

Why GAO Did This Study

PEPFAR, first authorized in 2003, has supported significant advances in HIV/AIDS prevention, treatment, and care in more than 30 countries. In reauthorizing the program in 2008, Congress directed OGAC to continue to expand the number of people receiving care and treatment through PEPFAR while also making it a major policy goal to help partner countries develop independent, sustainable HIV programs. As a result, PEPFAR began shifting efforts from directly providing treatment services toward support for treatment programs managed by partner countries. GAO was asked to review PEPFAR treatment programs. GAO examined (1) PEPFAR treatment program results and how OGAC measures them and (2) PEPFAR assistance to improve partner countries' M&E systems. GAO reviewed PEPFAR plans, performance reports, and guidance and interviewed officials from OGAC, the Centers for Disease Control and Prevention (CDC), and the U.S. Agency for International Development (USAID). GAO also synthesized findings of treatment program studies and conducted fieldwork in three countries.

What GAO Recommends

The Secretary of State should direct OGAC to (1) develop a method that better accounts for PEPFAR's contributions to partner-country treatment programs, (2) establish a common set of indicators to measure the results of treatment program quality improvement efforts, and (3) establish a set of minimum standards for data generated by partner countries' M&E systems. Commenting jointly with CDC and USAID, State generally agreed with the report's recommendations.

View [GAO-13-460](#). For more information, contact David Gootnick at (202) 512-3149 or gootnickd@gao.gov, or Marcia Crosse at (202) 512-7114 or crossem@gao.gov.

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PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF

Shift toward Partner-Country Treatment Programs Will Require Better Information on Results

What GAO Found

The Department of State's (State) Office of the U.S. Global AIDS Coordinator (OGAC) has reported on President's Emergency Plan for AIDS Relief (PEPFAR) treatment program results primarily in terms of (1) numbers of people on treatment directly supported by PEPFAR, (2) percentages of eligible people receiving treatment, and (3) percentages of people alive and on treatment 12 months after starting treatment (see table for recently reported results). However, these indicators do not reflect some key PEPFAR results. First, although the number of people on treatment directly supported by PEPFAR grew from about 1.7 million to 5.1 million in fiscal years 2008 through 2012, this indicator alone does not provide complete information needed for assessing PEPFAR's contributions to partner countries' treatment programs. Second, although 10 PEPFAR country teams reported that percentages of people alive and on treatment after 12 months exceeded 80 percent, data for this indicator are not always complete and have other limitations. To improve these data, according to OGAC officials, OGAC clarified its guidance and conducted data quality assessments. However, OGAC has not yet established a common set of indicators to monitor the results of PEPFAR's efforts to improve the quality of treatment programs.

PEPFAR Treatment Indicators

Indicator	Source of data	Target	Reported results
Number of people currently on treatment directly supported by PEPFAR	PEPFAR direct treatment programs	5 million (fiscal year 2012)	5.1 million (as of fiscal year 2012)
Percentage of eligible people receiving treatment	Partner country treatment programs	80 percent	8 of 23 partner countries reported rates at or above 80 percent (as of 2011)
Percentage of people alive and on treatment 12 months after starting treatment	PEPFAR direct treatment programs	No target	10 of 23 partner countries reported rates at or above 80 percent (as of fiscal year 2012)

Source: GAO synthesis of guidance and data from OGAC and data from the Joint United Nations Programme on HIV/AIDS.

Notes: In fiscal year 2012, 23 PEPFAR country teams providing direct support for treatment services were required to report to OGAC on these indicators. All 23 country teams provided data on number of people currently on treatment directly supported by PEPFAR and percentage of eligible people receiving treatment. Twenty country teams provided data on percentage of people alive and on treatment 12 months after starting treatment; 3 countries reported that data were not available for this indicator.

As PEPFAR partner countries assume greater responsibility for managing their treatment programs, fully functioning monitoring and evaluation (M&E) systems are critical for tracking results and ensuring treatment program effectiveness. PEPFAR country teams assist partner countries in carrying out their M&E responsibilities by providing staff, training, technical assistance, and other support. With this assistance, partner countries have made some progress in expanding and upgrading these M&E systems. Nevertheless, partner countries' M&E systems often are unable to produce complete and timely data, thus limiting the usefulness of these data for patient, clinic, or program management. OGAC has not yet established minimum standards for partner countries' M&E systems, particularly relating to data completeness and timeliness, in order for PEPFAR country teams to assess those systems' readiness for use in treatment program management and results reporting.