

Evaluation of PEPFAR

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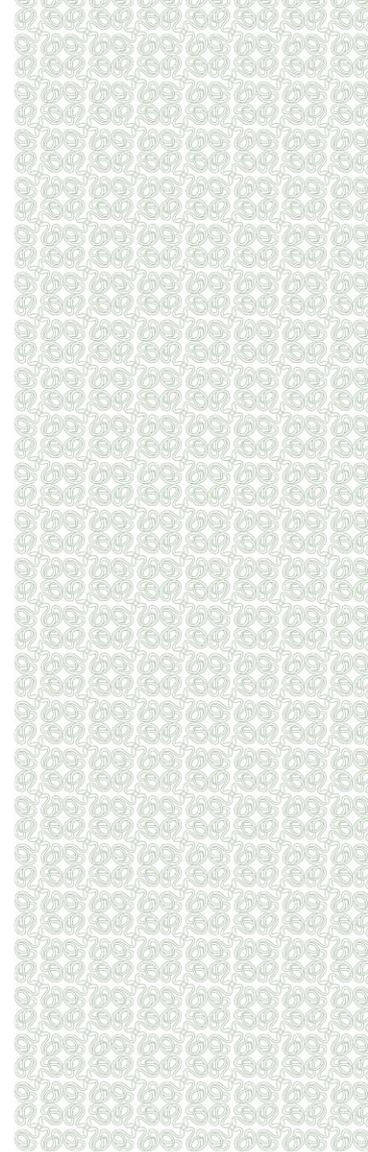
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About the Institute of Medicine (IOM)

The IOM asks and answers the nation's most pressing questions about health and health care.

Established in 1970, the IOM is the health arm of the National Academy of Sciences.

The IOM is an independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public.

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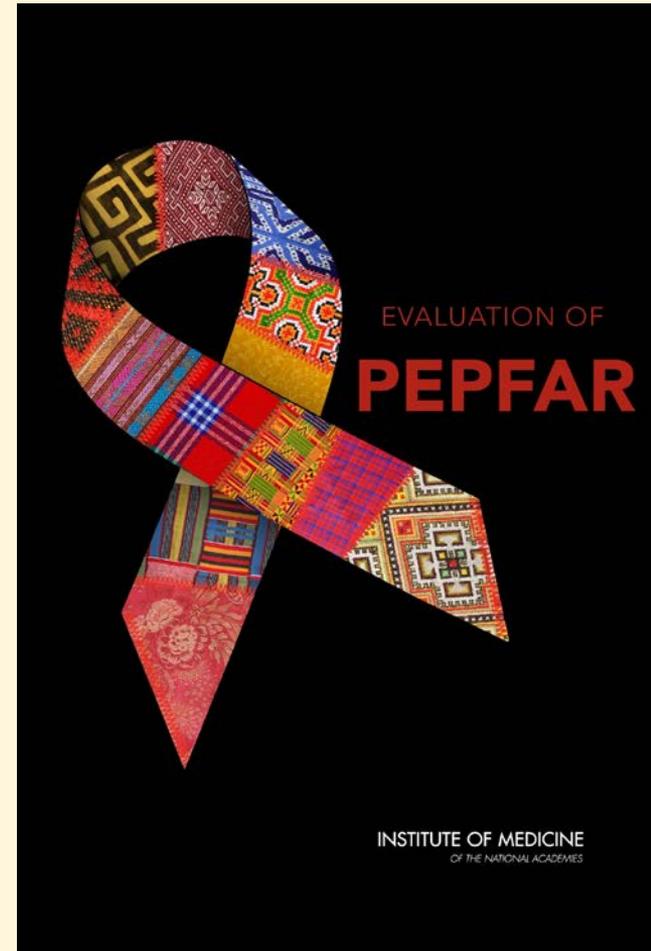
About the President's Emergency Plan for AIDS Relief (PEPFAR)

- Authorized in the U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 for \$15 billion over 5 years
 - Focused on the urgent need to scale up treatment , care, and prevention programs; set bold, ambitious goals (2,7,10)
- PEPFAR was reauthorized through 2013 under the Lantos–Hyde Act of 2008 for up to \$39 billion for HIV/AIDS for another 5 years
 - Focused on expanded targets and a transition to activities and goals that would contribute to a sustainable response in partner countries
- Has supported bilateral HIV/AIDS programs in over 100 countries, with the largest share of the investment currently in 33 partner countries



IOM Evaluation of PEPFAR-Congressional Charge

- The Lantos–Hyde Act of 2008 mandated that the IOM 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- IOM Committee

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Evaluation Approach and Methods

- Conducted over 4 years
- Examines PEPFAR since its inception
- Designed to credibly assess PEPFAR's contribution to the HIV response in partner countries and globally
- Whole-of-PEPFAR assessment; not an evaluation of specific countries, programs, partners, or agencies
- Evaluation of a dynamic initiative with many moving parts



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 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 PEPFAR's prevention, care, and treatment targets

- Latest PEPFAR results (www.pepfar.gov):

- Treatment**

- Current Target: Treatment of more than 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 PEPFAR's prevention, care, and treatment targets**

- Latest PEPFAR results (www.pepfar.gov):

- **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



Response to the Congressional Charge

•Impact of PEPFAR-supported HIV prevention, care, and treatment programs

- Supported scale up of HIV prevention, care, and treatment services
- Ensured that attention is paid to vulnerable populations in the response to HIV
- 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

•Impact of PEPFAR on child health and welfare

- Elevated attention to and investment in meeting the needs of children through services
- Unprecedented investment in OVC programs
- Coverage of pediatric HIV care and treatment remains proportionally much lower than coverage for adults



Response to the Congressional Charge

- **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

- **Effects of PEPFAR on health systems**

- Strengthened systems (laboratory, supply chain, workforce)
- Engaged with partner country governments and other stakeholders
- Increased knowledge about the epidemic in partner countries



Overall Conclusions

- 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 hard-fought gains and to continue to make progress in controlling the HIV epidemic
- PEPFAR has started moving in the direction of assisting countries in their ability to sustainably manage their epidemics



Committee Made Recommendations in Four Areas

Scaling up HIV Programs

**Strengthening Systems for
the HIV Response in Partner
Countries**

**Transitioning to a Sustainable
Response**

**Transforming Knowledge
Management**

- In some areas, PEPFAR is moving in a direction consonant with the recommendations
- Intent 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:

- **Improve** linkages from HIV counseling/testing to care and treatment and to prevention services aimed at reducing HIV transmission
- **Target** populations that are vulnerable to HIV, which differ by country
- **Emphasize** reduction of sexual transmission with an approach balanced among biomedical, behavioral, and structural interventions
- **Prioritize** the response according to the need



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 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 in **partnership with countries 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

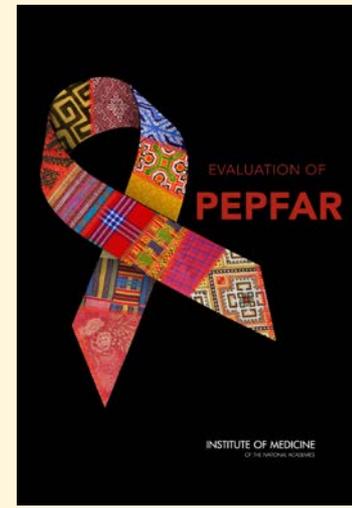
Refine program monitoring, evaluation, and research

- 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
- Continue to contribute to the global knowledge base with active dissemination of knowledge on effective implementation of HIV programs



Concluding Remarks

- PEPFAR has played a transformative role with its contribution to the global response to HIV.
- PEPFAR's support for HIV prevention, care, and treatment has had major 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.
- PEPFAR was described as a lifeline, and people credit PEPFAR for restoring hope.
- A new era – less focus on direct support for services and more on technical assistance and on facilitating capable leadership in partner countries – may not be one of rapid, dramatic results. Yet if successful, PEPFAR has the potential to again transform the way health assistance is envisioned and implemented.



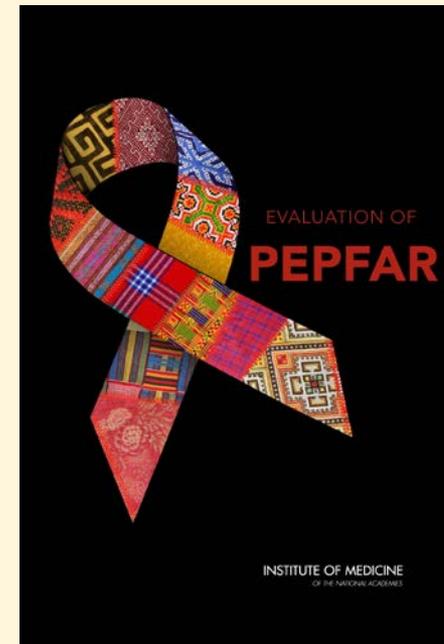
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