

Tanzania
Operational Plan Report
FY 2013

Zimbabwe Operational Plan Report Fy 2013 Aids Relief

AW Rasmussen



Zimbabwe Operational Plan Report Fy 2013 Aids Relief:

Evaluation of PEPFAR Division of Behavioral and Social Sciences and Education, Institute of Medicine, Board on Children, Youth, and Families, Board on Global Health, Committee on the Outcome and Impact Evaluation of Global HIV/AIDS Programs Implemented Under the Lantos-Hyde Act of 2008, 2013-06-27 The U S government supports programs to combat global HIV AIDS through an initiative that is known as the President s Emergency Plan for AIDS Relief PEPFAR This initiative was originally authorized in the U S Leadership Against HIV AIDS Tuberculosis and Malaria Act of 2003 and focused on an emergency response to the HIV AIDS pandemic to deliver lifesaving care and treatment in low and middle income countries LMICs with the highest burdens of disease It was subsequently reauthorized in the Tom Lantos and Henry J Hyde U S Global Leadership Against HIV AIDS Tuberculosis and Malaria Reauthorization Act of 2008 the Lantos Hyde Act Evaluation of PEPFAR makes recommendations for improving the U S government s bilateral programs as part of the U S response to global HIV AIDS The overall aim of this evaluation is a forward looking approach to track and anticipate the evolution of the U S response to global HIV to be positioned to inform the ability of the U S government to address key issues under consideration at the time of the report release

Making Development Co-operation More Effective 2016 Progress Report OECD, United Nations Development Programme, 2016-11-03 This report draws on the results of the 2016 global monitoring exercise carried out under the auspices of the Global Partnership for Effective Development Co operation It offers a snapshot of progress on internationally agreed principles aimed at making development co operation more effective

Zimbabwe Operational Plan Report Fy 2013 United States United States Department of State, 2014-11-12 The country continues to experience a generalized HIV epidemic with an estimated 1.2 million HIV infected adults and children in 2011 and approximately 58 000 deaths each year Social cultural and economic factors contributing to HIV transmission include transactional sex multiple and concurrent partners alcohol abuse low awareness of HIV infection status lack of ART use in undiagnosed individuals poor treatment adherence and low levels of male circumcision MC While prevalence among youth has dropped significantly it is worth noting that prevalence among girls was twice that of boys of the same age HIV is the leading cause of death among adults and accounts for over 27% of all deaths among mothers and infants Maternal mortality rate nearly tripled between 1994 and 2010 Zimbabwe s TB case rate 603 per 100 000 is one of the highest in the world The TB epidemic in Zimbabwe is largely HIV driven with a very high TB HIV co infection rate at 80% with an increasing number of MDR and XDR cases TB is the second leading cause of adult morbidity and mortality in Zimbabwe National Response The National AIDS Council NAC and the Ministry of Health and Child Welfare MOHCW lead the national HIV AIDS response and have outlined their goals in Zimbabwe National Strategic Plan ZNASPII 2011 2015 While the level of institutional leadership within the MOHCW is high in terms of technical direction and policy setting the capacity for implementation continues to be limited For the MOHCW low capacity is largely an outcome of limited national resources for

programming which affects its capacity to deploy and adequately train sufficient experienced health professionals provide adequate commodities and provide a high level of monitoring and supervision to ensure high quality service delivery As such donor resources have been essential to national prevention care treatment and health systems strengthening HSS efforts The majority of HIV AIDS related activities are donor funded Nevertheless Zimbabwe has not received the magnitude of donor funding that countries with similar HIV burden have been fortunate to access Zimbabwe is facing potential critical shortages of key inputs to achieve ambitious goals particularly in the areas of treatment prevention of mother to child transmission PMTCT and MC

Sub-Saharan Africa Ms.Janet Gale Stotsky,Ms.Lisa Kolovich,Suhaib Kebhaj,2016-08-20 Gender budgeting is an initiative to use fiscal policy and administration to address gender inequality and women s advancement A large number of sub Saharan African countries have adopted gender budgeting Two countries that have achieved notable success in their efforts are Uganda and Rwanda both of which have integrated gender oriented goals into budget policies programs and processes in fundamental ways Other countries have made more limited progress in introducing gender budgeting into their budget making Leadership by the ministry of finance is critical for enduring effects although nongovernmental organizations and parliamentary bodies in sub Saharan Africa play an essential role in advocating for gender budgeting **Yearbook of International Organizations 2014-2015, Volumes 1a & 1b (Set)** Union of International Associations,2014-06-16 Volume 1 A and B covers international organizations throughout the world comprising their aims activities and events **Daily Graphic** Ransford Tetteh,2010-04-16 **Ethiopia Operational Plan Report Fy 2013** United States United States Department of State,2014-11-12 With 82 million people Ethiopia is the second most populous country in Sub Saharan Africa Despite impressive economic growth Ethiopia remains a low income country with a real per capita income of US 351 and 39% of the population living below the international poverty line of 1 25 day According to the UN Human Development Index 2012 Ethiopia ranks 174 out of 187 countries on both the overall index and the per capita GNI Gross National Income It is also one of the least urbanized countries with 82% of the population living in rural areas In 2010 Ethiopia launched a five year Growth and Transformation Plan GTP which envisages an annual Gross Domestic Product GDP base growth case scenario of 11% and a high growth case scenario of 14 9% Improving the quality of social services and infrastructure ensuring macroeconomic stability and enhancing productivity in agriculture and manufacturing are major objectives of the plan The high growth rate has been offset by high inflation in recent years Year on year inflation peaked at 64% in July 2008 the second highest in Sub Saharan Africa after Zimbabwe In 2012 the situation had apparently improved as the inflation rate had dropped from 35 9% in January to 15 6% by December 2012 The Health Sector Development Plan IV HSDPIV and the Strategic Plan for Intensifying Multisectoral HIV and AIDS Response SPMII outline their contributions towards the GTP The death a few months back of Prime Minister Meles has led to a change in leadership The new Minister of Health leads a young team and is looking to develop his own legacy after the charismatic leadership of the former Minister Dr Tewodros Adhanom

who became Foreign Minister in December 2012 The HIV AIDS situation in Ethiopia continues to be characterized by a mixed epidemic with significant heterogeneity across geographic areas urban vs rural and population groups The 2011 Ethiopia Demographic and Health Survey EDHS found HIV prevalence at 1.5% nationally compared to 2.4% according to the formerly accepted Single Point Estimate Comparison with 2005 EDHS data suggest stable low HIV prevalence of 0.6% in rural areas but substantial declines from 7.7% to 4.2% in urban areas Routine biannual antenatal surveillance confirms sustained declines in HIV prevalence in both urban and peri urban areas up through the most recent estimate published for 2009 There are contrasts in prevalence across regions ranging from 6.5% in Gambella and 5.2% in Addis Ababa to 0.9% in SNNP residence types 4.2% urban versus 0.6% rural and gender 1.9% for women vs 1.0% for men Prevalence among 15-24 years has also significantly declined from 12.4% in 2001 to 2.6% in 2009 SPECTRUM projections combining DHS and ANC data estimate a rapidly declining mixed epidemic where incidence has fallen to 0.03% a 60% reduction since the introduction of PEPFAR in Ethiopia in 2005 Only Gambella region in southwestern Ethiopia with less than 0.5 percent of Ethiopia's population of 82 million showed a net increase in HIV prevalence over the same period and a worrying 9% prevalence among women aged 15-24 years At the same time projected national incidence rates were substantially lower than previously estimated with just over 20,000 new cases in 2012 compared to over 134,000 according to the former Single Point Estimate although the country retains a substantial burden for secondary prevention and treatment with an estimated 734,000 people currently living with HIV in 2013 According to SPECTRUM 70% of projected new infections in 2013 will come from sexual transmission which is disproportionately low compared with other countries This may be attributable to the relative successes with prevention of sexual transmission and high treatment coverage compared with relative lack of success with prevention of vertical transmission

President's Emergency Plan for AIDS Relief: Efforts to Align Programs with Partner Countries' HIV/AIDS Strategies and Promote Partner Country Ownership, **AIDS Operational Plan** Brian L. Gibson, Toronto (Ont.). Department of Public Health, Toronto (Ont.). Board of Health, 1989 **AIDS Operational Plan** A. S. Macpherson, Toronto (Ont.). Department of Public Health, Toronto (Ont.). Board of Health, 1988 **Presidents Emergency Plan for AIDS Relief** U.S. Government Accountability Office, 2017-08-14 President's Emergency Plan for AIDS Relief PEPFAR reauthorized at 48 billion for fiscal years 2009 through 2013 supports HIV AIDS prevention treatment and care services overseas The reauthorizing legislation as well as other key documents and PEPFAR guidance endorses the alignment of PEPFAR activities with partner country HIV AIDS strategies and the promotion of partner country ownership of U.S. supported HIV AIDS programs This report responding to a legislative directive 1 examines alignment of PEPFAR programs with partner countries HIV AIDS strategies and 2 describes several challenges related to alignment or promotion of country ownership GAO analyzed PEPFAR planning documents and national strategies for four countries Cambodia Malawi Uganda and Vietnam selected to represent factors such as diversity of funding levels and geographic location GAO also reviewed

documents and reports by the U S government research institutions and international organizations and interviewed PEPFAR officials and other stakeholders in headquarters and the four countries PEPFAR Implementation Institute of Medicine, Board on Children, Youth, and Families, Board on Global Health, Committee for the Evaluation of the President's Emergency Plan for AIDS Relief (PEPFAR) Implementation, 2007-09-17 In 2003 Congress passed the United States Leadership Against HIV AIDS Tuberculosis and Malaria Act which established a 5 year 15 billion initiative to help countries around the world respond to their AIDS epidemics The initiative is generally referred to by the title of the 5 year strategy required by the act PEPFAR or the President s Emergency Plan for AIDS Relief PEPFAR Implementation evaluates this initiative s progress and concludes that although PEPFAR has made a promising start U S leadership is still needed in the effort to respond to the HIV AIDS pandemic The book recommends that the program transition from its focus on emergency relief to an emphasis on the long term strategic planning and capacity building necessary for a sustainable response PEPFAR Implementation will be of interest to policy makers health care professionals special interest groups and others interested in global AIDS relief **President's Emergency Plan for AIDS Relief** United States. Government Accountability Office, 2010 The President s Emergency Plan for AIDS Relief PEPFAR reauthorized at 48 billion for fiscal years 2009 through 2013 supports HIV AIDS prevention treatment and care services overseas The reauthorizing legislation as well as other key documents and PEPFAR guidance endorses the alignment of PEPFAR activities with partner country HIV AIDS strategies and the promotion of partner country ownership of U S supported HIV AIDS programs This report responding to a legislative directive 1 examines alignment of PEPFAR programs with partner countries HIV AIDS strategies and 2 describes several challenges related to alignment or promotion of country ownership GAO analyzed PEPFAR planning documents and national strategies for four countries Cambodia Malawi Uganda and Vietnam selected to represent factors such as diversity of funding levels and geographic location GAO also reviewed documents and reports by the U S government research institutions and international organizations and interviewed PEPFAR officials and other stakeholders in headquarters and the four countries PEPFAR activities are generally aligned with partner countries national HIV AIDS strategies GAO s analysis of PEPFAR planning documents and national HIV AIDS strategies as well as discussions with PEPFAR officials in the four countries GAO visited showed overall alignment between PEPFAR activities and the national strategy goals In addition statements by global and country level PEPFAR stakeholders indicate that PEPFAR activities support the achievement of partner countries national strategy goals PEPFAR officials noted that a number of factors may influence the degree to which PEPFAR activities align with national strategy goals including the activities of other donors the size of the PEPFAR program and policy restrictions PEPFAR may also support activities not mentioned in the national HIV AIDS strategies but that are addressed in relevant sector or program specific strategies PEPFAR officials reported various efforts to help ensure that PEPFAR activities support the achievement of national strategy goals including assisting in developing national strategies participating in

formal and informal communication and coordination meetings engaging regularly with partner country governments during the annual planning process and developing a new HIV AIDS agreement known as a partnership framework between PEPFAR and partner country governments PEPFAR stakeholders highlighted several challenges related to aligning PEPFAR programs with national HIV AIDS strategies or promoting country ownership of U S supported HIV AIDS programs First PEPFAR indicators including indicator definitions and timeframes sometimes differ from those used by partner countries and other international donors Second gaps may exist in the sharing of PEPFAR information with partner country governments and other donors Third limitations in country leadership and capacity such as lack of technical expertise to develop strategies and manage programs affect country teams ability to ensure that PEPFAR activities support achievement of national strategy goals Fourth Office of the U S Global AIDS Coordinator OGAC guidance to country teams regarding development of partnership frameworks does not include indicators for establishing baseline measures of country ownership prior to implementation of partnership frameworks Without baseline measures country teams may have limited ability to measure the frameworks impact and make needed adjustments GAO recommends that the Secretary of State direct OGAC to develop and disseminate a methodology for establishing baseline measures of country ownership prior to implementing partnership frameworks OGAC concurred with this recommendation The President's Emergency Plan for AIDS Relief (PEPFAR) Tiaji

Salaam-Blyther,2012 **Presidents Emergency Plan for AIDS Relief** U.s. Government Accountability Office,2017-08-15 U S assistance through thePresident s Emergency Plan for AIDSRelief PEPFAR has helped providetreatment care and prevention services overseas to millions affectedby HIV AIDS In 2008 Congressreauthorized PEPFAR with the TomLantos and Henry J Hyde UnitedStates Global Leadership AgainstHIV AIDS Tuberculosis and MalariaReauthorization Act of 2008 2008Leadership Act The act requires theDepartment of State s Office of theU S Global AIDS Coordinator OGAC to report to Congress annually onPEPFAR performance The U S Agency for International Development USAID and the Health and HumanServices HHS Centers for DiseaseControl and Prevention CDC alsoreport on PEPFAR programperformance Responding to legislativedirectives GAO 1 described keyprocedures for planning and reportingon PEPFAR performance and 2 examined published PEPFARperformance plans and reports GAOanalyzed performance managementdocuments and interviewed officials atOGAC USAID and CDC **President's Emergency Plan for AIDS Relief** ,2009 The President s Emergency Plan for AIDS Relief PEPFAR first authorized in 2003 at 15 billion for 5 years was reauthorized in 2008 at 48 billion through 2013 PEPFAR supports HIV AIDS prevention treatment and care services primarily in Africa as well as in Asia and the Caribbean The Office of the U S Global AIDS Coordinator OGAC leads implementation of PEPFAR The Department of Health and Human Services Centers for Disease Control and Prevention CDC and the U S Agency for International Development USAID are among PEPFAR s primary implementing agencies In this report responding to a legislative directive GAO examined practices used in 1 selecting organizations to implement PEPFAR activities and 2 overseeing these

organizations PEPFAR activities GAO interviewed agency and implementing organization officials reviewed key agency guidance analyzed PEPFAR awards for fiscal years 2007 and 2008 and observed PEPFAR activities in Namibia South Africa and Zambia GAO recommends that the Secretary of State direct OGAC to take several steps to improve specific processes for selecting PEPFAR implementing partners and strengthen oversight of PEPFAR partners President's Emergency Plan for AIDS Relief United States. Government Accountability Office,2010 Report examining alignment of President s emergency plan for AIDS relief program which provides for HIV AIDS prevention and control in developing countries with HIV AIDS strategies in partner countries and describing challenges related to alignment or promotion of country ownership

Bringing Hope and Saving Lives Office of the United States Global AIDS Coordinator,2004 **Cabinet's Decision on the Operational Plan for Comprehensive Care and Treatment of People Living with HIV and AIDS** Government Communication & Information System (South Africa),2003

Enjoying the Beat of Term: An Psychological Symphony within **Zimbabwe Operational Plan Report Fy 2013 Aids Relief**

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