

Haiti

Operational Plan Report

FY 2013

Haiti Operational Plan Report Fy 2013 Aids Relief

**United States. Government
Accountability Office**



Haiti Operational Plan Report Fy 2013 Aids Relief:

Haiti Operational Plan Report Fy 2013 United States Department of State, 2014-11-12 For many in the United States Haiti has become synonymous with hurricanes and earthquakes whose effects are compounded by the vulnerability of the populations they strike in the Haitian countryside and the precarious hillside encampments around Port au Prince Natural disaster combined with frequent political instability and disease have continually set back Haitian efforts to chart a stable path toward social and economic renewal While there are numerous interdependent needs to break these cycles of poverty improving the health of the Haitian population is central to rebuilding the human and economic capital of one of America's closest neighbors Haiti's estimated 135 000 HIV positive individuals constitute the greatest burden of HIV/AIDS care and treatment responsibility in the Caribbean region Underlying the data are geographic shifts in populations living with HIV and a need to reach key populations disproportionately affected by the virus with effective prevention programs Haiti has a generalized HIV/AIDS epidemic with higher prevalence rates in major cities and driven by key populations such as commercial sex workers CSW and men who have sex with men MSM and the social conditions of women and youth As of December 2012 72 percent of HIV infected individuals with immediate need for antiretroviral therapy were receiving it and 65 percent of pregnant women were tested for HIV There is a high level of stigmatization towards HIV positive individuals in the country especially at the community level Overall communicable diseases make up a starkly higher proportion of mortality 72 percent than the regional average 20 percent Haiti has the highest rate of tuberculosis TB in the Western Hemisphere with an estimated incidence of 306 cases for 100 000 inhabitants of which about 60 percent of expected cases are detected and 60 percent of TB patients are tested for HIV Malaria prevalence is estimated at 4.9 percent More than 600 000 cases and nearly 8 000 deaths have been reported since the cholera epidemic began in Haiti The Budget of the United States Government United States. Office of Management and Budget, 2010 *Dominican Republic Operational Plan Report Fy 2013* United States Department of State, 2014-11-12 The Dominican Republic DR with a population of 9.7 million 2010 census shares the Island of Hispaniola with Haiti The DR has an HIV seroprevalence of 0.8% DHS 2007 slightly lower than the 1.0% from DHS 2002 New seroprevalence estimates from the 2013 DHS should be available by the end of 2014 The epidemic is largely driven by heterosexual practices including multiple partners and transactional sex However men who have sex with men MSM transgender and male and female commercial sex workers CSW exhibit higher seroprevalence than the national level Additionally drug users DU residents of Bateyes and women with fewer than four years of formal education have higher rates than the general population UNAIDS and the Ministry of Health 2011 estimate that in 2012 nearly 44 000 persons adults and children were living with HIV and approximately 1700 deaths were attributable to AIDS Ministry of Health MOH data December 2012 indicate that 21 579 persons 20 496 adults and 1083 children are on antiretroviral ARV therapy an increase of over 2100 persons 11% since November 2011 Current data on key

populations KPs are limited However in 2012 the GODR and PEPFAR supported several critical data collection efforts including a DHS with data collection to begin in July 2013 and an updated Behavioral Surveillance Survey BSS PEPFAR is also planning a mapping exercise to target interventions The 2008 BSS estimated HIV seroprevalence among CSW to be between 3 3% and 8 4% among MSM between 5 1% to 7 6% and among DU injecting and non injecting between 5 1% to 13 7% A secondary analysis of the 2007 DHS revealed HIV seroprevalence among Haitians resident in the DR to be about 6 5% Sexual initiation occurs at a young age 15% of women and 23 5% of men both ages 15 24 report having had their first sexual experience before age 15 Fifty percent of women and 70% of men reported having had sexual relations by the age of 18 Condom usage while improving is still relatively low only 25 0% of women and 53 4% of men both ages 15 24 reported using a condom during their first sexual experience and during perceived high risk sex only 43 9% of women ages 15 24 used a condom

The Budget of the United States Government United States,2013 *Asia Regional Program Operational Plan Report Fy 2013* United States United States Department of State,2014-11-12 The U S President s Emergency Plan for AIDS Relief PEPFAR Asia Regional Program ARP is a platform for technical assistance TA to national HIV AIDS programs and their partners including other PEPFAR programs throughout Asia with a special focus on the HIV responses in China Laos and Thailand Activities in China are being included in the ARP for the first time in FY 2013 as PEPFAR s work in that country continues to evolve The unrivalled pace of development in parts of Asia is being accompanied by accelerated transmission of HIV AIDS across borders in urbanized areas and among key populations While HIV AIDS programs in the region have made impressive progress these gains have been uneven geographically and epidemiologically and most countries are still far from achieving universal access targets Despite substantial evidence that smart investments in HIV prevention testing care and treatment can prevent the spread of HIV among key populations critical gaps persist These gaps underscore the need to identify and implement innovative life saving approaches and practices while at the same time strengthening and increasing the coverage of effective programs that already exist and building the country capacity needed for sustainable local ownership of the HIV AIDS response The U S Government USG is leading the way toward an AIDS free generation Our work on health in the region has strongly contributed to this positive impact on people around the world In FY 2013 the PEPFAR ARP will continue our efforts to help conquer this disease among vulnerable populations in the region and beyond

AIDS Operational Plan Brian L. Gibson,Toronto (Ont.). Department of Public Health,Toronto (Ont.). Board of Health,1989

President's Emergency Plan for AIDS Relief: Efforts to Align Programs with Partner Countries' HIV/AIDS Strategies and Promote Partner Country Ownership , *AIDS Operational Plan* A. S. Macpherson,Toronto (Ont.). Department of Public Health,Toronto (Ont.). Board of Health,1988

Presidents Emergency Plan for AIDS Relief U.s. Government Accountability Office,2017-08-14 President s Emergency Plan for AIDS Relief PEPFAR reauthorized at 48 billion for fiscal years 2009 through 2013 supports HIV AIDS prevention treatment and care services overseas The reauthorizing legislation

as well as other key documents and PEPFAR guidance endorses the alignment of PEPFAR activities with partner country HIV/AIDS strategies and the promotion of partner country ownership of U.S. supported HIV/AIDS programs. This report, responding to a legislative directive, 1. examines alignment of PEPFAR programs with partner countries' HIV/AIDS strategies and 2. describes several challenges related to alignment or promotion of country ownership. GAO analyzed PEPFAR planning documents and national strategies for four countries: Cambodia, Malawi, Uganda, and Vietnam, selected to represent factors such as diversity of funding levels and geographic location. GAO also reviewed documents and reports by the U.S. government, research institutions, and international organizations, and interviewed PEPFAR officials and other stakeholders in headquarters and the four countries.

PEPFAR Implementation Institute of Medicine, Board on Children, Youth, and Families, Board on Global Health, Committee for the Evaluation of the President's Emergency Plan for AIDS Relief (PEPFAR) Implementation, 2007-09-17. In 2003, Congress passed the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act, which established a 5-year, \$15 billion initiative to help countries around the world respond to their AIDS epidemics. The initiative is generally referred to by the title of the 5-year strategy required by the act: PEPFAR or the President's Emergency Plan for AIDS Relief. PEPFAR Implementation evaluates this initiative's progress and concludes that, although PEPFAR has made a promising start, U.S. leadership is still needed in the effort to respond to the HIV/AIDS pandemic. The book recommends that the program transition from its focus on emergency relief to an emphasis on the long-term strategic planning and capacity building necessary for a sustainable response. PEPFAR Implementation will be of interest to policy makers, health care professionals, special interest groups, and others interested in global AIDS relief.

The President's Emergency Plan for AIDS Relief (PEPFAR) Tiaji Salaam-Blyther, 2012. **President's Emergency Plan for AIDS Relief**, 2009. The President's Emergency Plan for AIDS Relief (PEPFAR) first authorized in 2003 at \$15 billion for 5 years, was reauthorized in 2008 at \$48 billion through 2013. PEPFAR supports HIV/AIDS prevention, treatment, and care services primarily in Africa, as well as in Asia and the Caribbean. The Office of the U.S. Global AIDS Coordinator (OGAC) leads implementation of PEPFAR. The Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), and the U.S. Agency for International Development (USAID) are among PEPFAR's primary implementing agencies. In this report, responding to a legislative directive, GAO examined practices used in 1. selecting organizations to implement PEPFAR activities and 2. overseeing these organizations' PEPFAR activities. GAO interviewed agency and implementing organization officials, reviewed key agency guidance, analyzed PEPFAR awards for fiscal years 2007 and 2008, and observed PEPFAR activities in Namibia, South Africa, and Zambia. GAO recommends that the Secretary of State direct OGAC to take several steps to improve specific processes for selecting PEPFAR implementing partners and strengthen oversight of PEPFAR partners.

President's Emergency Plan for AIDS Relief United States Government Accountability Office, 2010. The President's Emergency Plan for AIDS Relief (PEPFAR) reauthorized at \$48 billion for fiscal years 2009 through 2013 supports

HIV AIDS prevention treatment and care services overseas The reauthorizing legislation as well as other key documents and PEPFAR guidance endorses the alignment of PEPFAR activities with partner country HIV AIDS strategies and the promotion of partner country ownership of U S supported HIV AIDS programs This report responding to a legislative directive 1 examines alignment of PEPFAR programs with partner countries HIV AIDS strategies and 2 describes several challenges related to alignment or promotion of country ownership GAO analyzed PEPFAR planning documents and national strategies for four countries Cambodia Malawi Uganda and Vietnam selected to represent factors such as diversity of funding levels and geographic location GAO also reviewed documents and reports by the U S government research institutions and international organizations and interviewed PEPFAR officials and other stakeholders in headquarters and the four countries PEPFAR activities are generally aligned with partner countries national HIV AIDS strategies GAO s analysis of PEPFAR planning documents and national HIV AIDS strategies as well as discussions with PEPFAR officials in the four countries GAO visited showed overall alignment between PEPFAR activities and the national strategy goals In addition statements by global and country level PEPFAR stakeholders indicate that PEPFAR activities support the achievement of partner countries national strategy goals PEPFAR officials noted that a number of factors may influence the degree to which PEPFAR activities align with national strategy goals including the activities of other donors the size of the PEPFAR program and policy restrictions PEPFAR may also support activities not mentioned in the national HIV AIDS strategies but that are addressed in relevant sector or program specific strategies PEPFAR officials reported various efforts to help ensure that PEPFAR activities support the achievement of national strategy goals including assisting in developing national strategies participating in formal and informal communication and coordination meetings engaging regularly with partner country governments during the annual planning process and developing a new HIV AIDS agreement known as a partnership framework between PEPFAR and partner country governments PEPFAR stakeholders highlighted several challenges related to aligning PEPFAR programs with national HIV AIDS strategies or promoting country ownership of U S supported HIV AIDS programs First PEPFAR indicators including indicator definitions and timeframes sometimes differ from those used by partner countries and other international donors Second gaps may exist in the sharing of PEPFAR information with partner country governments and other donors Third limitations in country leadership and capacity such as lack of technical expertise to develop strategies and manage programs affect country teams ability to ensure that PEPFAR activities support achievement of national strategy goals Fourth Office of the U S Global AIDS Coordinator OGAC guidance to country teams regarding development of partnership frameworks does not include indicators for establishing baseline measures of country ownership prior to implementation of partnership frameworks Without baseline measures country teams may have limited ability to measure the frameworks impact and make needed adjustments GAO recommends that the Secretary of State direct OGAC to develop and disseminate a methodology for establishing baseline measures of country ownership prior to implementing partnership

frameworks OGAC concurred with this recommendation

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