



Originally a participant in a program supported by the U.S. President's Emergency Plan for AIDS Relief, Nkonzo Khanyile was selected as the face of the 2006 HIV/AIDS Implementers' Meeting in Durban, South Africa as an example of those who have moved from program beneficiary to program implementer.

**“HIV/AIDS is a global health crisis and a constant struggle for many of our families, friends, and neighbors. On World AIDS Day, we underscore our commitment to fight the AIDS pandemic with compassion and decisive action.”**

**President George W. Bush  
World AIDS Day  
December 1, 2006**

## Chapter 8

# Implementation and Management

## Implementation and Management

### Goal

Efficient, effective, and accountable use of resources

### Achievements in Fiscal Year 2006

- Obligated approximately \$3.2 billion.
- Streamlined policy and programmatic decision-making.
- Expanded the PEPFAR strategic vision to all bilateral HIV/AIDS programs and transferred key country team best practices beyond the focus countries.
- Established a PEPFAR Extranet system to share information through the Internet among all staff implementing PEPFAR.
- Launched the New Partners Initiative.
- Created a Public Health Evaluation Sub-Committee to be focal point for the annual development of PEPFAR-wide evaluation priorities based on input from the broader PEPFAR community.
- Implemented the Supply Chain Management System.
- Held HIV/AIDS Implementers' Meeting to facilitate flow of lessons learned and best practices among PEPFAR personnel and with key implementing partners, as well as non-partner HIV/AIDS implementers.
- Launched a Staffing for Results initiative to focus on having the right “footprint” at the country level.
- Began a series of monthly video conferences with headquarters and field staff on implementation, management, and strategic information challenges and best practices.

With the President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR), for the first time the U.S. Government (USG) has a unified, strategic approach to international development in order to ensure results. Rather than creating a new agency, PEPFAR established an innovative "virtual organization" model to create and implement a unified, USG-wide strategy on global HIV/AIDS.

During 2006, Ambassador Mark Dybul was sworn in as the second U.S. Global AIDS Coordinator, succeeding Ambassador Randall Tobias. The Coordinator, reporting directly to the Secretary of State, has primary responsibility for the oversight and coordination of all USG global HIV/AIDS spending, and strategically leverages the particular strengths of all USG agencies involved in HIV/AIDS interventions. These agencies are:

- Department of State
- Department of Health and Human Services
- Department of Defense
- Department of Commerce
- Department of Labor
- U.S. Agency for International Development
- Peace Corps

At its inception, PEPFAR's imperative to embrace a "new way of doing business" created numerous implementation and management challenges. PEPFAR has instituted systems to learn from its implementation hurdles and successes, and translate those lessons learned into action. PEPFAR is focused on meeting challenges while continuing to evolve in order to address emerging needs. In light of the results PEPFAR has achieved, there is a broad recognition - within and beyond the USG - that the interagency PEPFAR model is effective and should be maintained. Credit for its success belongs to the people of PEPFAR's primary implementing agencies - both in the field and in Washington - who have demonstrated the power of a unified USG response.

### **Management Mechanisms**

The interagency PEPFAR decision-making structure includes the Policy Group, Deputy Principals Group, Technical Working Groups, Country Core Teams, Scientific Steering Committee, and Office of the U.S. Global AIDS Coordinator (OGAC) operating units. Key policy structures established since the founding of PEPFAR have been maintained and strengthened. In 2005, the decision-making structure was formalized to improve the timeliness and inclusiveness of PEPFAR policy and programmatic decisions. In 2006, PEPFAR continued to formalize and improve its processes based upon recommendations made during self-studies conducted in both the field and at agency headquarters.

The Coordinator continues to chair a weekly meeting of the Policy Group, comprised of the principals at the lead implementing agencies and other key Executive Branch stakeholders. This group provides policy leadership, including approval of policy guidance for program implementation. In 2006, the Policy Group identified a number of key issues to target for improvement, including organizing procedures for systematically reviewing USG support for international HIV/AIDS efforts; USG interagency participation in international meetings; and the approval process for PEPFAR policy guidance.

Senior OGAC staff chair a weekly meeting of Deputy Principals from USG participating agencies, who focus on program management issues. The Deputy Principals develop and implement procedures to respond to policy requests, and they support a systematic decision-making process. In 2006, this group sought both field and headquarters reviews and recommendations for improving PEPFAR initiatives ranging from the Implementers' Meeting to Public Health Evaluations; Country Operational Plan (COP) reviews; and priorities for international HIV/AIDS coordination.

The Coordinator also holds quarterly coordination calls with the Chiefs of Mission (COMs) to PEPFAR countries. These calls provide an opportunity for OGAC to update the COMs on implementation, management, and budget issues, as well as discuss in-country issues and ways to improve PEPFAR implementation.

A Scientific Steering Committee meets regularly to ensure that PEPFAR programs are scientifically sound. In 2006, PEPFAR began transitioning from targeted evaluations to Public Health Evaluations (PHEs). A PEPFAR PHE strate-

gy was approved and a new evaluation management structure was implemented. This strategy responds to USG staff recommendations for a more coordinated approach to program evaluations, and recognizes the needs and opportunities to systematically identify and answer critical questions across countries in order to facilitate the continued improvement in scope and quality of PEPFAR programs.

To oversee this new approach, a PHE Subcommittee was formed. The new Subcommittee has the authority to convene Evaluation Teams and is the focal point for the annual development of PEPFAR-wide evaluation priorities, based upon input from the broader PEPFAR community. Partners and USG staff, both in-country and at headquarters, have the opportunity to submit ideas for high-priority evaluation areas and studies; they also will be able to participate in the design and implementation of studies. The PHE Subcommittee is now developing a list of evaluation priorities for 2007.

Technical and Operational Working Groups – which are co-chaired by OGAC and agency personnel, with headquarters and field representation – formulate technical guidance and support implementation in the field. In 2006, PEPFAR’s interagency Technical Working Groups produced quality improvement measures that countries may use to monitor program quality.

Country-specific interagency Core Teams also continue to serve as a source of technical assistance, as well as a channel through which information can flow between the field and headquarters. In 2006, best practices in structuring and operating USG country teams were developed based on peer reviews and experience, and were disseminated to the field. These best practices include adding a PEPFAR Country Coordinator in focus countries, and scheduling country team and partner meetings. USG country management and staffing details are now included in COPs and reviewed by headquarters.

OGAC’s Program Management Systems division and the interagency Management and Staffing Technical Working Group address management issues that arise as part of PEPFAR implementation. They also troubleshoot issues and devise systematic solutions, which are then shared with relevant stakeholders. In order to evaluate staffing required to implement and manage PEPFAR, OGAC is examining current staffing requirements, both at headquarters and in the

field. “Staffing for Results” is a key initiative that aims to improve in country management and staffing practices, with the goal of developing a long term USG staffing plan for implementation of HIV/AIDS programs. In 2006, interagency Deputy Principal teams visited five countries to promote this concept; further visits are planned for 2007. This initiative is leading to an innovative approach to staffing, using a single USG organizational chart for HIV/AIDS in-country rather than an agency-specific structure. The approach will be formalized and instituted in 2007.

In the focus countries where the interagency country team approach has been pioneered, the Staffing for Results model has sharpened the focus of programming, helping to ensure that decisions are made in a strategic fashion. This model has also helped to promote a unified voice and strategy for interacting with host governments and other partners.

The expansion of Staffing for Results to a growing number of countries is a PEPFAR priority. In the field, PEPFAR is also working to disseminate best practices developed in the focus countries to all PEPFAR countries. Increasingly, country teams are talking to each other in order to share concerns, successes, and lessons learned.

### ***Country Operational Plans and Reporting***

The heart of the interagency approach is Ambassadorial leadership of a unified interagency country team. This approach produces a five-year country USG strategy and an annual COP, describing how the strategy is to be made operational and outlining the allocation of budget and activities. The COP, submitted by Ambassadors in their capacities as leaders of PEPFAR country teams, is a statement of annual HIV/AIDS targets for the coming year, along with detailed program and budget plans to reach them. Because they offer a detailed description of what the USG expects of each implementing partner for the year, the COPs have proven to be a key tool for tracking partner performance in-country.

In keeping with the principles of the “Three Ones,” COPs are developed in close consultation with partners in-country, in particular the host country government, to:

1. Reflect unique challenges and opportunities for each country;
2. Ensure support of host-country HIV/AIDS strategies;

3. Effectively build on USG expertise; and
4. Complement other international partners' programs.

Fiscal year 2007 is the fourth year for which COPs have been required in the focus countries, and both the COPs themselves and the process for their review continue to improve with each year of experience. After submission of the COPs to OGAC, interagency technical teams assessed the technical quality of proposed activities and management, as well as consistency with PEPFAR strategies. Programmatic teams then reviewed entire COPs from a more strategic perspective, incorporating the technical review findings. The findings then were discussed in detail with country teams. Program review teams submitted recommendations and comments to the interagency Policy Group, which is chaired by the Coordinator, who then made final funding decisions. In addition to technical reviews, in 2006, focus country management and staffing were also analyzed through the introduction of new country management and staffing charts in the COPs. Recommendations then were made in COP reviews for strengthening country staffing, including having teams of Deputy Principals visit those countries that had management and staffing challenges in order to help resolve issues.

The results reporting system is critical to PEPFAR accountability and is another key element of this country team approach. It is being expanded in stages to the bilateral programs outside of the focus countries. In fiscal year 2006, all bilateral programs that receive \$1 million or more in USG HIV/AIDS funding reported their performance against a set of common PEPFAR indicators. Specific reporting requirements by country are determined by funding level and are detailed in the general policy guidance document for all bilateral programs (see the chapter on Strengthening Bilateral Programs).

For fiscal year 2006, OGAC expanded COP and reporting requirements to five other bilateral countries that are receiving more than \$10 million in HIV/AIDS funding annually. Six countries that receive more than \$5 million in HIV/AIDS funding annually completed five-year PEPFAR planning strategies. For fiscal year 2007, a total of 16 other bilateral countries (in addition to the 15 focus countries) completed mini-COPs, which are abbreviated versions of the full COPs.

Augmenting existing programs funded through the COP process, the New Partners Initiative (NPI) is increasing PEPFAR's ability to reach people with needed services by identifying potential new partner organizations. Under the NPI, the Emergency Plan will award a series of grants totaling approximately \$200 million for new partners to serve the Emergency Plan's 15 focus countries. With NPI funding, these organizations will increase their capacity to provide prevention and care, strengthening capacity in host nations to address HIV/AIDS and thereby promoting the sustainability of future HIV/AIDS efforts. Eligible entities are non-governmental organizations working in any of the 15 Emergency Plan focus countries, with little or no experience working with the USG, defined as having received no more than \$5 million in USG funding during the preceding five years, excluding disaster and emergency assistance or funding as a subcontractor. Announced on World AIDS Day, December 1, 2006, the first round of three-year NPI grants will award a total of up to \$72 million to 22 recipient organizations.

#### ***Internal and External Communication***

Stakeholder engagement in program planning has helped to create a culture of transparency at PEPFAR. In 2006, country PEPFAR teams developed a number of communication vehicles, ranging from mission websites to modified COPs to share with country partners. In order to facilitate transparent communication with the general public as well as with PEPFAR personnel and partners, OGAC significantly upgraded its website in 2006, making available a growing amount of information on program activities. Further website improvements are planned for fiscal year 2007. The Department of State OGAC webpage, <http://www.state.gov/s/sgac> was redesigned as <http://www.PEPFAR.gov>, a full website for PEPFAR information. The new site was launched before World AIDS Day 2006. Additional PEPFAR partner, budget, and program information has been added to the website.

Program evaluations disseminated at the 2005 Annual Meeting indicated a need for better sharing of information about best practices in the field and improved technical assistance and peer-to-peer communications. In direct response to these expressed needs, OGAC established the PEPFAR Extranet in June 2006. The Extranet, which is open to all USG employees working on PEPFAR, contains country team sites, technical working group sites, *News to the Field*, and group spaces for policy and program operations program development. Use of the site is evaluated

monthly, and more extensive user evaluations are conducted at regular intervals.

Weekly *News to the Field* email messages serve as a vehicle for dissemination of PEPFAR guidance, immediate answers to questions concerning PEPFAR policies and processes, and other information to the field. In December 2006, OGAC began a new series of monthly video conferences on implementation, management, and strategic information challenges and best practices. They provide regular opportunities for headquarters and country-based staff to present and exchange information.

In fiscal year 2006, an OGAC information technology (IT) strategic plan was researched, written, and implemented. Four goals and 19 initiatives support OGAC's business plans and processes and address enhanced collaboration and knowledge management, improvements in the use of mobile computing and communication technologies, improvements in workforce IT skills and support, and improved data quality and data management processes. The 19 initiatives are completed or pending, and a continuing process for updating the plan is in place. This will promote use and dissemination of relevant PEPFAR information to the public and to personnel and partners in the field, as well as addressing the operational needs and data management issues of PEPFAR.

In response to requests for improved internal communications, OGAC organized monthly Executive Branch briefings, which are attended by USG employees from any agency who want to learn more about what PEPFAR is doing. At the request of participants, a "spotlight issue" segment recently was included in these meetings. After U.S.-based non-governmental organizations requested a forum for their questions, PEPFAR began holding quarterly meetings in Washington or New York City.

### ***Performance-based Budgeting***

Just as the COPs have improved USG country planning, the use of a performance-based planning and reporting system has enabled USG agencies for the first time to use performance-based budgeting as a means of coordinating HIV/AIDS funding streams and proposed dollar allocations for future years. Working with the White House Office of Management and Budget (OMB), PEPFAR has developed a series of joint program indicators to use in measuring country progress toward the 2-7-10 PEPFAR goals.

From its inception, PEPFAR has insisted on connecting funding to results. Decisions on funding and continuation of partnerships are tied to performance in terms of targets that have been set by country teams and partners and finalized in the COPs. In the field, country teams conduct annual reviews of partner performance prior to submitting COPs for the succeeding year. In 2005 and 2006, each focus country analyzed progress toward its targets in key areas such as treatment, care, counseling and testing, and prevention of mother-to-child transmission; these analyses enabled headquarters agencies to propose future budget requests and establish a set of budget allocations for 2006 and 2007 funding. The Principals' and Deputy Principals' planning groups used this information when making country comparisons of targets-to-results and results-to-costs in funding decisions.

PEPFAR has also developed valuable tools with which to strengthen this performance-based budgeting approach. Based on analysis conducted during fiscal year 2005, select high-performing countries received additional resources for fiscal year 2006, while others that performed below expectations were maintained at their base levels. In fiscal year 2007, PEPFAR will continue to apply and refine its tools for performance-based budgeting in order to ensure optimal use of prevention, treatment, and care resources.

In fiscal year 2007, PEPFAR country teams will report on their partners' programmatic and financial performance in the Semi Annual Program Results report. Country teams will assess how well partners are meeting their goals and maintaining good implementation practices. The reporting will formalize countries' ongoing "pipeline" analyses (which assess partner efficiency in putting funds to work), assessment of cost-effectiveness of partner activities, and review of partners' performance against targets established in the COPs.

PEPFAR also reports on its targets and results in a variety of strategic planning reports, including agency planning and results reports and OMB's Performance Assessment Rating Tool (PART). In spring and fall PART updates, PEPFAR reports on progress in the focus countries and other bilateral countries, as well as progress of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

### ***PEPFAR Annual Meeting and 2006 HIV/AIDS Implementers' Meeting***

"Building on Success: Ensuring Long-Term Solutions," was the theme for the Third Annual PEPFAR Field Meeting



Ambassador Mark Dybul, U.S. Global AIDS Coordinator, visited NOAH's Siyawela Ark on June 13, 2006. The site visit coincided with the HIV/AIDS Implementers' Meeting in Durban, South Africa.

and 2006 HIV/AIDS Implementers' Meeting, held consecutively in Durban, South Africa, in June 2006.

The Annual Field Meeting included extensive programmatic presentations and papers. In addition, representatives of PEPFAR country teams – led by their Ambassadors – reported on their implementation challenges, successes, and lessons learned. This sharing of information generated invaluable dialogue among the country teams.

Representing more than 50 countries worldwide, over 1,000 people attended the 2006 HIV/AIDS Implementers' Meeting. They included implementers from selected PEPFAR partners, including host governments; indigenous community- and faith-based organizations; and organizations that are not USG partners. The vision for this meeting was to provide a forum for HIV/AIDS implementers worldwide to discuss the successes and challenges of bringing programs to scale and to share lessons learned. More than 500 oral and poster abstracts were presented during the Implementers' Meeting. Abstracts and presentations from the meeting are available on the conference website (<http://www.blsm meetings.net/implementhiv2006>).

The 2007 HIV/AIDS Implementers' Meeting, scheduled for June in Kigali, Rwanda, will bring together approximately 1,500 HIV/AIDS implementers. The theme for the 2007 meeting, "Scaling Up Through Partnerships," recognizes the rapid expansion of HIV/AIDS programs worldwide. The increase in projected attendees is attributable to the fact that this year's Implementers' Meeting will include international implementers, with co-sponsorship by

PEPFAR's multilateral organization partners, including the Global Fund, UNAIDS, UNICEF, the World Bank, and the World Health Organization.

Together, implementers will exchange lessons learned on building the capacity of local prevention, treatment, and care programs, maintaining quality control, and coordinating efforts. This forum will facilitate an open dialogue about future directions of HIV/AIDS programs, with a strong emphasis on best practices and implementation of PEPFAR and other programs.

### ***Streamlining Reporting Requirements***

Following requests made by USG field staff at the 2005 Annual Meeting, PEPFAR formed the Reporting Burden Task Force, composed of field and headquarters staff. The Task Force reviewed and streamlined information requests made by headquarters agencies. In 2006, the Task Force conducted structured interviews with implementing agencies and partners in order to gather data on the scope, demand for, and cost of collecting information. As a result of these interviews, PEPFAR reporting requirements were reduced and work commenced on standardizing portfolio management processes. For instance, countries currently submit Semi-Annual Program Results (SAPR) reports, in which they report on progress made through the first half of each fiscal year. In 2007, OGAC is considering making changes to the SAPR, in order to reduce reporting burdens. In addition, OGAC is redesigning the Country Operational Plan Reporting System database in order to make it more user-friendly. This redesign is expected to reduce the administrative burden of reporting and results in more useful information for headquarters agencies and field staff.

### ***Commodities Procurement***

PEPFAR's efforts to build capacity for the delivery of services in the focus countries have been enormously successful – to the point that capacity in many countries now exceeds USG funds to provide services. Therefore, it is essential to ensure that available funds be used with maximum efficiency. With the rapid growth in the availability of treatment and care under PEPFAR, management issues around the procurement of commodities – including antiretroviral drugs, laboratory supplies, and reagents – are critical.

Interruptions or disruptions in the supply of antiretroviral drugs can be disastrous for people receiving this life-saving treatment. PEPFAR is committed to supporting a supply

system that prevents this from occurring. PEPFAR initiated the Partnership for Supply Chain Management in 2005, which manages the Supply Chain Management System (SCMS) project. SCMS, described in the chapters on

Treatment and Building Capacity: Partnerships for Sustainability, will improve the supply chain in order to ensure an uninterrupted supply of high-quality, affordable products.

## PEPFAR Implementing Departments and Agencies

### Department of State (DoS)

The U.S. Global AIDS Coordinator reports directly to the Secretary of State. At the direction of the Secretary, the Department of State's support for the Office of the Global AIDS Commissioner (OGAC) includes:

- Providing human resources services;
- Tracking budgets within its accounting system;
- Transferring funds to other implementing agencies; and
- Providing office space, communication, and information technology services.

Chiefs of Mission provide essential leadership to interagency HIV/AIDS teams and, along with other U.S. officials, engage in policy discussions with host-country leaders to generate additional attention and resources for the pandemic and ensure strong partner coordination. The Coordinator has also created the PEPFAR Small Grants Programs, in order to make funds available to Ambassadors for support of local projects. These projects have been developed with extensive community involvement in coordination with local non-governmental organizations (NGOs) and municipalities and are targeted at the specific needs of the host country.

In addition, the State Department's programs under both the Freedom Support Act and the Support for Eastern European Democracies Act contribute to combating the HIV/AIDS pandemic under the Emergency Plan. Through its embassies in 162 countries, the Department also implements a variety of diplomatic initiatives and other community-based HIV/AIDS programs, most of which focus on prevention. The embassies also use the tools of public diplomacy to reach out through print and electronic media, facilitate exchange programs, and engage new partners for PEPFAR.

### Department of Health and Human Services (HHS)

HHS has a long history of HIV/AIDS work within the United States and at the global level. Under the Emergency Plan, HHS implements prevention, treatment, and care programs in developing countries and conducts HIV/AIDS research through its:

- Centers for Disease Control and Prevention (CDC);
- National Institutes of Health (NIH);
- Health Resources and Services Administration (HRSA);
- Food and Drug Administration (FDA); and
- Substance Abuse and Mental Health Services Administration (SAMHSA).

HHS field staff also work with the country coordinating mechanisms of the Global Fund to improve implementation of Global Fund grants and programs and their coordination with USG programs.

Examples of HHS programs and activities include:

- HHS/CDC's Global AIDS Program (GAP) works through highly trained physicians, epidemiologists, public health advisors, behavioral scientists, and laboratory scientists in 29 countries (including the 15 focus countries), who are part of USG teams implementing the Emergency Plan. GAP supports more than 25 additional countries through its headquarters and regional offices. Through partnerships with host governments, Ministries of Health, NGOs, international organizations, U.S.-based universities, and the private sector, GAP assists with HIV prevention, treatment, and care; laboratory capacity building; surveillance; monitoring and evaluation; and public health evaluation research. It is uniquely positioned to coordinate with HHS's other global health programs, such as global disease detection, public health training, and prevention and control of other infec-

tious diseases such as malaria and tuberculosis, as well as with HHS's domestic HIV/AIDS prevention programs in the United States.

- HHS/NIH supports a comprehensive program of basic, clinical, and behavioral research on HIV infection and its associated opportunistic infections, co-infections, and malignancies. This research will lead to a better understanding of the basic biology of HIV and the development of effective therapies to treat it. It also will foster the design of better counter-measures to prevent new infections, including vaccines and prophylaxis with antiretroviral drugs (ARVs) and microbicides. NIH supports an international research and training portfolio that encompasses more than 90 countries; it also is the lead federal agency for biomedical research on AIDS.
- HHS/HRSA builds human and institutional capacity for scaling up HIV treatment and care, based on its experience in providing quality comprehensive HIV/AIDS care to underserved communities in the United States for more than 20 years. HRSA's Global HIV/AIDS Program implements its strategies through rapid roll-out of ARVs and clinical services, training and technical assistance, nursing leadership development, and promotion of the continuum of palliative care. Supporting education and training in more than 25 countries, thousands of health care workers are able to provide care and services in order to help PEPFAR meet its 2-7-10 goals. HRSA also is providing HIV quality improvement models, as well as supplying patient, provider, and population-level software to PEPFAR countries in order to improve the quality of care.
- HHS/FDA ensures the availability of safe and effective ARVs to meet the in-country treatment goals of global agencies and governments engaged in the treatment and care of patients living with HIV/AIDS. As of January 2007, using a process that combines focused engagement with companies prior to submitting authorization packages with a priority assessment of the submitted packages, the FDA has approved or tentatively approved 34 single-entity, fixed-dose combination, and co-packaged versions of previously-approved ARVs (most of which are still protected in the United States by patent and/or exclusivity) to increase the arsenal of low-cost, high-quality HIV/AIDS therapies available for purchase under PEPFAR. By making these much-needed, high-quality generic products available for registration and marketing in the 15 PEPFAR focus countries, the FDA has helped save lives and has significantly reduced the cost of treatment.
- HHS/SAMHSA works through state and tribal governments and faith- and community-based programs to support substance abuse and dependence and mental illness prevention, treatment and recovery, including support of an educational and training center network that disseminates state-of-the-art information and best practices. This technical expertise and program experience is being applied to the Emergency Plan within the program areas of drug and alcohol abuse, with an emphasis on the use of medication-assisted treatment as an HIV prevention intervention.

The Office of Global Health Affairs in the Office of the Secretary coordinates all of the HHS agencies to be sure the Department's resources are working effectively and efficiently under the leadership of the Coordinator.

### **U.S. Agency for International Development (USAID)**

USAID implemented its first HIV/AIDS programs in 1986 and currently supports the implementation of Emergency Plan HIV/AIDS programs in nearly 100 countries, through direct in-country presence in 50 countries and through seven regional programs in the remaining countries. As a development agency, USAID has focused for many years on strengthening primary health care systems in order to prevent, and more recently to treat and care for, a number of communicable diseases, including HIV/AIDS.

Under the Emergency Plan, USAID's foreign service officers, trained physicians, epidemiologists, and public health advisors work with governments, NGOs, and the private sector in order to provide training, technical assistance, and commodities (including pharmaceuticals) to prevent and reduce the transmission of HIV/AIDS and to provide treatment and care to people living with HIV/AIDS. As the HIV/AIDS epidemic in most countries outside of the focus countries is still limited to high-risk groups, USAID focuses considerable resources on reducing high-risk behaviors not only in high-risk groups, but also in the general population.

USAID is uniquely positioned to support multi-sectoral responses to HIV/AIDS that address the widespread impact of HIV/AIDS outside the health sector in high-prevalence countries. In these countries, USAID is supporting programs, in areas such as agriculture, education, democracy, and trade, linked to HIV/AIDS and which mutually support the objective of reducing the impact of the pandemic on nations, communities, families, and individuals. USAID also supports the New Partners Initiative (NPI), which builds the capacity of organizations at the community level, while also building local ownership of HIV/AIDS responses for the long term.

Under the Emergency Plan, USAID also supports a number of international partnerships (such as the International AIDS Vaccine Initiative and UNAIDS); provides staff support to the U.S. delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria; and works with local coordinating committees of the Global Fund to improve implementation of Global Fund programs and

ensure that they complement USG programs. Finally, USAID supports targeted research, development, and dissemination of new technologies (including microbicides), as well as packaging and distribution mechanisms for ARVs through the Supply Chain Management System, established in fiscal year 2005.

### **Department of Defense (DoD)**

The DoD implements Emergency Plan programs by supporting HIV/AIDS prevention, treatment, and care, strategic information, human capacity development, and program and policy development in host militaries and civilian communities of 69 countries around the world. These activities are accomplished through direct military-to-military assistance, support to NGOs and universities, and collaboration with other USG agencies in country. The DoD supports a broad spectrum of military-specific HIV prevention programs, infrastructure development and support (including laboratory, clinic and hospital facility renovation, equipment, and training), and treatment and care activities. Under the Emergency Plan, the DoD HIV/AIDS Prevention Program (DHAPP) conducts a one-month HIV/AIDS training program for military clinicians who provide HIV-related treatment and care. DoD international HIV/AIDS programs support six clinical trial and vaccine research sites and have established permanent laboratory and research capabilities in nine countries.

Members of the defense forces in 13 Emergency Plan focus countries have been the recipients of DoD military-specific HIV/AIDS prevention programs designed to address their unique risk factors, in addition to treatment and care programs for their personnel. In these 13 countries alone, military programs have the potential to make an impact on more than 1.2 million people, including active duty troops, their dependents, employees and surrounding civilian communities. With PEPFAR support and in collaboration with the USG, Ministries of Defense in Emergency Plan countries have developed culturally appropriate peer education, drama, video, and interactive “edutainment” methods of sharing comprehensive prevention messages with their troops. Military members have been trained to promote HIV prevention on an individual level, and country military programs have supported targeted condom service outlets, with some countries even developing a military-specific theme for condom packaging and distribution to appeal to soldiers. Ministries of Defense and DHAPP have jointly supported second generation HIV surveillance, as well as counseling and testing centers and provider-initiated testing. DoD programs provide support for a full-spectrum care effort, including TB/HIV, treatment for opportunistic infections, and pre-ART care. DoD efforts under the Emergency Plan also have provided the necessary training, infrastructure, and support for HIV/AIDS treatment in host militaries.

### **Department of Labor (DoL)**

The DoL implements Emergency Plan workplace-targeted projects that focus on prevention and reduction of HIV/AIDS-related stigma and discrimination. DoL has programs in over 23 countries and has received PEPFAR funding for projects in Guyana, Haiti, India, Nigeria, and Vietnam. As of March 2006, DoL programs that work with the International Labor Organization and the Academy for Educational Development have helped 415 enterprises adopt policies that promote worker retention and access to treatment. These programs have reached more than 2,500,000 workers now covered under protective HIV/AIDS workplace policies. DoL brings to all these endeavors its unique experience in building strategic alliances with employers, unions, and Ministries of Labor, which are often overlooked and difficult to target.

DoL programs focus on three major components:

- Education – Increasing awareness and knowledge of HIV/AIDS by focusing on a comprehensive workplace education program, including the ABC approach and linkages with counseling, testing, and other support services.
- Policy – Improving the workplace environment by helping business, government, and labor develop and implement workplace policies that reduce stigma and discrimination associated with HIV/AIDS.
- Capacity – Building capacity within employer associations, government, and trade unions to replicate workplace-based programs in other enterprises; improving worker access to counseling, testing, and other supportive HIV/AIDS services.

The result is a direct contribution to the objectives and goals incorporated into the Emergency Plan to prevent new infections and offer care and support. Appropriate policy development to overcome discrimination and ensure continued employment is in itself an essential first step in care and support. Workplaces where workers and managers have already received training and policies are in place can be strategic locations for counseling and testing, care, support, and other services.

Another extensive DoL international technical assistance program focusing on child labor also involves the International Labor Organization, UNICEF, and non-governmental and faith-based organizations, in order to implement programs targeting HIV-affected children who must work to support themselves and/or their families, as well as children who have been forced into prostitution.

## Department of Commerce (DoC)

The DoC has provided and continues to provide in-kind support to PEPFAR, aimed at furthering private sector engagement by fostering public-private partnerships. Recent activities include:

- Presentations about HIV/AIDS in industry/trade advisory committee meetings, including discussions on how the private sector can contribute to global HIV/AIDS interventions.
- The creation and dissemination of sector-specific strategies for various industries (e.g., consumer goods, oil and extractives, health care) detailing to companies concrete examples of how the private sector can be engaged in HIV/AIDS.
- Departmental support for various private sector activities, such as the Business-Higher Education Forum and events with the Global Business Coalition on HIV/AIDS.
- Regular meetings with multilateral organizations such as the World Bank and the Global Fund to discuss how the Department has been able to reach out to businesses and industry and what other organizations might do.
- Regular contact with dozens of companies working on HIV/AIDS around the world to discuss coordination and identify opportunities for public-private partnerships.

The U.S. Census Bureau, within the Department of Commerce, is also an important partner in the Emergency Plan. Activities include assisting with data management and analysis, survey support, estimating infections averted, and supporting mapping of country-level activities.

## Peace Corps

The Peace Corps is heavily involved in the fight against HIV/AIDS, with programs in approximately 90 percent of its 67 posts, serving 73 countries<sup>1</sup> throughout the world. In its global, biennial Peace Corps volunteer survey (fiscal year 2006), 55 percent of all volunteers report being involved in at least one HIV/AIDS activity (e.g., awareness, prevention, OVC, care, etc.) during their service – a significant increase over the 25 percent reported in fiscal year 2004. The Peace Corps implements Emergency Plan programs in nine of the 15 Emergency Plan focus countries – Botswana, Guyana, Kenya, Mozambique, Namibia, South Africa, Tanzania, Uganda, and Zambia.<sup>2</sup> Peace Corps posts in these countries are using Emergency Plan resources to enhance their HIV/AIDS programming and in-country training; field additional Crisis Corps and Peace Corps volunteers specifically in support of Emergency Plan goals; and provide targeted support for community-initiated projects.

As a grassroots capacity-building organization, the Peace Corps is uniquely positioned to play an essential role in any country strategy aimed at combating HIV/AIDS. The Peace Corps' involvement in the Emergency Plan acts as a catalyst, since Peace Corps volunteers provide long-term capacity development support to non-governmental, community-based, and faith-based organizations, with particular emphasis on ensuring that community-initiated projects and programs provide holistic support to people living with and affected by HIV/AIDS. Peace Corps volunteers also aim to develop the necessary management and programmatic expertise at recipient and beneficiary organizations to ensure long-lasting support, particularly in rural communities. All of this is possible in large part because Peace Corps volunteers receive language and cultural training that enables them to become members of the communities in which they live and work.

<sup>1</sup> As of September 30, 2006.

<sup>2</sup> The Peace Corps recently announced that it will re-open a Peace Corps program in fiscal year 2007 in Ethiopia that will focus on HIV/AIDS. This new program will also help further Emergency Plan goals.