



**The Global Coalition
on Women and AIDS**

Dialogue with Development Partners:

New U.S. Policy Approach to Women and
Girls in **PEPFAR AND THE GLOBAL
HEALTH INITIATIVE**

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NEW U.S. POLICY APPROACH TO WOMEN AND GIRLS IN PEPFAR AND THE GLOBAL HEALTH INITIATIVE¹

The imperative to devote specific focus to the multifaceted issues faced by women and girls as a pillar of both global health and HIV strategies has gained increasing prominence in international policy discourse in recent years. Yet the global-level policy changes necessary to operationalize these strategies too rarely filter down to the range of actors at the country level, including to AIDS professionals within national governments, the United Nations and other development partner organizations, and to members of civil society.

To this end, this is part of a series of briefing papers published by the Global Coalition on Women and AIDS (GCWA), designed to provide up-to-date information around HIV prevention, treatment, and care policies related to women and girls of key international partners. This brief describes the new directions in U.S. policy, notably in the President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Health Initiative (GHI), and how these new goals might relate to strengthening national AIDS responses and programmes focusing on women and girls.

AN APPROACH TO GLOBAL HEALTH CENTERED ON WOMEN AND GIRLS

The Obama Administration has placed a strong emphasis on women and girls in its global health strategy, calling for a women-and-girls' centered approach to global health. High-level U.S. officials, including President Obama and Secretary of State Hillary Clinton, have publicly supported this vision of U.S. global health policy. Their new approach was highlighted when President Obama announced the GHI in May 2009, emphasizing the importance of child and maternal health and family planning.ⁱ

More recently, the U.S. strategy has been further spelled out in two key policy documents - the Global Health Initiative's Consultation Document and the five-year PEPFAR strategy. A central goal of the GHI is "to improve health outcomes among women and girls, both for their own sake and because of the centrality of women to the health of their families and communities."ⁱⁱ In particular, the GHI will seek to improve the health of women, newborns, and children, focusing on infectious diseases, nutrition, maternal and child health, and safe water. PEPFAR is considered to be an integral part of the GHI, and defined to include bilateral TB funding and contributions to the Global Fund for AIDS, TB and Malaria; PEPFAR will account for some 70 percent of the GHI funding. The remaining 30 percent will focus on other global health priorities, including maternal child health, family planning and reproductive health, neglected tropical diseases, and nutrition.

President Obama announced that the United States will dedicate significant new resources to the GHI, totaling \$63 billion over six years. The Obama Administration's budget request

¹ This brief was written by Janet Fleischman, Senior Consultant to the Global Coalition on Women and AIDS.

for 2011 (although Congress determines the final funding levels) calls for increases in global health to \$9.6 billion, up from \$8.8 billion in 2010, a rise of about 9 percent. This includes increases in funding for maternal child health and family planning, and a slight increase for HIV.ⁱⁱⁱ The Obama administration has indicated that the budget request for global AIDS represents an increase of 2.6 percent. The U.S. thus remains the largest contributor to the fight against global AIDS.^{iv}

GHI goals and targets:

- HIV/AIDS (FY 2010-2014) - PEPFAR will prevent 12 million new infections, provide treatment to more than 4 million people, and support care for 12 million, including 5 million orphans and vulnerable children.
 - Prevention: support prevention of more than 12 million new infections, including ensuring that partner countries with generalized epidemics reach 80% coverage of testing for pregnant women at national level, 85% coverage of ARV prophylaxis and treatment of women found to be HIV-infected, and provide 100% of youth in PEPFAR programmes with comprehensive and correct knowledge of ways HIV/AIDS is transmitted and how to protect themselves.
 - Care, support and treatment: provide support for more than 4 million people on treatment (double the first phase of PEPFAR); support care for more than 12 million people, including 5 million orphans and vulnerable children. Ensure that partner countries with generalized epidemics reach 65% coverage for early infant diagnosis and testing of 80% of older children of HIV-positive mothers.
- Malaria: reduce burden of malaria by 50% for 450 million people, or 70% of at risk population in Africa.
- TB: Save some 1.3 million lives by reducing TB prevalence by 50%, involving treating 2.6 million new TB cases and 57,200 MDR cases.
- Maternal Health: save some 360,000 women's lives by reducing maternal mortality by 30%.
- Child Health: Save some 3 million children, including 1.5 million newborns, by reducing under-5 mortality rates by 35%.
- Nutrition: reduce child undernutrition by 30% across assisted food insecure countries in conjunction with President's Feed the Future Initiative.
- FP/RH: prevent 54 million unintended pregnancies by reaching a modern contraceptive prevalence rate of 35% across assisted countries, and reducing by 20% the number of first births by women under 18.
- Neglected Tropical Diseases (NTDs): reduce the prevalence of NTDs by 50% among 70% of affected population.

Secretary of State Hillary Clinton has been a strong advocate of a women-and girl-centered approach. In a speech in January 2010, she underscored the importance for U.S. global health strategy to focus on women and girls: "Investing in the health of women, adolescents, and girls is not only the right thing to do; it is also the smart thing to do. That

is why we are integrating women's issues as key elements of our foreign policy agenda and in, especially, our Global Health Initiative...^v Secretary Clinton has also made it clear that a woman and girl-centered approach includes tackling gender-based violence (GBV). She has committed additional funding to work on GBV both through direct contributions to country programmes and in the context of public-private partnerships.

In April, Secretary Clinton announced the creation of a public-private partnership called "the Secretary's International Fund for Women and Girls," which will invest in innovative solutions to gender and climate change, combating violence against women, women's economic empowerment, girls' education, women's political participation, and women and girls' health.^{vi} In the health sphere, the fund is expected to target investments to improve the health of women and girls, especially focusing on maternal, newborn and child health.^{vii} The Secretary's Fund will begin with two separate funding streams - a small grants project and the Secretary's Innovation Award for the Empowerment of Women and Girls, funded by the Rockefeller Foundation. At this writing, the Request for Proposal (RFP) process is being set up for the small grants project, which will support proposals from nongovernmental organizations (NGOs) around the world aimed at strengthening efforts to support women and girls. The Innovation Awards will involve two awards every year of \$500,000 each for innovative ideas to address female empowerment.^{viii} Out of the 1,500 concept papers that were received in June 2010 for the Innovation Awards, a small number will be invited to submit applications for the 2010 Awards.

TOWARD PROGRAMME IMPLEMENTATION

A core objective of the GHI is to improve health outcomes among women and girls. The policy recognizes that gender-related barriers to information and services increase women's vulnerability to ill health. Accordingly, the GHI will support long-term changes to remove barriers and increase access to quality primary health care services. This will include:

- Improving monitoring and evaluation of the health of women, adolescents and young girls;
- Supporting integrated health services;
- Involving men and boys; improving training of health providers on gender issues;
- Ensuring meaningful participation of women and girls in decision-making;
- Engaging civil society to address gender equity in health care.

The GHI has not yet produced an implementation plan. However, GHI will launch an intensified effort in a subset of 20 "GHI Plus" countries as a way of demonstrating impact, enhancing methods of evaluation, and increasing partnership with national governments. GHI Plus countries will be supported by a GHI Strategic Reserve Fund (GHI Fund), to provide catalytic resources to GHI Plus countries beyond their allocations from PEPFAR and other sources of U.S. government funding in 2011 and 2012. These funds will be used to accelerate scale-up of proven cost-effective interventions across MCH and infectious diseases to improve the health of women, newborns, and children, and cover the start-up

costs associated with integrating interventions. No GHI Plus country will receive more than an additional \$50 million above the existing U.S. government allocations. In FY 2013 and FY 2014, a portion of GHI Plus allocations will depend on partner progress against agreed upon critical indicators.

The Obama administration released the first set of GHI Plus countries in June 2010: Bangladesh, Ethiopia, Guatemala, Kenya, Malawi, Mali, Nepal, and Rwanda. These countries will be “learning labs” and will receive additional technical and management resources to implement the new GHI approach, focusing on integration of infectious diseases services, maternal and child health, family planning, and health systems. The GHI plus countries will build on existing U.S. global health programmes, such as PEPFAR, the President’s Malaria Initiative (PMI), or the Millennium Challenge Corporation (MCC). While these initial eight countries will receive more targeted support, more than 80 countries with U.S. global health programmes are included under the GHI.^{ix}

Core U.S. priority areas on HIV and New Directions

- PEPFAR had 15 “focus countries”^x in its first phase; bilateral PEPFAR programmes operate in more than 80 countries around the world, 31 of which have PEPFAR programmes large enough that they complete annual Country Operational Plans.
- The AIDS epidemic requires a comprehensive, multisectoral approach and must address HIV within the broader health and development context. PEPFAR states it will carefully and purposefully integrate with other health and development programmes, and expand what it has already done in some country-level programmes.
- PEPFAR will transition from an emergency response to sustainable country programmes. Sustainable programmes must be country-owned and country-driven.
- In every country with a Partnership Framework,^{xi} the U.S. Government will support policies that address larger structural conditions, such as gender-based violence, stigma, or low partner involvement.

IMPLICATIONS FOR PEPFAR

PEPFAR’s five-year strategy, released in December 2009, outlined PEPFAR’s contribution to the GHI and also included a new emphasis on women and girls. The strategy states that PEPFAR will work to “better implement its gender principles, with a particular focus on addressing the linkages between HIV and gender-based violence;” that PEPFAR will increase its support for PMTCT (prevention of mother-to-child transmission) programmes; and that PEPFAR will expand linkages between reproductive health and HIV services. It asserts that a “women-centered approach takes into account the realities of women’s and girls’ lives as shaped by gender norms, service availability, and larger structural factors.”^{xii} This explicit link between HIV and development receives more emphasis in this strategy than it has in the past.

The priority areas on women and girls build on PEPFAR's five original gender strategies that were established in the first phase of PEPFAR:

- Increasing gender equity in access to HIV programmes and services;
 - Reducing gender-based violence and coercion;
 - Addressing male norms and behaviors;
 - Increasing women's legal rights and protections; and
 - Increasing women's access to income and productive resources.
- Programming in these areas is assessed during the annual review process of the Country Operational Plans (COPs).^{xiii}

Beyond the PEPFAR funding to individual countries that is supposed to incorporate gender components, PEPFAR also launched three centrally-funded initiatives on gender that are ending in 2010, focusing on male norms, sexual and gender-based violence, and vulnerable girls.^{xiv} These projects began with \$8 million in funding from PEPFAR headquarters in Washington, and some PEPFAR country programmes later contributed additional resources. PEPFAR's new strategy is now going a step further by recognizing that more attention is required in two other gender areas - reproductive health, through strengthening services, and education for girls, by working with the education sector to achieve a multisectoral response.

In May 2010, PEPFAR launched a new initiative to expand its work on the links between GBV and HIV, with \$30 million in funding to support scale up of GBV prevention and response programmes in Mozambique, Tanzania, and the Democratic Republic of Congo (DRC). The programme will work with governments and civil society organizations, and will support comprehensive packages for victims of violence at certain health facilities, and increase GBV prevention programmes that address the underlying causes of violence. According to PEPFAR, this new initiative reflects the U.S. government's increased commitment to gender issues, represented by the GHI.^{xv} Another new PEPFAR initiative, the PEPFAR Challenge Fund, will provide \$8 million in matching funds for gender programmes that countries support from their PEPFAR budgets.^{xvi}

The PEPFAR strategy also sets a new goal of increasing prevention of mother-to-child transmission in generalized epidemics, including reaching 80% coverage of testing for pregnant women at national level and 85% coverage of ARV prophylaxis and treatment of women found to be HIV-infected. This will presumably be linked to what has been referred to as "PMTCT plus-up countries," including Tanzania, Uganda, Kenya, Malawi, Zambia, and Mozambique, where PEPFAR will focus support for PMTCT scale up.

PEPFAR's stated commitment to women and girls has not yet been matched by implementation of new country-level programmes and development of guidance on integration with reproductive health/family planning, although PEPFAR officials stated publicly in June 2010 that new guidance is in preparation. The 2010 COPs, which were prepared before the new strategy documents were published, do not yet reflect these changed priorities regarding women and girls. The hope and expectation is that the next round of COP guidance and the subsequent 2011 COPs will reflect a greater investment in

and attention to women and girls-centered programming by the PEPFAR country teams, along the lines of the strategies outlined above, and that the gender reviews of the COPs will also become more robust. Eventually, PEPFAR should consider requiring its country teams to devote more resources to each of these gender strategies within their COPs.

The core concept behind the GHI funding is that it will not only allow but will drive new possibilities for integration. How integration of services will be promoted is especially relevant for the integration of family planning with HIV programmes. As it currently stands, PEPFAR funds can be used for counseling and referral (if services are not available on site) but cannot be used to pay for contraceptive commodities, since that service is provided through a separate USAID funding stream for family planning. However, PEPFAR will support training for health care providers (including ART and ANC providers), so that PMTCT training can include maternal and child health, emergency obstetric care, and HIV information.

COUNTRY-LEVEL OPPORTUNITIES TO ENGAGE WITH PEPFAR ON WOMEN AND GIRLS

Opportunities for civil society organizations and UN country teams to engage with PEPFAR at the country level vary from country to country. Country-level groups and networks focusing on women and girls should utilize their existing coordination mechanisms to dialogue with the National AIDS Coordinating Authorities, the Ministries of Health and Gender, the U.S. embassy and PEPFAR team in-country, and the UN on the key priorities to be considered by the U.S. for funding through PEPFAR's country operational plans. This will enable networks of women living with HIV and women's groups to stay informed about new policy and programme directions on gender and other new initiatives that are being developed that relate to women and girls in their country, as well as provide strategic input and technical assistance on projects benefiting women and girls. National partners should specifically take advantage of opportunities to explore and propose strategies to strengthen national programming for women and girls, building on the new stated priorities and policy directions of PEPFAR, both with National AIDS Commissions as well as in the context of the new COPs and linking it with existing funding, e.g. Global Fund grants.

A new area of focus for PEPFAR involves the Partnership Frameworks,^{xvii} which are intended to be aligned with the national AIDS strategies, and which should be developed with civil society involvement. While the PFs are primarily agreements between the host government and the U.S. government, a range of government ministries are expected to participate and contributions by civil society are supposed to be captured. PFs recognize the important role that civil society plays in the HIV response, especially providing expertise on women and girls. For example, the guidance for the PFs specifically addresses gender as a key area of policy reform.^{xviii} The guidance also states that Partnership Frameworks should address "policy factors placing women and girls at greater risk for HIV infection, including policies related to concurrent partners, male norms, gender-based violence and high-risk behaviors of male partners. The approach should take

a comprehensive view of these factors and strive to address facilitators and barriers unique to the country context in order to decrease the risk of HIV infection among women and girls.” The guidance goes on to call for specific attention to address policy and legal reform in the property and inheritance rights, capacity building of government and civil society to improve women’s legal rights, and policy and legal reforms related to Gender-based Violence (GBV). Given the new global policy directions relating to women and girls discussed above, country level actors are encouraged to discuss new strategies, partnerships and programming opportunities to work with PEPFAR to meet national goals.

For those country-level groups interested in competing for PEPFAR grants or contracts, notifications are usually posted on grants.gov or fbo.gov (fedbizopps.gov), although navigating the “request for proposal” process can be complicated. In addition, PEPFAR implementing organizations often look for local partners to ensure an appropriate local focus, including gender expertise, so it is useful to engage with those organizations as well. Many U.S.-funded projects include a specific gender focus as a required element in proposals, which presents another opportunity for civil society or other organizations to propose how they would address issues involving women and girls and to highlight the experience they bring to these issues.

PROGRAMMING CHALLENGES

The new directions announced by the U.S. government concerning a women-and-girls-centered approach to global health present important, and possibly unprecedented, opportunities to increase the programming and funding for these issues. This is therefore a critical moment for country-level partners from government and civil society to stay informed about changes in U.S. AIDS policy and to reinforce the urgency for programming on women, girls, and HIV by creating demand at the country level.

Implementation of these programmes will undoubtedly face challenges, including addressing such questions as: how the U.S. government will fund, support, and link HIV programmes with other health and development sectors; how to address the structural factors that impact upon HIV outcomes for women and girls; how to measure progress and evaluate impact; how to better harmonize indicators on women and girls among international donors and create next generation indicators on gender; and how to strengthen the argument on why investing in programmes on women and girls is key to successful prevention strategies and to overall AIDS outcomes.^{xix}

However, country-level partners, in particular civil society, can help to ensure that the new women-and-girl-centered approach by the U.S. proves successful and addresses the country’s needs. By generating demand for these programmes, while building country-level capacity to address bottlenecks and support implementation for scaling up, governments, civil society organizations, and other development partners can forge effective and sustainable partnerships with PEPFAR and the GHI, and in so doing, enhance the lives and well-being of women and girls.

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- i The White House, "Statement by President Obama on Global Health Initiative," May 5, 2009.
- ii Implementation of the Global Health Initiative, Consultation Document, p. 6, Washington D.C., February 1, 2010, <http://www.pepfar.gov/documents/organization/136504.pdf>.
- iii Kaiser Family Foundation, "Obama's FY2011 Budget Gives Global Health Funding Boost," February 2, 2010, <http://globalhealth.kff.org/Daily-Reports/2010/February/02/GH-020210-Budget.aspx>.
- iv The U.S. Government provides over half of all resources for HIV/AIDS globally. In many countries, PEPFAR funding represents a significant portion of AIDS funding available nationally, reaching as high as 70% in some countries with large PEPFAR programmes.
- v Secretary of State Hillary Rodham Clinton, "Remarks on the 15th Anniversary of the International Conference on Population and Development," January 9, 2010, <http://www.state.gov/secretary/rm/2010/01/135001.htm>.
- vi Department of State, "Secretary's International Fund for Women and Girls: Fund Topics," April 2010, <http://www.state.gov/s/gwi/womensfund/topics/index.htm>.
- vii Department of State, "Secretary's International Fund for Women and Girls: Women's and Girls' Health, Fact Sheet," April 28, 2010, <http://www.state.gov/s/gwi/rls/other/2010/140856.htm>.
- viii The Rockefeller Foundation, "Hillary Clinton Announces Foundation's Women's Leadership Awards," April 28, 2010, <http://www.rockefellerfoundation.org/news/speeches-presentations/hillary-clinton-announces-foundations>.
- ix U. S. Department of State, U.S. Agency for International Development, and U.S. Department of Health and Human Services, "U.S. Government Support for Global Health Efforts," June 18, 2010, <http://www.usaid.gov/press/releases/2010/pr100618.html>.
- x The focus countries are Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Viet Nam and Zambia.
- xi Partnership Frameworks (PFs), which began to be developed in 2008, are five-year joint strategic agendas for cooperation between PEPFAR and the national government that outline each party's responsibility to fulfil the national AIDS strategy. At this writing, PFs have been signed with Angola, Ghana, Kenya, Lesotho, Malawi, Swaziland, and Tanzania, as well as a regional PF with Caribbean countries and another with Central American countries.
- xii The U.S. President's Emergency Plan for AIDS Relief Five-Year Strategy, "Annex: PEPFAR's Contribution to the Global Health Initiative," December 2009, p. 6-7.
- xiii The Country Operational Plans (COPs) are developed by the U.S. embassies in each PEPFAR focus country, as well as a number of other countries, to plan the annual PEPFAR programming in HIV treatment, prevention, and care, and outlining the expected results. The Office of the Global AIDS Coordinator (OGAC) reviews each COP before approval. The review process includes a gender review.
- xiv See U.S. President's Emergency Plan for AIDS Relief, Gender and HIV/AIDS, January 2009, <http://www.pepfar.gov/press/76365.htm>.
- xv U.S. Department of State, "PEPFAR Launches Increased Commitment to Scale Up of Gender-based Violence Approaches," May 5, 2010, <http://www.state.gov/r/pa/prs/ps/2010/05/141531.htm>.
- xvi Ambassador Eric Goosby, U.S. Global AIDS Coordinator, "Presentation at CSIS Conference on Linkages Between Gender, AIDS, and Development," June 11, 2010, http://media.csis.org/globalhealth/100611_gooby.pdf.
- xvii The Partnership Frameworks result from the July 2008 U.S. legislation that re-authorized PEPFAR, and that called for the U.S. government to establish compacts or framework documents with partner countries to promote a sustainable approach, based on strengthened country capacity, ownership and leadership. See "PEPFAR Partnership Framework Guidance," September 2009, <http://www.pepfar.gov/documents/organization/120510.pdf>.
- xviii See U.S. President's Emergency Plan for AIDS Relief, Guidance for PEPFAR Partnership Frameworks and PEPFAR Framework Implementation Plans, <http://www.pepfar.gov/documents/organization/120510.pdf>, September 2009.
- xix In order to develop relevant gender indicators to monitor progress and improve programming among various donors, PEPFAR is participating in the newly developed Gender Indicator Harmonization group. The group is led by UNIFEM and includes participation from other UN agencies as well as key international stakeholders.

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The Global Coalition on Women and AIDS (GCWA) is a worldwide alliance of civil society groups, networks of women living with HIV, women's organizations, AIDS service organizations, and the United Nations system, committed to strengthening AIDS programming for women and girls.

Our mission is to mobilize leadership and political will to influence laws, policies, programmes, and funding to promote action that gives girls and women the power to prevent HIV infection, and to live fulfilling and productive lives when living with HIV.