

Testimony

Before the House International Relations Committee

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HIV/AIDS

Observations on USAID and  
U.N. Prevention Efforts

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Mr. Chairman and Members of the Committee:

We are pleased to be able to provide this statement for the record which summarizes our observations on international efforts to address the spread of the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in the developing world. This statement is based on the results of a study requested by this Committee, HIV/AIDS: USAID and U.N. Response to the Epidemic in the Developing World ([GAO/NSIAD-98-202](#), July 27, 1998). In conducting our work, we reviewed the U.S. Agency for International Development's (USAID) and United Nation's HIV/AIDS programs and activities at their headquarters and in the Dominican Republic, Honduras, India, the Philippines, and Zambia.

Specifically, this statement discusses USAID's response to the HIV/AIDS epidemic in the developing world. USAID's efforts began in 1986. In addition, this statement discusses the progress of the United Nations' effort, commonly called UNAIDS, in coordinating U.N. activities and mobilizing the international response to the epidemic since it was created in 1996. We did not attempt to assess the contribution of the U.N.'s effort or the impact of individual U.N. agency programs<sup>1</sup> in stemming the epidemic. However, in the countries we visited we observed innovative activities, which are summarized in this statement.

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## Background

HIV/AIDS exacts enormous economic and social costs on the developing world where more than 90 percent of the 30 million people afflicted with the disease reside. The epidemic continues to spread rapidly there, and according to UNAIDS and the World Health Organization (WHO), accounts for more than 90 percent of the 5.8 million new infections worldwide in 1997.

USAID and the United Nations first began to address the HIV/AIDS epidemic in the mid-1980s. USAID works in partnership with governments, other donors, and private organizations to support research and HIV/AIDS interventions in 28 countries. In 1997, USAID spent \$81 million on specific projects and \$20 million on technical assistance and research. It also provided \$16 million to UNAIDS.

The Joint United Nations Program on HIV/AIDS (UNAIDS) was created in response to the conclusion drawn by U.N. officials and donor countries in

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<sup>1</sup>UNAIDS consists of the following six agencies: the United Nations Children's Fund (UNICEF); the United Nations Development Program (UNDP); the United Nations Population Fund (UNFPA); the United Nations Educational, Scientific, and Cultural Organization (UNESCO); the World Health Organization (WHO); and the World Bank.

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the early 1990s that a more comprehensive approach was needed to address the sociological and developmental factors that affect the spread of the disease. To meet this objective, on January 1, 1996, the United Nations created the UNAIDS Secretariat to replace WHO as the lead organization for the U.N. HIV/AIDS effort. Together, the UNAIDS Secretariat and six U.N. agency cosponsors, were expected to coordinate and lead a broad-based, expanded worldwide response to HIV/AIDS. It was agreed that each U.N. cosponsor agency would (1) increase resources devoted to their agencies' HIV/AIDS activities; (2) mobilize resources for HIV/AIDS in affected countries, including the private sector; and (3) coordinate with each other at the country level. The UNAIDS Secretariat was expected to (1) advocate increased political and financial support for HIV/AIDS activities, (2) develop a framework to measure progress, (3) organize theme groups as the forum for coordinating U.N. activities, and (4) provide technical support and information on what interventions work.

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## Summary

Although HIV/AIDS continues to spread at a rapid rate in the developing world, USAID has made important contributions in the fight against the disease. USAID supported research that helped to identify interventions proven to curb the spread of HIV/AIDS. These interventions have become the basic tools for the international response to the epidemic. The evidence we gathered suggests that USAID projects have increased awareness of the disease, changed risky behaviors, and enhanced access to treatment of sexually transmitted diseases (STD) and to condoms, which have helped slow the spread of the disease in target groups. For example, in the Dominican Republic, USAID's efforts contributed to reduced incidence of HIV among targeted commercial sex workers. In one clinic funded by USAID, the percentage of commercial sex workers testing positive for HIV/AIDS dropped from 5.8 percent in 1995 to 3.5 percent in 1996.

To date, the United Nations has made only limited progress toward meeting its goal of leading a broad-based, expanded, and well-coordinated worldwide effort to prevent the transmission of HIV/AIDS. While information is not yet available to measure UNAIDS' progress in promoting increased spending by donor countries, the private sector, or affected countries, available data indicate that U.N. cosponsor agencies have not raised their overall spending on HIV/AIDS as had been anticipated. U.N. spending declined from \$337 million in 1994-95 to \$332 million in 1996-97 after the creation of UNAIDS.

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The UNAIDS Secretariat has only just begun to establish a framework for measuring the performance and objectives of the U.N.'s HIV/AIDS program. In addition, success with so-called "theme groups," which were designed to create a single focus and strategy for cosponsors at the country level, has been uneven. In some countries, cosponsor agencies conduct joint projects and meet regularly, while in others, they are just beginning to work together. Moreover, theme group representatives told us that the UNAIDS Secretariat has not provided useful technical assistance and best practice information to facilitate their activities.

Available quantitative and qualitative data show that USAID has had success in reducing the incidence of HIV/AIDS among targeted groups. Moreover, experts agree with the overall approaches of both USAID and UNAIDS. However, the continued rapid rate at which the disease is spreading in the developing world would suggest that a larger response may be required to slow the spread of the disease.

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## Usaid Has Made Important Contributions to HIV/AIDS Prevention

USAID's main contributions to preventing HIV/AIDS have been (1) providing support for research that helped to identify interventions ultimately proven to prevent HIV transmission and (2) implementing projects at the country level that raised awareness of the disease, reduced risky behaviors, and increased access to treatment of STDs and condoms. These activities have helped slow the spread of the disease in target groups, such as commercial sex workers and youth.

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## USAID Supported the Development of Accepted Interventions

Starting in 1986, USAID funded public and private research efforts that identified interventions proven through clinical trials and longitudinal studies to have an impact on the spread of HIV/AIDS. These interventions became the principal tools used in the global response to HIV/AIDS. They are

- information, education, and counseling to raise awareness of the threat of HIV/AIDS in an effort to promote positive behavior changes such as abstinence or reduction in the number of sexual partners, and safer sex practices;
- treatment of STDs which, if left untreated, can facilitate transmission of HIV infections; and
- promotion of increased condom use through condom "social marketing"—or publicizing the appeal of condoms—to prevent transmission of the virus.

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## USAID Projects Made Important Contributions

Our analysis of data from internal and external evaluations and discussions with representatives of high-risk groups indicate that USAID projects have helped slow the spread of the disease in targeted groups. Evaluations conducted of USAID's largest project, the AIDS Control and Prevention Project, or AIDSCAP, determined that its activities were successful in the 18 countries where it had programs. For example, in Honduras, AIDSCAP improved access to STD treatment and condoms and established a network of nongovernmental organizations (NGO) with the capacity to provide HIV/AIDS prevention activities. In the Dominican Republic, AIDSCAP improved knowledge and access to AIDS prevention practices and services to target groups, such as commercial sex workers and hotel workers.

Although there were management difficulties in Zambia, we found successful programs in all of the countries we visited. For example, USAID's program in the southern state of Tamil Nadu, India, focused on educating truck drivers and factory workers on the risks of HIV/AIDS and the use of condoms. For drivers who were targeted by USAID's program, the portion that patronized commercial sex workers and engaged in nonregular sex dropped from 38 percent to 27 percent between 1996 and 1997, according to USAID. Similarly, the portion of factory workers targeted by the program that reported using condoms increased from 28 percent to 41 percent. In the Philippines, an independent evaluation conducted in 1997 indicated that USAID's activities helped avert an increase in HIV/AIDS; the percentage of people who are HIV-positive remained below 1 percent in targeted groups. Moreover, in both countries USAID increased the capacity of local organizations to manage and deliver prevention activities.

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## UNAIDS Has Made Limited Progress Toward Meeting Its Goal

UNAIDS has made limited progress over the past 2 years toward achieving its goal of leading a broad-based, expanded, and well-coordinated worldwide response to the HIV/AIDS epidemic. While data are not yet available to measure spending from donors and affected countries, U.N. cosponsor organizations have not increased resources devoted to HIV/AIDS. In addition, despite the UNAIDS Secretariat's international efforts, it reports that private sector HIV/AIDS activities have remained few to date. Moreover, the Secretariat only recently began to develop a framework for measuring the performance of HIV/AIDS activities and—to date—has not been able to provide useful technical support and best practice information to country-level theme groups as expected.

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## Lack of Data to Measure UNAIDS' Progress in Mobilizing Resources From Other Sources

One of UNAIDS' objectives was to bolster spending by donors and affected countries and to increase private sector involvement in fighting the epidemic. The Secretariat is completing the analysis to establish a baseline to measure UNAIDS' progress in mobilizing donor and affected country resources.<sup>2</sup> Preliminary data from a survey conducted by the UNAIDS Secretariat indicate that spending by major donors<sup>3</sup> remained relatively stable between 1993 and 1996, at approximately \$250 million a year; however, data were not available for 1997.

The UNAIDS Secretariat has encouraged private sector support at the international level through advocacy efforts with leading corporate organizations such as the Conference Board and Rotary International. International efforts by the Secretariat have led to some successes, particularly in working with individual companies to advocate research and distribution of medical interventions. For example, Glaxo Wellcome, a major pharmaceutical company, recently announced that it would provide zidovudine (AZT) a viral inhibitor, to pregnant, HIV-positive women in developing countries at a substantially reduced price. However, at the country level, cosponsor agency efforts to involve private companies in HIV/AIDS have been limited. U.N. officials noted that the reason for a lack of focus on private involvement was because the United Nations is not accustomed to working with private partners and that its contacts in the field are almost exclusively with government ministries.

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## U.N. Expenditures for HIV/AIDS Did Not Increase

When the U.N. Economic and Social Council created UNAIDS, it noted that the success of the program was dependent on the provision of increased resources by the six cosponsor agencies. However, spending by these agencies declined by 1.6 percent, from \$337 million in 1994-95 to \$332 million in 1996-97. While the U.N. Population Fund and the U.N. Development Program increased spending for HIV/AIDS after UNAIDS was established, and the U.N. Educational, Scientific, and Cultural Organization and WHO began programming funds to support HIV/AIDS activities, the World Bank and the U.N. Children's Fund decreased expenditures. This decline occurred despite the 6.5 percent increase in overall spending by cosponsor agencies during the same period.

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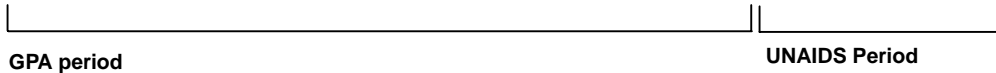
<sup>2</sup>Study on the National and International Financing of the National Response to HIV/AIDS, UNAIDS/PCB(6)/98.3 (Geneva, Switzerland: May 24, 1998).

<sup>3</sup>Major donors were identified by the United Nations as Australia, Canada, Denmark, France, Germany, Japan, Luxembourg, the Netherlands, Norway, Sweden, the United Kingdom, and the United States.

**Table 1: U.N. HIV/AIDS Funding Under WHO's Global Program on AIDS and UNAIDS, 1992-97**

In millions of 1997 dollars

	1992-1993	1994-1995	1996-1997
<b>GPA</b>	179.1	147.7	
<b>UNAIDS</b>			119.6
<b>WHO</b>			16.4
<b>World Bank</b>	197.7	84.6	74.1
<b>UNICEF</b>	17.4	13.7	10.2
<b>UNDP</b>	29.1	53.8	64.6
<b>UNFPA</b>	<i>a</i>	37.5	42.9
<b>UNESCO</b>	0	0	4.1
<b>Total</b>	423.4	337.3	331.9



- Not active.
- WHO core funding support included in overall GPA figures.

Note: The Global Program on AIDS (GPA) was superseded by UNAIDS in 1996.

Unavailable.

Sources: U.N. cosponsor agencies and UNAIDS Secretariat (funding not verified).

## Difficult Beginning for Theme Groups

The UNAIDS Secretariat was expected to organize theme groups as the coordinating entity for U.N. activities in the field, and U.N. cosponsor agencies agreed to work together to ensure a unified response to HIV/AIDS. UNAIDS' surveys of theme groups and our work in the field indicate that cosponsor agencies met regularly and even conducted joint projects in



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some countries, but in others that was not the case. In the Dominican Republic, for example, cosponsor representatives contributed to a central fund to support HIV/AIDS activities and met regularly to discuss progress. However, in India and Honduras representatives rarely met. A 1997 survey of theme groups, compiled by the Secretariat in April 1998 after we completed our fieldwork, showed that U.N. cosponsor agencies were making some progress in working together. However, in areas where theme groups reported progress, such as national resource mobilization, less than half of the respondents said they were operating effectively.

U.N. officials reported several reasons for theme group difficulties: (1) lack of guidance to agency country representatives regarding the operation of theme groups and the scope of their mission, (2) lack of individual accountability for theme group success, and (3) lack of commitment to working together in theme groups because of concerns held by some cosponsor representatives about UNAIDS' role as the organizational vehicle for the U.N. response. Secretariat officials told us that they met with cosponsor agencies in March 1998 to address these problems and to develop strategies to improve coordination.

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### UNAIDS Secretariat Has Not Provided Support Required to Facilitate Country Programs

A key role for the UNAIDS Secretariat was to provide technical assistance and best practice information to theme groups. However, in countries we visited, cosponsor agency officials did not think that best practices information and technical support available from the UNAIDS Secretariat were useful. For example, U.N. officials told us that the best practices information was too theoretical and lacked project implementation guidance. Cosponsor agency officials also said they rarely used technical support from the Secretariat because it was not tailored to their specific needs and, in some cases, because these officials were unaware of its availability. Recognizing these weaknesses, Secretariat officials noted that it, along with other bilateral donors, is working to establish a network of technical resources that can be used by U.N. field staff to enhance the design and implementation of national HIV/AIDS programs.

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### No Evaluation Framework

Despite being directed by its governing board to develop a framework for measuring the performance of the U.N.'s HIV/AIDS programs within a year of UNAIDS' establishment, the Secretariat did not staff the evaluation unit until September 1997 and hopes to have a pilot project in place to field test performance measures at the end of 1998.

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## **Cosponsor Agencies Undertook Innovative Grassroots Interventions**

Although we did not conduct a systematic evaluation of U.N. agency projects, we observed innovative prevention activities in each of the countries we visited. Cosponsor agencies utilized accepted interventions, such as condom education and promotion and encouragement of STD treatment. These activities ranged from peer group counseling to theatrical productions that highlighted the danger of the virus. These activities were generally targeted to high-risk groups. In addition, U.N. agencies encouraged program sustainability by training Health Ministry staff and NGOs in affected countries to provide interventions.

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Mr. Chairman and members of the Subcommittee, this concludes our statement for the record. Thank you for permitting us to provide you with this information.

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