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

PEPFAR is part of a broader renaissance in partnerships for international development.

The United States is changing the paradigm for development, moving beyond the “donor-recipient” mentality towards an ethic of true partnership.

The world’s response to global HIV/AIDS has undergone a transformation in recent years—and the U.S. partnerships with hard-hit nations have made a significant contribution.
Supported life-saving treatment for **more than 2.1 million men, women and children**. Treatment support is estimated to save nearly 3.28 million adult years of life.

Supported HIV counseling and testing for **more than 10.1 million people affected by HIV/AIDS worldwide** including **more than 4 million orphans and vulnerable children**

Supported prevention of **7 million** infections, including prevention of mother-to-child transmission during **nearly 16 million pregnancies**; supplied more than **2.2 billion** condoms worldwide.

In FY 2008 PEPFAR partnered with **2,667 organizations**, of which **86 percent were local**

**Approximately $734 million** in FY2008 resources were invested in capacity building to support service delivery in the public and private sectors.
Recent USG Spending on Global HIV/AIDS

Under PEPFAR, the U.S. Government has committed $18.8 billion to the fight against global HIV/AIDS, exceeding its original commitment of $15 billion over five years.
Beyond 2008: The Next Phase of PEPFAR

PEPFAR Reauthorization - Public Law 110-293

July 30, 2008: Bipartisan Congressional leaders look on as President Bush signs the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008
Beyond 2008: The Next Phase of PEPFAR

- This legislation will increase the U.S. financial commitment to the fight against global HIV/AIDS, tuberculosis, and malaria, authorizing up to $48 billion to combat the three diseases, including:
  - **$39 billion for:**
    - PEPFAR bilateral HIV/AIDS programs
    - U.S. contributions to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria
  - **$5 billion to:** The President’s Malaria Initiative to fight malaria through bilateral programs around the world
  - **$4 billion for:** Bilateral programs to fight tuberculosis, which is the leading killer of people living with HIV
Beyond 2008: The Next Phase of PEPFAR

Working in partnership with host nations, PEPFAR will support:

• Treatment for at least 3 million people
• Prevention of 12 million new infections
• Care for 12 million people, including 5 million orphans and vulnerable children

To meet these goals, PEPFAR will support training of at least 140,000 new health care workers in HIV/AIDS prevention, treatment and care.
Beyond 2008: The Next Phase of PEPFAR

- **Principle:**
  Priorities and funding are field driven. The law authorized the USG to establish partnership frameworks with partner countries to promote a more sustainable approach, characterized by strengthen country capacity, ownership and leadership

- **Funding for FY2009:**
  - **$6.5 billion** was appropriated to continue and expand HIV and TB services in FY2009
  - **$900 million** of these funds will support the work of the Global Fund
Beyond 2008: Emphasizing Continuation and Expansion

**Continuation:** HIV/AIDS treatment, prevention and care are life-long needs, and PEPFAR will continue to support those served during the first five years.

**Expansion:** PEPFAR will further expand efforts to strengthen health systems and to collaborate with programs that address malaria, tuberculosis, child and maternal health, clean water, food and nutrition, education, and other needs.
The goal of a Partnership Framework is two-fold:

1. To advance the progress and leadership of host nations in the fight against HIV/AIDS.
   - Through a longer-term, consultative framework which outline (mutual, non-binding) political commitments and responsibilities for the USG, host governments and civil society
   - Set forth an expected progression over time of USG support and host-country investment and policy change

2. Ensure that any increasing investment in HIV/AIDS is aligned with a country or regionally owned program and includes performance benchmarks.
Partnership Frameworks: Key principals

- Serve as a five-year strategy and provide a vision describing where the partners want to be at the end of the five years, and what combined investments and policy reforms will be needed.
- Prevention, care and treatment for HIV/AIDS remain the centerpiece of PEPFAR.
- Robust “one USG” approach with a Coordinator reporting to the Ambassador or their designee.
- Strong multisectoral approach that brings in host country governments beyond Ministry’s of Health; civil society and faith based communities; international partners.
Partnership Frameworks: Financing

- Government will be held accountable for accurate cost and financing information;
- Will be able to demonstrate a 25 percent contribution (in cash or in kind) to any projects;
- Will ensure that all goods and services are not subject to taxes (including VAT) or customs duties.
- In countries with stronger economies there is also the expectation that, over time, USG funding investments will decrease and host country resources will increase.
Partnership Frameworks: Policy Reform

Host countries will be held accountable to progress on a policy reform agenda.

- **Address Human Resources for Health (HRH):**
  - Address gender issues
  - Address issues that affect children
  - Ensure implementation of policy that improve uptake of counseling and testing
  - Improve access to high-quality, low-cost medications
  - Address stigma and discrimination
In a study of 33 PEPFAR-supported sites providing antiretroviral treatment and associated care in 4 countries, PEPFAR supported 92% of the systems strengthening investments at a typical facility.

<table>
<thead>
<tr>
<th>No. Sites</th>
<th>Buildings &amp; Renovation</th>
<th>Lab Equipment</th>
<th>Other Equipment</th>
<th>Training</th>
<th>All Investments</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Four Countries</td>
<td>33</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>- Public</td>
<td>28</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>- Private</td>
<td>5</td>
<td>50.0%</td>
<td>99.8%</td>
<td>86.9%</td>
<td>93.0%</td>
</tr>
</tbody>
</table>

Note: All investment types are not listed individually but are reflected in the total.
Source: John Blanford et al, CDC

The Power of Partnerships: Building the Health Care Workforce

- Working with the GHWA and the WHO, the Health Action Framework was developed and made widely available to assist in workforce planning and development.
- The Task Shifting collaboration with WHO and UNAIDS resulted in guidelines and recommendations that have been endorsed and implemented by governments worldwide.
- One year ago the President of the US and the Prime Minister of the UK announced an initiative to build the workforce in 4 countries in Africa, Ethiopia, Kenya, Mozambique and Zambia.
The Power of Partnerships: Building Workforce Capacity

Contributing to the overall workforce

- In **Kenya**, PEPFAR supports the government’s Emergency Hiring Plan to train and deploy retired physicians, nurses and other health care workers for the private sector; 830 were deployed last year.

- In **Zambia**, the rural retention scheme provides incentives such as hardship allowance, housing, transportation and educational stipends for children of physicians serving in rural areas.

- In **Botswana, Namibia** and **Mozambique**, through contracting mechanisms supported by PEPFAR, newly qualified health care workers are hired on a short-term basis to work for the Ministry of Health until the government can bring them into the public system.

- In **Tanzania**, PEPFAR is piloting a “retired but not yet tired” program to bring retired health care workers back into the health workforce.
Thank you

For further information, please visit:
www.PEPFAR.gov