Enhancing the Rapid Response Capacity of the U.S. Global AIDS Coordinator

Lessons from Other U.S. Emergency Responses

A Report of the CSIS HIV/AIDS Task Force in collaboration with the Kaiser Family Foundation

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Introduction

Over the past several years, a consensus has emerged among many of the world's political leaders that the HIV/AIDS pandemic is a dire and growing emergency that threatens societies, economies, and transnational security. This recognition has resulted in a number of important developments, including: declarations by the United Nations and U.S. National Security Councils that HIV/AIDS is a global and national security threat, respectively; a historic special session of the United Nations devoted to addressing the epidemic; the creation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) in response to UN secretary general Kofi Annan's call for a "global war chest" for HIV/AIDS; and, in the United States, the President's Emergency Plan for AIDS Relief (PEPFAR), first announced during President George W. Bush's State of the Union address in January 2003.

PEPFAR's goals are to provide treatment to 2 million persons, provide care to 10 million, and to prevent 7 million new infections. PEPFAR commits extensive financial and other resources, amounting to approximately U.S.$15 billion, to international HIV/AIDS, tuberculosis, and malaria efforts through 2008. Of these funds, approximately $9 billion is to be new funding targeted at 15 focal countries. Another $1 billion is intended for the Global Fund. Congress

appropriated the first annual tranche, $2.4 billion, in February 2004, and $2.8 billion is requested for Fiscal Year (FY) 2005. In PEPFAR's authorizing legislation, United States Leadership Against HIV/AIDS, TB, and Malaria Act of 2003, Congress established the Office of Global AIDS Coordinator to manage the program.

The White House and the Congress have consciously defined the global HIV/AIDS pandemic as an emergency, while also acknowledging its longer-term challenges. In first proposing his emergency plan for HIV/AIDS, President Bush stated that it was intended to address the "…severe and urgent crisis abroad." The legislation authorizing PEPFAR states, "Congress recognizes that the alarming spread of HIV/AIDS in countries in sub-Saharan Africa, the Caribbean, and other developing countries is *a major global health, national security, development, and humanitarian crisis*."[1]

In many ways, the creation of PEPFAR and its implementation to date by the Office of the Global AIDS Coordinator have departed from "business as usual," operating at an accelerated pace and taking important early steps. Congress authorized this approach by granting a special statutory mandate to the global AIDS coordinator to oversee the full U.S. government global HIV/AIDS response, directing diverse agencies, including their funding and personnel.

Despite these early steps, many challenges remain to both short- and long-term success. PEPFAR's goals are ambitious and its timeframe compressed. Significant administrative bottlenecks can be expected in U.S. implementing agencies, which are already overstretched and not presently set up to provide emergency or accelerated responses. The PEPFAR focal countries have varied capacity to respond at both the embassy and recipient country levels and a critical lack of skilled personnel.

Ultimately, the success of PEPFAR will be judged by (1) the speed of its responses, (2) the ability of its responses to meet local needs and affect local outcomes, (3) the sustainability of its responses, and (4) its ability to maintain accountability under difficult circumstances. Meeting these criteria will likely require administrative and technical capacities that incorporate an operating style of urgency and flexibility not typically found in most civilian U.S. government agencies.

The administration and Congress should, therefore, give serious consideration to enhancing the rapid-response capacity of the Office of the Global AIDS Coordinator. Such an enhanced response could draw systematically on the experience of emergency response capacities employed by other U.S. government agencies and offices whose mission is to address natural and human disasters: the U.S. Agency for International Development (USAID) Office of Foreign Disaster Assistance (OFDA) and Office of Transitional Initiatives (OTI); the Federal Emergency Management Agency (FEMA); and the Centers for Disease Control

[1] United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, Public Law 108-25, 108th Cong., 1st sess. (May 21, 2003) [emphasis added].

and Prevention's (CDC) epidemic disease response capacity.[2] Each has successfully used special authorities and/or developed innovative mechanisms to respond to exceptional and urgent situations. The demands and pressures facing the Office of the Global AIDS Coordinator are not unlike those faced by these other entities and the means to address them likely require similar tools.

The Rapid Response to Date

To date, there have been impressive, early, and accelerated steps to create and begin PEPFAR, including the following:

- In January 2003, PEPFAR was announced in the President's State of the Union address.[3]
- In May 2003, the U.S. Congress passed authorizing legislation, *United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003*.
- In July 2003, President Bush nominated Randall Tobias to be ambassador and Global AIDS Coordinator; he was confirmed by the Senate in October 2003.
- In late 2003, Ambassador Tobias' small, newly formed Office of the Global AIDS Coordinator quickly produced six complex requests for proposals for the initial set of HIV/AIDS treatment, care, and prevention programs.
- In early 2004, the first $350 million in initial funding was awarded, including new awards to nongovernmental organizations (NGOs) with established HIV/AIDS experience in the focal countries.
- On February 22, 2004, a five-year Strategic Plan for PEPFAR was submitted to Congress by the Office of the Global AIDS Coordinator.[4]
- In March 2004, U.S. country teams in the PEPFAR focal countries submitted comprehensive plans for programs in FY 2004.
- In April 2004, the U.S. government, along with the UK and more than 20 key donors, endorsed the "Three Ones" framework,[5] pledging commitment to: (i) one multicultural national AIDS authority that is

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[2] This list of U.S. government response capacities is not intended to be exhaustive. There may well be other models with experiences worth examining.

[3] President George W. Bush, *State of the Union Address,* January 2003, at http://www.whitehouse.gov/news/releases//2003/01/200301/28-19.html (accessed March 21, 2004).

[4] Office of the Global AIDS Coordinator, "The President's Emergency Plan for AIDS Relief: U.S. Five-Year Global AIDS Strategy," February 2004, at http://www.state.gov/s/gac/rl/or/c11652.htm (accessed March 21, 2004).

[5] UNAIDS, "The Three Ones: Principles for the Coordination of National AIDS Responses," at http://www.unaids.org/en/about+unaids/what+is+unaids/unaids+at+country+level (accessed May 27, 2004).

inclusive of the NGO community; (ii) one national strategy framework that provides the basis for coordinating the work of partners; and (iii) one monitoring and evaluation framework.

- In September 2004, U.S. embassies in focus countries are to submit detailed operational plans both for FY 2005 and for the full five-year period through FY 2008.

The speed of these steps reflects the emerging culture of the Office of the Global AIDS Coordinator. Ambassador Tobias has made clear that the implementation of PEPFAR will not be "business as usual." He has placed a premium on speed, institutional innovation, pragmatism, and the achievement of concrete, verifiable results, and he has asked that the many staff detailed to his office leave behind narrow agency loyalties and commit to the new institutional culture he is attempting to forge in the Global AIDS Coordinator's Office. Tobias quickly laid out specific target goals for treatment, care, and prevention for the focal countries, along with notional allocations for FY 2004, and pressed for rapid formulation of country strategies, led by the U.S. embassies, assisted by rapidly assembled visiting "core teams" drawn from different agencies and shaped by intensive e-mail and telephone exchanges between embassies and the Global AIDS Coordinator's Office.

Challenges to PEPFAR's Rapid and Effective Response

Although the magnitude of the new U.S. commitment, the tone of leadership and urgency already set by PEPFAR, and the focus of PEPFAR efforts within a relatively small number of countries, each provide grounds for optimism in addressing aspects of the HIV/AIDS pandemic, a number of large and partially overlapping challenges loom.

1. First, the advent of PEPFAR creates new programs involving disbursement of very large amounts of additional resources through a collection of disparate funding mechanisms that are not generally equipped to provide urgent responses. Given the urgency and magnitude of the tasks at hand, there are good reasons to be concerned about the distributive capacity of the three principal levels of U.S. government action—the Global AIDS Coordinator's Office, the operational agencies such as USAID, Health Resources and Services Administration (HRSA), and CDC, and the U.S. country teams and embassies—and whether they can continue to quickly and efficiently implement PEPFAR's policies and distribute PEPFAR's dramatically expanded resource flows.

   The newly formed Global AIDS Coordinator's Office is small and, even when it reaches its planned full capacity, its core mission as now envisioned is limited to coordination. As of now, it has minimal access to surge capacity to respond to urgent situations that will almost certainly arise. USAID, HRSA, CDC, and other federal programs involved in global HIV/AIDS were overstretched even before the advent of PEPFAR and have limited capacity to carry additional PEPFAR loads without impact on

their other obligations. Similarly, the U.S. embassies and their country teams, intended to be the driving forces of PEPFAR strategy and implementation, were thrust into their current position with limited preparation time and limited ability to add professional staff, at least in the immediate term. Many embassies in PEPFAR countries are overburdened and experiencing significant difficulties in developing and managing dramatically expanded HIV/AIDS programs. Some of these embassies could benefit from the addition of a senior PEPFAR manager for at least an interim period, as well as access to expert teams to help address logistical, administrative, or epidemiological problems. Given the critical role of the embassies and their country teams, it is essential that their management capacities be augmented as soon as possible.

2. A number of the PEPFAR countries are states with weak infrastructure, prone to critical disruptions in, for example, the supply chain of medications, as well as large gaps in trained personnel and needed infrastructure. State weakness dramatically compounds the urgent demands placed on U.S. government and other donors and on nongovernmental implementing partners, especially when complex medical interventions such as antiretroviral (ARV) treatment are programmatic centerpieces. The same weak states are hard-pressed and highly dependent on outside donors to field credible operational plans on an urgent yet sustainable basis. There is, therefore, a need to rapidly address human capacity shortfalls in the focus countries. In the short term, host governments will require critical technical expertise to prepare and staff operational plans and manage procurement. In the medium term, this will involve in-country training of local staff for activities such as assessment, policy development, delivery of antiretroviral therapy, and laboratory monitoring.
3. Given the envisioned pace of the PEPFAR response, monitoring and evaluation mechanisms that provide both real-time feedback and longer-term progress reports will be critical. This will involve building consistent and reliable data systems that track emerging outcomes. Congressional oversight will concentrate especially on this dimension. The coordinator's office has made some early efforts to address this need, but the PEPFAR evaluation process will be a critical and complex undertaking that will require ongoing attention.
4. PEPFAR will need to integrate its large and rapidly expanding programs with existing HIV/AIDS activities—as well as other disease control activities—already under way in PEPFAR countries by other groups (e.g., host country governments, local or international NGOs, other bilateral donors, and UN and other international organizations). The recent historic agreement on the "Three Ones" is an important first step, but translating that agreement into concrete action on the ground will be an enduring challenge.
5. The size of the resource commitment for PEPFAR and the urgent need to stem the spread of HIV and rapidly bring care and treatment on a massive

scale to persons affected by AIDS have raised expectations among the public as well as in Congress and the administration. Pressures to demonstrate operational success will only intensify as information on illness, death, and societal impact continues to accumulate from PEPFAR focal and other developing countries.

6. Some groups face unique or added burdens that make them especially vulnerable to HIV infection, morbidity, and mortality. This is particularly true for women and girls, who now make up almost half of all people living with HIV/AIDS around the world. Acutely vulnerable groups require priority assessment and attention, with a need to target interventions to them as early as possible. Identifying these vulnerable populations and assessing their needs pose challenges to an urgent response.
7. There is also a risk of temporary or even longer disruptions in availability of needed commodities such as HIV/AIDS medications, delays and lapses that will have significant implications for public health and for individual lives. There is a need to ensure the smooth and continuous flow of mission-critical commodities. This will involve exceptional purchasing arrangements and potentially the pre-positioning of stockpiles near target populations.
8. Finally, there is the challenge of mounting programs that are effective in the short term but that still facilitate the empowerment of local institutions and the development of infrastructure critical to sustainable control of HIV/AIDS over the long term.

A Review of Other U.S. Emergency Response Mechanisms

Several civilian U.S. agencies, offices, and capacities have been created and progressively modified over the years with the specific expectation that they will need to operate in situations of urgency. These include: (1) the Office of Foreign Disaster Assistance (OFDA) and (2) the Office of Transition Initiatives (OTI), both housed at the U.S. Agency for International Development; (3) the Federal Emergency Management Agency (FEMA), now a part of the Department of Homeland Security; and (4) the disease outbreak response capacity of the Centers for Disease Control and Prevention (CDC), an agency of the Department of Health and Human Services.

The CSIS Task Force on HIV/AIDS examined the structure and operations of OFDA, OTI, FEMA, and CDC to assess potential lessons and models for PEPFAR. The assessment included review of program documents and discussions with key stakeholders involved with their operations. The task force identified a number of common operational "lessons learned" and elements that (1) were deemed essential for the successful functioning of one or more of them and (2) could apply to the operational requirements of PEPFAR.

Office of Foreign Disaster Assistance (OFDA)

USAID defines a disaster as "an unexpected occurrence, manmade or natural, that causes loss of life, health, property or livelihood, inflicting widespread destruction and distress and having long-term adverse effects on Agency operations. It is distinguished from an accident by its magnitude and by its damage to the community infrastructure or the resources required for recovery."[6]

In 1964, as natural disaster was beginning to emerge as a major U.S. foreign policy concern, the Office of Foreign Disaster Assistance was established with an initial mission to address natural disasters in other countries. As conflict-driven refugee and other emergencies became central foreign policy issues in the 1970s and 1980s, additional special measures were put into place, largely concentrated within OFDA, to create and maintain an effective U.S. government response capability. While responding to natural disasters is still a large part of the OFDA mandate, its focus on international conflicts and complex emergencies has grown over time.

OFDA has evolved toward policies and procedures designed to accelerate the flow of U.S. and other resources (both in terms of personnel and commodities) and toward field-based decisionmaking oriented around field needs. This evolution has included development of regional offices to further promote decentralized decisionmaking; development of in-house grant-making and procurement capacities; the concept of the "disaster assistance response team" (DART), a multifunctional team that can be quickly pulled together from OFDA and other U.S. government and contractor staff and mobilized to provide onsite assessment and initial response capacities. DART teams and other operational capacities within OFDA have access to special waivers and authorities as needed to address administrative obstacles that could delay or otherwise hinder life-extending U.S. responses.

A significant component of OFDA's fieldwork relates to collaborating and coordinating with multiple U.S. and non-U.S. institutions, both governmental and nongovernmental, that converge on sites of disasters and complex emergencies. A major OFDA role involves selecting and supporting those institutional partners—including local agencies—best suited to carry out important aspects of the disaster response.

Critical to OFDA's efforts is real-time monitoring and evaluation allowing the agency and its field operations to make quick program adjustments as needed.

Office of Transition Initiatives (OTI)

During the immediate post–Cold War era, a large number of post-conflict situations arose that required quick action in reconstruction of these previously nondemocratic societies. In response, the Office of Transition Initiatives (OTI) was created within USAID in 1994 to provide a rapid response capacity (i.e., to "seize critical windows of opportunity to provide on-the-ground, fast, flexible,

[6] U.S. Agency for International Development, "Agency Programs and Functions (ADS 101)," p. 59 (last revised April 16, 2004), at http://www.usaid.gov/policy/ads/100/101.pdf.

catalytic short-term assistance that promotes movement toward political and social stability and democracy"[7]). Today, OTI plays a critical role in Liberia, Afghanistan, and many other countries in transition.

OTI operations generally begin with a situation assessment explicitly focused on local institutions and capacities. Intervention can take many forms but generally includes, as a starting point, providing support to local community organizations. From the earliest days of each response, an explicit part of OTI's strategies and activities has included a focus on the sustainability of interventions.

According to its program documents and to persons familiar with its field operations, OTI specifically encourages "a culture of risk-taking…and swift response among its staff and partners." Its strategic approach is designed to quickly identify and incorporate lessons learned. OTI's budget account includes special authorities that allow immediate spending when critical to program outcomes; its contracting mechanisms have been designed to allow quick program start-up while still preserving the principle of competition.

Some of OTI's many flexibilities include: (1) "in-house" capacity to carry out many important administrative functions; (2) a mechanism that explicitly delegates small grant authority to field staff; and (3) access to a "bull pen" of experienced consultants on long-term contract who can be called on and activated quickly to carry out assessments and to implement interventions. Together, these innovations allow for faster responses in complex circumstances.

OTI's approach to sustainability of country-level programs includes "handover" strategies for each program that define, among other things, explicit plans for transferring management of successful programs to others in the local and international communities. OTI operates with an active emphasis on the importance of partnerships, including local organizations, other bilateral donors and international organizations, and other U.S. government agencies as a way of leveraging both resources and expertise. Finally, as with OFDA, OTI's approach includes explicit monitoring and evaluation components.

Federal Emergency Management Agency (FEMA)

The Federal Emergency Management Agency, originally founded as an independent agency in 1979, was restructured in the wake of the devastation caused by Hurricane Andrew in Florida in 1992 to provide a more effective domestic emergency response capability. In March 2003, FEMA became part of the Department of Homeland Security and is now tasked with responding to, planning for, recovering from, and mitigating disasters. FEMA's current mission is "to reduce loss of life and property and protect our nation's critical infrastructure from all types of hazards through a comprehensive, risk-based,

[7] U.S. Agency for International Development, "Emergency Planning Overseas (ADS 530)," p. 3 (last revised December 19, 2001), at http://www.usaid.gov/policy/ads/500/530.pdf.

emergency management program of mitigation, preparedness, response and recovery."[8]

FEMA operates with over 2,600 employees at its Washington, D.C., headquarters and at regional and area offices across the country. The agency also has a roster of thousands of "standby employees" who are available to help in the aftermath of disasters. Although FEMA is focused heavily on domestic emergencies caused by natural and human disasters, it is also responsible for the search and rescue activities undertaken by OFDA DART teams at overseas sites of natural disasters.

FEMA efforts have a strong emphasis on the building of local response capacity, both before and after disasters. This emphasis includes attention to the involvement in post-disaster activities not only of local governments but also communities, families, and individuals.

Because its post-disaster focus is the temporary augmentation of local capacities until a sustainable response can be mounted, initial FEMA activities in the face of an emergency include a thorough needs assessment with a heavy emphasis on assessment of short- and long-term response capacities, with explicit attention to human resource needs. In this way, mitigation efforts in recovery from a disaster can be used as a way of long-term preparation for future events. Both pre-disaster and post-disaster activities include encouraging the development of local partners' capacities by bringing together local groups and individuals that might not otherwise think to collaborate.

FEMA uses its after-action evaluation reports as a formal method of learning and disseminating lessons from its agency experiences.

Disease Outbreak Response Capacity of the Centers for Disease Control and Prevention (CDC)

CDC's Epidemic Intelligence Service (EIS) was originally created in 1952, at the height of the Cold War, in part as a mechanism for the U.S. government to rapidly respond to the perceived threat of epidemics resulting from acts of biological warfare. Over the years, as that specific threat appeared to wane, CDC and its EIS program evolved to use their response capacities for the rapid investigation, characterization, and control of infectious and other disease epidemics occurring anywhere in the United States and, more recently, in other countries.

The EIS program staff and supervisors provide CDC with a large cadre of trained professionals on call for rapid field responses. Each person on call has already received explicit training in disease outbreak investigation and, in actual responses, less-experienced staff are generally paired with those more experienced. Staff involved in outbreak control activities are psychologically and administratively prepared to travel to disease outbreak sites on short notice, sometimes only a few hours. In addition to headquarters staff, CDC has many

[8] Federal Emergency Management Agency, "Strategic Plan, 2003-08," at http://www.fema.gov/library/strategicplanfy03.shtm (accessed March 21, 2004).

employees assigned at state and large city health departments who can be called on to participate in or otherwise support outbreak investigations as needed.

Requests for assistance usually come from state-level health officials and, despite the federal nature of the CDC response, political and administrative control of the local situation usually remains with the local and state health officers. Technical control is shared between CDC and local staff; when needed, additional laboratory and other support is requested from the Food and Drug Administration, the National Institutes of Health, and other federal agencies. For situations requiring long-term follow-up and monitoring, CDC employees works with local and state counterparts and laboratories to transfer necessary technology and expertise to state and local levels.

Disease outbreak investigations are carried out under state public health laws, which generally provide sufficient authorities and flexibilities in urgent situations, analogous to the waiver authorities described for OFDA and OTI.

Results of CDC outbreak investigations are always reported directly to those state and local health officers who requested CDC assistance. As with FEMA and OTI, reports often form the basis for learning lessons about how future disease outbreaks might be more effectively prevented or interrupted. Particularly informative investigation reports are widely disseminated within CDC and in the larger public health community. Finally, a general understanding exists within the entire agency that disease outbreak investigations take precedence over most other scientific and administrative activities.

Tools and Lessons from Other Rapid Response Models

OFDA, OTI, FEMA, and the epidemic response capacity of CDC provide a number of examples of unusually innovative, flexible, efficient, and effective mechanisms for U.S. responses under urgent circumstances similar in many ways to the circumstances facing PEPFAR. Taken together, the success of these other emergency response mechanisms has rested on a number of factors, suggested below.

- *The critical role of leadership and mindset.* The leadership and organizational cultures of these agencies appear to differ from those of most other civilian U.S. agencies. Past and current staff at these four agencies are consistent in describing a "different mindset" of their staff and colleagues that leads to accomplishing necessary administrative tasks in "days or weeks, not months" without sacrificing the necessary stewardship of public resources.
- *Availability of special authorities when necessary to save or extend lives and to accomplish other important humanitarian objectives.* An integral aspect of the administrative flexibility available to the agencies examined is the authority to sometimes act in "nontraditional" ways to overcome legislative or administrative prohibitions on certain actions in order to temporarily enhance U.S.

responses to crisis situations. Although these special authorities (including "notwithstanding" authorities, when available) are rarely invoked by these agencies, and in some cases only after congressional notification, staff familiar with use of these authorities at the agencies examined reported a number of benefits from their availability and few adverse effects from their use. In addition to providing useful mechanisms for operational agencies to address unanticipated bottlenecks, the very availability of these authorities also reinforces a mindset of urgency and flexibility necessary for dealing with true crisis situations that often have few, if any, precedents.

- *Use of "in-house" mechanisms to expedite contracting, purchasing, recruiting. and hiring.* The ability to carry out internally—or otherwise control—such critical central office administrative tasks as contracting, granting, purchasing, recruiting, hiring, and arranging short-notice travel has provided these agencies with important additional flexibility to adapt their responses to the urgency of tasks at hand. For example, several of the agencies examined have brought some of these capacities in house and are therefore able to carry out these important functions within a much shorter time frame than other parts of the government.
- *Decisionmaking, contracting, and purchasing authorities decentralized to the field level.* In addition to these innovations in central office administration, each of the groups profiled here provides significant decisionmaking power to designated field staff. For example, each OFDA DART team leader goes to the field with hiring and contracting authority that may be further delegated to specific team members as needed. This degree of decisionmaking authority vested in field staff, unusual for U.S. civilian agencies, allows for both flexibility and speed of response.
- *Maintenance of a "surge capacity."* Most of these agencies maintain a bull pen of experienced in-house or on-call consultants who can be deployed on short notice and on a temporary basis to help carry out initial field assessments, to help structure programmatic responses, and/or to respond to new situations that develop during an ongoing operation. In some cases, contracts for nongovernment consultants are pre-negotiated. In other cases, expertise and additional capacity is sought from other agencies. OFDA's unique DART capability is often a combination of internal and external expertise. CDC's outbreak response activities often include local health department staff.
- *Pre-positioning of critical supplies near field sites.* The availability of certain commodities (e.g., blankets) is sometimes critical to the success of life-saving responses. Similar to the decentralization of authority, the pre-positioning of critical supplies at various locations outside the United States (for OFDA) and thus closer to where they are

likely to be used has been cited as a factor in reducing agency response time and preventing "stockouts" of critical items. (This strategy may be particularly critical to explore for application to antiretroviral therapy programs.)

- *High priority placed on strengthening indigenous response capabilities.* Experience has demonstrated to these agencies and offices that both initial (short-term) program success and longer-term program sustainability are a function of a sense of "ownership" by local organizations, communities, and citizens. Early assessments, including not only the extent of the local urgent situation but also specific attention to local response capacities, are an important part of each agency's work. This explicit focus on assessment of current and future local logistics and human resource needs facilitates both efficiency—optimal use of more easily available local expertise and resources—and sustainability—incorporation of local capabilities into responses in a way that fosters their capacity for indigenous response.

  For example, OTI staff often actively seeks citizen and community participation in planning program responses; concerns and priorities are elicited from consultation with local government, communities, and citizens. This approach sometimes includes support (e.g., through small grant mechanisms) for smaller groups that may be able to act more quickly and/or more effectively than larger host country groups or local or national government bureaucracies. The additional administrative burden incurred by dealing with smaller groups, although not insignificant, is considered a useful investment in a sustainable outcome. Finally, this collaboration strategy also sometimes includes functioning as a catalyst to create (or bring together) local groups that might not otherwise come together. In some cases, the *process* of their collaboration turns out to be as important a lesson in the possibilities of collaboration as the short-term *impact* of the collaboration itself.

- *Extensive in-country collaboration with UN, other international agencies, and other bilateral donors.* To reduce duplication, allow for synergy of programs, and facilitate handover strategies and sustainability, field activities and planning in emergency settings are coordinated to the maximum extent possible with those of local governments and other major operational groups in the field. For OFDA and OTI, these include UN agencies, international NGOs, and other major donor governments.

- *Incorporation of "handover" strategies into all phases of planning and operation.* Explicit planning for turning activities over to local agencies or groups is often an integral part of field operations. Incorporating such a handover strategy from the earliest days of an activity facilitates planning for building and supporting local capacity.

Programming can then include measures to train and support staff of local groups to take on roles in a sustainable long-term response.

- *Monitoring and evaluation in real time.* Each of the agencies and offices examined pays considerable attention to tracking results in real time and to preparing rapid after-action reports. Given the emergency nature of their work, real-time assessments allow for program modifications and adjustments that must occur during the course of the intervention to maximize its impact. After-action reports provide retrospective assessments of emergency interventions, enabling these offices to incorporate lessons into future response efforts. Together, real-time assessments and after-action reports help to inform operational practices over time. In addition, they act to build trust and confidence on the part of Congress and elsewhere.

Conclusions and Recommendations

It is important to note that the lessons drawn from—and tools used by—OFDA, OTI, FEMA, and CDC are not a panacea for PEPFAR. When assessing these lessons, key differences between PEPFAR and the other groups must be kept in mind. For example, the PEPFAR programs to be implemented are cumulatively much larger than those of the other four groups. Also, in contrast to at least some humanitarian crises, HIV/AIDS is now a long-term problem in all PEPFAR countries. Finally, OFDA, OTI, FEMA, and CDC are relatively homogeneous groups internally, while PEPFAR program implementation involves a large number of NGOs and multiple U.S. agencies with very different operating styles and organizational cultures. Still, these lessons learned offer a number of options that could enhance the work of PEPFAR.

Some of the authorities and mechanisms these other agencies employ may already be available to the Global AIDS Coordinator's Office, either directly or through authorities available to implementing U.S. agencies; in other cases, there may be a need for clarification of the applicability of existing authorities and/or consideration of additional mechanisms.

An important early step, therefore, would be a formal inventory, by counsel and by experienced administrators, of statutory authorities and mechanisms already available to the Office of the Global AIDS Coordinator, either through one or more of the implementing agencies (for example, the Department of State, USAID, and the Department of Health and Human Services) or contained within the PEPFAR legislation. This inventory could serve as the basis for discussions between Congress and the administration on whether additional authorities or waivers are needed.

To further strengthen and expedite the PEPFAR response, the administration and Congress should speed the introduction into PEPFAR of mechanisms and capacities that implicitly acknowledge the gravity, uniqueness, and complexity of the HIV/AIDS challenges and the current critical shortfalls facing PEPFAR. Specific recommendations include:

- The strong leadership evident in PEPFAR's first few months of operation should be encouraged and continued. Nontraditional ("out of the box") thinking by staff should be encouraged.
- Planning for future human capacity needs must be a high-priority activity in each PEPFAR country's planning for program implementation and sustainability. One particularly critical issue is the strategy for adequately training the necessary number of local health workers to carry out HIV/AIDS control activities over the long term. Achieving PEPFAR and local goals over the long run may require development of alternative (e.g., nurse-centered or home-based) models for delivery of both individual and population-based HIV/AIDS care and prevention activities.
- Shortfalls in current embassy (country team) staffing need to be addressed. PEPFAR should consider creating (or contracting for the creation of) a bull pen of staff with developing country experience in management, health care delivery, policy, epidemiology, logistics, etc. Staff of this bull pen, who might be U.S. government employees, NGO employees, contractors, volunteers from twinning institutions, etc., could be used to provide critical support to embassies or host country institutions. Alternatively, the "core" team concept that PEPFAR used to such good effect in early 2004 could be expanded.
- There is a need to rapidly field a credible monitoring and evaluation system to identify both strong program components to replicate and expand as well as weak components to modify.
- The Office of the Global AIDS Coordinator should obtain access to administrative capacities necessary for PEPFAR to conduct in a timely fashion critical functions such as recruiting and hiring of personnel, contracting, granting, and procurement. Having these capacities in house would be optimal, but their specific location is less important than their availability.
- Specific waiver authorities may prove critical to the success of PEPFAR. Congress and the administration should jointly ensure that sufficient authorities are available to PEPFAR to allow it to effectively carry out its mandated activities.
- Careful attention should be given to supply chain management mechanisms that can reduce the chances of stockouts. However, because the possibility of temporary stockouts can never be entirely eliminated and because the potential drug-resistance impacts of antiretroviral stockouts in mass AIDS treatment settings are so profound, pre-positioning at decentralized sites of small stockpiles of ARVs and other critical commodities used in ongoing programs or sites should be considered.

- The need for sustainability in HIV/AIDS control activities argues strongly for emphasizing local "ownership" of programs. In addition to incorporating input from local sources into program planning, PEPFAR and its implementing groups should seek to include local groups in program implementation to the maximum extent possible.
- PEPFAR program plans in each country should include early development of "handover" strategies for preparing host country programs and partners, including governments, to progressively accept responsibility and activities for sustainable long-term responses to HIV/AIDS. Development of these strategies should be based on assessments of sustainability requirements such as financial and human resources, trained staff, need for legal or other structural changes, "ownership," etc.
- PEPFAR should actively discourage its contractors from recruiting their new program staff away from other in-country organizations that are carrying out important health activities.

The global community faces a grave, unique and complex challenge in HIV/AIDS. As noted during the February 2004 meeting of the CSIS HIV/AIDS Task Force, the United States must be prepared for the possibility that programs may not always function as intended. PEPFAR and other programs to address HIV/AIDS will need to overcome extraordinary obstacles to achieve success and will likely require the use of extraordinary measures to do so.

Other Readings

Inter-Agency Standing Committee Task Force on HIV/AIDS. *Guidelines for HIV/AIDS Interventions in Emergency Settings*. New York: UN Inter-Agency Standing Committee, 2003 <http://www.humanitarianinfo.org/iasc/publications.asp> (accessed May 26, 2004).

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