

ADVISORY COMMITTEE ON VOLUNTARY FOREIGN AID

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OPENING REMARKS

Benjamin Homan, ACVFA Chairman, welcomed the committee members and attendees, noting their extraordinary interest in foreign assistance and the promotion of kindness and compassion around the world. He encouraged participation, asking those present to pose questions rather than make statements.

AFRICAN GROWTH AND OPPORTUNITY ACT (AGOA) FORUM: USAID'S ROLE AS IMPLEMENTING PARTNER

Lloyd Pierson, *Assistant Administrator, Bureau for Africa, USAID*

Fifteen years ago, two overriding realities shaped Africa: the Cold War and apartheid. Both have left residues, but much has changed. As President Hifikepunye Pohamba of Namibia has said, at his country's independence in 1990 what was needed most was reconciliation; today what his country needs most is economic development. And economic development is a major focus of the African Growth and Opportunity Act (AGOA), in particular the creation of jobs to address staggering unemployment rates in some parts of the continent.

Until last year USAID had three trade hubs in Africa: in Nairobi, Gaborone, and Accra. Last September it announced a fourth in Dakar, and by November that office was open. All four hubs aim to spur investment, provide financing for infrastructure, improve states' business climate, and help entrepreneurs start and maintain businesses.

The AGOA Forum was underway during the ACVFA meeting. USAID planned to announce two new initiatives for Africa during that event:

- \$20 million for the West African Cotton Improvement Program (on top of the \$7 million announced in September), which assists cotton production in Mali, Chad, Burkina Faso, Benin, and Senegal
- \$5 million to improve phytosanitary standards (addressing pest risk, animal health, and plant inspections), with the aim of making it easier for African nations to export agricultural products

The Bureau for Africa administers four presidential initiatives directly:

- The five-year, \$200 million per year Initiative to End Hunger in Africa (IEHA)
- The two-year, \$30 million Congo Basin Forest Partnership
- The four-year, \$400 million Africa Education Initiative
- The five-year, \$200 million Africa Global Competitiveness Initiative (AGCI)

There are thirteen other initiatives it administers partially.

Africa is undergoing a number of significant changes. The overwhelming number of orphans—more than 40 million, their parents killed by HIV/AIDS or violence—affects how the Agency must structure its education, development, and health programs. Meanwhile, predominantly rural economies are giving way to migration to cities. In South Africa, for example, in 1993, 30 percent of the population lived in urban areas; now over 70 percent does.

Oil wealth could add another destabilizing force, as it is often linked to violence and corruption. Over the next five to ten years countries on the Gulf of Guinea alone will see over \$200 billion in new oil revenues. USAID will have to work on democracy, good governance, and anticorruption if it wants to make any serious progress in economic development.

AGOA PANEL DISCUSSION

Moderator: Elise Fiber Smith, *ACVFA Member and Senior Policy Advisor on Gender, Winrock International*

The relationship between development and trade has become increasingly important to nongovernmental organizations (NGOs). Trade policies need to be linked to development. NGOs are especially concerned that trade benefits reach the poor in developing countries.

We know that consultation with civil-society groups is critical as trade policies are developed. We need to pay particular attention to disadvantaged groups, particularly women, to ensure that they benefit from trade opportunities.

AGOA is an important trade initiative. USAID's trade hubs can help forge partnerships with NGOs in the implementation of business opportunities.

Carol Grigsby, *Acting Deputy Assistant Administrator, Bureau for Africa, USAID*

USAID's trade hubs have already undertaken a wide range of activities to promote trade in Africa: forming business associations, providing assistance to businesses, and developing market-information systems. USAID is expanding those efforts with the five-year, \$200 million Africa Global Competitiveness Initiative (AGCI), a continuation of the previous four-year, \$70 million Africa Trade Initiative. Like the Trade Initiative, AGCI will focus on policy and regulatory reform along with direct assistance to business. It will also address two new areas: financial services and infrastructure barriers to trade.

Agriculture now accounts for 70 percent of employment in Africa and 40 percent of exports, and could grow. In fact, in its Comprehensive Africa Agricultural Development Program (CAADP), the New Partnership for African Development

(NEPAD) has set a goal of 6 percent annual agriculture growth by 2010. USAID supports the CAADP goal through IEHA, which aims to improve agricultural efficiency, competitiveness, and performance. USAID funds go toward:

- Scientific and technological advances in agriculture
- Agricultural trade and market systems
- Community- and producer-based organizations
- Human and institutional development
- Mainstream integration of vulnerable groups
- Environmental management

These programs are conducted largely through local organizations: in fiscal year 2005 IEHA assisted over 10,000 community- and producer-based organizations and associations of businesses and water users, including over 1,700 women's groups.

IEHA already serves Mali, Ghana, Uganda, Kenya, Mozambique, and Zambia, and will expand to cover three additional famine-prone countries this year, selected in partnership with NEPAD. Its financing has increased dramatically, from \$35 million in 2003 to around \$200 million in 2006. A portion of that increase is intended to align development assistance more closely with food aid. Ultimately, USAID hopes to help vulnerable groups diversify their crops and remain out of poverty. In 2005, for example, 250,000 rural Mozambicans benefited from such programs, and showed as a result a greater ability to cope with drought through improved crop variety and post-harvest storage methods.

Through its Regional Center for Southern Africa (RCSA), USAID provided technical assistance to the Botswana Cattlemen's Association, supporting its advocacy before the Botswana Meat Commission. As a result the commission raised the price on cattle to 40 percent of export parity prices. This illustrates an important theme: African governments, institutions, and individuals bear the ultimate responsibility for creating trade opportunities and removing local and regional barriers to economic development and trade.

Sub-Saharan Africa is the only region of the world projected to have more people in poverty in 2015 than it had in 1990. We will have to reduce poverty by 6 percent each year if we hope to achieve the goal of cutting hunger in half by 2015. That is a formidable challenge. USAID looks forward to working with all of its partners to meet it.

Jacqueline Schafer, *Assistant Administrator, Bureau for Economic Growth, Agriculture, and Trade, USAID*

The *National Security Strategy of the United States* includes development with defense and diplomacy at the center of U.S. foreign policy. This is a response to the realities of globalization. Secretary Condoleezza Rice has called for "transformational diplomacy" that "help[s] to build democratic and well-governed

states that will respond to the needs of their people and conduct themselves responsibly in the international system.”

Ambassador Randall Tobias, in his new role as Director of Foreign Assistance, will focus both USAID and the Department of State on *accountability* (monitoring the results of investments and documenting the way they change whole systems) and *transformation* (assisting in a way that allows development partners to sustain progress without future assistance).

Such transformational diplomacy in Africa depends on two critical factors. First, Africa will not achieve its annual 6 percent poverty-reduction goal without trade, yet Africa’s share of global trade has declined over the last decade, and currently stands at less than 2 percent. Second, foreign investment in sub-Saharan Africa is hampered by the fact that so much of the area’s economic activity takes place in the informal arena. The Bureau for Economic Growth, Agriculture, and Trade (EGAT) works with Africa’s leadership in the public and private sectors to reverse both of these conditions.

EGAT worked closely with the Bureau for Africa and other agencies to design AGCI. In general, EGAT plays an advisory role, aiming to transfer successful practices from one region to another. In March 2003, EGAT produced the USAID Strategy document *Building Trade Capacity in the Developing World*, which observed:

Developing countries’ overall share of global trade is increasing, and the flow of foreign direct investment to poor countries has grown rapidly. But this growth is concentrated in a few countries, and many of the poorest developing countries remain on the sidelines. Not surprisingly, development issues have become increasingly prominent in international trade negotiations. The Doha Development Agenda recognizes that continued multilateral trade liberalization is necessary to accelerate growth and reduce poverty in developing countries and that World Trade Organization (WTO) member countries must help developing countries build their capacity to take advantage of trade liberalization.

AGOA represents a major U.S. commitment to give Africa access to our large and vibrant market. But as Rep. Jim Kolbe (R-AZ, Chairman of the House Appropriations Subcommittee on Foreign Operations) has said, Africa needs to build its own trade capacity to take advantage of the opportunities created by AGOA. USAID is working with African firms to help them reach global markets, and in particular working with African officials, the private sector, and civil society to improve the African trading climate and develop predictable and transparent rules. The primary responsibility for this transformation rests with Africans themselves, and local private-sector and civil-society leaders must themselves undertake to advance participatory governance.

Currently, African entrepreneurs face an extremely difficult business environment that constrains private-sector growth. Unfortunately, sub-Saharan Africa as a whole has been the slowest region to embrace reform, though there are

exceptions: Mauritius, Namibia, South Africa, and Zambia have all achieved world-class regulatory environments, and Rwanda was a top performer in 2006.

In their Millennium Challenge Account (MCA) proposals and in the threshold programs USAID has helped them develop, African leaders are demonstrating that they recognize the importance of trade and investment. Local leaders do increasingly see the improvement of business conditions as an important area of assistance. Those leaders need to build on the efforts underway across the continent, and USAID, MCA, and other U.S. assistance programs can help.

Dr. Michael Porter's work on competitiveness has shown that a local market base is essential to competing successfully on a global level. Some projects underway in Africa therefore involve increasing regional trade. Expertise gained from successful regional trade can then be transferred to the world market. For example, one program aims to break down barriers to trade in East Africa.

Nancy Zucker Boswell, *ACVFA Member and Managing Director, Transparency International USA*

AGOA's purpose was laudable: to promote sustainable economic growth and development through trade and investment, and to use that process as a powerful tool for promoting public participation in the political process.

Five years after the Act's passage, it is worth assessing how it is working—in particular how eligibility criteria are being applied.

One key criterion is that a nation must have established or be making continual progress toward a system to combat corruption. This linkage has widespread support: 140 countries signed the recent UN Convention against Corruption, an indication of widespread agreement that fighting corruption is essential to sustainable development. It is also an indication that corruption is not just a problem in Africa but in countries around the world.

The other criteria of AGOA—an open and rules-based trading system, policies to reduce poverty, an environment conducive to investment, and increased access to health and education—all will fail in a country where corruption, bribery, and embezzlement are not controlled.

AGOA is not the first U.S. effort to fight corruption. While this administration has been a strong proponent of good governance as a central requirement of development, and has made combating corruption a priority, the issue has a long, bipartisan history. The first effort, the 1977 Foreign Corrupt Practices Act, focused on the supply side, criminalizing bribes to secure business abroad.

More recently, the administration has focused on the Antibribery Convention of the Organization for Economic Cooperation and Development (OECD), which

applies prohibitions on transnational bribery to most of the world's major exporters. Enforcement and adherence by non-OECD members who are major exporters, such as China, will be critical. In the future, attention will also have to be paid not only to companies paying bribes, but also to banks that hold the proceeds of illicit payments and lawyers and accountants who facilitate deals, in addition to the demand side—public officials who abuse their positions for personal gain.

AGOA is not the only program to underscore the importance of fighting corruption. MCA also includes an anticorruption criterion. With both AGOA and MCA the key questions are: How are we assessing progress in fighting corruption? Are we consulting local civil society?

AGOA recommends that countries adopt the OECD Convention. The UN or African Union conventions would probably be more appropriate, because the OECD Convention is aimed mainly at exporters. The Transparency International Index is also not appropriate for this kind of assessment. A more qualitative and holistic approach is needed. Transparency International's National Integrity Surveys or the UN Convention might be more appropriate points of reference.

Free-trade agreements also include vital transparency provisions, particularly in the area of public procurement, a notoriously corrupt sector. Compliance with such provisions could also be part of an assessment.

Regardless of the assessment tool, one of the most important aspects is consultation with civil society. The follow-up processes for existing conventions have provided useful opportunities for civil society, including the private sector, to engage in dialogue with governments to develop plans of action. They have also helped to identify where governments and civil society need to develop their capabilities. It is important for donors to recognize the importance of helping government and civil society develop their technical and financial capabilities—and even in some instances to provide protection, since fighting corruption can be dangerous.

Further, we need to coordinate and integrate the numerous bilateral and multilateral anticorruption programs and resources. It is encouraging to hear that the administration is moving in that direction. But we need to take this progress further. It is burdensome for recipient countries to comply with these requirements. That burden will be lighter if programs can be better integrated.

Finally, we must address an inherent tension: We all want to see economic benefits from trade, investment, and assistance flow to Africa. But without anticorruption measures, most people will not benefit. On the other hand, if anticorruption criteria are applied too strictly, the flow of aid could be cut off, creating other hardships. We must recognize this tension and find a way to help

governments and civil society do the necessary work to keep economic benefits flowing.

QUESTIONS AND ANSWERS

Ms. Smith asked how more opportunities for consultation and trade can be made available for traditionally excluded groups, especially women.

Ms. Boswell said that often programs that aim to increase public participation focus on governments, helping them to set up and publicize public meetings. But USAID and its partners need to consider providing resources to civil-society groups as well, so that they are better equipped to participate more fully.

John Sullivan, ACVFA Member, noted that many African presidents seem familiar with Hernando de Soto's *Mystery of Capital* (which argues that informal rather than legally formal systems of ownership make it impossible for subsistence farmers to access formal systems of credit). He asked why this understanding does not appear in the evaluation mechanisms of NEPAD.

Ms. Schafer said that while there have been success stories, reforms have only been possible where countries are committed to them. A 2003 World Bank study found that 43 percent of GDP in sub-Saharan Africa came from the informal sector. That means a lack of job stability and financial transparency—a forbidding prospect for foreign investment and a shackle on the poor.

Ms. Grigsby agreed that reforms have to come from countries themselves. While Nigeria is often associated with corruption, its new economic team has for the first time begun publishing the country's budget and fiscal information. NEPAD's very existence is a major step forward, but it is still in its early stages.

Ms. Boswell added that pressure from institutions like the IMF and the World Bank can help reverse the presumption that important information—such as a country's budget—is private unless ministers decide to make it public.

Benjamin Homan, ACVFA Chair, asked how changes in perceptions in the United States could spur investors' interest in Africa.

Ms. Schafer said that according to the World Bank's "Doing Business" reports, sub-Saharan African countries are behind where they should be in reforming their regulations to improve the climate for business: only 40 percent of sub-Saharan African countries have made at least one reform, as compared to two-thirds of countries worldwide and every country in Europe.

Larry Diamond, ACVFA Member, said that the core dilemma is that if USAID's expectations of transparency and good governance are too high, it will end up

providing no aid, but if they are too low, the aid it does provide won't be effective. If MCA grades on a curve because all countries in Africa are doing poorly, what will bring Africa up to absolute minimum standards?

Ms. Schafer said that this was why USAID is aiming to coordinate all of its streams of aid and to coordinate U.S. aid with that of other donor nations: to deliver the same message of reform over and over.

Stacy Rhodes of Save the Children USA asked whether there had been significant consultation with American civil-society groups such as Transparency International to establish absolute minimum standards under MCA.

Ms. Boswell said that there had not been, and that the U.S. government could do more to institutionalize broad consultation and create opportunities for public participation, especially since in some MCA countries governments have created their own "civil society" groups, undermining MCA intent.

Molly Zeff of RESULTS asked whether USAID incorporates academic research into its work.

Ms. Schafer said that EGAT does do so in a variety of sectors, though it also works with partners in the NGO and private realms to identify best practices.

David Evans of Food for the Hungry asked whether it was really possible for West Africa to be competitive in the global cotton market, especially in the face of Chinese competition.

Ms. Grigsby replied that the Cotton Improvement Program responds to the expressed desires of West African countries to keep their cotton industries alive. But at the same time USAID is trying to help those countries diversify their products—especially by adding value in the region, so that they are no longer simply exporting raw cotton.

Ms. Schafer added that USAID is working with African nations to find niches in which they can compete, providing assistance, for example, to increase apparel firms' productivity and competitiveness. RCSA has been interviewing global apparel importers to learn about market demands and areas that must be improved to attract investment. Through its Global Development Alliance, USAID is also seeking to begin discussions between large buyers of apparel (such as GAP and Levi-Strauss) and African producers, who will focus on competing with China in the post-Multi-Fiber Agreement era while maintaining labor standards.

A participant noted that corruption is decentralized and institutionalized. She asked how it can be fought and what indicators can be used to measure progress.

Ms. Boswell agreed, arguing that this was why it is important to support civil-society consultation and oversight.

Ms. Schafer said that in a society where most people must walk to meetings, it can be physically difficult for some people to interact with their government. USAID is working with the U.S. Telecommunications Training Institute on ways to extend Internet technology into rural areas and allow greater interaction through e-government.

Jay Gribble of Constella Futures asked how USAID planned to give women a more equitable role in Africa's economic future.

Ms. Grigsby said that IEHA has a specific focus on women and has worked with 1,700 women's associations.

Ms. Schafer added that USAID is emphasizing women's access to education as the key to their participation in business development.

Ms. Smith argued that USAID's trade hubs could do more to open markets to low-income women and help them move up the economic scale.

A participant asked what the United States could learn from Africa.

Ms. Grigsby said that the AGOA Forum had provided many opportunities to speak with Africans and learn from them. Africans are now demanding what they want from their own governments.

Ms. Smith added that NGOs work with their partners on the ground to learn from them, identify local needs, and develop an appropriate development agenda.

Jonathan Morganstein of the U.S. Institute for Peace asked how USAID works with sister agencies on domestic-policy issues that have an effect on Africa, for example U.S. subsidies to its own agricultural producers.

Ms. Grigsby said that USAID has much more dialogue with other agencies today than it has had in the past. The Agency is an integral part of trade discussions involving developing countries. This would not have been the case ten years ago. The administration does aim to lift U.S. barriers to trade, as long as it can be done equitably.

Ms. Schafer noted that in a recent speech before the UN General Assembly the President made clear his commitment to free trade. Many in USAID are veterans of other trade bureaus, and many industries recognize that it is important for their future trade that conditions improve overseas.

**KEYNOTE ADDRESS: TRANSFORMATIONAL DIPLOMACY AND U.S.
FOREIGN ASSISTANCE**

Ambassador Randall L. Tobias, *Director of U.S. Foreign Assistance, U.S. Department of State and Administrator, U.S. Agency for International Development*

The good news is that foreign assistance has never had a higher profile than it does today. There was a time when not very many in U.S. government cared about foreign assistance, but now it is in the mainstream of U.S. strategy, a key part of our national security strategy, and the recipient of increased resources. And yet some see it as bad news that now there is competition across the government for ideas, approaches, resources, and positions of leadership in the control and implementation of foreign-assistance resources and programs. Change is often uncomfortable.

From the highest levels, this administration has made an enormous commitment to development and transformation. In fact, total official development assistance provided by the United States in 2005 came to \$27.5 billion, a near tripling since 2001. But these vastly increased resources have also come with new responsibilities: to focus on performance, results, and accountability, and ultimately to define success as a nation's ability to graduate from aid and become a full partner in international peace and prosperity. In the end, the aim is to ensure that we provide both the necessary tools and the right incentives for host governments to bring their citizens to their full human potential.

Under Secretary Condoleezza Rice's leadership, the United States is now reforming the organization, planning, and implementation of its foreign assistance to achieve this objective. The State Department and USAID have developed a new strategic framework to focus foreign-assistance policy, planning, and oversight on the Secretary's overarching goal for transformational diplomacy: helping to build and sustain democratic, well-governed states that respond to the needs of their people and conduct themselves responsibly in the international system. A working draft of this framework is now on the State Department and USAID Web sites.

Some have raised concerns that the words "poverty alleviation" do not appear in the framework's primary goal. Others have said that the goal sounds too political, in that it focuses directly on state governance. And for others, the goal as stated feeds the fear that "development assistance" is being overtaken by foreign-policy concerns, that short-term goals are overtaking long-term development objectives.

To the contrary, our foreign policy is now recognizing what has been best practice in the development arena for at least a decade. As President Bush has said, development requires far-reaching, fundamental changes in governance and institutions so that countries can sustain economic and social progress

without permanently depending on foreign aid. And achieving such transformation requires more than short-term charity, or even the long-term provision of services. It requires the participation of host governments.

It is no secret that many governments have been unable—or worse, unwilling—to be accountable to their citizens and respond to their needs. The international system, including donors such as the United States, has stepped in to deliver the services those governments do not provide, often through parallel systems of delivery. That is an understandable response, and in the face of famine, major flood, or pandemic, it is essential. But the dominance and permanence of donor-led responses has in effect shifted responsibility and citizens' expectations from host governments to donors. We have allowed governments to shirk their responsibilities.

Despite the noblest of intentions, in the long term outsiders cannot secure citizens' health and safety, educate a critical mass, or create the conditions needed for economic growth. Citizens must hold their governments responsible, make demands of them, and reject excuses for failure. This understanding is a prerequisite for true democracy, and for transformation. That is why the new strategic framework focuses on achieving well-functioning and accountable states that respond to the needs of their people. It is also why the framework explicitly identifies end goals for U.S. foreign assistance.

Regardless of rhetoric, any government's true priorities are revealed in where it directs its funds. Currently, most U.S. foreign assistance is focused on five goals:

- Sustaining critical security partnerships in the Middle East
- Supporting traditional Eastern European partnerships
- Countering narcotics in the Andean region
- Fighting HIV/AIDS in critical countries
- Responding to humanitarian crises

While important, these goals do not add up to a foreign-assistance strategy that supports transformational diplomacy. We may be achieving great progress in areas such as HIV/AIDS, but our lack of coordinated, comprehensive, mutually supportive foreign-assistance programs will prevent us from sustaining the gains of our investments in the long term.

The new framework calls for a more comprehensive approach. It recognizes that nations cannot progress without peace, security, and stability. They cannot progress without just and democratic governance. They cannot progress without investments in the human capacity of their citizens. And they cannot progress without economic growth.

These are now the objectives of U.S. foreign assistance.

The framework focuses our efforts further by categorizing countries on the basis of shared characteristics. Each category further describes the types of program we would seek to support based on those characteristics. This new system is designed to get planners and implementers thinking about the combination of programs that will move a given country along a development path.

We know, for example, that in “rebuilding” countries, where societies are in or emerging from conflict, the first priority is to achieve peace and stability. We know that in “developing” countries, where government accountability may be lacking, we must address issues of governance and democracy even as we support programs in health, education, and poverty alleviation. We know that “transforming” countries often have the governance right but need continuing help with health, education, and economic programs until they are fully on a path to sustainable progress.

A strategy is merely words on paper if bureaucracies, in Washington and in the field, do not implement it effectively. Along with this new strategic approach, the Department of State and USAID have implemented a new leadership and management model. Ambassador Randall Tobias’s appointment as both State Department Director of Foreign Assistance and Administrator of USAID is intended to ensure that U.S. government agencies delivering foreign assistance do not work at cross purposes, that in fact each agency’s strengths are put to use to create effective, efficient U.S. programs.

One of the most important lessons of the President’s Emergency Plan for AIDS Relief (PEPFAR) has been the incredible impact the U.S. government can have when it speaks with one voice. On a country level, the fact that U.S. agencies read from the same page, implement the same strategy, and monitor results in the same way has vastly increased the responsiveness of both government and nongovernmental partners, and therefore vastly increased effectiveness. That success was never about suppressing any agency, but about better aligning all of their efforts so that no country or grantee could take advantage of their fragmentation to avoid performance standards.

The new approach to all foreign aid similarly aims to integrate planning, budgeting, programming, and results reporting at every level. It gives the Secretary and other senior leadership greater control over the strategic-, budget-, and program-planning processes, focusing both Washington and the field on their respective strengths and responsibilities: Washington will set integrated, coherent strategic direction and priorities across agencies, while the field will develop integrated, coherent tactical plans based on that strategic direction.

This new method will allow the field to focus on implementation, rather than responding to constant and sometimes conflicting requests from Washington. Leadership will have a full picture of country programs and all the resources applied toward each goal. This will allow better decision making and a more

effective use of funds. And with common indicators to assess performance, we will be able to compare country progress, partner performance, and programs as never before.

Remarkably, the United States has never before had an integrated foreign-assistance strategy. We have not had a consistent and comprehensive story to tell Congress and the American public. This new strategic approach tells a single story of what we are trying to accomplish, and provides a way to evaluate our progress.

ACVFA was established by presidential directive after World War II to serve as a link between the U.S. government and private voluntary organizations active in humanitarian assistance and development work overseas. Much has changed since then, but some parts of foreign assistance we got right early on: for example, that foreign assistance should be about helping others help themselves.

When General Marshall laid out his Marshall Plan, he said: "Such assistance, I am convinced, must not be on a piecemeal basis as various crises develop. Any assistance that this Government may render in the future should provide a cure rather than a mere palliative." That is what this reform is about: a cure.

QUESTIONS AND ANSWERS

Nancy Zucker Boswell, ACVFA Member, applauded the administration's efforts to make states more accountable, but noted that many tools were aimed at governments. She asked how the U.S. government could further empower citizens and civil society to demand accountability from their governments.

Amb. Tobias agreed, saying he hoped to replicate best practices in the area. In Iraq, for example, NGOs have created an organization to give themselves lobbying power with the provincial government.

William Reese, ACVFA Member, said he thought Ambassador Tobias's message would resonate well with Americans, but that he worried about partisanship and special-interest groups. He asked how the Ambassador planned to gain support on Capitol Hill and how the ACVFA and NGO/development community in general might help.

Amb. Tobias said that he would need the help of the development community. The American public is willing to support this new direction in foreign assistance. On the one hand it is part of the American psyche to help people when we have the ability, for humanitarian reasons if no other. But in addition Americans understand that the world will be safer if we can bring peace, security, and stability to all peoples in the world. It is a persuasive story, but it has not been

communicated broadly enough. Everyone who has a platform should speak out on this issue, because that will help sustain recent increases in foreign aid.

Larry Diamond, ACVFA Member, said he was enthused by the Ambassador's recognition of the need to give governments both the tools and the incentives to lead their people out of poverty. MCA has revealed that many governments are not rewarded for helping their people; the incentives for individuals to get rich while obstructing development are simply overwhelming. Now that the U.S. government is beginning to speak with one voice, how does USAID plan to get the global donor community to do the same? How does USAID plan to work with the World Bank? Finally, is USAID doing enough to help actors in civil society grow strong enough to demand change of their governments?

Amb. Tobias said he does not believe the Agency is doing enough. When he led PEPFAR, the United States and other donors launched an effort known as the "Three Ones": Each country was required to have one strategy for fighting HIV, one plan for coordinating with donors and NGOs, and one method for monitoring progress. A similar approach should be applied to all development assistance.

Don Rogers of Catholic Relief Services asked how "sustaining partnership countries" fit into the approach the Ambassador outlined, and what USAID hoped to achieve in working with them.

Amb. Tobias said that the "sustaining partnership" category recognizes that some countries are likely to continue receiving foreign-assistance money in order to sustain peace and security or promote some other foreign-policy objective. That is a reality, but also imposes expectations: USAID knows what funds are intended for, and has a way to measure their effect.

Mr. Rogers asked whether there would be any change in emphasis among or away from any of the five areas the Ambassador listed as USAID's current de facto primary concerns.

Amb. Tobias said that he didn't yet know, but that there ought to be a clear connection between USAID's strategic intent and what it is actually doing. The Agency needs to understand the opportunity costs of its spending decisions. It also needs to make sure that funds are not spent where they could be easily replaced by other donors.

A participant asked whether the current distribution of aid reflected U.S. geopolitical interests, and if so whether it might be redistributed based on human needs.

Amb. Tobias said that currently USAID has identified about 1,400 priorities for foreign assistance. This is a reflection of a bottom-up approach rather than

strategic goal-setting at the top. Changes will come as more coherent strategic goals are put in place.

Laura Henderson of the Christian Children's Fund asked how this drive for greater coordination will be implemented in specific program areas.

Amb. Tobias said that each country team will report on who will get funds, what those entities have committed to accomplish, and how the team plans to measure what has been achieved. That discipline, along with an effort to replicate successful practices, should be very helpful.

HIV/AIDS: 25 YEARS LATER

Dr. Mark Dybul, *Acting U.S. Global AIDS Coordinator, U.S. Department of State*

June 5 was the twenty-fifth anniversary of the first identified case of AIDS. In twenty-five years, 25 million people have died of this disease. It is important not only to mourn the 25 million dead but to do everything possible to save the lives of the 40 million now infected, and to prevent new infections. Last week at a meeting at the UN, leaders of the world recommitted to fighting AIDS globally.

Americans can be proud of what their government has done to fight AIDS since the UN General Assembly's 2001 *Declaration of Commitment on HIV/AIDS*. At \$15 billion, PEPFAR is the largest health initiative in world history dedicated to a single disease. But President Bush made it clear that this effort is not merely about money; accountability is also important. PEPFAR has the charge of supporting treatment for 2 million infected persons, care for 10 million infected persons and orphans, and the prevention of 7 million infections.

The majority of PEPFAR's work takes place in fifteen focus countries (twelve in Africa, two in the Caribbean, and one in Asia), which together account for 50 percent of the world's infections. But it also supports bilateral efforts in 120 countries, and provides contributions to the Global Fund. (The United States is the largest contributor to the Global Fund, providing 30 percent of its resources.) In addition, PEPFAR supports international research on vaccines and microbicides, mainly through NIH.

In two years, PEPFAR has provided antiretroviral therapy (ART) for 560,000 people, including 552,000 in sub-Saharan Africa. When President Bush first announced PEPFAR, only 50,000 people in sub-Saharan Africa received ART. PEPFAR has supported care for 3 million people, including 1.2 million children, and counseling and testing to prevent mother-child transmission for 4.5 million women. This testing has led to prophylactic ART for almost 350,000 mothers, preventing around 65,000 infections. Finally, PEPFAR has supported counseling

and testing as the entryway to prevention, care, and treatment for 13.6 million people.

These numbers represent communities responding to the emergency. The fundamental method of PEPFAR is to build local ownership: 80 percent of its partnerships are with local programs. PEPFAR is countering the notion that it is impossible to do effective work in Africa, developing hope and a culture of accountability.

Many impediments remain. Unfortunately, while President Bush responded energetically to the *Declaration of Commitment*, the rest of the world has not done so. Through PEPFAR the United States now provides about half the AIDS resources in the world. We cannot achieve our goals unless the rest of the world lives up to its commitments.

We must bring pilot programs to national scale by building national systems: supply chain, waste disposal, and financial reporting and accounting. We must also address enormous issues of human resources, where the problem is not necessarily a lack of talented people but flawed systems. For example, in one clinic 20 percent of nurses are kept busy with prevention counseling: nursing capacity could be increased by 20 percent immediately if non-nurses performed that counseling.

Finally, we must stay with evidence-based programs and ignore politically motivated noise. The U.S. government supports ABC—Abstinence, Be Faithful, and Correct and Consistent Condom Use—because all three are needed.

QUESTIONS AND ANSWERS

Tim Flanigan, ACVFA Member, said he was struck by how different the epidemic appears in different parts of the world. In the Ukraine it is driven by injected drug use; in India, 95 percent of the women infected have had a single, lifelong partner. Local responses are essential, but most funding comes from the U.S. and Europe, which can prevent local communities from having a full say. How can that begin to change?

Dr. Dybul replied that in 2002 the world community adopted the Monterrey Consensus, which has four main principles: country ownership, good governance, results-based efforts, and contributions from all sectors. USAID needs to support local communities in efforts they direct. ABC is a good example: it was developed by Africans for Africans, but people around the world want to tell Africans they should focus only on condom use. At the same time, USAID wants to support practices that are supported by data, not those that the data show are counterproductive. In Zimbabwe, for example, a church that had

taught polygamy for its entire history reversed itself last year because of HIV/AIDS and evidence-based arguments from the U.S. government.

Eighty percent of PEPFAR's partnerships are with local groups. No more than 8 percent of any country's grant total can go to any one organization because PEPFAR wants to help many such groups grow. The United States also now includes language in its grant contracts requiring grantee organizations to build up local capabilities. This is why PEPFAR has started the New Partners Initiative, and why it supports community- and faith-based organizations: not for any ideological reason but because they have the necessary credibility and reach.

Elise Fiber Smith, ACVFA Member, asked how PEPFAR planned to connect with local groups doing work in other sectors, for example agricultural development.

Dr. Dybul said that while PEPFAR's focus is prevention, care, and treatment, it recognizes that the total response must be broader. One of its hallmarks is its interagency approach: AIDS workers in the same country from the Centers for Disease Control and Prevention (CDC) and USAID now cooperate with one another and with local health systems. One interagency working group is coordinating with food programs in the U.S. government and with the UN World Food Program. Similar efforts are underway with respect to education and water sanitation.

Ms. Smith asked how PEPFAR planned to address the empowerment of women as an important long-term element of the fight against AIDS.

Dr. Dybul said that, in part, PEPFAR aims to make sure women get services. Of the treatment supported so far, 60 percent has gone to women, as has 66 percent of counseling. But that is not enough. One of the factors driving the epidemic is gender inequality, and that needs to be dealt with.

No one has very good answers, though PEPFAR is supporting 300 programs that try to address the problem, including programs that stigmatize older men who abuse young girls, and programs that teach young men that they become warriors by respecting women rather than raping them.

Larry Diamond, ACVFA Member, asked how the U.S. government was using its resources and influence to change the policies of countries that are not yet providing enough prevention, treatment, or even candor.

Dr. Dybul said that much of the work takes place behind the scenes. For example, the United States worked with governments for years before it gained acceptance for the idea of opt-out testing to prevent mother-to-child transmission.

But it is hard work, so often the United States uses international partners, who sometimes have more influence.

Benjamin Homan, ACVFA Member, asked about the emotional impact on those working on AIDS.

Dr. Dybul said it was impossible to describe how AIDS can suck the life out of a community. In parts of Botswana, for example, 75 percent of pregnant women are infected along with a third of all young adults, and orphan-run households dot the community. People there talk about their sense of hopelessness. But today, with services expanding, there is a sense of hope. One hospice center in South Africa used to hold a wrenching service each year on World AIDS Day to commemorate the year's deaths. With resources from PEPFAR, though, no one has died there in some time, and last year the hospice held a celebration of life.

Jo Gay asked how abstinence until marriage works in countries with child marriage, or for men who have sex with men.

Dr. Dybul said that while PEPFAR's authorizing legislation does talk about abstinence-until-marriage programs (in part because formerly the U.S. promoted only condoms), "abstinence" and "marriage" are culturally specific terms. For example, in Botswana only 30 percent of the country ever marries, so counselors talk about abstinence until partnership. The only place AIDS programs talk about abstinence only is with 10- to 14-year-olds in school, and those programs can have an effect: we can see an increase in the age of first sexual contact. But B (Be Faithful) is also important. If you are partnered at a young age to an HIV-negative partner, you need to be faithful to that partner. Testing is important so you both know your HIV status, and if one partner is HIV positive, you need to have condoms available.

ABC is just as important for men who have sex with men. And in Latin America and Asia, where sex among men is a factor driving the epidemic, PEPFAR does support programs aimed at that population.

Raymond Martin of Christian Connections for International Health noted that in the USAID budget the amount of funding for child survival is stagnant if not declining, and the administration's request slashes funds for population and family-planning funds. He asked whether the U.S. focus on AIDS has thrown its total engagement with the world out of balance. For example, Rwandan President Paul Kagame said recently that we need to develop nations' broader health infrastructure.

Dr. Dybul said that in Rwanda one-third of PEPFAR funds do go to building health care infrastructure because that's what the country asked for. Rwanda is pleased with the PEPFAR program.

There has been resistance globally based on the idea that the United States treats AIDS with more concern than other problems. PEPFAR cannot address other issues because legally it is focused on AIDS, but it tries to integrate its work with other programs. President Bush's education initiative has expanded greatly, and aid for Africa has tripled under his administration. No president has done more for development writ large since John F. Kennedy.

Cynthia Mariel of the Solidarity Center asked Dr. Dybul to describe the role of U.S.-based international organizations.

Dr. Dybul said that international organizations are needed to help develop local capabilities, to work as umbrella organizations, and to bring interventions to a large scale. Ambassador Tobias has noted how aggravating it is when a partner organization says it has been doing the same thing in a country for 25 years: the goal should be to build local capabilities, then move on somewhere else and do the same thing.

THE NEW PARTNERS INITIATIVE

Patrick Purtill, *Director, New Partner Outreach, Office of the U.S. Global AIDS Coordinator, U.S. Department of State*

The New Partners Initiative (NPI) aims to increase PEPFAR's ability to extend needed services, by identifying new partner organizations and building their organizational and technical ability to provide prevention and care. Its goal is to build indigenous capabilities in host nations, making HIV/AIDS efforts more sustainable. The announcement for NPI grants is available at www.grants.gov (M-OAA-GH-HSR-06-937). Additional information can be found at www.pepfarnpi.gov.

Eligible entities will be NGOs with little or no prior experience working with the U.S. government. NGOs should have been awarded no more than \$5 million in U.S. government funding during the preceding five years, excluding disaster or emergency assistance or funding as a subcontractor or subgrantee. Particularly encouraged are NGOs that propose to establish or expand partnerships with indigenous community- and faith-based organizations (C/FBOs) and networks of such organizations. Special consideration will be given to applicants that provide the bulk of their resources for service delivery through indigenous C/FBOs.

A documented consortium of service providers that work across several countries may submit a single application to conserve administrative resources and benefit from one another. Organizations that dedicate the highest percentages of their funding to the direct provision of services will be most competitive.

The application process is intended to be open and inviting, with a low cost of entry. The first step, a “concept paper,” is intended to give as many organizations as possible a chance to tell the U.S. government what they can do, without forcing them to spend precious resources or time on a formal, 50-page application. The concept paper will be only five pages, describing how the proposed project will address PEPFAR’s Annual Program Statement (APS) objectives and one or more of its strategic approaches.

The four APS objectives are:

- Prevention
- Counseling and Testing (C&T)
- Care of Orphans and Vulnerable Children (OVC)
- Care for Persons Living with HIV/AIDS (PLWHA)

No applicant is required to work in all these areas, though organizations are encouraged to link with organizations working in areas they do not cover. The concept paper should also identify partnerships, proposed project activities, geographic scope, and results and outcomes, including information on beneficiaries. It should include a summary budget and an account of the applicant organization’s ability to carry out the proposed project.

Qualifying activities under each of the four APS objectives include:

- Prevention
 - Increase abstinence or delay sexual onset and increase “secondary abstinence” before marriage or partnership
 - Increase fidelity and reduce the number of sexual partners
 - Support and enable young people to choose abstinence before marriage or partnership, and fidelity within marriage or partnership
 - Increase parental involvement to reinforce prevention messages
 - Increase recognition that multiple/concurrent sexual partnerships place individuals at risk for HIV infection
 - Work with other health care providers to support the ABC approach
 - Work with established prevention of mother-to-child HIV transmission (PMTCT) partners to improve services and obtain maximum care for women and their babies
- Counseling and Testing (C&T)
 - Increase recruitment access to counseling and testing, especially for couples and families who are or may be affected by HIV/AIDS
 - Ensure that counseling and testing programs have linkages to care, treatment, and other services
 - Link counseling and testing to prevention and treatment programs as part of a national comprehensive response to HIV/AIDS
- Care of Orphans and Vulnerable Children (OVC)

- Provide comprehensive services and compassionate care so OVC develop physically, socially, emotionally, and intellectually
- Strengthen and improve the quality of OVC programs through the implementation, evaluation, and replication of best practices
- Strengthen family, community, and government systems to help communities implement and monitor the delivery of high-quality services to the maximum number of OVC

(Applicants should note that while institutional arrangements can at times play an important role, PEPFAR believes they are not optimal for child development or for sustainability or cost-effectiveness.)

- Care for Persons Living With HIV/AIDS (PLWHA)
 - Provide care for PLWHA, including the prevention and treatment of opportunistic infections, such as tuberculosis (TB) and sexually transmitted infections (STIs)
 - Ensure training, materials, and support to promote clinically appropriate home-based care
 - Support interventions to promote positive community and individual responses to HIV/AIDS to reduce stigma and isolation
 - Support families of PLWHA
 - Support community caregivers and health care providers
 - Support end-of-life care

(While NPI will not fund enrollment of new patients on ART, applicants should note that they may propose programs to support patients already on ART and their families, or activities that link HIV-positive persons and their families to treatment programs funded by PEPFAR or other partners with separate funding streams.)

Organizations may apply in one of three funding categories:

- Intermediary/umbrella organizations
- Domestic and in-country organizations
- Twinning Center partnerships

Intermediary/umbrella organizations: Organizations, associations, or networks may apply to serve as intermediary or umbrella organizations, subgranting funds to small, indigenous C/FBOs. Applicants should demonstrate the ability to reach out to multiple indigenous organizations that may not require large amounts of money but that have community credibility and a demonstrable commitment to addressing HIV/AIDS. Applicants should have extant networks and must commit to transferring 75 percent of funds directly to service organizations.

Domestic and in-country organizations: This category allows organizations, associations, or networks to apply to provide prevention and/or care programs directly. Applicants should demonstrate the ability to reach out to indigenous organizations, credibility in targeted communities, and commitment to addressing HIV/AIDS, perhaps within the context of existing health care programs.

Twinning Center partnerships: Organizations may apply for funding to develop or strengthen twinning relationships with indigenous organizations in PEPFAR focus countries through the Twinning Center (TC). TC provides administration, monitoring, evaluation, and ongoing technical assistance to all partnerships. TC will be available to help organizations develop their full applications once they pass the concept paper stage.

Matching funds are not required, but contributing money from sources other than the U.S. government may score up to ten bonus points in the application review.

Concept paper solicitation will be held open for a year. Concept paper applications will be considered in bundles following four deadline dates:

- July 15, 2006
- November 15, 2006
- February 15, 2007
- May 14, 2007

Following the concept paper, some organizations will be invited to submit a full technical application and budget. PEPFAR does not plan to ask for full proposals from a large number of organizations, only the ones it believes have a real chance of having their applications approved.

Applications will be considered until funding is exhausted. All \$200 million available under NPI will not be granted through this single solicitation. The minimum amount for an award is \$250,000 per year for three years. There is no maximum amount.

QUESTIONS AND ANSWERS

Tim Flanigan, ACVFA Member, said he was pleased to see TB programs included, as TB and AIDS programs have not traditionally worked together.

Mr. Purtill agreed it was important not to duplicate those services. In many populations AIDS and TB have high coinfection rates, so counseling and testing should be done for both at once whenever it is feasible.

Daniel Kelley of Alliance for the Family asked whether concept papers would be reviewed on a rolling basis or at a single large meeting following each deadline.

Mr. Purtill said it would be the latter.

Mr. Kelley asked to what extent a proposal might include data collection and monitoring beyond NPI's standard requirements.

Mr. Purtill said that PEPFAR monitoring is intended to generate compatible datasets. Mechanisms exist for targeted evaluations to ensure quality and identify best practices. Beyond that, NPI will favor organizations providing more services to a broader range of people for a lower price—which means de facto that spending money on other evaluation activities is discouraged.

Jennifer Tynan of the Foundation for Hospices in Sub-Saharan Africa asked whether NPI programs would be limited to areas within the fifteen focus countries where PEPFAR already has programs, and if so how organizations can find out which are those areas.

Mr. Purtill said that organizations should consider two things: focus countries' national strategies and PEPFAR's country operational plans. In some countries, the national strategy or operational plan calls for organizations to work in specific areas. Those strategies and plans, along with all other information on what organizations need to do to be competitive, can be found at www.pepfarnpi.gov. The site does not yet contain geographic information, but soon it will list underserved geographic areas and populations, along with laws and regulations that may affect organizations' work. Many of the focus countries also have Web sites, and geographic information may be found there. If none of those sites provides an answer, country teams may be able to answer specific questions directly, so long as the information is generally available to the public.

CHALLENGES AHEAD IN THE HIV AND AIDS EPIDEMIC

Dr. Tim Flanigan, *ACVFA Member and Chief, Division of Infectious Diseases, Department of Medicine, Brown University*

Contrary to the way they are often discussed, treatment and prevention are inseparable. In fact in many ways HIV treatment is prevention: HIV-positive men on ART have markedly less unprotected sex, and ART reduces the amount of HIV in the blood, semen, and other body fluids. As a result, the CDC has found that Ugandan men on ART are 90 percent less likely to transmit the virus.

Ideally, all treatment programs should incorporate prevention counseling, all prevention programs should incorporate HIV testing, and all testing programs should link with care. These interventions must address not just HIV-positive patients but also their spouses, partners, and families: our individualistic medical culture here in the United States is very much the exception in the world. In southern India, for example, the most important factor affecting a pregnant woman's decision to be tested is the opinion of her husband or mother-in-law.

HIV care ideally always includes ART, but where ART is not available other useful treatments can still be started:

- Trimethoprim and Sulfamethoxazole (Bactrim/SEPTRA) for the prevention of infections, especially pneumonia and brain infection
- Fluconazole (often available free)
- TB care

This last is because TB and HIV are co-occurring epidemics, and a TB smear is even easier to do than a rapid AIDS test. It can be performed with a simple mirror microscope even in the absence of electricity. HIV care does not require high-tech diagnostics or tests for HIV viral load or drug resistance. It does not even require CD4 testing (though such testing can be helpful): last month in Hanoi, patients presenting for treatment had a median CD4 count of 30. These patients are severely ill. A CD4 test is not needed to diagnose infection and begin treatment.

Basic testing, however, is very important. HIV testing is the backbone of treatment and prevention programs. In a study of men attending a sexually transmitted disease (STD) clinic in Chennai, India, for example, the HIV incidence fell from about 4 percent to about 0.5 percent with HIV testing and counseling at three-month intervals. A study published in the *Lancet* in 2002 compared VCT (voluntary counseling and testing) to counseling alone, and found that with VCT, risky behavior decreased in 35 percent of men and 39 percent of women, as compared to 13 percent of men and 17 percent of women with counseling alone. HIV-positive persons showed the greatest decrease in risky behavior.

VCT is not an absolute answer, however. It can be a problem as well as a help. The VCT protocol was exported from the United States and Europe in the late 1980s, and in the developing world it can be difficult to implement. It is onerous to train VCT counselors (requiring as many as eighty hours) and the counseling protocol itself is very time consuming and overly bureaucratic. In fact, a reliance on VCT has prevented the adoption of other HIV-testing initiatives. New testing programs are needed. These may include:

- Couples testing, which can protect women from being cast out of their families
- Routine testing “opt-out” in medical settings, especially where HIV prevalence is high and risk assessment therefore a needless exercise
- Community-based oral rapid testing
- Methods of testing that decrease the stigma of being HIV positive
- Routine testing before marriage

There have been great successes in the fight against HIV/AIDS. HIV prevalence is decreasing in some countries. ART programs have demonstrated remarkable benefit, and the price of ART continues to fall. HIV testing has been embraced by many communities.

In Uganda, for example, where in the early 1990s 25–35 percent of pregnant women were HIV positive, by 2000 only 5–10 percent of women were infected. Among women in Kampala, Uganda, the incidence rate at time of first testing dropped from 30 percent in 1992 to 10 percent in 2000. In Kenya, HIV prevalence rates among pregnant women dropped from 13 percent in 2000 to 7 percent in 2004. In southern India, in sites where HIV testing is taking place on a regular basis, prevalence rates among pregnant women went from 1.7 percent to 1.1 percent from 2000 to 2004 (which may not sound significant, but in India each tenth of a percentage point corresponds to 1 million people). Among men attending STD clinics in southern India over that same time, prevalence rates dropped from around 21 percent to around 13 percent.

Many of us once thought that behavior change was impossible. But emerging data show that that is not the case. Various interventions have succeeded in changing people's risky behaviors.

- In the Soroti District of Uganda, for example, students are waiting longer to have sex: in 1994, 61 percent of boys aged 13–16 and 24 percent of girls reported sexual activity; in 2001, those figures were 5 percent and 2 percent, respectively.
- A study by the Global Program on AIDS found that among urban and rural Ugandan men and women, the percentage reporting casual sex within the previous twelve months dropped by half between 1989 and 1995.
- The Measure Evaluation Project found that condom use among urban Ugandan women rose from 4 to 67 percent from 1989 to 2000; among rural women over the same time period it rose from 2 to 35 percent.
- Data from the Kenyan Ministry of Health show significant reductions between 1998 and 2003 in the percentages of men and women who had sex in the previous twelve months and in the percentages of those who had sex with multiple partners, while at the same time showing increased rates of condom use. The median age of first sexual experience has risen among both men and women over that time.

Yet any discussion of behavior change has to address women's incredible vulnerability and lack of control over their own bodies. Frequently women do not have a say in whether or not they have sex. In Rakai, Uganda, for example, nearly 15 percent of women reported that their first sexual encounter was coerced, and nearly 35 percent of all women had been coerced to have sex recently.

Corina Gardner, *Abstinence Advisor, Office of HIV/AIDS, Implementation Support Division, Bureau for Global Health, USAID*

Interestingly, the Kenyan data show greater trends among men toward Abstinence and Being Faithful, while women show greater trends toward Condom Use. In both cases those are the genders considered harder to influence for those behaviors, making those data particularly encouraging.

PANEL DISCUSSION ON LESSONS FROM PEPFAR GRANTEES

Moderator: Benjamin Homan, ACVFA Chairman and President and CEO, Food for the Hungry

The ABC approach to prevention has helped Food for the Hungry focus activities on those three emphases among what would otherwise be a wide range of options. That in turn has spurred innovation and led to higher-quality programs.

Emily Chambers, Youth HIV/AIDS Programs Manager, Samaritan's Purse

Samaritan's Purse has developed an ABY program: Abstinence and Be Faithful for Youth. Its goal is to help youth make healthy choices that will limit the spread of HIV, including abstinence, being faithful, and avoiding substance abuse.

It has been helpful to be able to focus on those areas that Samaritan's Purse can do well as a faith-based organization; it cannot participate in certain areas of ABC because of its values. But faith-based organizations do have a role to play. Samaritan's Purse has worked with over 400 small local groups. In its initial assessment it discovered that schools, hospitals, and health outposts are not major community structures, but small churches and mosques are everywhere. These are the backbones of their communities. Their cooperation is essential to helping youth learn healthy choices and working to defeat this disease.

Tim Flanigan, ACVFA Member, noted that often youth AB programs do not include testing, and asked whether the Samaritan's Purse program did or not.

Ms. Chambers said that though services are scarce, Samaritan's Purse does as much testing as possible, for two reasons. First, because it reduces the stigma of the disease. Second, because children often want to know their status. They may be worried when their parents pass away, or a 14-year-old girl may be getting married soon and want to know her own chances of passing the disease to her children.

Stephen Moseley, ACVFA Member and President and CEO, Academy for Educational Development

Over the last twenty years the Academy for Educational Development (AED) has worked in fifteen African countries to prevent mother-child HIV transmission (including preventing transmission to newborn children from breastfeeding) through counseling, education, and medicines. Its high rates of success are documented on its Web site.

In the last ten years, with USAID and now PEPFAR support, AED has worked in Haiti, Vietnam, Ukraine, Zimbabwe, and Nigeria to reduce the stigma of HIV in the workplace, and by extension provide greater opportunities for people with AIDS, their families, and their communities.

Clearly it is important to elicit the full participation of local organizations. Everything AED does in testing, prevention, and more depends on them. In the United States, too, AED uses its CDC funding to mobilize affected communities, so that each participates in defining the program that affects its members.

AED tries to create holistic programs even in the face of funding intended to support particular interventions. It has seen the greatest impact when it combines testing, counseling, prevention, care, and communications strategies designed to convince people to change their behavior. That last is how AED began its work, and it believes such strategies continue to be relevant today.

More recently, with PEPFAR support AED has begun exploring new approaches to OVC based on greater family and community involvement. In Zambia, PEPFAR money along with other funding has recently allowed AED to begin addressing the dramatic impact HIV/AIDS has had on the teacher corps. And in Namibia, AED is using PEPFAR funds to help the educational system develop AIDS curricula with age-appropriate messages at all levels. (AED did something similar in Malawi eighteen years ago, but funding declined.)

PEPFAR has had a very positive effect on the activities of a wide range of NGOs, even if there are differences in particular strategies. PEPFAR has fostered coordination among a variety of agencies and implementing partners, which in turn has made country-level work a great deal easier. Finally, the much-increased level of funding available through PEPFAR has made it possible to work on a large scale.

Three areas could be improved. First, at times prevention is given less attention than treatment; they should be addressed equally. At a minimum, HIV-positive people whose lives are saved by ART must be counseled to prevent passing the infection to others. But in addition, people must not be dropped and lost to preventative counseling when their HIV tests come back negative.

Second, as long as funding is granted on an annual rather than multiyear cycle, it will be very difficult for NGOs to build up local institutions in the way we all agree is necessary, since it is very difficult for them to develop long-term programs on short-term funding cycles.

Finally, USAID and those in the NGO community must begin now to plan for the day when PEPFAR's \$15 billion is spent.

William Reese, *ACVFA Member and President and CEO, International Youth Foundation*

Prevention remains extremely important. According to Gates Foundation researchers, it may be fifteen years before a transportable vaccine is fully developed, which could mean 75–80 million more infections; what more can be done in prevention? Even reducing that number to 50 million would make a huge difference.

At the village level, the International Youth Foundation (IYF) encourages the development of life skills that enable young people to choose healthy behaviors. IYF has learned that messages cannot be delivered only once, through a school lesson, a presidential speech, a billboard, or a television spot or show—time-honored ways of effecting behavioral change through “social marketing”—but must also be reinforced through daily or weekly youth programs, especially through peer pressure. This is particularly difficult in rural areas where many children are not in school.

In many places IYF and others find themselves battling deeply held beliefs, ignorance, and mistaken ideas. In agricultural areas, for example, having large, early families was for a long time a good labor strategy. IYF has found that peer-to-peer discussions are the best way to begin to change such attitudes. Kids listen to people from their own communities.

IYF is an AB grantee, and believes that abstinence is important. But in the cultural wars it is not only condom advocates who can be contentious. Some advance the idea that condoms don't work, which is ridiculous.

Finally, we need to build up the capabilities of these local grassroots groups we all agree are so important. Churches, YMCAs, Scouts, local Red Cross chapters, and myriad other useful civic organizations need staff-management training, financial training, improved information technology, and better governance—what we call “capacity building”—so they can manage well the extra money PEPFAR is pumping into them. Their expanded capabilities will be part of PEPFAR's legacy.

QUESTIONS AND ANSWERS

Elise Fiber Smith, ACVFA Member, asked whether there remained any important private voluntary organizations (PVOs) that have not yet been involved in PEPFAR.

Mr. Moseley said it was hard to think of a large PVO that AED had not yet worked with.

Mr. Reese added that PVOs should not feel that each needs to develop its own AIDS-prevention program and try to obtain an NPI grant. Simply integrating AIDS prevention into their regular work would be a great thing. For example, IYF included twenty hours of HIV/AIDS education in a job-training program it funds in South America.

Jo Gay asked whether there were any effective programs to combat gender-based violence.

Dr. Flanigan replied that in part programs must deal with couples rather than individuals (the norm in the United States). Supporting families may decrease some gender-based violence, though not of course if the spouse is the perpetrator.

Ms. Gay noted that a number of studies have shown that young girls who pledge abstinence have anal rather than vaginal sex, leading to a higher rate of HIV transmission, and asked how abstinence programs address that issue.

Ms. Chambers said that the programs of Samaritan's Purse do not employ pledges, and are careful to define sex very explicitly. It can be difficult to break into dialogue in traditional societies but it is important to do so, so that young men and women know what abstention means. It is also important to engage community leaders. Samaritan's Purse has adopted a model from the UN called Community Conversations, in which it discusses with community leaders their role in protecting children, including issues of abuse and exploitation, helping to establish boundaries, and encouraging healthy living in all areas of life, not just sexuality.

Miki Scheidel asked what evaluative mechanisms were used for abstinence programs.

Ms. Gardner said that because of the rapid startup of PEPFAR, partners were asked to use the vast majority of their funds on programs and services, with evaluation to follow later. A two-year, targeted evaluation process is just now getting underway, and some decisions about methods are still being made. But it is difficult to measure changes in behavior in two years; the evaluation will likely address the capabilities and effectiveness of organizations receiving funds.

Molly Zeff of RESULTS asked whether studies showing reductions in HIV infection rates also showed subsequent reductions in TB.

Dr. Flanigan said he had not seen population-based studies showing decreases in TB. The only data showing decreases in TB among HIV-positive patients were for those on ART. Several groups in South Africa have documented very well that the best way to prevent TB infection among HIV-positive patients is to have them on good ART. Unfortunately, in some countries where HIV is very

prevalent, the rates of TB have exploded and not yet fallen off. At the same time HIV programs focus only on HIV, though in many ways HIV care is TB care. There are political constraints because TB care and HIV care can both be quite bureaucratic, and there has been resistance on both sides to integrating TB and HIV programs. That will have to disappear.

A participant asked how the idea of HIV testing everywhere fits with clinics reluctant to provide testing when they cannot provide treatment.

Dr. Flanigan replied that that reluctance assumes people don't want to be tested, even when they have been counseled at length about the danger of HIV. Still, people do feel despair when they learn they are HIV positive, and there cannot be testing without care available—though care does not necessarily mean ART. An experienced health care provider can do a great deal even in the absence of ART.

Ms. Chambers added that kids do want to know if they are HIV positive even if treatment is not available.

A participant asked how panelists reconciled the tension between, on the one hand, trying to diversify providers, making care and treatment more widely available; and on the other, aiming to develop comprehensive programs that include testing for HIV and TB, counseling, various kinds of therapy and treatment, and other interventions.

Dr. Flanigan said that he believes the tremendous development in HIV care will itself alter public-health and primary-care systems in many countries that suffer from a wide variety of major health problems. It helps to start with a disease like HIV/AIDS where we have an easy diagnostic test and a highly effective therapy.

Carla Stone of Delaware Technical and Community College asked how much expansion of testing capacity is needed, how people would be trained to do that testing, and how much that training would cost. She also asked what kind of backup tests are used.

Dr. Flanigan answered that CDC and World Health Organization guidelines recommend two separate rapid tests, and that training methods vary with the target population.

Ms. Gardner said that Kenya is giving counselor/testers one week of training and putting mobile testing centers (essentially large containers) in nontraditional spaces such as mosques and the main trucking routes around Nairobi. The government supports a couples-counseling model, and has put forethought into supporting counselors emotionally, limiting the number of patients they can see each day and setting up psychosocial support groups for them every two weeks.

Today, an interagency working group on counseling and testing is analyzing all of PEPFAR's twenty-six AIDS focus countries to identify government-policy barriers to couples testing, rapid testing, and the easy certification of counselors.

Timothy Kane of George Washington University's Office of Community Services asked whether USAID had concentrated too much on A (abstinence) and not enough on C (condom use).

Dr. Flanigan said that A, B, and C were all important. Before 2000, no one working with AIDS ever said the word "abstinence," and its inclusion has been a positive step. People overseas address this issue much more pragmatically than those in the United States bogged down in the culture wars. Abstinence works for people who aren't having sex; being faithful is important for people in relationships; and condom use is important as well.

Ms. Chambers said that of the three elements, B (Be Faithful) was not as well supported as it should be. The full meaning of C is "*consistent and correct* condom use," and being faithful helps in making condom use consistent and correct.

Ms. Gardner agreed, noting that emerging evidence supported the importance of being faithful. But she cautioned that in a generalized epidemic with heterosexual transmission, it is not "high-risk" behavior (such as drug use or sex work) that spreads the disease the fastest, but rather behavior not perceived as risky (such as having just a couple of regular partners). Emphasizing fidelity to one partner is an incredibly important component of the ABC strategy.

Mr. Moseley added that very good studies in the United States show that where kids are already having sex, increasing the availability of condoms does not increase promiscuity.

Dr. Flanigan noted that CDC data show the age of sexual debut rising in American teens, perhaps reflecting their concerns about HIV and other sexually transmitted diseases.

Daniel Kelley of Alliance for the Family asked whether USAID planned to study and document changes in government and civil-society accountability brought about by PEPFAR funds and reporting requirements.

Dr. Flanigan said that the greatest effect has been to empower new advocates, for example, people with AIDS themselves. That culture, where people demand accountability from their governments, has taken root to varying degrees in different countries.

Marina Walker of the Center for Public Integrity said that urban hospitals in Ethiopia that provide ART experience a 20 percent dropout rate. These hospitals

do not have a follow-up system to track patients. What is the impact of such a dropout rate?

Dr. Flanigan said that before ART was introduced in sub-Saharan Africa, many people argued that patients there would not adhere to the treatment program as rigorously as they must for it to be effective. In fact, sub-Saharan adherence rates are better than those in the United States, in part because people are often desperately sick when they first receive treatment, and therefore see the benefits quite dramatically. But unfortunately the cultural expectation is that you only go to the doctor if you are sick, so when people feel better they stop seeking care. One model is to insist patients visit with family members, so someone else will be there to make sure they return.

CLOSING REMARKS

Benjamin Homan, ACVFA Chairman, observed that the day's conversation had often touched on the need to change how people think: to address governance in Africa, to change attitudes toward reform in the aid community, or to change behavior amid the AIDS pandemic. He thanked attendees for their participation and commitment to development, quoting Mother Teresa: "We can do no great things, only small things with great love."