roles in accountability and setting strategic priorities for investment in their HIV response. The pace of transition will vary by nation, but such an evolution in PEPFAR's mission is vital.

The IOM committee is hopeful that its comprehensive evaluation will help PEPFAR achieve its aims for this new era, and it encourages the initiative to remain bold in its vision and global leadership. PEPFAR has the opportunity and the potential to once again transform the way global assistance for health is envisioned and implemented. 

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