



FACT SHEET: President's Emergency Plan for AIDS Relief (PEPFAR)

In 2003, the United States launched the President's Emergency Plan for AIDS Relief (PEPFAR), the largest bilateral HIV/AIDS program in the world. PEPFAR has provided antiretroviral therapy for approximately 1.6 million people in 15 focus countries,¹ and has helped provide prevention and care services for millions more. But the US global AIDS initiative has had many problems, including a focus on abstinence and faithfulness at the expense of comprehensive sexuality education, a ban on syringe exchange, and a requirement that organizations receiving US funding sign a pledge that they will not support or condone prostitution (known as the Prostitution Loyalty Oath). On July 30, 2008, President George W. Bush signed into law the *Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008*, which reauthorizes PEPFAR through 2013. While imperfect in many ways, the new version of PEPFAR still holds a great deal of promise for people living with and affected by HIV/AIDS in the program's current focus countries and beyond.

What Does PEPFAR Reauthorization Accomplish?

The new PEPFAR legislation authorizes \$48 billion to support HIV/AIDS, tuberculosis, and malaria programs from 2009 to 2013—triple the amount authorized in the first PEPFAR bill. This \$48 billion is divided as follows: \$35.4 billion for HIV/AIDS services, \$3.8 billion for tuberculosis, \$4.8 billion for malaria, \$1.7 billion for research, and \$2.3 billion for health care workers.² Additionally, up to \$2 billion is authorized as a contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria for fiscal year 2009; unspecified Global Fund contributions are authorized for 2010 through 2013.³

Ten percent of the money authorized for the next phase of PEPFAR has been earmarked to provide services for orphans and other vulnerable children, such as school fees, nutrition, and community-based care.⁴

An Improved Prevention Strategy

The 2008 PEPFAR legislation has a greater focus on the unique vulnerabilities of women and girls and requires the Office of the Global AIDS Coordinator (OGAC) to develop a plan to meet their needs. PEPFAR's strategy and activities must address the role of gender-based violence in driving HIV/AIDS and the need to provide both legal protections and economic opportunities for women and girls. Research into female-controlled prevention methods, particularly microbicides, is also given increased attention and resources. These efforts must be reported to Congress, increasing accountability for their success.

The requirement that one-third of PEPFAR's prevention spending support abstinence-only and faithfulness programs (known as the "AB earmark") has been struck down. In its place is the suggestion that countries with generalized epidemics should spend at least 50% of funding for prevention of sexual HIV transmission on abstinence, faithfulness, partner reduction, and delay of sexual debut. If they do not, the Global AIDS Coordinator must justify this decision to Congress. While not a new earmark, this change must be clearly explained to countries in order for it to have a positive impact.

A new target of ensuring an 80% coverage rate for services to prevent mother-to-child HIV transmission is included in PEPFAR's next phase.⁵

A new target of preventing 12 million HIV infections worldwide over the next five years is included in PEPFAR's next phase.⁶

Treatment Access and Health System Strengthening

PEPFAR reauthorization sets a target of providing care for 12 million people by 2013.⁷ Of those receiving care, at least 5 million should be orphans and vulnerable children affected by HIV/AIDS. The emphasis should be to promote comprehensive, coordinated services throughout the continuum of care. In addition, the number of health workers and paraprofessionals will be increased, particularly to deliver primary health care in sub-Saharan Africa. Beyond that, it will be necessary to work toward meeting WHO-recommended staffing levels for doctors, nurses, and midwives and to strengthen the health care infrastructure.

The next phase of PEPFAR seeks to strengthen health systems through training and retention of at least 140,000 new health care workers.⁸

PEPFAR Focus Countries and Strategy

PEPFAR will continue work in the existing 15 focus countries.⁹ Additional countries will be eligible for support by establishing compacts or other agreements with OGAC. These agreements will set specific targets and require consideration of health systems, gender, civil society engagement, and other cross-cutting issues. In addition, the new PEPFAR strategy calls for increased coordination with global and country-level partners and greater support for national strategic planning efforts. PEPFAR reauthorization also eliminated the US ban on immigration and travel for people living with HIV/AIDS; however, the US Department of Human Services must still remove HIV/AIDS from the list of diseases that can be used to prevent people from coming to the US.

Remaining Problems

- ◆ The new PEPFAR legislation does not mention family planning, an essential component of universal access to HIV/AIDS prevention, treatment, and care, or other important aspects of sexual and reproductive health.
- ◆ Although the new language regarding suggested spending for programs to promote abstinence and faithfulness is not a required earmark, it will remain confusing to many country-level implementers.
- ◆ The Prostitution Loyalty Oath is still US law.
- ◆ The ban on US support for syringe exchange for injection drug users remains in effect.
- ◆ The requirement that the number of people on treatment be linked to the annual dollar amount appropriated to PEPFAR may create a disincentive to expand the number of people on treatment, which can be costly, and does not hold the US government accountable for meeting the needs of people living with HIV/AIDS.
- ◆ The target for training additional health care workers and paraprofessionals includes community health workers, which does not go far enough to address the serious shortage of doctors and nurses.

Sources

[1] The White House, July 2008, Fact Sheet: PEPFAR: A Historic Commitment to Compassion, Available at <http://www.whitehouse.gov/news/releases/2008/07/20080714-9.html>.

[2] Tom Lantos and Henry J. Hyde United States

Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008, p. 2966.

[3] Avert, 2008, What is PEPFAR?, Available at <http://www.avert.org/pepfar.htm>.

[4] Ibid.

[5] Avert, 2008.

[6] Tom Lantos and Henry J Hyde, p. 2947.

[7] Ibid.

[8] Ibid.

[9] Ibid.

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