



PEPFAR's Smart Investments to Save More Lives: Efficiency, Innovation and Impact



Alignment of PEPFAR investments with Governments and other donors



Efficiency, Impact, and Country Ownership through the Partnership Framework

- Bilateral Governance

- Annual joint evaluation, review, and alignment
- Joint planning, resource allocation, expenditure tracking, and monitoring and evaluation
- Joint decision-making on PEPFAR activities

- Program Expansion

- Expenditure analysis for SAG, USG, and other donors to facilitate efficient and economical strategies
- Shift to an integrated primary care district model

- Health System Strengthening

- HR planning & management
- Strategic Information
- Health care & prevention financing

Efficiencies = Greater Impact



Alignment with Country Plans and Clear Roles for Each Partner

+ More efficient model for supporting service delivery and technical assistance/system strengthening

= Greater impact on outcomes

- By product: Cost savings
 - less costly for GOB and local partners to sustain
 - freeing up donor capital to reinvest in other priority areas

Importance of generating and using costing information, linking to quality outputs and impact, and comparing service delivery models





Moving towards routine implementation of expenditure tracking

- PEPFAR Expenditure Analysis conducted once helps to inform USG program planning
- Routine Expenditure Tracking linked with outputs helps to identify efficiencies and costs of new program models over time
- Routine Expenditure Tracking linked with outcomes helps to measure impact and optimize resource allocation

Attributable Outcomes	Outcomes		
PEPFAR Indicators	Outputs		
Central Support	Central Support	Central Support	Central Support
Recurrent	Recurrent	Recurrent	Recurrent
Investments	Investments	Investments	Investments

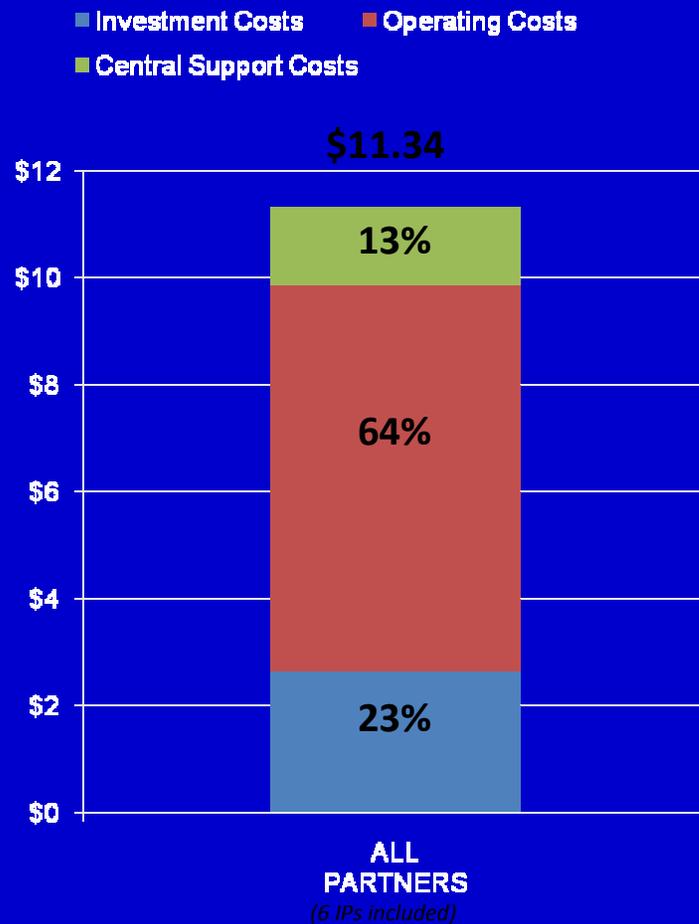
USG

Other ext. partners

MOH (all levels)

Other sectors

Counseling and Testing Mean USG Cost Per Client



Cost Per Client by Cost Category (2009 USD)

Category	Mean	Range
Central Support	1.48	0.38-12.41
Operating	7.24	1.66-21.43
Investment	2.62	0.27-5.88
Total	11.34	2.63-32.82

Distribution of Costs by Category

Category	ALL Partners	Range
Central Support	13 %	5 %-57 %
Operating	64 %	30 %-84 %
Investment	23 %	2 %-37 %

Task-Shifting: Using Lower-Level Sites and Staff

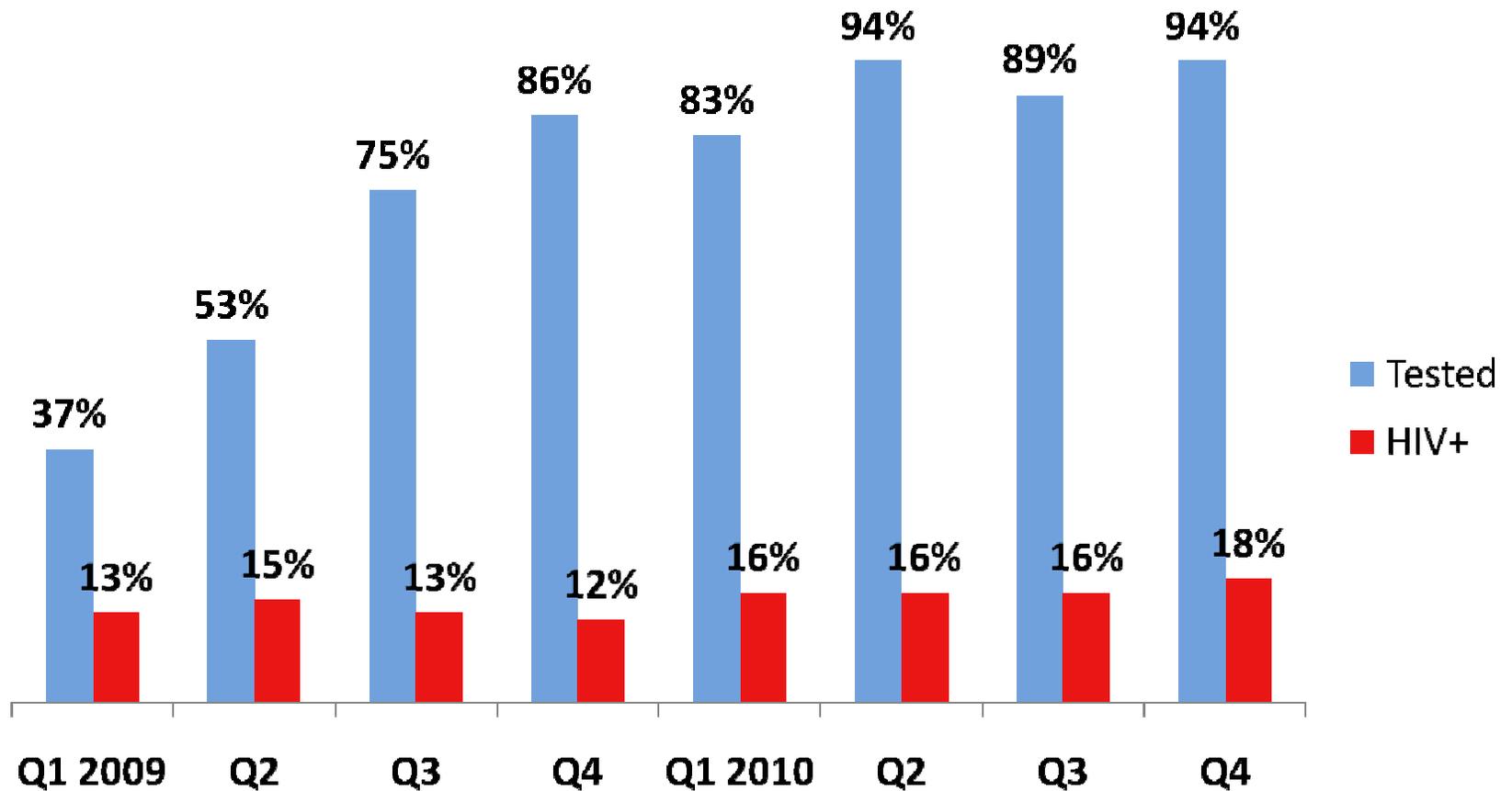
Site (# ART patients)	Model of care	% in care & responding	Average cost/ patient
<i>South Africa (12 months after down-referral of stable patients)</i>			
Themba Lethu Clinic (7656)	Urban, hospital-based, well-resourced HIV clinic	89%	\$555
Crosby Clinic (1210)	Primary health clinic (down-referral site of hospital)	95%	\$504
<i>Zambia (12 months after treatment initiation)</i>			
St. Francis' Hospital (3305)	Rural, hospital-based HIV clinic	77%	\$366
St. Francis' Makungwa Outreach (638)	Non-clinic location; hospital clinical team visits weekly	79%	\$289

- At the lower level sites:
 - Patient outcomes are as good as or better than at hospital-based sites
 - Costs are lower (9% in South Africa, 21% in Zambia)
 - Most of the savings come from lower fixed and staff costs and fewer lab tests
- But... *lower level sites cannot operate independently of hospital sites*
 - Rely on hospitals for expertise, referral, laboratory support, and management

Data on this slide embargoed until March 3, 2011

The impact of the HIV response on broader health systems and strategically integrating related programs

Detection of HIV among TB Suspects in Rwanda (2009 – 2010)



EGPAF's Experience with MCH-HIV Integration (2)

- Providing HIV care and treatment in MCH settings increases ART enrollment
 - Swaziland : Enrolling women on ART in ANC services increased eligible women receiving ART from 5% to 45%. pilot rolled out nationwide (Foundation data)
 - Zambia: Enrolling women on ART in ANC services more than doubled the proportion of eligible women starting treatment from 14% to 33% (Foundation data)

Importance of accelerating scale-up of effective new technologies, better ways of conducting routine activities, and leveraging of external partners





Concluding Thoughts

- PEPFAR is making important progress in aligning our response with the evolving needs of the countries we support to gain greater efficiency and impact.
- We are accelerating the collection and use of cost and expenditure data to provide better financial indicators and metrics for programmers
- Integrating efficiency questions within our M&E and broader implementation science work



Concluding Thoughts

- Important challenges remain and we have much to do to overcome weak but strengthening health and financial tracking systems
- The progress to date is driven by the imperative to ensure all of our resources are used with the greatest possible efficiency to meet substantial unmet needs
- We look forward to wide input into our ongoing Smart Investments work

Thank You!



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