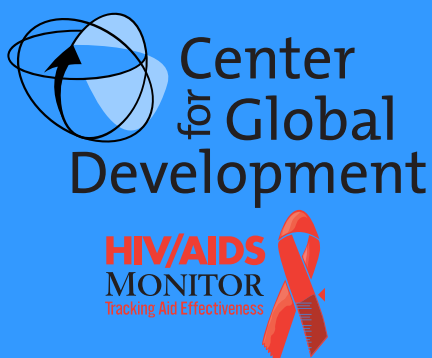


Nandini Oomman
Michael Bernstein
Steven Rosenzweig

The Numbers Behind the Stories



PEPFAR Funding for Fiscal Years 2004 to 2006

Nandini Oomman
Michael Bernstein
Steven Rosenzweig

The Numbers Behind the Stories



PEPFAR Funding for Fiscal Years 2004 to 2006

Contents

Summary	1
PEPFAR and its data	3
Issue 1. How do congressional funding restrictions (earmarks) influence PEPFAR allocations for prevention, treatment, and care?	6
Issue 2. What is the role of faith-based organizations in PEPFAR?	9
Issue 3. What is the role of host country governments in PEPFAR?	12
Issue 4. Has PEPFAR been building local capacity by funding local recipients?	14
Final reflections	17
Annex A. Data and methods	18
Annex B. Using the data	21
Annex C. Funding data collected by PEPFAR	23
References	24

Copyright ©2008 by the Center for Global Development
ISBN 1-933286-30-X

Center for Global Development
1776 Massachusetts Avenue, NW
Washington, D.C. 20036
Tel: 202 416 0700
Web: www.cgdev.org

Support for this project was generously provided by the Bill & Melinda Gates Foundation. The views expressed are those of the authors and should not be attributed to the directors or funders of the Center for Global Development.

Cover photo by Michelle Bashin/Courtesy of Photoshare.
This photograph is used for illustrative purposes only; it does not imply any particular health status, attitude, behavior, or action on the part of the person appearing in the photograph.

Editing and typesetting by Communications Development Incorporated, Washington, D.C.

Summary

The President's Emergency Plan for AIDS Relief (PEPFAR), the largest funder of global HIV/AIDS programs, does not regularly release detailed information about how the money is spent. **We recommend that PEPFAR publish official data on obligations to prime recipients and subrecipients to improve transparency and accountability, permitting program cost-effectiveness analyses and comparisons of investments with results.** In addition, making data available would strengthen coordination with other stakeholders; help host country governments plan for the future; and make those in the policy and advocacy communities who are carefully watching PEPFAR less dependent on anecdotes and impressionistic information.

To demonstrate the value of making PEPFAR spending data public, this report presents previously unreleased data acquired by the Center for Public Integrity for 2004 to 2006 and shows how analyzing them can clarify several much-debated issues pertaining to PEPFAR's effectiveness and sustainability. Based primarily on 2005 data, the report examines how funds were obligated to PEPFAR's 15 focus countries. It shows that:

- Congressionally imposed funding restrictions (earmarks) influence how PEPFAR funding in each focus country is divided among programs for prevention, treatment, and care, with treatment receiving the greatest share. The authors recommend that Congress make PEPFAR funds more flexible by removing the earmarks—making allocations more responsive to circumstances in each country, more consistent with national AIDS plans, better oriented to local epidemiological conditions, and better coordinated with other stakeholders' activities.
- Faith-based organizations (FBOs) have received on average 10% of PEPFAR funds, nearly half of it for treatment. Although PEPFAR often defends its focus on FBOs as a means of support for local groups with deep roots in their communities, only a small share of PEPFAR funding for FBOs goes to local groups. The authors recommend that PEPFAR reevaluate its policy of targeting FBOs as a way to reach local groups and instead seek more effective strategies for achieving that goal—strategies that should reflect individual country contexts and the variety of local actors providing services.
- Host country governments have received on average 13% of PEPFAR funds, more than half of it for prevention. While the authors recognize that PEPFAR need not channel a large share of its funds through governments, they recommend that it work closely with host country governments to ensure that its programming helps them fulfill their role as stewards of the national AIDS response—enabling governments to help plan and oversee PEPFAR-funded activities, providing them and other key stakeholders with up-to-date information on PEPFAR programs, and, through timely information sharing and joint planning, helping governments to coordinate their PEPFAR programs with the myriad other AIDS activities in their countries.

- On average, 70% of PEPFAR funding has gone to international organizations, while 30% has gone to locally based groups. Although PEPFAR already invests significant sums in capacity building activities, its current strategy of promoting capacity building by engaging local subrecipients is not sufficient, since only a small share of its total funds is being subgranted to them. The authors recommend that PEPFAR reexamine its capacity building efforts and seek ways to build the capacity of local organizations

to receive greater shares of its funding—a critical sustainability aim, as important as achieving PEPFAR’s global targets.

The authors hope that these findings will inform policy debates, including those that bear on PEPFAR’s impending reauthorization by the U.S. Congress. The report also raises questions for further study, encouraging other researchers and interested parties to build on the authors’ findings.

The dataset accompanying the report can be downloaded at <http://www.cgdev.org/hivmonitor/PEPFARdata>.

PEPFAR and its data

The U.S. President's Emergency Program for AIDS Relief (PEPFAR) is the largest funder of global HIV/AIDS programs. A five-year, \$15 billion program, PEPFAR has pursued three broad goals since its creation in 2003: treating 2 million AIDS patients, preventing 7 million new HIV infections, and providing care to 10 million people affected by the disease.

With PEPFAR due to expire in 2008, the U.S. Congress is now debating its reauthorization. President Bush has requested \$30 billion over five years. Bills passed in the House and under consideration in the Senate call for \$50 billion. Because the bills enjoy bipartisan support, the program will almost certainly be reauthorized at \$50 billion. Less certain, however, is how the funds will be spent. Many strong and conflicting views exist about how much PEPFAR should provide to different recipients and program areas.

Despite this vigorous debate, few systematic data are available on how PEPFAR funds are now being divided.¹ PEPFAR collects financial and related data about its programs, but many of these data are not public. Even some PEPFAR staff do not have access to certain information, such as expenditure data for funding recipients.

A call to PEPFAR: Release more funding data

PEPFAR should release, at least once per year, the detailed funding and programmatic data

1. Several institutions and initiatives—the Institute of Medicine, the Center for Global Development's HIV/AIDS Monitor, the Global HIV/AIDS Initiatives Network, and others—have undertaken case studies in recipient countries. But there has been no systematic analysis of allocations by grant level, program area, and recipient type at the country level.

that it already collects. Specifically, for each grant or contract PEPFAR should disclose:

- The annual amount obligated to prime recipients and subrecipients.
- The organization type for each prime recipient and subrecipient (for example: non-governmental organization, host country government).
- The amount of funds for each strategic area (prevention, care, treatment, other).
- Each program area funded (for example: blood safety, condoms).²
- Each activity area funded (for example: training, logistics).
- The geographic origin of each prime recipient and subrecipient (local or international).
- The program's geographic coverage area (regions or provinces reached within the program country).
- The program's target populations (for example: pregnant women, orphans).
- The program's stated targets (for example: so many people to be tested for HIV, so many organizations to be provided with technical assistance).
- A comparison of targets with results achieved (for example: so many people were

2. When PEPFAR discloses data for this and the preceding item, it should note the amount obligated to each prime recipient and subrecipient for each strategic and program area. That is the format used in this report's accompanying dataset.

tested for HIV, so many organizations were provided with technical assistance).³

Releasing these data will improve transparency and accountability, permitting program cost-effectiveness analyses and comparisons of investments with results. It will strengthen coordination among all AIDS stakeholders. And it will help host country governments prepare annual budgets.

Analyzing the newly available funding data

This report analyzes previously unavailable PEPFAR funding data for fiscal 2004 to 2006 (October 1 fiscal year).⁴ By clarifying four much-debated issues pertaining to PEPFAR's effectiveness and sustainability, the analysis shows how regularly releasing such data could improve PEPFAR programming through evidence-based research and recommendations.

The report's recommendations, based on its findings, can and should be used to improve future PEPFAR programs. In addition, the authors encourage other researchers to build on the findings with their own analyses of the newly published data. (The dataset accompanying the

3. In addition to these data, the HIV/AIDS Monitor believes that PEPFAR should release data on outlays to prime recipients and on prime recipients' expenditures (for details see Bernstein and Hise 2007).

4. The dataset accompanying this report includes details about the first, second, third, fourth, and sixth items on the preceding bullet list. Note that the Center for Global Development—not PEPFAR—collected the data for the sixth item (geographic origin).

report can be downloaded at <http://www.cgdev.org/hivmonitor/PEPFARdata>.)

The report addresses four issues:

1. *How do congressional funding restrictions (earmarks) influence PEPFAR allocations for prevention, treatment, and care?* To investigate the flexibility of PEPFAR funding, the report looks at the variation across countries in the amount of money obligated to each strategic area (prevention, care, treatment, or other programs) and to each programmatic subarea (for example: abstinence and be faithful, blood safety).
2. *What is the role of faith-based organizations (FBOs) in PEPFAR?* To investigate their role in PEPFAR, the report examines the amount obligated to FBOs as a share of total PEPFAR funds in each country. It looks at the program areas that FBOs are being funded to address. Finally, it makes observations about some of the largest FBO recipients.
3. *What is the role of host country governments in PEPFAR?* To investigate their role in PEPFAR, the report considers the proportion of total PEPFAR funds obligated to host country governments, as opposed to nongovernmental recipients, and analyzes the breakdown of those funds by program area.
4. *Has PEPFAR been building local capacity by funding local recipients?* To investigate PEPFAR's support for locally based organizations, the report estimates the amounts obligated to local groups, the proportion of money subgranted to subrecipients, and the share of subgranted funds going to local groups.

Except in its investigation of funding flexibility across strategic areas, this report's analysis is based on funds appropriated by the U.S. Congress in 2005 ("2005 funds;" box 1), for which the most complete picture of total obligations was available. Some PEPFAR recipients

Box 1 Key terms

A PEPFAR **obligation** is a legal commitment to pay a prime recipient, either now or in the future. For this reason obligations are technically considered commitments. But because the funds are made available for use by prime recipients as soon as they are needed, PEPFAR obligations are in practice less like commitments than like disbursements from other funding agencies.

A PEPFAR **prime recipient** receives funds through a direct transfer from the U.S. Government. Prime recipients often transfer funds to other organizations through subgranting. Organizations receiving such subgrants are called **subrecipients**. This report refers to prime recipients and subrecipients collectively as **recipients**.

An **appropriation** is money that the U.S. Congress legally authorizes to be transferred from the U.S. Treasury to an executive branch agency.

may not receive obligations of funds appropriated in 2006 until 2007 or later. Therefore, any analysis of the funding breakdown to individual recipients would be limited if based on data for 2006 funds.

The data in this report

Because PEPFAR operates through different U.S. government agencies and departments, there are several ways to capture data on program funding. This report's analysis uses previously unavailable funding data from PEPFAR's main data-capture mechanism, the Country Operational Plan and Reporting System (COPRS). The COPRS provides a wide range of information about each PEPFAR grant, including the recipient of funds, the amount obligated,

the program areas funded, any amounts passed on to subrecipients, and the geographic areas served.

The COPRS data used here constitute part of the COPRS data for fiscal 2004 through 2006, but not all. They focus on funding "obligations," a term specific to the U.S. government (see box 1). The Center for Public Integrity acquired these data through legal action against the U.S. State Department (see annex A).⁵ It then shared the data with the Center for Global Development—a generous act for which the authors of this report are grateful. (On the data fields used in the dataset, see annex B. For information about all data collected by PEPFAR and where to find it, see annex C.)

5. See also Bengtsson and Morera (2006).

How do congressional funding restrictions (earmarks) influence PEPFAR allocations for prevention, treatment, and care?

The flexibility of PEPFAR funding is much debated, with particular attention to how congressionally mandated restrictions influence PEPFAR allocations to different program areas. Such legislative restrictions, or earmarks, now direct PEPFAR to spend 55% of its global funding on treatment, 20% on prevention, 15% on care, and 10% for orphans and vulnerable children.⁶

An early evaluation of PEPFAR by the Institute of Medicine in 2007 found that the earmarks were unnecessarily constraining the flexibility of funds at the country level, and called for removing them when PEPFAR is reauthorized in 2008.⁷ In contrast, PEPFAR officials have argued that the earmarks direct spending towards important program areas, such as orphans and vulnerable children, that otherwise would receive too little attention.⁸

Country-level allocations to PEPFAR program areas have generally followed the earmarks—with some deviations

The data reveal a similar pattern of PEPFAR allocations across countries.⁹ That pattern

suggests that earmarks are influencing allocations, despite variations in disease epidemiology and other important contextual factors.

Figure 1 shows that each focus country generally appears to be following the allocation patterns set out in the congressional global earmarks for PEPFAR program areas.¹⁰

Treatment programs have received the greatest share of funds in all focus countries, many of which approach or exceed 55% in their allocations to treatment. Similarly, prevention funding has hovered around the 20% earmark, with a few countries allocating less but most slightly more.

Of the three program areas, it is treatment whose PEPFAR allocations have been farthest from the congressional earmark of 55%. The average share of 2006 funds obligated for treatment was 44% (figure 2). A likely reason: treatment programs take a long time to set up, especially in countries with inadequate infrastructure or other capacity deficits. Training providers, building health facilities, and procuring large drug shipments can take time and delay putting treatment programs into practice.

As these initial investments are made, however, and as treatment programs are scaled up,

6. The earmarks for prevention and care are “soft” earmarks, meaning they are suggested. The earmarks for treatment and orphans and vulnerable children became mandatory in fiscal 2006. For details on the funding earmarks see Oomman, Bernstein and Rosenzweig (2007).

7. Institute of Medicine (2007).

8. Personal communication with PEPFAR official, February 11, 2008.

9. Because PEPFAR determines whether earmarks are being met by examining planned funding levels, obligations data cannot determine conformity with congressional directives. Instead, the important task undertaken here is to examine how the earmarks affect obligations—the money actually made available to countries in a given year.

10. The Office of the U.S. Global AIDS Coordinator reports to Congress on the programmatic breakdown of funding for its focus countries only, not for all PEPFAR funding combined.

treatment is likely to receive a greater share of PEPFAR funds. Indeed, the average share of funds obligated to prime recipients for treatment grew significantly from 2005 to 2006, rising from 37.5% to 44% across the 15 focus countries, while the average share of obligations for prevention fell modestly (by 3%).

Although the overall funding patterns in each country appear to be influenced by the congressional global earmarks, some PEPFAR focus countries have deviated from the earmarks. Four countries—Côte d’Ivoire, Guyana, Mozambique, and Tanzania—allocated around 30% of their 2006 funds for prevention. And most countries have been obligating more than 15% toward care.

Few countries have met the abstinence and be faithful earmark—but allocations to such activities increased from 2005 to 2006

Several earmarks within program areas appear to influence how funds are obligated. One, frequently debated, is the requirement that two-thirds of all money for preventing sexual transmission of HIV must be allocated to abstinence and be faithful (AB) activities. This “AB earmark” became mandatory in 2006.¹¹

AB funds for 2006 remained below the two-thirds earmark in most countries. Indeed, during 2006, eight focus countries requested and received an exemption from the AB earmark on the grounds that it did not make sense in their epidemiological conditions.¹² Despite such exemp-

11. The abstinence requirement, at first only “suggested,” became a mandatory requirement in fiscal 2006. The congressional earmark states that 33% of all prevention funds should be devoted to abstinence-only activities. But the Office of the U.S. Global AIDS Coordinator released guidance for fiscal 2006 which asked country staff to meet this requirement by ensuring that at least 50% of all prevention funds be used for sexual transmission prevention—and that 66% of sexual transmission prevention funds be used for abstinence and be faithful programs.

12. Country teams can apply for exemptions from the AB earmark by asserting a compelling justification. PEPFAR has accepted all such applications to date. In 2007 and 2008, 11 countries applied and were exempted.

Figure 1 PEPFAR funds have generally followed congressional earmarks in 15 focus countries

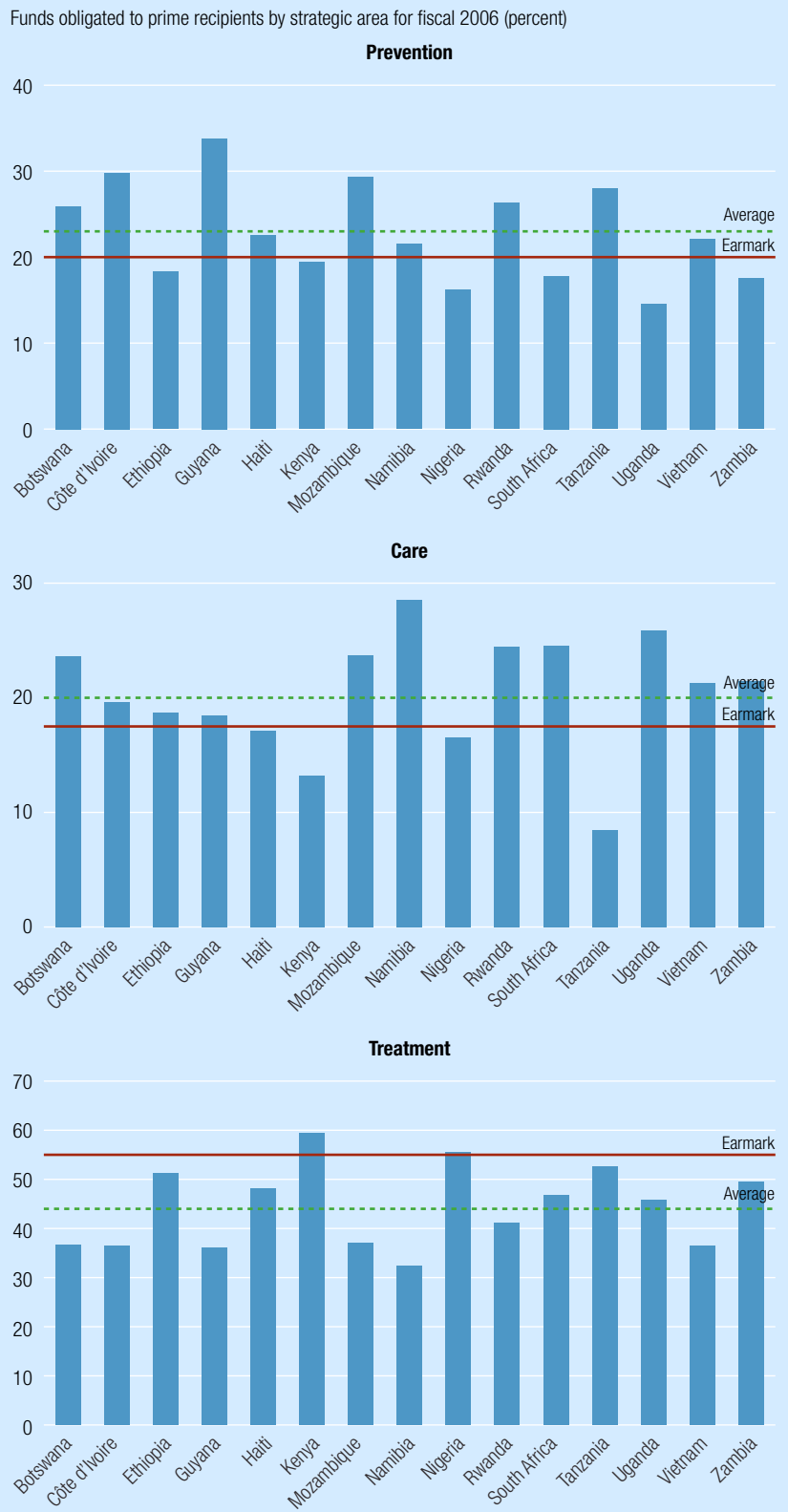


Figure 2 Average funds for treatment have been farthest from the congressional earmark of 55%

Average funds obligated to prime recipients by program area for fiscal 2006

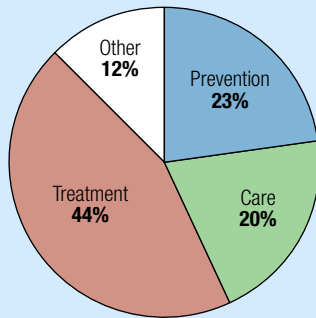
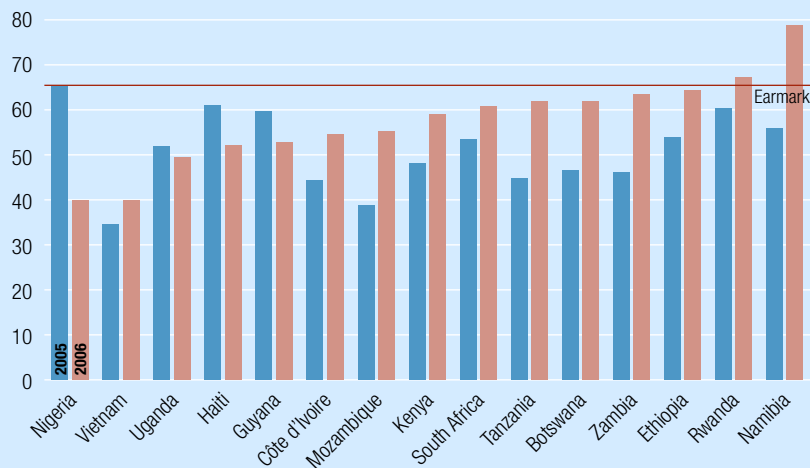


Figure 3 Funds for abstinence and be faithful activities have increased in most countries—though most are still less than the earmark

Funds obligated to prime recipients for abstinence and be faithful activities for fiscal 2005 and fiscal 2006, as a share of funds obligated for sexual transmission prevention



tions, AB funding increased between 2005 and 2006 in all but four focus countries (figure 3).¹³

The increased funding for AB activities in most focus countries suggests the possible influence of the AB earmark, even in countries where an exemption from the earmark was granted. Although the analysis in this report cannot determine whether the AB earmark caused the increases in AB funding from 2005 to 2006, the association between them is worth exploring in further research.

Recommendation: Remove funding earmarks

This analysis supports the Institute of Medicine’s conclusion that the congressional earmarks influence allocations, reducing the flexibility of PEPFAR funds.

Greater funding flexibility could make PEPFAR allocations more responsive to circumstances in each country, more consistent with national AIDS plans, better oriented to local epidemiological conditions, and better coordinated with the activities of other stakeholders. Therefore, Congress should make PEPFAR funds more flexible by removing the earmarks.

13. The Office of the U.S. Global AIDS Coordinator examines countries’ planned obligations for each year to determine whether the planned funding levels are consistent with the AB earmark. Since the data in this report are on actual obligations, it is possible that some focus countries planned to meet the AB earmark. For example, PEPFAR’s planned funding in Mozambique for 2006 was consistent with the AB earmark but actual obligations fell short of it.

What is the role of faith-based organizations in PEPFAR?

The Bush administration’s commitment to engage faith-based organizations (FBOs) in its work has generated both fervent praise and fierce criticism. The role of FBOs in PEPFAR program implementation has been particularly controversial. Some advocates argue that PEPFAR should do more to engage FBOs, others that FBOs wield too much influence and limit the AIDS response.

Despite the controversy, little has been known about how much money FBOs receive from PEPFAR or how it is spent.

FBOs have received a modest share of PEPFAR funds

FBOs received on average 10% of 2005 obligations in the focus countries (figure 4). That was scarcely more than one-fourth the share obligated to nongovernmental organizations (38%). And it was slightly smaller than the share obligated to host country governments (13%), universities (13%), or private contractors (12%).

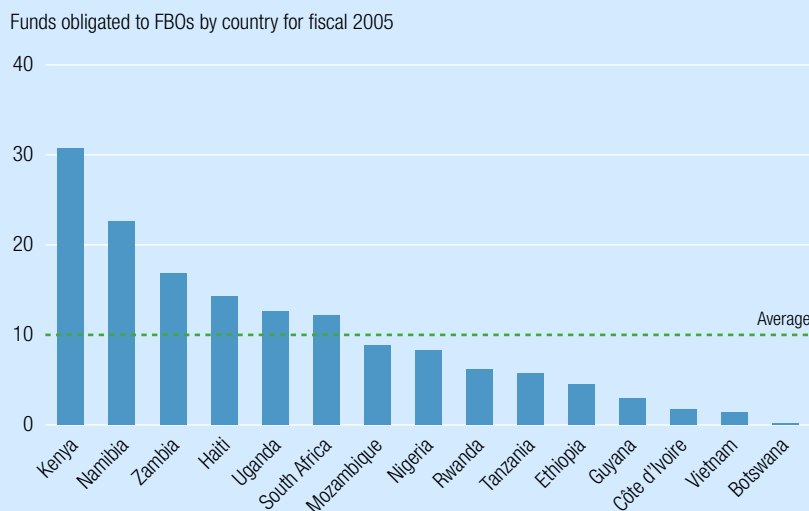
Although the share of funds obligated to FBOs has been modest overall, it has varied considerably across countries, ranging from 0.2% in Botswana to 31% in Kenya (see figure 4). The reason may be that PEPFAR provides a larger share of its funds for FBOs to countries where FBOs already have the expertise and experience to handle PEPFAR funds. Supporting this hypothesis, the two countries with by far the greatest share of PEPFAR funds obligated to FBOs—Kenya and Namibia—also show a very large share of such funds going to local groups.

Almost half of FBO funds have been allocated to treatment

FBOs in the focus countries have received, on average, more funds for treatment than for care and prevention. Treatment programs averaged almost half (46%) of obligations to faith-based prime recipients in focus countries in 2005, compared with just one-fifth for prevention and one-third for care (figure 5). But because FBOs received just 12% of all PEPFAR funds, they received only 16% of total treatment program obligations in 2005.

Obligations to FBOs by program area have also varied widely among the focus countries. In five countries the share of obligations to prime recipient FBOs going to treatment programs exceeded 80%, while in four countries it was zero.

Figure 4 PEPFAR funds to FBOs have ranged widely



Note: "Average" denotes the average percentage of funds obligated by country (not the average percentage of total PEPFAR obligations for the year).

Figure 5 FBO prime recipients have received almost half their funds for treatment programs

Average funds obligated to faith-based prime recipients by program area for fiscal 2005

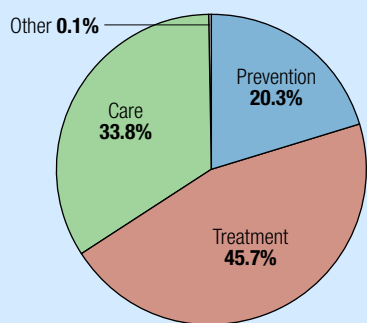
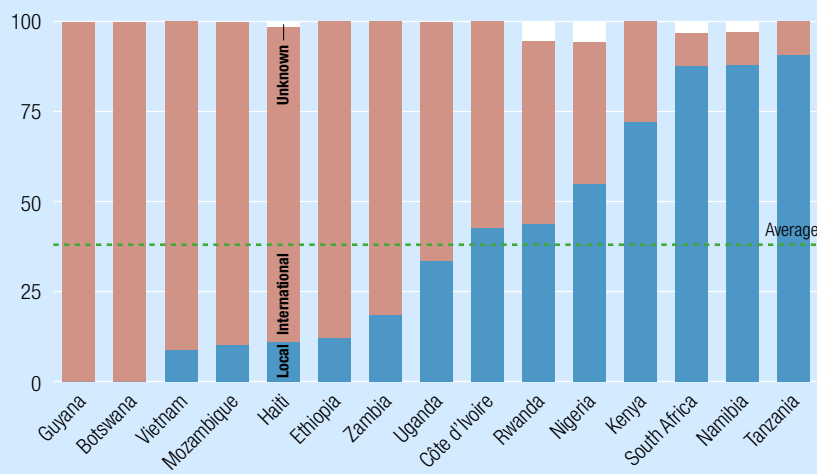


Figure 6 Most countries have been providing less than half of their FBO funds to local groups

Funds obligated to local and international FBOs by country for fiscal 2005



Most prevention funds obligated to FBOs have gone to abstinence and be faithful activities

The vast majority of PEPFAR funds obligated to faith-based groups for prevention—88% on average in 2005—has gone toward abstinence and be faithful (AB) activities, a focus remarkably consistent across countries. Indeed, in eight of the 13 countries where FBOs received 2005 funds for prevention, all obligations went toward AB activities.

Because obligations to FBOs made up just 4% of total 2005 obligations for prevention, it is possible that other entities' programs balanced or outweighed the FBOs' focus on AB activities.

Still, FBOs have staked out an AB niche within prevention programming. If the reauthorization of PEPFAR removes earmarks, it will be interesting to see whether funding to FBOs for abstinence and be faithful activities declines.

Most FBO funding has gone to international groups, especially Catholic Relief Services

A purported benefit of funding FBOs is that they are locally based, with deep roots in the communities they serve. PEPFAR documents often assume such a benefit.¹⁴ But in only five countries did more than half of the 2005 funds obligated to FBOs go to local groups. And of all 2005 funds obligated to FBOs, just 38% on average went to local groups (figure 6).¹⁵

A single international FBO, Catholic Relief Services (CRS), accounted for about \$49 million of 2005 PEPFAR funds, or 46% of total obligations to FBOs.¹⁶ The next largest FBO recipients were the Kenyan-based Mission for Essential Drugs and Supplies (\$20 million) and the international organization World Vision (\$8 million).

Recommendation: Reevaluate PEPFAR's focus on FBOs

PEPFAR often defends its focus on FBOs as a means of support for local groups with deep roots in their communities. However, the

14. See for example PEPFAR (2005).

15. Since the authors lack information about subgranting from Track 1 grants, they lack complete information about the designation of Track 1 subgrantees. To estimate the amount of funds going to local FBO subrecipients of Track 1 funds, they have assumed that the same percentage of Track 1 funds as country funds are subgranted to FBOs, and they have assumed that the same percentage of Track 1 subgranted funds to FBOs as country subgranted funds to FBOs go to local recipients.

16. Because CRS was the recipient of substantial Track 1 funding in 2005, and the authors lack information about the proportion of Track 1 funding transferred to subrecipients, they have estimated this proportion by taking the percentage of CRS's country-managed funds that were subgranted and applying that percentage to its Track 1 grants. The net amount of funding obligated to CRS is therefore an approximation based on the best available information.

authors find that only a small share of PEPFAR funding for FBOs goes to local groups. PEPFAR should reevaluate its policy of targeting FBOs as a way to reach local groups, and should instead seek more effective strategies for achieving that goal. Such strategies should reflect individual country contexts and the variety of local actors that provide services.

What is the role of host country governments in PEPFAR?

Many donors channel their AIDS funding through the government, believing that such disbursement will build public capacity and support government stewardship.¹⁷ Despite these potential benefits, some host country governments have been slow to use the AIDS funds they receive.¹⁸

As the world’s largest AIDS donor, PEPFAR should be especially sensitive to the possible advantages and disadvantages of sending money through government. If it provides funds to the government, PEPFAR must seek ways to prevent the delays that have affected other donors’ funding. If its money is not channeled through the government, PEPFAR must nonetheless help the government to steward the national AIDS response.

A modest share of PEPFAR funds has been obligated to host country governments

Of all the 2005 money obligated to prime recipients in focus countries, just 13% went to host country governments (figure 7). Only Botswana’s government (with 41%) received significantly more than one-quarter of the funds obligated to its country.¹⁹

Although the share of PEPFAR funds going to governments has been small, PEPFAR’s sheer size means that the absolute amount a government receives from PEPFAR can rival the amount it receives from other donors. For example, PEPFAR gave 11% of its 2005 funds for Uganda to the Ugandan government—an absolute amount of \$14.5 million. In 2005 the Global Fund for AIDS, Tuberculosis and Malaria disbursed about \$20 million to the Ugandan government.

More than half of host country government funds have been allocated to prevention

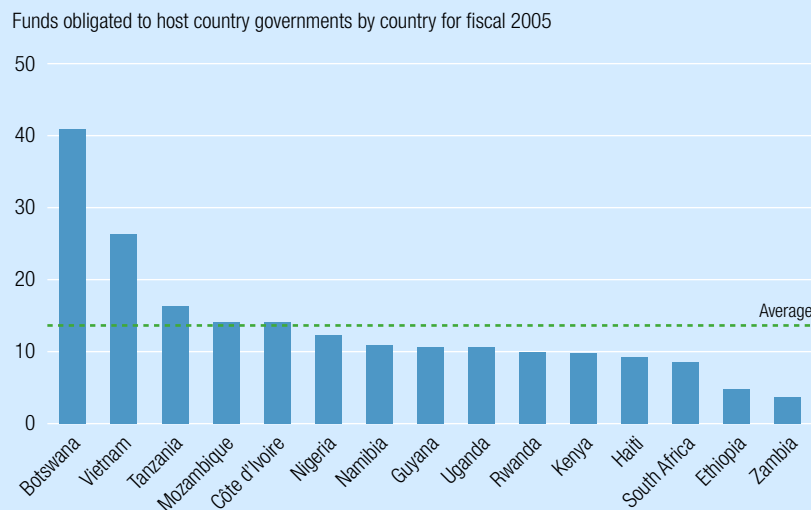
On average, more than half (57%) of the amount obligated to host country governments as prime recipients has been provided for prevention—much of it for blood safety.

17. The importance of government stewardship in coordinating the AIDS response is widely accepted. See WHO (2000).

18. Oomman, Bernstein and Rosenzweig (2007).

19. Governments receive PEPFAR funds as both prime recipients and subrecipients. Some, such as Botswana, receive most or all of their funds as prime recipients. Others, such as Nigeria, receive the vast majority of their funds as subrecipients.

Figure 7 Host country governments have received on average 13% of PEPFAR funds obligated to their countries



Governments have also received modest but significant funding for treatment and care.

Botswana is an exception

Botswana is the one major exception to the patterns just described. Of all 2005 PEPFAR funds obligated to Botswana, 41% went to the government. A large share of that amount was allocated to two program areas that PEPFAR rarely funds for governments: antiretroviral drugs (38%) and condoms and other prevention (43%).²⁰

Botswana has an innovative public-private partnership to fight HIV/AIDS. Its government is often credited with an unusually high capacity, compared with its neighbors, for stewarding a national AIDS response. Do these facts help to explain why the Botswana government received such a high share of its country's 2005 PEPFAR funds? Further investigation is needed.

Recommendation: Make the government a true partner in PEPFAR programs

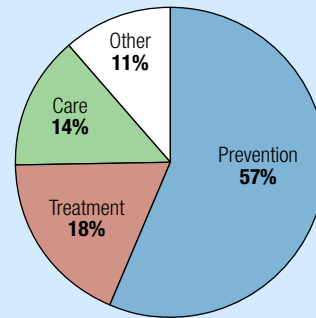
Although PEPFAR need not channel a large share of its funds through governments, it should ensure that its programming helps the government fulfill its role as steward of the national AIDS response. Because most PEPFAR funds go to nongovernmental entities, coordination between PEPFAR and the government is critical.

PEPFAR should work closely with host country governments, enabling them to help

20. Only two other host country governments—South Africa and Tanzania—received PEPFAR funding for either antiretroviral drugs or condoms and other prevention. Compared with Botswana, they received a much smaller share of their overall PEPFAR funds for these program areas.

Figure 8 **Host country governments have received more than half their funds for prevention programs**

Average funds obligated to host country governments by program area for fiscal 2005



plan and oversee PEPFAR-funded activities. And it should provide governments—as well as other key stakeholders—with up-to-date information on its programs. Timely information sharing and joint planning will help governments coordinate their PEPFAR programs with the myriad other AIDS activities in their countries.²¹

21. PEPFAR country teams work with host country governments. The Office of the U.S. Global AIDS Coordinator encourages PEPFAR country teams to include host country government staff in program planning. The Country Operational Plan also must be approved by the host country government before it can be submitted to the Office of the U.S. Global AIDS Coordinator. Nevertheless, research by the authors of this report in three countries—Mozambique, Uganda and Zambia—indicates that, despite the best intentions of PEPFAR staff, host country governments are rarely included in PEPFAR planning and that their approval of the annual Country Operational Plans is mostly symbolic. The authors believe that PEPFAR could go much further in making the government a true partner. PEPFAR has told them that one way PEPFAR plans to strengthen partnerships with governments over the next five years is by developing “compacts” meant to formalize the relationship between PEPFAR and other country-level stakeholders.

Has PEPFAR been building local capacity by funding local recipients?

PEPFAR has made considerable progress toward meeting its five-year targets by rapidly scaling up services. However, as the Institute of Medicine argued in its 2007 evaluation, PEPFAR’s next phase must work to build local capacity—moving from an emergency response to a sustainable response.²²

Discussions of PEPFAR’s commitment to capacity building have often suffered from the absence of information about how PEPFAR interacts with local organizations. Although the Office of the U.S. Global AIDS Coordinator publishes its obligations for each country by prime recipient, it does not publicly disclose the amounts obligated to subrecipients. Without such information it has been impossible to know how much money was reaching local organizations.

In the dataset accompanying this report, amounts obligated to PEPFAR subrecipients are being published for the first time. This permits an analysis of all funds obligated to local, as opposed to international, recipients.

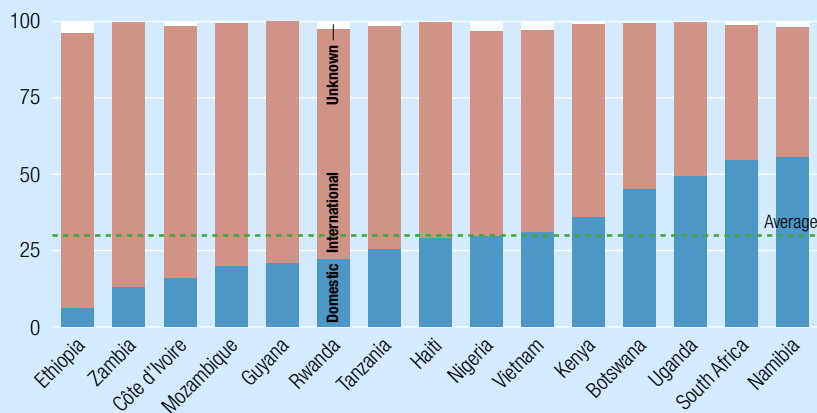
Of total obligated PEPFAR funds, 30% on average has gone to local recipients—but with considerable variation across countries

22. “[T]he continuing challenge for the U.S. Global AIDS Initiative is to simultaneously maintain the urgency and intensity that have allowed it to support a substantial expansion of HIV/AIDS services in a relatively short time while also placing greater emphasis on long-term strategic planning and increasing the attention and resources directed to capacity building for sustainability” (Institute of Medicine 2007).

Of total 2005 PEPFAR funds, 30% on average was obligated to local recipients (figure 9).²³ That percentage is strikingly low.²⁴ But the share of funds going to local recipients has varied by country. In 11 countries no more than one-third of 2005 PEPFAR funds were obligated to local groups, with Zambia (13%) and Ethiopia (6%) at the low end of the range. Yet in four countries—Botswana, South Africa, Namibia, and Uganda—between 45% and 55% of PEPFAR funds were obligated to local organizations.

Figure 9 **PEPFAR funds to local recipients range from 6% to 55%**

Funds obligated to local and international recipients by country for fiscal 2005



Note: “Average” denotes the average percentage of funds obligated by country (not the average percentage of total PEPFAR obligations for the year).

23. Since the authors lack information about subgranting from Track 1 grants, they lack complete information about the designation of Track 1 subgrantees. To estimate the amount of funding going to local subrecipients of Track 1 funds, they have assumed that the same percentage of Track 1 funds as country funds are subgranted, and that the same percentage of subgranted Track 1 funds as subgranted country funds go to local recipients.

24. PEPFAR often cites the fact that 87% of its partners are local groups. But the authors’ calculations here make the point that 87% of partners receive roughly 29% of total funds obligated to the focus countries.

PEPFAR's initial mandate suggests a possible explanation for the large share of funding going to international organizations. PEPFAR was designed in 2003 to respond to the emergency created by rapid HIV/AIDS transmission. In the first few years of funding its staff channeled money to organizations that could quickly begin implementing programs. The bulk of early funds therefore went to international organizations that had already made funding agreements with the U.S. government and knew how to comply with its procedures.²⁵ If new recipients were engaged, PEPFAR staff preferred those that had demonstrated their ability to manage and use large sums of money. In many countries most of the organizations that met these criteria were international groups.

In some countries PEPFAR channels a significant share of its funds to local organizations, likely because of those countries' higher local capacity. In Uganda funding was almost evenly split between local and international organizations. As detailed in a previous HIV/AIDS Monitor analysis,²⁶ Uganda has many local organizations with high capacity for using AIDS funding and with U.S. government connections that preceded PEPFAR. Such groups were well positioned to receive significant amounts from the new program.

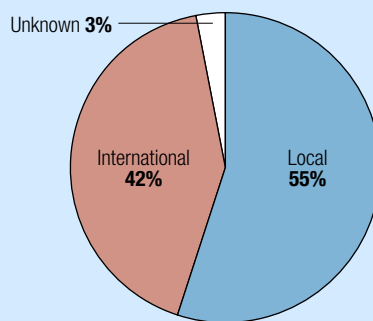
Circumstances in Uganda may help to explain the overall pattern. The three other countries where roughly half of PEPFAR funding goes to local groups—Botswana, South Africa, and Namibia—are all thought to have local organizations with strong capacity for implementing AIDS programs. PEPFAR documents explain the correlation between the capacity of local organizations and their ability to obtain PEPFAR funds. One PEPFAR document notes that “many local indigenous organizations have limited technical expertise in accounting, managerial and administrative skills, auditing practices and other activities required to receive funding directly from the

25. Oomman, Bernstein, and Rosenzweig (2007).

26. Oomman, Bernstein, and Rosenzweig (2007).

Figure 10 Of subgranted funds, 55% on average has been obligated to local subrecipients

Average country-managed funds obligated to local and international subrecipients in the focus countries for fiscal 2005



U.S. Government.”²⁷ A closer examination of the issue would provide more conclusive evidence about PEPFAR's approach to supporting local capacity where it exists, or building it where it does not.

Of funds obligated to subrecipients, more than half on average has gone to local organizations—but local and international subrecipients combined have received just 19% of total obligated funds²⁸

To increase the capacity of local organizations as part of an overall effort to make program funding more sustainable, PEPFAR encourages its current prime recipients to work with local subrecipients and to build their capacity so that they can become recipients.²⁹ One part of this strategy seems to be working: a significant share

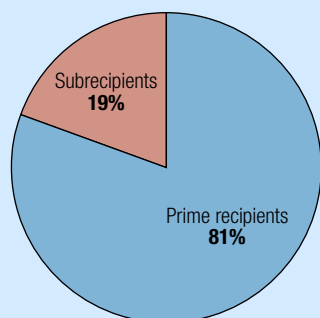
27. PEPFAR (2008), p. 6.

28. Since the authors lack information on subgranting from Track 1 grants, all analysis of subgranting is based solely on country-managed funds (see annex A, note 35).

29. PEPFAR's 2008 guidance to its country teams for developing Country Operational Plans states that: “Efforts should be made to support and provide technical assistance to assist these indigenous organizations [local subrecipients] to ‘graduate’ to full partner status and enable them to be direct recipients of PEPFAR funds. The fiduciary accountability of local organizations is essential to building sustainable capacity; technical assistance in this area should be made available to partner organizations.” PEPFAR (2008), p. 6.

Figure 11 **Of total country-managed funds, just 19% on average has been subgranted**

Average country-managed funds obligated to prime recipients and subrecipients in the focus countries for fiscal 2005



of funding to subrecipients, well over half (55%) has gone to local organizations (figure 10).³⁰

But funding data alone cannot tell whether PEPFAR is building local capacity. Only 19% of PEPFAR funds have been subgranted at all, meaning that local subrecipients have received on average just 11% of PEPFAR funds in the focus countries (figure 11). So, even if

30. Although on average 55% of subgranted funds are going to local subrecipients, there is strong variation between countries. In Namibia 95% of subrecipient funds went to local organizations, in Guyana only 10%.

subgranting has been building the capacity of subrecipients, it seems unlikely, given the modest amounts they are receiving, that they will soon be ready to receive a significant share of the PEPFAR funds now provided to international recipients.

Recommendation: Expand efforts to build the capacity of local groups

Although PEPFAR already invests significant sums in capacity building activities, it should reexamine those efforts. It should seek ways to build the capacity of local organizations so that they can receive greater shares of PEPFAR funding.³¹

PEPFAR's current approach to capacity building—engaging local subrecipients—is not sufficient, since only a small share of total funds is being subgranted. Building the capacity of local organizations is a critical sustainability aim, as important as achieving PEPFAR's global targets.

31. PEPFAR figures indicate that \$638 million of the money it obligated in 2007 was devoted in full or in part to capacity building activities. Personal communication with U.S. Office of the Global AIDS Coordinator official, February 15, 2008.

Final reflections

This report has analyzed funding data related to PEPFAR grants and contracts. It has used these funding data to discuss four issues pertaining to PEPFAR's effectiveness and sustainability. And it has recommended actions to improve PEPFAR programming. The authors of the report hope that other researchers and interested parties will use the data presented here and in the accompanying dataset to further clarify key issues.

PEPFAR should begin to regularly disclose more data about its funding awards, including the type of data used for this report. PEPFAR already collects a wide range of valuable data (see annex C). Such data should be publicly disclosed.

Not only PEPFAR, but also other AIDS donors should disclose more of their funding data.³² Such disclosure could clarify important policy debates, strengthen coordination among various AIDS stakeholders, and improve assessments of program impact to make aid more effective.

32. For more detailed recommendations about what funding data PEPFAR, the Global Fund, and the World Bank's Africa Multi-Country HIV/AIDS Program (World Bank MAP) should release, see Oomman, Bernstein and Rosenzweig (2007).

The data here are drawn from the Country Operational Plan and Reporting System (COPRS), an accounting and program monitoring system maintained by the Office of the U.S. Global AIDS Coordinator. The dataset includes amounts obligated to prime recipients and subgranted to subrecipients, with information on recipient type (government, nongovernmental, faith-based, private for-profit), funding year (year of appropriations), year of obligation, and program area (treatment services, blood safety, or the like) for each recipient, except that obligations to subrecipients do not include information about program area.

The dataset was originally obtained from the State Department by the Center for Public Integrity through several Freedom of Information Act requests and a lawsuit against the U.S. Government, settled out of court.³³ Noticing some errors in the dataset, the Center for Public Integrity was hesitant to release it publicly, but generously agreed to share it with the authors of this report.

After investigating the possible causes of errors (see “data limitations” below), the Center for Global Development was satisfied that the overall quality of the dataset had not been compromised. Individual errors in the data were not significant enough to influence the overall funding patterns described and analyzed in this report.

The dataset being released in conjunction with this report builds on the Center for Public Integrity data in three ways. First, the majority of prime recipients and subrecipients have been classified as either “local” or “international,” based on whether their headquarters are in the

host country or abroad.³⁴ These classifications were made through research by Center for Global Development staff and consultations with in-country experts.

Second, data on centrally awarded, or Track 1, funding have been added.³⁵ The centrally awarded funding figures for 2004 and 2005 come from data previously published by the Center for Public Integrity, which had obtained them from the State Department.³⁶ Using those data, the authors of this report estimated centrally awarded funding figures for 2006 based on past funding trends and the amounts allocated to each focus country for 2006.³⁷

Finally, the authors used the program areas listed in COPRS to deduce classifications by PEPFAR strategic area. Users can now search

34. Almost all organizations that received funds in fiscal 2004 through 2006 were classified by geographic origin. For a few countries, however, classifications were made only for recipients and subrecipients receiving funds appropriated in 2005 (the year of most of the data examined for this report).

35. Centrally managed (Track 1) funding is granted directly from the Office of the U.S. Global AIDS Coordinator in Washington to organizations to implement programs in a country. It differs from country-managed funding, which is granted to recipient organizations through the field offices of PEPFAR-implementing agencies in the host country. The great majority of PEPFAR funds are country-managed.

36. This dataset can be downloaded from Bengtsson and Morera (2006).

37. The authors estimated the total amount obligated to each focus country for 2006 by taking the average ratio between obligations and allocations for 2004 and 2005, then multiplying this ratio by the 2006 allocation figures for each country. Using this estimated obligation amount for 2006 they calculated the percentage increase in total obligations to each country between 2005 and 2006. Finally, they applied the percentage increase for each country to calculate the total estimated amount obligated to each individual Track 1 funding recipient for 2006.

33. See Bengtsson and Morera (2006).

for funds going to prevention, treatment, care, and other costs.

Data limitations

The dataset has several limitations. First, it contains data on obligations (commitments), not outlays (expenditures). So, it shows how much was available to recipients to implement programs—but not how much money was actually spent.³⁸

Second, because of time lags in the appropriations process, the data do not necessarily reflect the total amount obligated to each recipient using 2006 funds. A significant part of PEPFAR money appropriated in a given year is not obligated until the following year—sometimes even later. Because the dataset continues only through 2006, the authors lack data on funds appropriated by Congress in 2006 but obligated by PEPFAR in 2007. The data therefore underestimate total obligations made using money appropriated in 2006. Because some funds are not obligated until two or more years after the appropriation year, the dataset also misses some obligations of funds appropriated in 2004 and 2005. The amount of such delayed obligations is very small, however, compared with the amount that is obligated in the appropriation year and the year following it.³⁹

Third, since information on funding by program area is available only for prime recipients, it is not always possible to know exactly how much subrecipients plan to spend in particular program areas (though educated guesses can be made from the data listed for prime recipients).⁴⁰

38. For details on the differences between obligations and outlays, see Bernstein and Sessions (2007).

39. The percentage of money appropriated in 2004 and 2005 and obligated in 2007 or later would be very small because almost all funding appropriated in one year is obligated by the conclusion of the subsequent year. For example, data obtained by the HIV/AIDS Monitor from PEPFAR shows that 99% of 2004 funds were obligated by the end of 2005.

40. This limitation applies to scenarios in which a prime recipient has been funded for multiple program areas. For example, Catholic Relief Services received funding in 2005 for programs that would provide palliative care and support for orphans and vulnerable children in Ethiopia. We cannot disaggregate the funding provided by Catholic Relief Services to its subrecipients by these two program areas.

It is principally for this reason that parts of the analysis are focused exclusively on funding to prime recipient organizations, without including subrecipient organizations.

Fourth, although PEPFAR requires prime recipients to report on all of their subrecipients, several former PEPFAR officials shared their belief that some prime recipients do not always do so. Since it is unclear whether prime recipients have reported comprehensively on all subrecipients, some subrecipients may not be listed in the dataset.

Fifth, three data fields are unavailable for centrally awarded (Track 1) funds: Obligation Year, MechID, and OrgID (see annex B for details on each data field). To remedy this, the Center for Global Development is working to include OrgIDs for Track 1 funds in future versions of the database. For this report the authors assume that Track 1 funds were obligated in the year they were appropriated.

Sixth, the dataset is limited to obligations to the 15 focus countries. These countries collectively receive the vast majority of PEPFAR funding. But according to the U.S. Global AIDS Coordinator, more than 100 other countries benefit from the PEPFAR program, together receiving roughly 12% of PEPFAR funds.⁴¹

Data errors

The data contain some easily detected errors. For example, some recipients have been classified under the wrong organization type. In one instance the United Nations Development Programme in Vietnam was classified as a non-governmental organization rather than a multi-lateral agency. Such misclassifications, probably reflecting simple human error, seem to have occurred only in a small number of cases.

Another problem, originally pointed out by the Center for Public Integrity, is that subrecipients occasionally are listed as having been sub-granted more money under an individual grant than was obligated to their respective prime recipients. For example, in 2005 in Nigeria, the dataset shows that John Snow International, a

41. Dybul (2007).

prime recipient, was obligated \$490,000 under a particular grant, while its subrecipients are listed as receiving \$1,515,682 under the same grant. Such errors seem to have occurred in only a small number of cases, representing roughly 3% of the grants in the dataset.⁴² They may arise partly from simple human error—and other explanations are possible. Prime recipients may be covering the immediate costs of subgranting by “borrowing” funds from other grants. Or prime recipients may be subgranting before they are obligated the full value of a particular grant,

42. In a dataset containing information about more than 2,600 grants over three years, the authors found just 76 errors of this type.

in the expectation that they will receive the remainder in future years.

Whatever the cause of each error identified, the authors of this report deem the dataset’s overall quality and reliability high enough to allow for useful, in-depth analysis of funds obligated to the focus countries. The authors have not attempted to correct any possible dataset errors. Instead they have denoted the places where errors might exist by adding a column to the dataset in Microsoft Excel. The authors encourage people familiar with grants identified as having “possibly erroneous” figures to contact them with information that might clarify the figures. The dataset will be updated to reflect any new information.

Using the data

The database of PEPFAR funding for fiscal 2004–2006—accessible at <http://www.cgdev.org/hivmonitor/PEPFARdata>—provides previously unknown details about how PEPFAR money is allocated in the 15 focus countries. These data reveal many interesting facts about PEPFAR programming.

To understand the data one must have a basic knowledge of key steps in the PEPFAR budget process (figure B1).⁴³ To begin that process PEPFAR submits an annual budget request to Congress for the next fiscal year. After Congress approves a funding amount, the Office of the U.S. Global AIDS Coordinator finalizes its annual budget for country-managed funds as well as centrally managed funds. (Country-managed funding is money distributed from U.S. Government in-country field offices to prime recipient organizations to operate programs in PEPFAR countries. Centrally managed, or Track 1, funding is money granted to prime recipient organizations directly from the Office of the U.S. Global AIDS Coordinator in Washington.)

After a PEPFAR fiscal year budget is finalized, the money must be obligated to PEPFAR

recipients. This may or may not occur in the year a grant is approved. An “obligation” is defined as money available to a recipient organization either for withdrawal in advance of project expenditures (in a grant or cooperative agreement) or as reimbursement for expenditures within 30 days of submitting an invoice (in a contract). PEPFAR obligations are technically legal commitments to pay now or in the future. But because the funds are made available for use by prime recipients as soon as they are needed, the obligations are in practice less like commitments than like disbursements from other funding agencies.

This database provides information on PEPFAR obligations for funding approved in fiscal years 2004, 2005, and 2006 and obligated in fiscal years 2004, 2005 or 2006.

The database has several fields that allow users to analyze the data along several dimensions. Table B1 defines and describes each data field.

The issues discussed in this report are just a few of those that can be explored using the data, which can be cut in many other ways to clarify how PEPFAR money is allocated in its focus countries.

Given the multiplicity of fields, investigators can sort the data by any combination of country, funding year, obligation year, recipient organization, organization type, program area, geographic origin (domestic or international), individual grant, or individual recipient. For example, one could filter the data to learn how much money was obligated to faith-based organizations in Uganda in 2005 or to locally based nongovernmental organizations in Haiti in 2006. One could learn how much money has been obligated to John Snow International for antiretroviral treatment. Or one

43. For more information, see Bernstein and Sessions (2007).

Figure B1 **Legal processes for transferring PEPFAR funds**

1
Congress *appropriates* money to particular agencies or programs as part of the annual federal budget

2
PEPFAR implementing agencies (such as USAID) *obligate* money to prime recipient organizations; prime recipients then obligate funds to subrecipient organizations

3
The U.S. Treasury *outlays* money to recipient organizations

4
Prime recipients *expend* money or *subgrant* to subrecipients

This report analyzes data on obligations

Table B1 Data fields used

Data field	Description
Funding year	The U.S. Government fiscal year (from October 1 to September 30) when funding was approved by the U.S. Congress.
Obligation year ^a	The year when funding was obligated—usually the same as the funding year, but sometimes a later year.
Funding source	The funding mechanism obligating the funds. PEPFAR funds are obligated by either field teams (<i>country funds</i>) or the Washington-based PEPFAR team (<i>central funds</i> , synonymous with <i>Track 1 funds</i>). PEPFAR differentiates between these two sources in most or all of its documentation.
Country name	Country receiving a PEPFAR funding obligation.
MechID ^b	Unique ID given to a particular grant mechanism in the PEPFAR COPRS database. The MechID denotes a single grant to a prime recipient and any subgrants associated with it.
OrgID ^c	Unique ID given to a particular prime recipient or subrecipient.
Prime partner name	Name of the prime recipient associated with the grant mechanism.
Recipient name	Name of the obligation recipient. If the prime recipient is the recipient, the prime partner name and recipient name will be the same for a particular obligation. If the obligation is to a subrecipient, the recipient name will be the name of the subrecipient.
Recipient origin	Geographic origin of the obligation recipient (domestic or international). The Center for Global Development has researched the origins of recipients that were obligated funds in 2005 and of some that were obligated funds in 2004 and 2006.
Recipient type	Category of the recipient receiving the obligation (such as nongovernmental organization, university, faith-based organization, or private contractor).
PrimeOrSub	Method by which said recipient receives the obligation (prime = directly from a U.S. Government agency; sub = subgrant from a prime recipient that received the funds from a U.S. Government agency).
Obligated amount	Amount obligated to the recipient organization.
Net obligation	Amount obligated to the recipient organization net of subgrants.
Strategic area ^d	The PEPFAR strategic area (prevention, care, treatment or other) under which an obligation falls.
Program area	Program area that the obligation targets (one of 15 PEPFAR program areas).
MechID with errors?	This field denotes possible errors that CGD has identified in the data, such as grant mechanisms where the amount obligated to subrecipients exceeds the amount obligated to the prime recipients under this mechanism. See annex A for details and a discussion of the possible errors.

a. Not available for Track 1 grants. This report assumes that the obligations to Track 1 partners are made in the year when funds are appropriated.

b. Not available for Track 1 grants.

c. Track 1 funds in the database are not tagged with an OrgID. The Center for Global Development is working to include OrgIDs for Track 1 grants in the future.

d. Program area and strategic area are available only for grants to prime recipients. The database does not have this information on subrecipients.

Source: Authors' analysis of data as described in text.

could compare the funds obligated to Zambia in 2006 for treatment with the funds obligated for prevention.

We hope that examining the data in these and other ways will prove useful to various audiences including researchers, donors, funding recipients, and advocacy groups.

Funding data collected by PEPFAR

Table C1 presents all of the funding data, and related information about grants and contracts, that PEPFAR or other parts of the U.S. government have collected. It presents each type of data in a new row. The three table columns describe whether data were publicly available prior to the release of this report's dataset, whether they are contained in the dataset, and where to find them.

Boxes shaded in yellow show data that were not previously public but that were released in the dataset accompanying this report.

Boxes shaded in green represent data available in this report's dataset that were publicly available before the release of this report, but were difficult to access and use, being presented as part of the thousands of pages of PDF documents that make up annual country operational plans.

Boxes shaded in grey represent data that are publicly available but difficult to access and use, and that are *not* presented as part of the dataset accompanying this report.

Boxes shaded in blue represent data that were available before this report and are easily accessed on the PEPFAR website.

Boxes shaded in red represent data that continue to be publicly unavailable, despite being collected by the U.S. Government.

Table C1 Funding data collected by PEPFAR and where to find it

	Publicly available from PEPFAR before the release of this report and its accompanying dataset for fiscal 2004 to 2006?	Released as part of this report and its accompanying dataset for fiscal 2004 to 2006?	Where to find the data
<i>General information about grants or contracts</i>			
Type of recipient (faith-based organization, nongovernmental organization, government, and so on)	Yes	Yes	Dataset released with this report, available at [http://www.cgdev.org/hivmonitor/PEPFARdata]
Funding source (country funded or centrally funded)	Yes	Yes	Dataset released with this report, available at http://www.cgdev.org/hivmonitor/PEPFARdata
Geographic origin of organization (local or international)	Yes	Yes	Dataset released with this report, available at http://www.cgdev.org/hivmonitor/PEPFARdata
Program area (treatment, abstinence, home-based care, and so on)	Yes	Yes	PEPFAR website at http://www.PEPFAR.gov
Activity area (training, logistics, human resources, and so on)	Yes	No	Country operational plans for each country—available at http://foia.state.gov/COP.asp
Regions and provinces covered by each grant and contract	Yes	No	Country operational plans for each country—available at http://foia.state.gov/COP.asp
Planned indicators and targets for each grant and contract	Yes	No	Country operational plans for each country—available at http://foia.state.gov/COP.asp
Regular updates on progress made toward indicators and targets for each grant and contract	No	No	Semiannual and annual reports submitted by PEPFAR country teams to the Office of the U.S. Global AIDS Coordinator (not publicly available)
Target population (pregnant women, health care workers, and so on)	Yes	No	Country operational plans for each country—available at http://foia.state.gov/COP.asp
<i>Obligations</i>			
To each focus country	Yes	Yes	PEPFAR website at http://www.PEPFAR.gov/partners/
To each prime recipient	Yes	Yes	PEPFAR website at http://www.PEPFAR.gov/partners/
To each prime recipient, disaggregated by program area	No	Yes	Dataset released with this report, available at http://www.cgdev.org/hivmonitor/PEPFARdata
To each subrecipient	No	Yes	Dataset released with this report, available at http://www.cgdev.org/hivmonitor/PEPFARdata
<i>Outlays</i>			
To each prime recipient	No	No	PSC 272 forms submitted to the U.S. Treasury by each recipient [not publicly available]
<i>Expenditures</i>			
To each prime recipient	No	No	PSC 272 forms submitted to the U.S. Treasury by each recipient [not publicly available]

Source: Authors' analysis of data as described in text.

References

- Bengtsson, Helena and Alejandra Fernandez Morera. 2006, November 30. *Divine Intervention: About this Data*. Washington D.C.: The Center for Public Integrity. <http://www.publicintegrity.org/aids/report.aspx?aid=816>.
- Bernstein, Michael and Myra Sessions. 2007. *A Trickle or a Flood*. Washington, D.C.: Center for Global Development.
- Bernstein, Michael and Sarah Jane Hise. 2007. *PEPFAR Reauthorization: Improving Transparency in U.S. Funding for HIV/AIDS*. Washington, D.C.: Center for Global Development.
- Dybul, Mark R. 2007, November 30. "Ask the White House." Washington, D.C.: The White House. <http://www.whitehouse.gov/ask/20071130.html>
- Institute of Medicine. 2007. *PEPFAR Implementation: Progress and Promise: Report on the Evaluation of PEPFAR Implementation*. Washington, D.C.: The National Academies Press.
- Oomman, Nandini, Michael Bernstein and Steven Rosenzweig. 2007. "Following the Funding: A Comparative Analysis of the Funding Practices of PEPFAR, the Global Fund and World Bank MAP in Mozambique, Uganda and Zambia." Washington, D.C.: Center for Global Development.
- President's Emergency Plan for AIDS Relief (PEPFAR). 2005, September. "PEPFAR: Community and Faith-Based Organizations (September 2005)." Washington, D.C.: PEPFAR. <http://www.pepfar.gov/progress/76864.htm>
- President's Emergency Plan for AIDS Relief (PEPFAR). 2008. *Country Operational Plan Guidance for Fiscal 2008*. Mimeo-graph. Washington, D.C.: PEPFAR.
- WHO (World Health Organization). 2000. *The World Health Report 2000: Health Systems: Improving Performance*. Geneva: World Health Organization.