



## **PEPFAR's 2009 Five-Year Strategy: Promising New Directions, Robust and Rights-based Implementation and Full Funding Now Required**

### **An Analysis and Recommendations by Physicians for Human Rights**

December 2009

Physicians for Human Rights (PHR) welcomes the new five-year strategy for the President's Emergency Plan for AIDS Relief (PEPFAR). The strategy includes important new policy directions in such areas as health system strengthening, integration, and sustainability. PHR looks forward to working with the Office of the U.S. Global AIDS Coordinator (OGAC) and other PEPFAR officials to ensure the robust, rights-based implementation of this strategy. PHR also urges the Administration and Congress to fully fund PEPFAR to enable effective implementation of the five-year strategy, to rapidly scale-up programs to achieve universal access to HIV prevention, treatment, care, and support, and to significantly expand health system strengthening activities.

#### **Welcome Directions**

The strategy reflects lessons learned during the first phase of PEPFAR, the principles of the Administration's emerging Global Health Initiative (GHI), and new legislative directives, which are generally well-aligned with the GHI and lessons of the past. Recognizing the need to build national health systems for successful, sustained, and intensified national responses to HIV/AIDS, the strategy emphasizes a new, deliberate focus on health system strengthening, including on building the health workforce. Similarly, the strategy highlights emerging PEPFAR efforts to increase the capacity of national governments, which is central both to successful health system strengthening and to long-term, effective HIV programming. Building government capacity complements another element in the strategy, enhancing government accountability to the people.

In a clear step away from past limitations of PEPFAR, the strategy emphasizes policies to effectively and comprehensively meet people's health needs. PEPFAR programs are to be integrated and coordinated with other health and development programs, and rooted in science and evidence. One priority set of prevention interventions in this phase of PEPFAR will be those targeting injecting drug use, a chief driver of HIV infections outside of sub-Saharan Africa. The strategy is attentive to the importance of addressing stigma and discrimination, committing itself to advancing the rights of people who face stigma. And consistent with its focus on evidence-based prevention, the strategy sets the target that all youth who are in PEPFAR prevention

programs should have “comprehensive and correct knowledge of the ways HIV/AIDS is transmitted and ways to protect themselves.”<sup>1</sup>

Furthermore, explicitly in line with the GHI, PEPFAR will adopt a women-centered approach, as the strategy recognizes “that women are the gateway to healthy families and key to achieving long-term development goals,” that nearly 60% of HIV-positive infections among adults in sub-Saharan Africa occur in women, and that it is necessary to address the various structural conditions that heighten women’s risk of infection.<sup>2</sup> This will include an effort to ensure that health systems meet the needs of women, with the goal of “provid[ing] women and their providers with the ability to address multiple health care needs at a single visit,”<sup>3</sup> part of an important effort to increase integration between HIV programs and a range of other health services. This will include integrating HIV services with family planning and other reproductive health services, as well as other maternal and child health services. The strategy also highlights a new focus on reducing gender-based violence.

### **Further Analysis and Recommendations**

The strategy will need to be well-resourced to be successfully implemented. The Administration should request, and Congress should appropriate, the full funding authorized for global AIDS, tuberculosis, and malaria programs in the 2008 reauthorization legislation. Appropriations under this Administration have, thus far, fallen short, with near flat-funding rather than the steady, sizable increases that are needed and are called for by the legislation.

Along with sufficient funding, achieving the goals of the strategy, as well as U.S. commitments to universal access to HIV prevention, care, treatment, and support and to broader U.S. health and development commitments, PEPFAR will need to build on its five-year strategy in a number of ways. There are gaps in the strategy that must be filled through programs on the ground, and new policies and additional policy guidance for PEPFAR to develop. And PEPFAR’s full machinery must evolve rapidly to better incorporate the strategy’s principles and insights into its programming and Partnership Frameworks.

### ***Health Systems and Health Workforce***

- **Health systems:** PEPFAR’s second phase will include a new, deliberate focus on health system strengthening, including using PEPFAR programs to meet broader health system needs. PEPFAR has developed a framework based on WHO’s health system building blocks to help guide country activities. The strategy describes several particular directions, such as strengthening the leadership and technical capacity of partner governments to respond to health system needs. PEPFAR should develop more specific guidance on health system strengthening to clarify to the field the practical implications

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<sup>1</sup> Office of the U.S. Global AIDS Coordinator, *The U.S. President’s Emergency Plan For AIDS Relief Five-Year Strategy* (2009), at 6. Available at: <http://www.pepfar.gov/documents/organization/133035.pdf>.

<sup>2</sup> Office of the U.S. Global AIDS Coordinator, *The U.S. President’s Emergency Plan For AIDS Relief Five-Year Strategy*, Annex: PEPFAR’s Contribution to the Global Health Initiative (2009), at 6. Available at: <http://www.pepfar.gov/documents/organization/133437.pdf>.

<sup>3</sup> *Id.* at 15.

of PEPFAR's new focus on strengthening health systems to ensure that this policy direction becomes programmatic reality. Such guidance should be mindful of the 2008 reauthorization legislation's mandate to strengthen primary health care, and thus address ways that PEPFAR's health system strengthening activities can improve the system's capacity to deliver on both HIV/AIDS and other health goals, such as in the realm of maternal and child health. New PEPFAR indicators measuring outcomes beyond AIDS can help drive this approach.

- **Health workforce:** As the strategy recognizes, a central component of health system strengthening is training and retaining health workers, including by meeting the legislative mandate of training and supporting the retention of at least 140,000 new health workers. The strategy correctly recognizes the wide range of health workers required, including clinical staff and non-clinical health workers such as epidemiologists and managers, as well as the importance of ensuring that health workers have a strong primary care background.
  - **Retention:** While the strategy affirms PEPFAR support for health worker retention, PEPFAR should do more to incorporate retention efforts into its programming, including its mandate to both train *and retain* at least 140,000 new health workers. PEPFAR should issue new guidance and develop indicators to drive increased PEPFAR support for health worker retention strategies, both among the 140,000 new health workers and among the overall health workforces in PEPFAR partner countries.
  - **Equitable distribution:** A discussion of human resources for health in the strategy gives only passing reference to health worker distribution.<sup>4</sup> Inequitable internal distribution of health workers, typically heavily skewed to urban and richer areas, is one of the central workforce challenges that countries must overcome. The next phase of PEPFAR should give more emphasis to supporting countries in developing and implementing comprehensive strategies to attract health workers to and retain them in rural and other areas that are underserved and that have the highest disease burdens. PEPFAR should highlight this priority to the field, including by developing relevant indicators and providing guidance and best practices to facilitate these efforts.

PEPFAR should use its mandate to train new health workers as an opportunity to increase the number of health workers in rural and other underserved areas by using “rural pipeline” strategies, measures that can be taken through the educational system to recruit and prepare health professional students such that they will be more likely to serve in rural areas.<sup>5</sup> This includes developing approaches to actively recruit students from rural areas, including through local sponsorship of such students and using admission criteria to favor students from

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<sup>4</sup> *Id.* at 25.

<sup>5</sup> See Christophe Lemiere et al. (World Bank), *Reducing Geographical Imbalances of Health Worker Distribution: What Works, What Does Not and Why? A Labor Market Perspective of Urban-Rural Health Workforce Disparities, Policy Solutions and Experiences in Sub-Saharan Africa* (2009), at 23-25.

these areas, as well as using scholarship and fellowship programs to recruit students from and deploy new graduates to rural and other underserved areas.

- **Health workforce planning:** The strategy’s discussion of health workers recognizes the importance of national human resources for health plans. PEPFAR should support country efforts to strengthen these plans, including by ensuring that they are costed, comprehensive, based on need, evidence, and human rights,<sup>6</sup> and include actionable implementation strategies. PEPFAR should also support countries in and help build country capacity to coordinate donors around these plans and mobilize increased domestic and international resources to be able to fully implement them, as well as to quickly identify and address bottlenecks to fully implementing the plans.
- **Health and safety for health workers:** The strategy points to PEPFAR’s work to protect health workers from contracting HIV in the health setting, such as through needlestick injuries, and cites PEPFAR’s work “in developing a health care infrastructure that follows internationally-accepted infection control protocols.”<sup>7</sup> PEPFAR is also working to prevent tuberculosis transmission to health workers (and highly susceptible individuals) in the health care setting.<sup>8</sup>

The strategy recognizes safe working conditions as being among possible incentives to retain health workers.<sup>9</sup> Such conditions should not be viewed so much as a form of incentives – though they will indeed contribute to health worker retention – but rather something to which health workers are entitled as a matter of human rights, to be ensured for all health workers. As part of PEPFAR’s important injection safety work, which must continue in order to protect patients and health workers from HIV transmission in health care settings,<sup>10</sup> PEPFAR should promote and support the use of syringes with safety features that protect health workers.

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<sup>6</sup> For more information on elements of a rights-based health workforce plan, see Physicians for Human Rights, *The Right to Health and Health Workforce Planning: A Guide for Government Officials, NGOs, Health Workers and Development Partners* (2008). Available at: <http://physiciansforhumanrights.org/library/documents/reports/the-right-to-health-and-health-workforce-planning.pdf>; Health Workforce Advocacy Initiative, *Incorporating the Right to Health into Health Workforce Plans: Key Considerations* (2009). Available at: <http://physiciansforhumanrights.org/library/documents/reports/incorporating-right-to-health.pdf>.

<sup>7</sup> Office of the U.S. Global AIDS Coordinator, *The U.S. President’s Emergency Plan For AIDS Relief Five-Year Strategy*, Annex: PEPFAR and Prevention, Care, and Treatment (2009), at 13. Available at: <http://www.pepfar.gov/documents/organization/133434.pdf>.

<sup>8</sup> Office of the U.S. Global AIDS Coordinator, *The U.S. President’s Emergency Plan For AIDS Relief Five-Year Strategy*, Annex: PEPFAR’s Contribution to the Global Health Initiative (2009), at 14. Available at: <http://www.pepfar.gov/documents/organization/133437.pdf>.

<sup>9</sup> *Id.* at 25.

<sup>10</sup> According to the strategy, along with PEPFAR’s support for injection safety to protect health workers, patients, and community members from transmission of HIV and other diseases through needlestick injuries, PEPFAR will continue to promote universal precautions and blood safety. Office of the U.S. Global AIDS Coordinator, *The U.S. President’s Emergency Plan For AIDS Relief Five-Year Strategy*, Annex: PEPFAR and Prevention, Care, and Treatment (2009), at 10. Available at: <http://www.pepfar.gov/documents/organization/133434.pdf>. It is important that PEPFAR continues to invest in blood safety, injection safety, and other universal precautions, as well as other measures to reduce HIV transmission in health settings.

PEPFAR should develop and implement a policy to ensure that internationally-recognized infection control procedures are followed in all sites that are part of PEPFAR programming (as well as for community health workers who are not facility-based). PEPFAR should also develop guidance and policy to ensure that all health workers in PEPFAR programs have access to confidential health care, including HIV services, a need not addressed in the strategy.

- **Community health workers:** The strategy commits PEPFAR to continuing to increase the number of community health workers who, as it correctly notes, “provide essential services and strengthen the reach of a health system.”<sup>11</sup> The strategy also highlights the importance of and PEPFAR’s continued efforts to strengthen linkages between facility-, community-, and home-based health services, which will help ensure continuity of care, provide community health workers proper support and supervision, and prevent patients from being lost to follow-up. Along with ensuring community health workers appropriate supervision, training, and support, listed in the strategy as activities that PEPFAR will support, PEPFAR should also ensure that these workers receive adequate compensation, which will improve retention and sustainability of community health worker programs.
- **Health workforce and health system funding:** Inadequate PEPFAR funding risks deterring PEPFAR country teams from allocating the resources needed to robustly implement PEPFAR’s new mandates around health workforce and other health system strengthening. PHR has already heard concerns from the field to this effect. The Administration and Congress should work together to establish a separate source of new, additional, and adequate funding that will ensure that PEPFAR teams view themselves as being (and are in fact) sufficiently resourced to robustly implement PEPFAR’s increased focus on health workforce and other health system strengthening, including the 140,000 new health worker mandate, while also rapidly scaling up high-quality HIV programs. PEPFAR should also continue to communicate to the field the importance of its health workforce and health system strengthening activities, which are critical for continued successful scale-up and sustainability of AIDS programs and for meeting people’s overall health needs.

### ***Rights of Marginalized Populations and Women***

- **Injecting drug use and syringe exchange:** The strategy states that PEPFAR is expanding investments in high-impact prevention interventions, including services for injecting drug users. The strategy is correct to recognize the effectiveness and importance of services for injecting drug users. It also recognizes the Administration’s support for a comprehensive set of interventions for injecting drug users mirroring the

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<sup>11</sup> Office of the U.S. Global AIDS Coordinator, *The U.S. President’s Emergency Plan For AIDS Relief Five-Year Strategy*, Annex: PEPFAR and Prevention, Care, and Treatment (2009), at 19. Available at: <http://www.pepfar.gov/documents/organization/133434.pdf>.

interventions supported by UNAIDS, WHO, and the United Nations Office on Drugs and Crime (UNODC), and PEPFAR's intention to support this comprehensive package.<sup>12</sup> These interventions include needle and syringe programs and medically-assisted therapy.<sup>13</sup> OGAC should move without delay to remove restrictions on funding syringe exchange programs, and should receive full support and cooperation in this effort from other U.S. government agencies.

- **Stigma and discrimination, and the equal rights of women:** Stigma and discrimination against people living with HIV/AIDS and marginalized populations, as well as continued, extensive violations of the equal rights of women, remain major barriers in the fight against AIDS. The five-year strategy recognizes the continued destructive role of stigma. PEPFAR commits itself to “[w]orking with countries to target and reach most-at-risk populations, no matter how stigmatized or marginalized these populations may be.”<sup>14</sup> It also commits itself to further operationalizing its gender strategy, which includes increasing women’s legal protections, through robust country responses.<sup>15</sup>
  - **Legal and policy change:** PEPFAR should build on elements in its strategy that recognize that reaching most-at-risk populations will often require changing the legal and policy environment. The strategy does assure that “PEPFAR is working with governments to ensure that access to health care and social services is not denied because an individual is a sex worker.”<sup>16</sup> It similar expresses PEPFAR’s support for “country government policies that ensure that MSM have equal access to health care, HIV/AIDS information and supportive services, and do not face arrest or detention for seeking these services.”<sup>17</sup> As part of its work to create such conditions, PEPFAR should vigorously oppose the criminalization of homosexuality.<sup>18</sup>

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<sup>12</sup> *Id.* at 12.

<sup>13</sup> WHO, UNODC & UNAIDS, *Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users* (2009). Available at: <http://www.unodc.org/documents/hiv-aids/WHO%20UNODC%20UNAIDS%20%20IDU%20Universal%20Access%20Target%20Setting%20Guide%20%20FINAL%20-%20Feb%202009.pdf>.

<sup>14</sup> Office of the U.S. Global AIDS Coordinator, *The U.S. President’s Emergency Plan For AIDS Relief Five-Year Strategy*, Annex: PEPFAR and Prevention, Care, and Treatment (2009), at 7. Available at: <http://www.pepfar.gov/documents/organization/133434.pdf>.

<sup>15</sup> Office of the U.S. Global AIDS Coordinator, *The U.S. President’s Emergency Plan For AIDS Relief Five-Year Strategy*, Annex: PEPFAR’s Contribution to the Global Health Initiative (2009), at 10-11. Available at: <http://www.pepfar.gov/documents/organization/133437.pdf>.

<sup>16</sup> Office of the U.S. Global AIDS Coordinator, *The U.S. President’s Emergency Plan For AIDS Relief Five-Year Strategy*, Annex: PEPFAR and Prevention, Care, and Treatment (2009), at 11. Available at: <http://www.pepfar.gov/documents/organization/133434.pdf>.

<sup>17</sup> *Id.*

<sup>18</sup> While recognizing the harm that criminalization causes, the strategy does not explicitly oppose criminalization. However, in response to anti-homosexuality legislation in Uganda, the White House expressed its clear opposition to criminalization of homosexuality, stating, “The president strongly opposes efforts, such as the draft law pending in Uganda, that would criminalize homosexuality and move against the tide of history.” Kerry Eleveld, “White House Condemns Antigay Uganda Bill.” *The Advocate*, Dec. 12, 2009. Available at: [http://www.advocate.com/News/Daily\\_News/2009/12/12/White\\_House\\_Condemns\\_Uganda\\_Bill/](http://www.advocate.com/News/Daily_News/2009/12/12/White_House_Condemns_Uganda_Bill/). Also, U.S. Global AIDS Coordinator Ambassador Eric Goosby has strongly implied PEPFAR’s opposition to such an

PEPFAR must also make every effort to ensure that legal and policy frameworks are established that ensure injecting drug users full and equal access to health and support services, and HIV/AIDS information, without risk of arrest, detention, discrimination, or other negative consequences, and that treat addiction as an illness, not a crime. PEPFAR must similarly oppose practices that run counter to public health strategies and that violate the rights of injecting drug users. These include compulsory drug abuse treatment and rehabilitation programs – which are rife with physical and mental abuse, and often entail lengthy detentions and denial of due process and medical care<sup>19</sup> – and medical experimentation on injecting drug users.

- **Partnership Frameworks and stigma and discrimination:** One area where PEPFAR should act more assertively to combat stigma and discrimination is in Partnership Frameworks, agreements with partner countries that establish shared principles and mutual commitments, and which will guide PEPFAR’s relationship with these countries over the next five years. As the strategy states, one area that Partnership Frameworks will address is stigma. The strategy highlights as part of PEPFAR’s response to stigma and discrimination in the program’s next phase “[e]mphasizing support for marginalized populations as an essential part of country engagement,” discussing with governments the need to “provide equitable access to quality services for marginalized populations,” and “demonstrating the public health benefits that result when prevention, care, and treatment are provided to otherwise stigmatized communities.”<sup>20</sup> The strategy specifically

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approach. He has stressed that “from a public health perspective, [criminalizing homosexuality] has no place in trying to engage and curtail movement of the virus into the population...Our hope would be to – in a collegial, respectful way – to work with our colleagues in-country who are in policymaking decision places to understand that relationship, to understand the science of how the virus moves through populations...” U.S. Global AIDS Coordinator Amb. Dr. Eric Goosby, Special Briefing On the U.S. Commitment to Fight AIDS and the Launch of PEPFAR’s New Five-Year Strategy, Dec. 1, 2009, Washington, DC. Available at:

<http://www.state.gov/r/pa/prs/ps/2009/dec/132893.htm>. This is important, but more is needed. PEPFAR should offer strong financial support, and as possible other support, to civil society efforts to change destructive norms around homosexuality and to decriminalize it. PEPFAR should also use its leverage, such as through Partnership Frameworks, to seek an end to the criminalization of homosexuality, and should explicitly condemn criminalization.

<sup>19</sup> Human Rights Watch, *World AIDS Day: Address Needs of Drug Users*, Nov. 27, 2008 (“Human Rights Watch also expressed concern about rights abuses stemming from detaining drug users for ‘rehabilitation’ or treatment. In some cases, drug users can be held for months or years without due process. Basic medical services are often unavailable, and the ‘treatment’ often consists of forced, unpaid labor and, in some cases, physical and psychological abuse.”). Available at: <http://www.hrw.org/es/news/2008/11/26/world-aids-day-address-needs-drug-users>; Michele Sidibé, Executive Director, UNAIDS, Why we need harm reduction to reach universal access goals, presented Jan. 28, 2009, Amsterdam, Netherlands, at 3 (“Equally disturbing are the abuses that happen in the name of drug rehabilitation. Abuses documented by organizations such as the Open Society Institute and human rights organizations show countless cases of injecting drug users being tortured, beaten up, chained, imprisoned, or left for dead.”). Available at: [http://data.unaids.org/pub/SpeechEXD/2009/20090128\\_ms\\_harm\\_reduction\\_en.pdf](http://data.unaids.org/pub/SpeechEXD/2009/20090128_ms_harm_reduction_en.pdf); United Nations Office on Drugs and Crime, *Strengthening Comprehensive HIV/AIDS Prevention and Care Among Drug Users and in Prison Settings* (2004), at para. 3.8. Available at:

[http://www.unodc.org/documents/eastasiaandpacific/Publications/DrugsAndHIV/i09\\_strategy.pdf](http://www.unodc.org/documents/eastasiaandpacific/Publications/DrugsAndHIV/i09_strategy.pdf).

<sup>20</sup> Office of the U.S. Global AIDS Coordinator, *The U.S. President’s Emergency Plan For AIDS Relief Five-Year Strategy*, Annex: PEPFAR and Prevention, Care, and Treatment (2009), at 15. Available at:

<http://www.pepfar.gov/documents/organization/133434.pdf>.

recognizes that “Partnership Frameworks allow PEPFAR to leverage policy reform to address the vulnerability of women and girls and eliminate barriers to women’s full realization of their rights . . . [such as by addressing] employment or inheritance laws.”<sup>21</sup>

However, a new PHR analysis finds that with respect to several key components of reducing stigma, including the need for legislative frameworks that protect marginalized populations at heightened risk of contracting HIV and ensure the equal rights of women, the initial Partnership Framework agreements are generally weak.<sup>22</sup> Future agreements, and in all cases the Partnership Framework implementation plans, should prioritize addressing stigma and discrimination. This includes incorporating into Partnership Frameworks partner country commitments to legislative and policy reform to ensure protective and rights-based legal and policy environments, including in the ways described above, and prioritizing support for civil society organizations, particular those that are comprised of and represent women and members of marginalized populations.

PEPFAR should also revise its guidance on Partnership Frameworks to more fully incorporate the need to address issues of stigma and discrimination, including among marginalized populations. The section on stigma and discrimination in the guidance is currently focused on people living with HIV/AIDS.<sup>23</sup> This should be expanded to include other marginalized populations, and to provide more comprehensive and explicit guidance on legislative and policy reform needed to secure the rights of these populations.

- **Strategies to combat stigma and discrimination:** PEPFAR should work with partner countries to develop comprehensive, budgeted, and benchmarked strategies, including indicators, to address stigma and discrimination. Along with supporting countries to incorporate these into their own national HIV/AIDS strategies, PEPFAR country teams should develop their own such strategies with respect to how PEPFAR programs will address stigma and discrimination.
- **Stigma and discrimination in the health sector:** PEPFAR’s five-year strategy sets the stage for increasing PEPFAR’s efforts to address discrimination within the health sector. It commits PEPFAR to working “to ensure that its prevention,

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<sup>21</sup> Office of the U.S. Global AIDS Coordinator, *The U.S. President’s Emergency Plan For AIDS Relief Five-Year Strategy*, Annex: PEPFAR’s Contributions to the Global Health Initiative (2009), at 11. Available at: <http://www.pepfar.gov/documents/organization/133437.pdf>.

<sup>22</sup> Physicians for Human Rights, *Stigma, Discrimination, and PEPFAR Partnership Framework Agreements: An Analysis of Selected Issues in Five Agreements* (2009). Available at: <http://physiciansforhumanrights.org/library/report-2009-12-04-pepfar.html>.

<sup>23</sup> Office of the U.S. Global AIDS Coordinator, *Guidance for PEPFAR Partnership Frameworks and Partnership Framework Implementation Plans*, Version 2.0, Sept. 14, 2009, at 33. Available at: <http://www.pepfar.gov/documents/organization/120510.pdf>. The guidance includes a chart that provides an example of the relationship between a goal (in the example, reducing HIV incidence by 50%) and objectives and commitments. The chart includes as expected U.S. government commitments: “USG supports review of policy barriers to service access for MARPS” and “USG initiates review of policy barriers to service access for MARPS.” *Id.* at 22.

care, and treatment programs are free from stigma and discrimination directed toward clients”<sup>24</sup> – which requires addressing stigma and discrimination in the health sector. Including at least one specific step towards this goal, the strategy specifies PEPFAR support for “efforts to ensure that health care workers are trained to protect patient confidentiality and provide nonjudgmental services.”<sup>25</sup>

PEPFAR should take a deliberate and systematic approach to addressing stigma, discrimination, and other lack of respect for patients’ rights (such as confidentiality and informed consent) in the health sector, encompassing the above-mentioned training, and more. This approach entails PEPFAR developing indicators and guidance to support programs in implementing comprehensive strategies to respect the rights of health system users, incorporating relevant curricula in pre-service and in-service training programs, educating patients on their rights, helping develop supportive policies, and promoting accountability mechanisms to protect patients’ rights.

- **Addressing social drivers of AIDS in women:** Along with enhanced efforts to achieve legal reform, as well as to address harmful gender norms, PEPFAR will strengthen linkages between health and other programs that address social determinants of HIV/AIDS, such as to keep girls in school and to secure women’s land tenure rights.<sup>26</sup>
  - **Comprehensive mapping:** PEPFAR commits to monitoring and evaluation efforts to enhance its gender response, including by mapping needs “to ensure that women and girls are being reached by appropriate and responsive prevention, care, and treatment services.”<sup>27</sup> This mapping should also cover support services, such as food and nutrition programs, legal services, economic development and educational opportunities, and support groups, so that PEPFAR can work with countries and other partners to ensure the full coverage of these other services. PEPFAR will also need to ensure that health workers have the knowledge and skills to properly refer women to these programs.
  - **Supporting local women advocates:** The strategy includes a welcome commitment “to establish measurable goals, targets, and reporting systems to

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<sup>24</sup> Office of the U.S. Global AIDS Coordinator, *The U.S. President’s Emergency Plan For AIDS Relief Five-Year Strategy*, Annex: PEPFAR and Prevention, Care, and Treatment (2009), at 11. Available at: <http://www.pepfar.gov/documents/organization/133434.pdf>.

<sup>25</sup> *Id.* at 28. Further setting the stage for addressing health sector stigma and discrimination, the annex states that particularly with respect to people facing the double stigma of being HIV-positive and a member of a stigmatized group, “PEPFAR will work with the health care workers it supports to address the issues around adherence and retention in care that arise when people who are HIV-positive are unable to disclose their status in unsupportive communities.” *Id.* at 15. This engagement with health workers creates an opportunity not only to deal with issues of stigma within communities, but also of stigma, discrimination, and respect for patients’ rights within the health sector itself.

<sup>26</sup> Office of the U.S. Global AIDS Coordinator, *The U.S. President’s Emergency Plan For AIDS Relief Five-Year Strategy*, Annex: PEPFAR’s Contributions to the Global Health Initiative (2009), at 11. Available at: <http://www.pepfar.gov/documents/organization/133437.pdf>.

<sup>27</sup> *Id.*

track outcomes in gender work.”<sup>28</sup> Among many other areas, such measurable goals and targets should be established at country-level for the types and level of support to be provided to grassroots women’s organizations.<sup>29</sup> These should be robust targets. Local women advocates themselves are best positioned to engender fundamental changes in gender norms, to press for enacting and implementing laws rooted in gender equality, to challenge health systems that do not meet the needs of women, and to otherwise respond to the gender inequalities that drive HIV/AIDS among women and girls. This will also promote PEPFAR’s important goal of “fostering women’s leadership.”<sup>30</sup>

- **Food and prevention:** PEPFAR’s expanding food and nutrition programs are welcome. The PEPFAR strategy focuses on the role of food and nutrition in care and treatment. While recognizing food’s role in prevention, the strategy does so in the limited context of preventing vertical transmission of HIV. Yet food insufficiency can increase the possibility that women will engage in intergenerational or other transactional sex in order to secure food, increase their dependency on husbands and partners, and reduce their ability to negotiate safe sex.<sup>31</sup> Since insufficient food can contribute to behaviors that increase women’s vulnerability to HIV, meeting women’s basic need for food can also contribute to HIV prevention. In collaboration with the U.S. Global Hunger and Food Security Initiative, PEPFAR should develop a strategy to address the role of food in HIV prevention, through U.S. government efforts and through partner collaborations. Such a strategy could include targeted food assistance and livelihood programs, cash transfers, and other measures.

These efforts would be coordinated with efforts to increase economic opportunities for women. PEPFAR’s five-year strategy does recognize the importance of providing economic opportunities to women as important to reducing their vulnerability to infection. PEPFAR intends to expand economic opportunities for women and other populations through approaches that include family and community gardens and income-generation programs.<sup>32</sup>

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<sup>28</sup> *Id.*

<sup>29</sup> Goals and targets should similarly be set for increased support to civil society organizations comprised of and representing members of other marginalized groups.

<sup>30</sup> Office of the U.S. Global AIDS Coordinator, *The U.S. President’s Emergency Plan For AIDS Relief Five-Year Strategy*, Annex: PEPFAR’s Contributions to the Global Health Initiative (2009), at 12. Available at: <http://www.pepfar.gov/documents/organization/133437.pdf>.

<sup>31</sup> A PHR-led study in Swaziland and Botswana found that “[w]omen who reported lacking sufficient food to eat had an 80% increased odds of selling sex for money or resources, a 70% increased odds of engaging in unprotected sex and reporting lack of sexual control, and a 50% increased odds of intergenerational sex.” Sheri D. Weiser, Karen Leiter, David R. Bangsberg, et al., “Food Insufficiency Is Associated with High-Risk Sexual Behavior among Women in Botswana and Swaziland.” *PLoS* (Oct. 23, 2007) 4(10): e260: 1589-1598. Available at: <http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.0040260>.

<sup>32</sup> Office of the U.S. Global AIDS Coordinator, *The U.S. President’s Emergency Plan For AIDS Relief Five-Year Strategy*, Annex: PEPFAR’s Contributions to the Global Health Initiative (2009), at 17. Available at: <http://www.pepfar.gov/documents/organization/133437.pdf>.

## *Civil Society, Communities, and Accountability*

- **Country ownership and civil society:** One of the directions that receives the greatest emphasis in the strategy and OGAC’s messaging is that national AIDS responses must be country-owned and country-driven. This is an important principle for an effective and sustained response, and consistent with a growing international focus on supporting national health strategies. PEPFAR must be vigilant in ensuring that its support for “country” ownership includes not only ownership of the government, but also of civil society. As a matter of human rights, people have the right to participate in health-related decisions. The discrimination against and even criminalization of high-risk and marginalized populations and their activities in many of the countries that receive PEPFAR support makes ensuring the full engagement of civil society all the more important. PEPFAR should ensure that men who have sex with men, injecting drug users, sex workers, and other marginalized populations including people with disabilities – and women’s organizations – have a well-defined and impactful role in PEPFAR programming and policy development.

Encouragingly, in explaining “country ownership” in the context of Partnership Frameworks, the five-year strategy recognizes that “local civil society is also a key component in multisectoral discussions,” while stating plainly that “[t]he process of negotiating these partnerships involves the active participation of other key partners from civil society.”<sup>33</sup>

Moreover, in addressing stigma and discrimination, the strategy states that PEPFAR will emphasize the importance of meaningful involvement of people living with HIV/AIDS, and that “[r]epresentatives from key populations [including most-at-risk populations] should be included in all aspects of [national HIV] programming.”<sup>34</sup>

OGAC must ensure that all of PEPFAR’s guidance and messaging indeed supports these principles and the engagement of civil society, including marginalized populations, in policy development, programming, and other activities. At present, for example, the PEPFAR guidance on developing Partnership Frameworks is inadequate in this regard. While calling for multisectoral involvement in developing the Partnership Framework, including civil society, the guidance ultimately leaves it to the partner country government to decide what role civil society will have in developing, implementing, and monitoring the Partnership Framework.<sup>35</sup> Governments that are hostile to civil society in

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<sup>33</sup> Office of the U.S. Global AIDS Coordinator, *The U.S. President’s Emergency Plan For AIDS Relief Five-Year Strategy*, Annex: PEPFAR and the Global Context of HIV (2009), at 5-6. Available at: <http://www.pepfar.gov/documents/organization/133436.pdf>.

<sup>34</sup> Office of the U.S. Global AIDS Coordinator, *The U.S. President’s Emergency Plan For AIDS Relief Five-Year Strategy*, Annex: PEPFAR and Prevention, Care, and Treatment (2009), at 16. Available at: <http://www.pepfar.gov/documents/organization/133434.pdf>.

<sup>35</sup> In describing the purpose of Partnership Frameworks, PEPFAR’s Partnership Framework guidance states, “The Partnership Framework should be established with transparency, accountability, and, in addition to the partner government, the active participation of other key partners from civil society (e.g. associations of people living with HIV/AIDS, non-governmental organizations [NGOs]. . . ), other bilateral and multilateral partners . . . bringing together all actors to support and strengthen the capacity of governments to plan, oversee, manage, and ultimately

general or to particular segments of civil society (such as those representing marginalized populations), or that simply are not used to genuinely partnering with civil society, may choose to not engage civil society or to minimize their involvement. OGAC should revise the guidance to be consistent with the unqualified statements of support for civil society engagement in the strategy, and insist that civil society, including marginalized populations, have an active and respected role in developing, implementing, and monitoring Partnership Frameworks. This cannot be optional.

- **Accountability to communities:** The strategy recognizes the importance of a strong civil society, and states that by facilitating partnerships between governments and civil society, PEPFAR will help “ensure that citizens can work to provide support to and demand accountability from governments.”<sup>36</sup> It specifically recognizes the role of citizens in holding governments accountable to their HIV/AIDS and other health needs, and in how the government uses donor and national funding.<sup>37</sup> PHR urges PEPFAR to develop the specific policies and programming to give this commitment the emphasis it requires. In helping to strengthen this accountability, PEPFAR has the potential to have a dramatic, positive impact on people’s human rights. For example, PEPFAR should support community participation in district and facility health planning processes, and in monitoring and evaluating their local health services. This can have a far-reaching impact on improving health systems, and greatly advance the right to the highest attainable standard of health.<sup>38</sup>

### **Fully Funding PEPFAR, Global Health Programs**

OGAC releases its strategy amidst concerns that PEPFAR will be essentially flat-funded for another year, in FY’11, following only minimal increases in FY’10 over FY’09 levels. Inadequate funding will undermine the strategy and efforts to finally catch up with the pandemic, will further undercut the already sure to be broken commitment of the United States and other countries to universal access by 2010, and will cost many lives. For example, it is likely funding expectations are a central reason that the planned pace of treatment scale-up under the strategy would be approximately halved from the peak of more than 600,000 people added to treatment

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finance their national HIV/AIDS strategies.” Yet in the guidance’s section on guiding principles, the principle on engagement and participation states, “In developing Partnership Frameworks, all relevant parties should be engaged, with the partner government taking the lead in deciding who to include, and when to include the participation of civil society and other sectors. . . . The national government (e.g., Ministry of Health, Ministry of Finance, National AIDS Coordinating Authority and other government entities as appropriate) should be the country signatory, but if the government deems it appropriate, Partnership Framework development, implementation, and monitoring may also include a multi-sectoral partnership, highlighting the role of civil society . . . .” Office of the Global AIDS Coordinator, *Guidance for PEPFAR Partnership Frameworks and Partnership Framework Implementation Plans*, Version 2.0, Sept. 14, 2009, at 3, 5. Available at: <http://www.pepfar.gov/documents/organization/120510.pdf>.

<sup>36</sup> Office of the U.S. Global AIDS Coordinator, *The U.S. President’s Emergency Plan For AIDS Relief Five-Year Strategy* (2009), at 14-15. Available at: <http://www.pepfar.gov/documents/organization/133035.pdf>.

<sup>37</sup> Office of the U.S. Global AIDS Coordinator, *The U.S. President’s Emergency Plan For AIDS Relief Five-Year Strategy*, Annex: PEPFAR’s Contributions to the Global Health Initiative (2009), at 18. Available at: <http://www.pepfar.gov/documents/organization/133437.pdf>.

<sup>38</sup> See Helen Potts, *Accountability and the Right to the Highest Attainable Standard of Health* (2008). Available at: [http://www.essex.ac.uk/human\\_rights\\_centre/research/rth/docs/HRC\\_Accountability\\_Mar08.pdf](http://www.essex.ac.uk/human_rights_centre/research/rth/docs/HRC_Accountability_Mar08.pdf).

from FY'07 and FY'08 to an average of somewhat more than 300,000 people added each year from FY'10 to FY'14.<sup>39</sup>

Over the next several years, the Administration should support through its budget requests, and Congress should appropriate, at least the full \$48 billion authorized for global AIDS, tuberculosis, and malaria in FY'09 through FY'13. In order to meet U.S. global health commitments, PHR joins other global health advocates in calling for FY'11 appropriations for AIDS, tuberculosis, and malaria programs, including the Global Fund to Fight AIDS, Tuberculosis, and Malaria, of nearly \$11 billion, and overall investment in global health through the Global Health Initiative of more than \$16 billion.<sup>40</sup> These investments are a small part of the overall federal budget, yet by bringing health to many millions of people, and saving vast numbers of lives, they are among the most important investments that the United States can make.

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<sup>39</sup> PEPFAR increased the number of individuals it was reaching with AIDS treatment by nearly 650,000 people from FY'07 to FY'08. Office of the U.S. Global AIDS Coordinator, *Total number of individuals reached (on Antiretroviral Treatment FY2005-FY2008)*, <http://www.pepfar.gov/about/tables/treatment/123461.htm>, accessed Dec. 11, 2009. The strategy sets a five year target (FY'10 to FY'14) of more than 4 million people on treatment, an increase of, on average, at least 320,000 people per year over the 2.4 million people that PEPFAR was directly supporting on treatment by the end of FY'09. Office of the U.S. Global AIDS Coordinator, *World AIDS Day 2009: Latest PEPFAR Results* (2009). Available at: <http://www.pepfar.gov/documents/organization/133033.pdf>; Office of the U.S. Global AIDS Coordinator, *The U.S. President's Emergency Plan For AIDS Relief Five-Year Strategy* (2009), at 6. Available at: <http://www.pepfar.gov/documents/organization/133035.pdf>.

<sup>40</sup> Advocates for Youth, Africa Action, The AIDS Institute, et al., *The Future of Global Health: Ingredients for a Bold and Effective U.S. Initiative* (Oct. 2009), at 4. Available at: <http://www.theglobalhealthinitiative.org/documents/report.pdf>.