



The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau's Global HIV/AIDS Program supports the vision of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR): achieving sustainable control and ultimately ending the HIV/AIDS epidemic. Since 2003, HRSA has been a significant contributor to PEPFAR's achievements. Building on HRSA's domestic experience to improve HIV and health services in the United States through the Ryan White HIV/AIDS Program, HRSA seeks to provide leadership and resources to ensure access to and retention in high-quality integrated care and treatment services for vulnerable people with HIV/AIDS globally.

HIV/AIDS EPIDEMIC

In 2018, an estimated 1.7 million people were newly infected with HIV, and 770,000 people died of AIDS worldwide. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that 37.9 million people were living with HIV worldwide in 2018. Sub-Saharan Africa is the most affected region in the global AIDS epidemic. The global decline in deaths from AIDS-related illness has largely been driven by progress in sub-Saharan Africa, particularly eastern and southern Africa, which accounts for about 53 percent of the world's people with HIV. In 2018, 23.3 million people with HIV were accessing antiretroviral therapy, up from 7.7 million in 2010.¹

U.S. PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF

On May 27, 2003, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (Public Law 108–25) was signed into law, creating PEPFAR. PEPFAR is the largest commitment ever made by any Nation for an international health initiative dedicated to a single disease.

The plan emphasizes a “whole government” response and draws from each Agency's core competencies to provide the most comprehensive, coordinated, and targeted interventions. Many federal departments and agencies are involved in PEPFAR's implementation, including the U.S. Department of Health and Human Services, U.S. Department of State, U.S. Department of Defense, U.S. Agency for International Development, and the Peace Corps.

PEPFAR currently is focused on “Controlling the Epidemic” with the mandate to attain UNAIDS' ambitious 90-90-90 goal: 90 percent of people with diagnosed HIV, 90 percent of them on antiretroviral therapy, and 90 percent of them virally suppressed by 2020. This approach is driven by data to strategically target geographic areas and populations for maximum impact. The President's fiscal year 2019 funding for PEPFAR is \$6.8 billion, with bilateral support provided to more than 50 countries and regional programs in the Americas, Africa, Asia, the Caribbean, Europe, and the Middle East.

HRSA'S GLOBAL HIV/AIDS PROGRAM PROJECTS

HRSA is committed to sustainable control of the HIV/AIDS epidemic. Key components and strategies of the Global HIV/AIDS Program include—

- ▶ Supporting training activities and partnerships to develop human and organizational capacity.
- ▶ Designing innovative care and support models to remove barriers to care.
- ▶ Assessing the effectiveness of specific models of care to promote adaptation of best practices.
- ▶ Enhancing the capacity of program partners to collect, monitor, and evaluate data for quality of care.

CURRENT PROJECTS

- ▶ **The Health Workforce 21st Century (HW21) Initiative** supports the development and implementation of innovative approaches to increasing adequacy, capacity, employment, coordination, deployment, and retention of physicians, nurses, midwives, pharmacists, community health workers, social service workers, lay health workers, laboratory technicians, and other related health cadres that provide primary care and community health services to people with HIV, tuberculosis, and other infectious diseases. The HW21 geographic scope includes sub-Saharan Africa, Central Asia, Eastern Europe, the Caribbean, and Latin America.
- ▶ **HRSA PEPFAR Skills Sharing Project** establishes a skills-sharing program between U.S.-based HRSA-funded Ryan White HIV/AIDS Program (RWHAP) providers and PEPFAR-supported clinical sites to further strengthen the PEPFAR Program through onsite support related to gap areas and ongoing virtual technical assistance. The RWHAP providers share best practices and interventions to close identified gaps toward HIV epidemic control through peer-to-peer bidirectional learning sessions at PEPFAR-supported health facilities in Jamaica, Tanzania, and Uganda.
- ▶ **The International AIDS Education and Training Centers (IAETC) Program** work with in-country partners to provide support in health systems strengthening to assist countries in their efforts to control the HIV/AIDS epidemic. IAETC activities focus on improving human resources for health HIV care and treatment; health information systems; and data to inform testing, care, treatment, and support. The IAETC Program promotes the strengthening of sustainable health systems through engagement with in-country partners, including local organizations and Ministries of Health and Education. The IAETC geographic scope includes Asia Regional, Botswana, Caribbean Region, India, Kenya, Mozambique, and Ukraine.
- ▶ **The Optimizing Momentum Toward Sustainable Epidemic Control (OPCON) Project** provides support for the transition and integration of HIV testing, care, and prevention interventions currently or previously supported by PEPFAR into host country health systems. This support takes the form of evaluation and technical assistance to ensure continued gains toward sustainable HIV epidemic control. The OPCON geographic scope includes Côte d'Ivoire, Mozambique, Zambia, and Zimbabwe.
- ▶ **The Quality Improvement Capacity for Impact Project (QICIP)** works to build the capacity of host country health systems to improve the effectiveness, efficiency, patient-centeredness, safety, accessibility, and equity of the services they provide. The QICIP provides assistance to country teams seeking to address deficiencies arising from Site Improvement through Monitoring System (SIMS) assessments and gaps along the clinical care cascade, particularly those that represent barriers to achieving epidemic control. The QICIP geographic scope includes Angola, Asia Regional (Laos and Thailand), Cambodia, Cameroon, Kenya, Malawi, Mozambique, Namibia, Nigeria, Papua New Guinea, South Africa, Tanzania, Vietnam, Zambia, and Zimbabwe.
- ▶ **The Resilient and Responsive Health Organizations (RRHO) Initiative** supports the creation of capacity-building plans and the provision of technical assistance focused on the building or enhancing of organizational capacity in a variety of priority areas, including program and financial management, grants management, leadership and governance, personnel management, and evaluation and monitoring. The RRHO Initiative's purpose is to strengthen the capacity of impact partners supported under the Resilient and Responsive Health Systems Initiative. The RRHO geographic scope includes Democratic Republic of Congo, Liberia, and Sierra Leone.
- ▶ **The Resilient and Responsive Health Systems (RRHS) Initiative** supports the enhancement of capacity in the primary health care system, with a focus on health worker training, supply, and quality. The purpose of the RRHS Initiative is to rebuild/strengthen the health workforce, strengthen national governance and coordination frameworks, and create platforms for cross-regional and/or initiative-wide collaborations to promote interprofessional sharing and the adoption of evidence-based practices, innovative models, and educational standards. Some of this work will be accomplished through enhancing skills of health workers at all levels—from community health workers to physicians—and strengthening training institutions through capacity-building activities. The RRHS geographic scope includes Democratic Republic of Congo, Liberia, and Sierra Leone.

¹ UNAIDS. 2019. Global & AIDS Statistics—2019 Fact Sheet. Available at <https://www.unaids.org/en/resources/fact-sheet>.