

**The President's Emergency Plan for AIDS Relief
General Policy Guidance for All Bilateral Programs**



Office of the U.S. Global AIDS Coordinator

FINAL
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This paper describes general policy guidance for all bilateral programs under the President's Emergency Plan for AIDS Relief, which operates in 123 countries worldwide through both its bilateral and regional platforms. It also describes additional strategic planning requirements for Emergency Plan countries of strategic importance outside of the focus countries, including those receiving over \$1 million in U.S. Government (USG) HIV/AIDS bilateral assistance; and additional strategic planning, program planning, and reporting requirements for those with over \$5 million or \$10 million in USG HIV/AIDS bilateral assistance.

Background:

The United States has responded to the challenge of combating the global HIV/AIDS pandemic with the President's Emergency Plan for AIDS Relief, the largest financial commitment ever, by any nation, for a major international health initiative dedicated to a single disease. The President's Emergency Plan for AIDS Relief is the single umbrella program for all existing and new USG international HIV/AIDS assistance, including:

- Existing HIV/AIDS programs of all USG agencies and departments in approximately 123 countries
- Enhanced bilateral programs of all USG agencies and departments in the 15 nations designated as focus countries
- USG international HIV/AIDS research activities
- USG policies and oversight pertaining to the Global Fund
- USG relationships with all other multilateral HIV/AIDS organizations
- USG bilateral relationships with HIV/AIDS donor nations
- All other USG international HIV/AIDS activities and partnerships.

The Emergency Plan targets \$10 billion over five years to dramatically ramp up HIV/AIDS services in 15 of the most affected countries in the world (the "focus countries"), representing nearly 50 percent of HIV infections worldwide, with the goals of (1) supporting the treatment of two million people infected with HIV; (2) supporting the prevention of seven million new HIV infections; and (3) supporting care for 10 million people infected and affected by HIV/AIDS, including orphans and vulnerable children. The Emergency Plan also targets \$5 billion over five years to support HIV/AIDS programs in an additional 108 countries, international research, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria ("Global Fund").

In addition to the massive dedication of resources, the Emergency Plan represents an important change in how USG HIV/AIDS international assistance is planned, managed, and implemented. Priorities include coordinating all of the USG Agencies working in HIV/AIDS to create one unified USG response at the headquarters and country levels; a focus on accountability and achievement of results; and the strengthening of indigenous responses, organizations and systems to combat the pandemic and ensure sustainability.

The position of U.S. Global AIDS Coordinator and the Office of the U.S. Global AIDS Coordinator (OGAC) have been established to lead the integrated planning and implementation of the President's Emergency Plan for AIDS Relief. The U.S. Global AIDS Coordinator, who is the President's representative on international HIV/AIDS

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issues, has “primary responsibility for the oversight and coordination of all resources and international activities of the United States Government to combat the HIV/AIDS pandemic” [U.S. Leadership Against AIDS, Tuberculosis, and Malaria Act of 2003, Section 102]. Consistent with these responsibilities, the Coordinator will:

- Establish all USG policies relating to combating HIV/AIDS internationally
- Develop a global HIV/AIDS strategy for USG international HIV/AIDS assistance and partnerships
- Direct the use of all international HIV/AIDS funds
- Establish policy, program, and implementation consistency across all USG agencies and departments and nongovernmental organizations for all international HIV/AIDS activities
- Determine standards and procedures across agencies for planning, implementing, and monitoring all USG international HIV/AIDS assistance
- Coordinate all USG international HIV/AIDS activities with other countries and international organizations
- Monitor progress toward meeting the Emergency Plan’s goals
- Ensure program accountability within the Emergency Plan, and take corrective action when required

In its first year, the Office of the Global AIDS Coordinator established a Five-Year Global AIDS Strategy for achieving the President's goals; since then, programs, systems, and structures have operationalized the strategy in the focus countries. Similar communication, coordinated strategic planning, resource allocation and evaluation mechanisms are now being extended to the other bilateral HIV/AIDS programs to ensure that programs are in keeping with and contributing to the goals identified in the Five-Year Global Strategy. While U.S. missions in all countries with a USG presence are expected to play a leadership role in the fight against HIV/AIDS [cable: UNCLAS STATE 168905], it is important to explicitly address the approach, including coordination of activities and policies, of U.S. missions in countries of strategic importance that have significant USG HIV/AIDS bilateral funding and that are implementing programs.

U.S. Government Country Programs:

This document pertains to any USG bilateral programs that currently receive HIV/AIDS funds through any of the USG implementing agencies, including the US Agency for International Development (USAID), the Department of Health and Human Services and the Centers for Disease Control (HHS/CDC), the Peace Corps and the Department of Defense. FY 05 funding levels were used as the basis for this analysis. In FY 05, 123 country programs received funding for HIV/AIDS programs from various USG implementing agencies.¹ Among the programs receiving bilateral HIV/AIDS resources outside of the 15 focus countries, 90 received less than \$5 million. Eighteen USG programs received over \$5 million, including new funds from the Global HIV/AIDS Initiative (GHAI) account, and have more than one USG agency providing assistance.

¹ Please see Appendix 2 for a full listing of the 123 countries.

Five of these USG country programs received more than \$10 million. A list of countries receiving more than \$1 million according to FY 05 funding levels is included in Appendix 1. A list of all countries is included as Appendix 2.

This guidance addresses all USG programs providing HIV/AIDS resources on a country level. Although both USAID and HHS/CDC have provided support and GHAI funds to regional programs, because of their unique position, the diversity of program mix and models, and the difficulty in measuring their performance against service delivery results, these will be addressed at a later time. Policy articulated in this document does, however, apply to countries where the regional platforms are essentially serving as a funding vehicle for service delivery programs because there is not a USG implementing agency presence in-country, for example in Swaziland, Lesotho and Burma.

Expectations relative to the President's Emergency Plan:

When considering the responsibilities of bilateral programs under the Emergency Plan, several aspects are considered, including:

1. Adherence to Emergency Plan policy
2. Collaboration with the Global Fund for Aids, Tuberculosis and Malaria
3. Coordinated programming across USG Agencies
4. Relationship to host country strategies
5. Comprehensive HIV/AIDS technical interventions
6. Accountability and focus on results
7. Reporting and documentation
8. Communication and support strategy
9. Timeline

1. Adherence to Emergency Plan policy

All USG bilateral programs receiving resources for HIV/AIDS, regardless of program size or funding account source, are expected to follow the policies of the President's Emergency Plan, as outlined in the Global Strategy as well as in associated policy documents, such as the ABC guidance.

We understand that the implementation of the Emergency Plan is dependent on host country contexts and strategies. Recognizing the wide range of needs and program sizes, the determination of how certain elements of the Emergency Plan structure and priorities will be implemented will vary based on the in-country context.

2. Collaboration with the Global Fund for Aids, Tuberculosis and Malaria

A central tenet for program assistance in all USG bilateral programs is to coordinate with and facilitate implementation of the Global Fund for HIV/AIDS, Tuberculosis and Malaria resources, which are generally significantly larger than bilateral resources in those countries outside of the focus countries. The USG is the largest donor to the Global

Fund, providing approximately one-third of Global Fund resources. Investments in the Global Fund are essential elements of the Emergency Plan Global Strategy in the fight against AIDS, and implementation of the Emergency Plan has demonstrated the interdependence of these two approaches on the ground. Given the magnitude of the USG investment in the Global Fund and the commitment of the USG to the principles of the Three Ones, all bilateral programs should invest resources and focus activities to support Global Fund grantees to leverage Global Fund resources and help bring successful programs to scale. Examples of support include: strengthening the capacity of Country Coordination Mechanisms, placing time-limited logistics advisors in Ministries of Health to strengthen logistics systems and create unified procurement approaches, or other specialized technical assistance (including management training). Such investments should be time-limited, as opposed to long-term recurring costs, and be oriented to specific outcomes that will allow Global Fund money to flow more quickly and efficiently.

3. Coordinated programming across USG Agencies

Coordination and collaborative programming of HIV/AIDS activities across USG Agencies is an essential standard of practice. In countries with small programs and few USG Agencies, this practice may translate, for example, into coordination meetings several times a year, to include the Embassy, implementing Agencies and partners. In larger country programs, programming should assume the model of the focus countries with inter-Agency teams working under Chiefs of Mission to meet regularly, coordinate annual programming and reporting, and have single USG representation for communication with OGAC and host country government counterparts.

4. Relationship to host country HIV/AIDS strategies

The USG is committed to implementing the principles of the “Three Ones” (one agreed-upon action framework; one national HIV/AIDS coordinating authority; one agreed-upon country-level monitoring and evaluation system) across all of its international HIV/AIDS activities. All USG bilateral HIV/AIDS programs should be developed and implemented within the context of multisectoral national HIV/AIDS strategies under the national authority. Programming should reflect the comparative advantage of the USG within the national strategy, and leverage other resources, including both other donor and private sector resources. As noted, given the USG investment in the Global Fund, coordination with and support to the Global Fund is of paramount importance in all countries.

5. Comprehensive HIV/AIDS technical interventions

USG HIV/AIDS programs should be tailored to address the epidemic as it is manifested within the country context, address gaps in the existing response, and be in keeping with the comparative advantage of the USG Agency working in country. Not all countries are required to support all key elements of the Global Strategy (i.e. prevention, treatment, and care including people living with HIV/AIDS and orphans and vulnerable children).

However, USG programs in all countries are expected to adhere to the general goals of the Global Strategy, including strengthening leadership in the fight against the epidemic; capacity building for indigenous organizations; and the diversification of in-country partners, including faith-based organizations. Programs receiving greater than \$10 million in USG funding are expected to reflect a comprehensive approach to the epidemic in order to ensure that all key technical areas are addressed, if not directly by the USG then by other partners who may or may not receive support from the USG. For example, a country may be supporting AIDS treatment using Global Fund resources. It would not then be expected that USG bilateral resources would be used in this area, although the USG team may choose to provide technical assistance to Global Fund grantees to promote the success of their treatment goals.

6. Accountability and focus on results

Regardless of levels of funding, all programs should be results-oriented with clearly established targets. Budget reporting and program reporting against standard indicators in the relevant programming areas will be required.

7. Reporting and documentation

Requirements for reporting and documentation are dependent upon funding levels.

- ***Countries with FY 2005 USG funding levels for HIV/AIDS programs under \$1 million***
 - Programs will be expected to report to home implementing Agencies according to existing reporting requirements.
 - No additional documents (e.g. OGAC Country Operational Plan or strategy) required.
- ***Countries with USG funding levels for HIV/AIDS programs over \$1 million but below \$5 million/year***
 - Programs will be expected to report annually on the relevant programming areas against a minimal set of indicators standardized across the Emergency Plan. These indicators and guidance for reporting are currently being finalized. Emergency Plan reporting will occur concurrently with existing reporting requirements for home Agencies, and will be directed toward USG home implementing Agencies. The Agencies will report the information to OGAC.
 - No additional documents (e.g. OGAC Country Operational Plan or strategy) required.
- ***Countries of strategic importance, including those with USG funding levels for HIV/AIDS programs between \$5 million and \$10 million per year***

U.S. missions in these countries are required to submit:

- Five Year Country Strategy

Specific guidance will be developed in consultation with USG implementing Agencies and the Department of State, and will include the key elements to be addressed and the format in which the information should be presented. These country strategies will be reviewed by an inter-Agency team and the appropriate USG home Agency leadership, and approved by the U.S. Global AIDS Coordinator. Timing for submission of strategies will be phased. The first group, listed in Appendix 1, will be required to submit strategies by February 15, 2006. Submission dates for the other countries will be identified in the first quarter of FY 06.

- Reporting requirements

Programs will be expected to report on the relevant programming areas against a set of indicators standardized across the Emergency Plan. These indicators and guidance for reporting are currently being finalized. Emergency Plan reporting will occur concurrently with existing reporting requirements for home Agencies, and will be directed toward USG home implementing Agencies. Consolidated reports will then be shared with OGAC.

- *Countries receiving over \$10 million in FY 05*

The significant programming levels in these countries have generated a need for greater accountability in terms of programming and results. While these country programs are not expected to support programs across the full range of HIV/AIDS activities, it is anticipated that they will reflect a comprehensive mix of prevention, treatment and care interventions. As noted above, if resources for a central component of a comprehensive strategy are being supported by another partner, in particular the Global Fund, then USG resources can be directed to facilitate those programs. Even in countries receiving over \$10 million in bilateral USG resources, it is likely that the greatest investment of USG resources will be through the Global Fund. It is unlikely that sufficient bilateral resources will be available to bring successful USG supported pilots to scale. Rather there is an expectation that the USG will collaborate closely to ensure that information from successful pilots and other best practices are widely available and expanded through other resource avenues such as the Global Fund.

A five-year country strategy, a modified Country Operational Plan (COP), and standardized results reporting are necessary to be able to aggregate data across the largest Emergency Plan country programs to assure that we are addressing our mandate and meeting our goals. Required documents will include:

- Five Year Country Strategy

Specific guidance will be developed in consultation with USG implementing Agencies and the Department of State, and will include the

key elements to be addressed and the format in which the information should be presented. These country strategies will be reviewed by an inter-Agency team and the appropriate USG home Agency leadership, and approved by the U.S. Global AIDS Coordinator.

○ Modified Annual Country Operational Plan (COP)

The COP is a single inter-Agency USG operational plan which outlines key activities, targets, funding requests and implementation partners for each technical area addressed by the program in each country. In contrast with the focus countries, these bilateral plans will **not** need to address **all** of the technical areas addressed by the focus countries (e.g., if USG resources are not being used for blood safety programs, this element does not need to be added to the operational plan). There are certain directives, however that will need to be met. In completing the COP, these countries are not required to complete information at the activity level, although the web-based data base format currently being used by the focus countries will be the required format. The FY 06 COP Guidance provides further specifics related to the COP.

The COP will be reviewed by an inter-Agency team and the appropriate home Agency leadership and approved by the U.S. Global AIDS Coordinator.

○ Reporting requirements

Reporting will be required annually on the relevant programming areas against a minimal set of indicators standardized across the Emergency Plan. These indicators are currently being finalized. As with the focus countries, Emergency Plan reporting will occur directly to OGAC within the data base.

8. Communication and support strategy:

Considerable effort will be required on the part of OGAC and the USG partner Agencies to ensure that U.S. missions are fully informed of their roles relative to the Emergency Plan, including the associated requirements for planning, reporting, and coordination. Particular support will be required to enable countries to complete the documentation requirements, especially with regard to the countries that will be completing COPs. Key approaches include:

- Assure the accessibility of all relevant documents providing information on the Global Strategy and its key policies through the internet, along with guidance thereon.
- Use multi-country meetings as venues to disseminate information.

- Engage OGAC regional coordinators and host-agency country backstops, including DOS regional bureaus and country desk officers to serve as key communication channels.
- Identify partners from host Agencies and OGAC regional coordinators to provide technical assistance and support in the development of documents for countries required to submit them.
- Engage in inter-Agency field visits to further disseminate information and expectations on the ground.
- Organize phone, distance-based and regional COP reporting training.

9. Timeline:

October 2005

- policy approved, countries notified
- Guidance for Five Year Strategy disseminated
- FY 06 budget levels for country programs required to complete COPs disseminated
- Reporting indicators finalized and disseminated
- Technical assistance and support plan finalized to assist countries in the completion of documents

January 2005

- Five year strategy and COPs submitted by countries receiving more than \$10 million
- Strategies and COPs reviewed; feedback to countries; final revisions

February 2006

- February 15: Five year strategies due for countries of strategic importance, including those receiving greater than \$5 million
- Strategies and COPS approved for countries receiving greater than \$10 million, figures included in Congressional Notification

February 2006

- Other country strategies reviewed; feedback to countries; final revisions

March 2006

- All strategies approved

Oct. 30 2006

- Annual report data due

Note: Technical assistance ongoing throughout the process.

Appendix 1: FY 05 Country funding levels (aggregate totals)

A. Countries receiving over \$10 million

- Cambodia
- India
- Malawi
- Russia
- Zimbabwe

B. Countries receiving over \$5 million (countries in italics and bold are required to submit strategies by February 15).

Africa

- Angola
- ***Democratic Republic of the Congo***
- Ghana
- ***Lesotho***
- ***Senegal***
- ***Swaziland***

Asia

- ***China***
- Indonesia
- Nepal
- Thailand

Latin America

- Brazil
- ***Dominican Republic***
- Honduras

C. Countries receiving over \$ 1 million, but less than \$5 million:

Africa

- Benin
- Eritrea
- Guinea
- Liberia
- Madagascar
- Mali
- Sudan

Asia

- Bangladesh
- Burma
- Egypt
- Laos
- Papua New Guinea
- Philippines

Europe/Eurasia

- Kazakhstan
- Tajikistan
- Ukraine
- Uzbekistan

Latin America

- Guatemala
- Jamaica
- Mexico
- Nicaragua

Appendix 2: Countries of the President's Emergency Plan for AIDS Relief (PEPFAR) In FY05 the U.S. Government, through DOD, DOL, HHS, PC and USAID, is providing bilateral, regional and volunteer programs to assist 123 countries in HIV/AIDS care, treatment and prevention activities. Of the 123, 15 are considered focus countries (*listed in bold*) as they are among those most affected by HIV/AIDS and thus receive high levels of funding. Among other PEPFAR countries, 5 will obtain at least \$10m in FY05, a further 13 at least \$5m, and an additional 21 at least \$1m. Figures are as of May, 2005 and exclude research programs and those countries receiving USG funds solely through the Global Fund.

Region/Country	USAID	HHS	DOD	DOL	Peace Corps
Sub-Saharan Africa = 43 Countries					
1 Angola	B	B	B		
2 Benin	B		B		V
3 Botswana	R	B	B		V
4 Burkina Faso	R				V
5 Burundi	R		B		
6 Cameroon	R		B		V
7 Cape Verde	R				V
8 Chad	R		B		V
9 Congo (Brazzaville)			B		
10 Congo, D.R. of	B	B	B		
11 Cote d'Ivoire	R	B			
12 Djibouti	R		B		
13 Equatorial Guinea			B		
14 Eritrea	B		B		
15 Ethiopia	B	B	B		
16 Gabon			B		V
17 Gambia, The	R		B		V
18 Ghana	B		B		V
19 Guinea	B		B		V
20 Kenya	B	B	B		V
21 Lesotho	R	R	B		V
22 Liberia	B				
23 Madagascar	B		B		V
24 Malawi	B	B	B		V
25 Mali	B		B		V
26 Mauritania	R		B		V
27 Mozambique	B	B	B		V
28 Namibia	B	B	B		V
29 Niger	R				V
30 Nigeria	B	B	B		
31 Rwanda	B	B	B		
32 Sao Tome			B		
33 Senegal	B	B	B		V
34 Sierra Leone	R		B		
35 Somalia	R				
36 South Africa	B	B	B		V
37 Sudan	B				
38 Swaziland	R	R	B		V
39 Tanzania	B	B	B		V

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40	Togo	R		B		V
41	Uganda	B	B	B		V
42	Zambia	B	B	B		V
43	Zimbabwe	B	B	B		

B = bilateral program; **R** = regional program; **V** = volunteers, prevention education. In addition, the State Department has public diplomacy and some smaller-scale HIV/AIDS prevention programs at many of its posts abroad.

Appendix 2, continued

Region/Country	USAID	HHS	DOD	DOL	Peace Corps
Asia/Near East/Pacific = 26 Countries					
44	Afghanistan			B	
45	Bangladesh	B			V
46	Burma	R			
47	Cambodia	B	B	B	
48	China	R	B		
49	East Timor			B	V
50	Egypt	B			
51	Fiji				V
52	India	B	B	B	
53	Indonesia	B		B	
54	Jordan	B			
55	Kiribati				V
56	Laos	R	R		
57	Micronesia				V
58	Morocco			B	V
59	Nepal	B			
60	Pakistan	B			
61	Papua New Guinea	R		B	
62	Philippines	B			V
63	Samoa				V
64	Sri Lanka	B			
65	Thailand	R	B	B	V
66	Tonga				V
67	Vanuatu				V
68	Vietnam	B	B	B	B
69	West Bank/Gaza	B			
Europe/Eurasia = 20 Countries					
70	Albania	B		B	V
71	Armenia	B			V
72	Azerbaijan	B			
73	Belarus	B			
74	Bosnia	R			
75	Bulgaria	R			V
76	Croatia	R			
77	Georgia	B		B	V
78	Kazakhstan	B			V
79	Kosovo	B			
80	Kyrgyzstan	R		B	
81	Macedonia	R			
82	Moldova	B			V
83	Romania	B			V
84	Russia	B		B	
85	Serbia	R		B	

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86	Tajikistan	R		B		
87	Turkmenistan	R				V
88	Ukraine	B		B		V
89	Uzbekistan	R		B		V

B = bilateral program; **R** = regional program; **V** = volunteers, prevention education. In addition, the State Department has public diplomacy and some smaller-scale HIV/AIDS prevention programs at many of its posts abroad.

Appendix 2, continued

Region/Country	USAID	HHS	DOD	DOL	Peace Corps
Latin America/Caribbean = 34 Countries					
90 Anguilla		R			
91 Antigua & Barbuda	R	R			V
92 Aruba		R			
93 Bahamas		R			
94 Barbados	R	R	B		
95 Belize	R	R	B		V
96 Bermuda		R			
97 Bolivia	B				V
98 Brazil	B	B			
99 British Virgin Islands		R			
100 Cayman Islands		R			
101 Costa Rica	R	R			V
102 Dominica	R	R			V
103 Dominican Republic	B		B		V
104 Ecuador					V
105 El Salvador	B	R	B		V
106 Grenada		R			V
107 Guatemala	B	R	B		V
108 Guyana	B	B	B		V
109 Haiti	B	B			V
110 Honduras	B	R	B		V
111 Jamaica	B	R			V
112 Mexico	B				
113 Montserrat		R			
114 Netherlands Antilles		R			
115 Nicaragua	B		B		V
116 Panama	R	R			V
117 Paraguay					V
118 Peru	B		B		V
119 St. Lucia	R	R			V
120 St. Kitts and Nevis	R	R			V
121 St. Vincent & Grenadines	R	R			V
122 Suriname	R	R	B		V
123 Trinidad & Tobago	R	R	B		

B = bilateral program; **R** = regional program; **V** = volunteers, prevention education. In addition, the State Department has public diplomacy and some smaller-scale HIV/AIDS prevention programs at many of its posts abroad.