

Global HIV/AIDS: Survey of PEPFAR Country Team Officials (GAO-08-534SP), an E-supplement to GAO-08-480

Read the Full Report: Global HIV/AIDS: A More Country-Based Approach Could Improve Allocation of PEPFAR Funding

(GAO-08-480)

Background Information
Instructions for Viewing This Survey

Background Information

This document presents the results of our electronic survey of 41 U.S. officials implementing PEPFAR funding in 15 focus countries (country team officials). We conducted the survey to identify potential challenges to implementing an alternative approach, developed from HIV/AIDS experts' suggestions, to allocating funds for the next 5-year phase of PEPFAR.

The survey respondents included the Centers for Disease Control and Prevention (CDC) Chief of Party, the U.S. Agency for International Development (USAID) health team leader, and the PEPFAR coordinator in each of the 15 focus countries. The questions in our survey were intended to obtain information on country teams' experiences with setting targets, selecting interventions, and using cost information. Of the 41 country team officials, 38 responded to the survey, resulting in a survey response rate of 93 percent. This document presents results from all closed-ended survey questions but does not include narrative responses that we received. A more detailed discussion of our scope and methodology is contained in our report *Global HIV/AIDS: A More Country-Based Approach Could Improve Allocation of PEPFAR Funding* (GAO-08-480).

We administered the survey from October 2007 to November 2007 in accordance with generally accepted government auditing standards.

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Instructions for Viewing This E-Supplement

How to View the Survey and the Summary Results

We present a blank copy of the survey as the respondent saw it during data collection.

The blank copy of the survey is followed by several tables that summarize the results of the survey.

Next to each question is a symbol $\[mu]$ which links to the summary table for that specific question.

On the summary table, there is an arrow as well as the word Back (i.e., < Back) that provides a link back to the blank questionnaire.

How to Print the Results of Surveys

To print only the page you are viewing, select "Current Page" from the Print menu.

To print specific pages, enter the page range under "Pages from:" on the Print menu.

To print the entire document, select "All" from the Print menu, or simply select the Printer icon from the standard toolbar.

Contact Information

If you have questions concerning these data, please contact David Gootnick at (202) 512-3149 or GootnickD@gao.gov.

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G A O Accountability * Integrity * Reliability

United States Government Accountability Office

PEPFAR FUNDING ISSUES

At the request of the Congress, the U.S. Government Accountability Office (GAO) is studying potential alternatives to the earmarks¹ in the President's Emergency Plan for HIV/AIDS Relief (PEPFAR). As part of this study, we are separately surveying USAID and CDC officials on each of the 15 PEPFAR focus country teams, as well as the PEPFAR Coordinators.

We have spoken with numerous HIV/AIDS experts who described alternative approaches to implementing PEPFAR if the earmarks were removed. We are currently assessing the feasibility of these approaches, none of which we have endorsed. This questionnaire asks about your experiences with PEPFAR processes, and your views on alternatives to the current earmarks.

In this questionnaire, we describe three general steps that might comprise an alternative mechanism for allocating funds. This alternative mechanism would replace the current earmarks. Therefore, when responding to questions about changes to PEPFAR, please note that the earmarks do not apply in the scenarios discussed.

This questionnaire should take about an hour to complete. We will not identify any of the respondents by name in our report. Please coordinate with your agency staff if necessary when responding to the questionnaire. Thank you for taking the time to complete the questionnaire.

Please return the questionnaire by Tuesday, October 30, 2007.

Instructions

This questionnaire can be filled out using MS-Word. Please save the attachment to your hard drive and return it via e-mail to **weisberge@gao.gov**. If you prefer, you may print copies of the questionnaire and complete them by hand and fax them to us at 1-202-512-9088 (Attention: Eve Weisberg; please call 1-202-512-6647 first to let us know a fax is coming).

• Please use your mouse to navigate by clicking on the field or check box you wish to answer.
• To select a check box \square simply click on the center of the box.
• To change a check box response, simply click on the check box and the 'X' will disappear.
• To answer a question that requires that you write a comment, click on the answer field and begin typing. The box will expand to accommodate your answer.

If you have any questions about this questionnaire, please contact Eve Weisberg at 1-202-512-6647 or weisberge@gao.gov, or Susan Tieh at 1-202-512-3552 or tiehs@gao.gov.

¹For the purposes of this survey, we used the term "earmarks" to refer to the spending directives.

ease list the name of the person complet	ing the surv	ey below.				
sition title:	Telephone number: E-mail address:					
TEP I. Setting Targets						
1. Currently, when your country to important are each of the following each row.)						
			Moderately important			
a. Host country national HIV/AIDS strategy and/or targets						
b. Host country authorities (such as host country government or National AIDS Council)						
c. PEPFAR global targets (2/7/10)						
d PEPFAR 5-year country-level targets						
e PEPFAR country team analysis of country-specific data						
f UNAIDS						
g WHO						
h Other multilateral and bilateral donors						
i. Other (please explain below)						

Global targets

Experts noted that if the earmarks are removed, targets will become more important because funding will ultimately be allocated to meet the targets. Experts suggested that each PEPFAR country team would begin by establishing their own country-level targets in the areas of prevention, treatment, and care, rather than the 5-year country-level targets being set by OGAC.

Currently, PEPFAR has global targets of treating 2 million people, preventing 7 million infections, and providing care for 10 million people.

For questions 2 through 7, please assume that all of the earmarks have been removed.

In your view, what should be the role of the global prevention, treatment, and care targets?
Prevention target (Check one response.)
Global targets should be aspirational goals Global targets must be met
Freatment target (Check one response.)
Global targets should be aspirational goals Global targets must be met
target (Check one response.)
Global targets should be aspirational goals Global targets must be met

Country-level targets

OGAC has established 5-year country-level prevention, treatment, and care targets for each focus country. Each year, the PEPFAR teams in these countries determine annual country-level targets, which may eventually sum to the 5-year country-level targets.

3.	If OGAC no longer set 5-year country-level targets and the PEPFAR country team set
	all PEPFAR country-level targets, would this increase or decrease the number of people
	you would be able to serve with PEPFAR prevention, treatment, and care programs in
	your country? (Check one response on each row.)

		Greatly increase	Somewhat I increase	Remain the same		Greatly decrease	Cannot judge ▼
	a. Prevention						
	b. Treatment						
	c. Care						
4.	Why do you think the numb decrease?	per of peop	ple you wou	ld be able 1	to serve wou	ald increas	e or

5.	Again, assuming OGAC country team set all PEPFA effect on the quality of the I quality, please think about t programs. (Check one resp.	R country PEPFAR p he effectiv	-level targe rograms in veness, cov	ets, would the your count	nis have a porty? When	ositive or n considering	negative
		Very positive	Positive \blacktriangledown	No effect ▼	Negative \blacktriangledown	Very negative	Cannot judge ▼
	a. Prevention						
	b. Treatment						
	c. Care						
6.	Why do you think the qualitaffected?	ty of your	programs v	would be po	sitively or 1	negatively	

7.	Which of the following factors should PEPFAR country teams consider when setting PEPFAR country-level targets? Again, assume OGAC no longer sets 5-year country-level targets and the PEPFAR country team sets all PEPFAR country-level targets. (Check one response on each row.)
	Yes No Not available ▼ ▼ ▼
	a. Host country national HIV/AIDS strategy
8.	What would be the potential challenges in your country if all PEPFAR country-level targets were set by the country team rather than by OGAC?
9.	How often should the PEPFAR country team review (and possibly adjust) the PEPFAR country-level targets? (Check one response.)
	Every year

STEP II. Developing programs to achieve these targets

The next step suggested by experts calls for PEPFAR country teams to select interventions that will allow them to meet the targets they have set for themselves. Each country team would select evidence-based interventions that it feels would be appropriate for meeting these targets within the context of the country's culture and epidemic.

10. How important are the following **sources of information** to your PEPFAR country team in determining what interventions to use to meet country-level PEPFAR targets? (Check one response on each row.)

	-	-	-			Canno judge ▼
Professional/technical expertise of in-						
_						
Past program performance	. 🔲					
Country capacity						
Local expertise	. 🔲					
Host country national HIV/AIDS strategy	. 🗆					
Host country authorities						
Country-based epidemiological data.	. 🔲					
OGAC guidance	. 🔲					
Information and/or technical assistance from other PEPFAR country teams	. 🗆					
Information and/or technical assistance from your own agency headquarters	. П	П		П		
	expertise of incountry PEPFAR staff	Professional/technical expertise of incountry PEPFAR staff	important important ▼ ▼ ▼ Professional/technical expertise of in- country PEPFAR staff	Important important important Professional/technical expertise of incountry PEPFAR staff	important important important Professional/technical expertise of in- country PEPFAR staff	expertise of in- country PEPFAR staff

	Extremely important ▼	•	Moderately important ▼		Ca jı
k. Information and/or technical assistance from US government agencies other than your own	. 🗆				
Information from multilateral or bilateral donors	. 🗆				
m. Information and/or technical assistance from implementing partners					
n. Information and/or technical assistance from academic or research groups	. 🗆				
o. Published literature or research					
p. UNAIDS/WHO technical guidance	. 🗆				! !
q. Other (please explain below)	. 🔲				

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11. How important are the following <u>factors</u> in determining what interventions to use to meet country-level PEPFAR targets? *(Check one response on each row.)*

	Extremely important	Moderately important	Not at all	
a. Effectiveness of interventions				
b. Cost effectiveness of interventions				
c. Cost of interventions.				
d. Cultural acceptability				
e. Country capacity				
f. Partner capacity				
g. Overall PEPFAR funding for the country	y 🔲			
h. Other (please explain below)				

12. To what extent does your PEPFAR country team collaborate with the following organizations when determining which interventions to use? (Check one response on each row.)

		Moderately involved ▼		
a. PEPFAR technical working groups				
b. Host country technical working groups				
c. Own agency headquarters	. 🗆			
d. Other US government agencies	. 🔲			
e. Other PEPFAR country teams	. 🔲			
f. Host country authorities	. 🗆			
g. Implementing partners	. 🗆			
h. Local NGOs or civil society groups				
i. UNAIDS	. 🗌			
j. WHO				
k. Global Fund	. 🗆			
Other multilateral and bilateral donors				
m. Private foundations	. 🗆			
n. Other (please explain below)	. 🗆			

STEP III: Determining the costs of specific interventions

Experts suggested that after the PEPFAR country team has decided what interventions would be most appropriate for the country, the team would then determine the cost of each intervention – such as delivering services needed for PMTCT or delivering ARV treatments - and, in the absence of the current earmarks, allocate funding to the interventions so that the country targets can be met. Thus, funding allocation would be linked to achieving country-level targets.

13. To what extent did you use information on the costs to PEPFAR of specific interventions to plan and budget for FY2008 prevention, treatment, and care programs as part of the Country Operational Plan (COP) process? (Check one response.)
Very great extent
Great extent
Moderate extent
Some extent
Little or no extent
Cannot judge
14. How do you use the information on the costs to PEPFAR of specific interventions in your planning and budgeting process?

15. In planning your prevention, treatment, and care programs, do you use information on the costs to PEPFAR of specific interventions from each of the following sources? If so, how important is that information in your planning efforts? (Check one response for column A and one response for column B.)

	from this costs to I	A. Do you use information from this organization on the costs to PEPFAR of specific interventions?				'to A] How use in planning PE		
	Yes	No	Data not available		Very useful	Somewhat useful	Slightly or not at all useful	
a. Own PEPFAR country team								
b. Own US government agency								
c. Other US government agency								
d. Other PEPFAR country teams								
e. Implementing partners .								
f. UNAIDS								
g. WHO								
h. Global Fund								
i. Other multilateral and bilateral donors								
j. Private foundations								
k. Host country authorities								
1. Private companies								
m. Academia/think tanks .								
n. Published literature or research								

16. How significant would each of the following challenges be to obtaining and using information on the costs of interventions to plan PEPFAR programs? (Check one response on each row.)

		Moderately significant ▼		
a. Concerns about data reliability	. 🗆			
b. Data are not updated on a regular or frequent enough basis.				
c. Data are not country- specific	. 🗆			
d. Data do not cover all populations within the host country	. 🗆			
e. No data are not available	. 🗆			
f. Data are not available from enough sources	. 🗆			
g. Country authorities do not have resources to develop such data				
h. Country team faces difficulties getting access to this data				
Geographical differences in costs within a country	. 🗆			
j. Fluctuations in exchange rates				

	17. What other challenges, if ar interventions to plan PEPFA been removed.						
ſ	occii removed.						
Oth	ner PEPFAR Information						
	18. To what extent has your authorities (such as the host planning, designing and imp	country go	vernmen	t and Nationa	al AIDS C	ouncil) in	
	,	Very great extent	Great extent	Moderate extent	Some extent	Little or no extent	Don't know ▼
	a. Planning						
	b. Designing						
	c. Implementing						
						·	

19. What have been the primary ways that you have collaborated with host country authorities?
20. Do the Department of Defense and the Peace Corps play a significant role on your PEPFAR country team?
Yes No ▼ ▼
a. Department of Defense
21. In your opinion, which of the earmarks should be revised, removed or retained? Why do you feel that each earmark should be revised, removed or retained? When considering the earmarks, please discuss the following: 55 percent treatment and 75 percent antiretroviral earmarks; 20 percent prevention and 33 percent abstinence-until-marriage earmarks; 15 percent care earmark; and 10 percent orphans and vulnerable children earmark.

22.	In your opinion, through what process should PEPFAR allocate funding in the absence of earmarks?
23.	Do you have any additional thoughts you would like to share about the current challenges of implementing PEPFAR in your country?
24.	Please list the names and titles of the individuals who contributed to your survey response.

Thank you for completing the survey!

Please save this file to your hard drive now and send an e-mail with your saved questionnaire file as an attachment to: WeisbergE@gao.gov

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1. Currently, when your country team determines the annual PEPFAR targets, how important are each of the following sources of information?

	Extremely important	Very important	Moderately important	Slightly important	Not all important	Not applicable	Number of respondents
a. Host country national HIV/AIDS strategy and/or targets	16	11	7	4	0	0	38
b. Host country authorities (such as host country government or National AIDS Council)	12	11	11	4	0	0	38
c. PEPFAR global targets (2/7/10)	6	15	7	5	4	1	38
d. PEPFAR 5- year country- level targets	30	2	5	1	0	0	38
e. PEPFAR country team analysis of country-specific data	25	7	6	0	0	0	38
f. UNAIDS	1	8	12	6	10	1	38
g. WHO	1	7	10	6	12	2	38
h. Other multilateral and bilateral donors	3	6	12	8	7	1	37
i. Other	5	3	4	0	0	5	17

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2. In your view, what should be the role of the global prevention, treatment, and care targets?

	Global targets should be aspirational goals	Global targets must be met	Other	Number of respondents
a. Prevention target	23	4	11	38
b. Treatment target	17	10	11	38
c. Care target	18	9	11	38

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3. If OGAC no longer set 5-year country-level targets and the PEPFAR country team set all PEPFAR country-level targets, would this increase or decrease the number of people you would be able to serve with PEPFAR prevention, treatment, and care programs in your country?

						Number
Greatly	Somewhat	Remain the	Somewhat	Greatly		of
increase	increase	same	decrease	decrease	Cannot judge	respondents

	Greatly increase	Somewhat increase	Remain the same	Somewhat decrease	Greatly decrease	Cannot judge	Number of respondents
a. Prevention	13	8	8	3	0	6	38
b. Treatment	1	11	15	4	1	5	37
c. Care	8	8	14	3	0	5	38

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5. Again, assuming OGAC no longer set 5-year country-level targets and the PEPFAR country team set all PEPFAR country-level targets, would this have a positive or negative effect on the quality of the PEPFAR programs in your country?

	Very positive	Positive	No effect	Negative	Very negative	Cannot judge	Number of respondents
a. Prevention	14	14	8	0	1	1	38
b. Treatment	10	13	11	3	0	1	38
c. Care	13	16	5	2	0	2	38

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7. Which of the following factors should PEPFAR country teams consider when setting PEPFAR country-level targets?

				Number of
	Yes	No	Not available	respondents
a. Host country national HIV/AIDS strategy	38	0	0	38
b. National				
epidemiological data	38	0	0	38
c. Sub-national epidemiological		•		
data	36	0	2	38
d. Information on country's capacity	38	0	0	38
e. PEPFAR's				
global targets	21	17	0	38
f. Data from multilateral and				
bilateral donors	35	3	0	38
g. Other	14	1	2	17

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9. How often should the PEPFAR country team review (and possibly adjust) the PEPFAR country-level targets?

Every year	Every other year	Every 3-4 years	Every 5 years	Other	Number of respondents
20	10	5	1	1	37

10. How important are the following sources of information to your PEPFAR country team in determining what interventions to use to meet country-level PEPFAR targets?

	Extremely important	Very important	Moderately important	Slightly important	Not at all important	Cannot judge	Number of respondents
a.							
Professional/te chnical expertise of in- country							
PEPFAR staff	26	9	3	0	0	0	38
b. Past program performance	18	17	3	0	0	0	38
c. Country capacity	20	14	3	1	0	0	38
d. Local expertise	12	20	4	2	0	0	38
e. Host country national HIV/AIDS							
strategy	16	12	8	2	0	0	38
f. Host country authorities	14	16	7	1	0	0	38
g. Country- based epidemiological	24	12	0	0	0	0	20
h. OGAC	24	12	2	0	0	0	38
guidance	8	15	11	4	0	0	38
i. Information and/or technical assistance from other PEPFAR country teams	1	10	17	8	0	2	38
j. Information and/or technical assistance from your own agency headquarters	10	15	9	3	0	1	38
k. Information and/or technical assistance from US government agencies other							
than your own I. Information from	4	19	8	5	2	0	38
multilateral or bilateral donors	3	11	18	5	0	0	37

	Extremely important	Very important	Moderately important	Slightly important	Not at all important	Cannot judge	Number of respondents
m. Information and/or technical assistance from implementing partners	13	20	5	0	0	0	38
n. Information and/or technical assistance from academic or research	6	12	13	6	0	1	38
o. Published literature or research	10	15	10	2	0	1	38
p. UNAIDS/WHO technical guidance	7	15	14	2	0	0	38
q. Other	2	2	1	0	0	2	7

11. How important are the following factors in determining what interventions to use to meet country-level PEPFAR targets?

	Extremely important	Very important	Moderately important	Slightly important	Not at all important	Information not available for this factor	Number of respondents
a. Effectiveness of interventions	32	5	1	0	0	0	38
b. Cost effectiveness of interventions	15	15	5	1	0	2	38
c. Cost of interventions	9	11	13	4	0	1	38
d. Cultural acceptability	24	10	3	1	0	0	38
e. Country capacity	22	13	3	0	0	0	38
f. Partner capacity	17	15	6	0	0	0	38
g. Overall PEPFAR funding for the country	20	12	5	1	0	0	38
h. Other	2	0	2	0	0	2	6

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12. To what extent does your PEPFAR country team collaborate with the following organizations when determining which interventions to use?

						Number
Extremely		Moderately	Slightly	Not at all		of
involved	Very involved	involved	involved	involved	Not available	respondents

	Extremely involved	Very involved	Moderately involved	Slightly involved	Not at all involved	Not available	Number of respondents
a. PEPFAR technical working groups	12	12	13	1	0	0	38
b. Host country technical working groups	13	21	4	0	0	0	38
c. Own agency headquarters	4	15	14	4	0	1	38
d. Other US government agencies	5	19	7	6	1	0	38
e. Other PEPFAR country teams	1	1	10	19	5	2	38
f. Host country authorities	15	11	8	2	0	0	36
g. Implementing partners	17	18	3	0	0	0	38
h. Local NGOs or civil society groups	5	13	13	7	0	0	38
i. UNAIDS	2	3	16	13	3	0	37
j. WHO	3	4	14	13	3	0	37
k. Global Fund	4	7	13	12	2	0	38
I. Other multilateral and bilateral donors	4	3	17	11	2	0	37
m. Private foundations	2	3	11	14	6	1	37
n. Other	1	0	1	0	0	2	4

13. To what extent did you use information on the costs to PEPFAR of specific interventions to plan and budget for FY2008 prevention, treatment, and care programs as part of the Country Operational Plan (COP) process?

Very great extent	Great extent	Moderate extent	Some extent	Little or no extent	Cannot judge	Number of respondents
9	8	12	6	3	0	38

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15. In planning your prevention, treatment, and care programs, do you use information on the costs to PEPFAR of specific interventions from each of the following sources? If so, how useful is that information in planning PEPFAR programs?

	Yes	No	Data not available	Number of respondents	Very useful	Somwhat useful	Slightly or not at all useful
a. Own PEPFAR country team	34	3	1	38	25	9	0
b. Own US government agency	30	6	1	37	17	13	0

				Number			
	Yes	No	Data not available	of respondents	Very useful	Somwhat useful	Slightly or not at all useful
c. Other US government agency	27	8	2	37	12	13	1
d. Other PEPFAR country teams	9	23	6	38	2	6	0
e. Implementing partners	37	1	0	38	29	7	1
f. UNAIDS	5	26	7	38	2	3	0
g. WHO	7	24	6	37	3	3	0
h. Global Fund	16	15	7	38	7	9	0
i. Other multilateral and bilateral donors	7	20	11	38	4	3	0
j. Private foundations	11	16	10	37	4	7	0
k. Host country authorities	21	9	7	37	9	11	0
I. Private companies	8	21	9	38	5	3	0
m. Academia/think tanks	10	23	5	38	4	5	1
n. Published literature or research	21	15	2	38	7	13	1

16. How significant would each of the following challenges be to obtaining and using information on the costs of interventions to plan PEPFAR programs?

	Extremely significant	Very significant	Moderately significant	Slightly significant	Not at all significant	Cannot judge	Number of respondents
a. Concerns about data reliability	12	16	6	1	0	2	37
b. Data are not updated on a regular or frequent							
enough basis	6	16	11	2	1	1	37
c. Data are not country-specific	14	7	5	5	4	2	37
d. Data do not cover all populations within the host country	9	7	14	4	1	2	37
e. No data are		•		· .	·		<u> </u>
not available	22	4	3	0	3	4	36

	Extremely significant	Very significant	Moderately significant	Slightly significant	Not at all significant	Cannot judge	Number of respondents
f. Data are not available from enough sources	7	7	18	2	1	2	37
g. Country authorities do not have resources to develop such data	7	11	11	5	2	1	37
h. Country team faces difficulties getting access to this data	10	7	12	3	4	1	37
i. Geographical differences in costs within a country	7	10	9	6	3	2	37
j. Fluctuations in exchange rates	5	2	11	11	6	1	36

18. To what extent has your PEPFAR country team collaborated with the host country authorities (such as the host country government and National AIDS Council) in planning, designing and implementing PEPFAR programs?

	Very great extent	Great extent	Moderate extent	Some extent	Little or no extent	Don't know	Number of respondents
a. Planning	7	17	12	2	0	0	38
b. Designing	4	12	15	7	0	0	38
c. Implementing	13	16	7	2	0	0	38

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20. Do the Department of Defense and the Peace Corps play a significant role on your PEPFAR country team?

			Number of
	Yes	No	respondents
a. Department			
of Defense	30	8	38
b. Peace Corps	21	16	37