Evaluation of PEPFAR

Robert E. Black (Chair), Johns Hopkins University
Dawn K. Smith, Centers for Disease Control and Prevention
Jennifer Kates, Henry J. Kaiser Family Foundation
Ann Kurth, New York University
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.
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
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
Evaluation of PEPFAR- IOM Committee

ROBERT E. BLACK (Chair), Johns Hopkins University
JUDITH D. AUERBACH, Consultant, San Francisco AIDS Foundation
MARY T. BASSETT, Doris Duke Charitable Foundation
RONALD BROOKMEYER, University of California, Los Angeles
LOLA DARE, Center for Health Sciences Training, Research and Development International
ALEX C. EZEH, African Population and Health Research Center
SOFIA GRUSKIN, University of Southern California
ANGELINA KAKOOZA, Makerere University College of Health Sciences
JENNIFER KATES, Henry J. Kaiser Family Foundation
ANN KURTH, New York University
ANNE C. PETERSEN, University of Michigan and Global Philanthropy Alliance
DOUGLAS D. RICHTMAN, VA San Diego Healthcare System and University of CA, San Diego
JENNIFER PRAH RUGER, Yale University
DEBORAH L. RUGG, United Nations Inspection and Evaluation Division
DAWN K. SMITH, U.S. Centers for Disease Control and Prevention
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

• 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](http://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.
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.
Evaluation of PEPFAR - IOM Staff and Consultants

**Staff**
Kimberly A. Scott (Study Co-Director)
Bridget B. Kelly (Study Co-Director)
Margaret Hawthorne
Livia Navon
C. Cecilia Mundaca
Ijeoma Emenanjo
Mila Gonzalez
Kristen Danforth
Rebecca Marksamer
Kate Meck
Collin Weinberger
Leigh Carroll
Tessa Burke
Wendy Keenan
Angela Mensah
Julie Wiltshire
Rosemary Chalk
Kimber Bogard
Patrick Kelley

**Consultants**
Sharon Knight
Janet Wittes
Kathryn Tucker