

The President's Emergency Plan for AIDS Relief April 2005 Newsletter

A Monthly Update on the U.S. Commitment to Turn the Tide Against Global HIV/AIDS

OFFICE OF THE U.S. GLOBAL AIDS COORDINATOR

Ambassador Tobias testified before the House International Relations Committee on April 13, 2005.

"If I may step back and look at the big picture for a moment, the Emergency Plan is part of our nation's broad effort to offer leadership on international development. I think the Emergency Plan embodies the President's approach, emphasizing partnership with host nations, capacity building, and accountability. These are increasingly among the hallmarks of America's development strategy.

Results, of course, are the test of any strategy. In just eight months, the United States was able to put more people in the developing world on drug treatment than any other donor. That's a powerful fact. With Congress' support, the Emergency Plan will continue to provide that kind of strong, results-oriented leadership around the world.

Thanks to the commitment of the American people and Congress, along with the courageous people of our host nations, new hope is being born in places where it has been in short supply. This is something of which all Americans can be proud."

What others are saying about the Emergency Plan:

"I want to commend [Ambassador Tobias] on his very effective and non-ideological performance of a very difficult responsibility." — Congressman Tom Lantos (D—California), Ranking Member of the House International Relations Committee

"[PEPFAR] was based on a fundamentally radical and humane premise. That premise was that notion accepted by few around the world that poor people with AIDS in Africa should live and not die. . . The concept that expensive medication could be available to people in countries where national health budgets were pennies per person, per year, was a truly radical notion. The reason I say radical and not naïve is that it [is] based on the premise that we will offer treatment . . . we will build the infrastructure to offer it to reach the poorest, we will build it as we go, and that is exactly what PEPFAR has tried to do and I salute them for it." - Ms. Holly J. Burkhalter, Physicians for Human Rights

DOMINICAN REPUBLIC



New patients register for HIV/AIDS Services at the "Fundacion 20-30" Outpatient Center

Attacking AIDS on Many Fronts

The Dominican Republic shares the island of Hispaniola with Haiti and has an active air bridge to the United States and surrounding areas. Confronting HIV/AIDS in the country is strategically important for controlling the disease in the Caribbean.

In the Dominican Republic, the Emergency Plan has mounted an HIV/AIDS prevention and treatment program with a number of partners. The U.S. government helped to renovate eleven public and private clinics, train staff, and support the lab tests to enable antiretroviral (ART) drug treatment to begin. Over 1,200 people are now on ART. Many Emergency Plan partners work with peer educators at the community level, who promote abstinence and being faithful among their peers. Through U.S. government efforts, over 13.5 million condoms have been distributed with a focus on commercial sex establishments and small stores located near areas of high commercial sex activity.

Our mass media campaign against stigma and discrimination, "Add some color to their lives", was launched during the Chiefs of Mission Conference on HIV/AIDS, hosted by the U.S. Mission in the Dominican Republic. Dominican TV and radio networks provide free air time. The 3rd annual HIV/AIDS song contest attracted 64 original songs. We support 22 prevention programs through non-governmental organizations, which focus on at-risk groups. Over 100 counseling and testing and vertical transmission sites are now operating, although challenges remain in bringing them all to a consistent level of quality. Our children's programs reach nearly 1700 vulnerable children and their families.

Working with our host government counterparts and a myriad of donors, the programs in the Dominican Republic have made a promising beginning. But we have a long road ahead before we can claim victory over HIV/AIDS.

ETHIOPIA

Ethiopian "Idirs" Offer Community-Based Support

In Ethiopia, community burial societies, known as *idirs*, are a valued part of traditional society. While funeral services are an important part of the culture, they are costly. To assist with costs and preparations for a funeral, people register with an *idir* – each of which represents several hundred households — and pay a monthly membership fee. With the swelling numbers of HIV deaths, through an Emergency Plan partnership *idir* leadership committees were contacted to assess their interest in care and support activities for people with HIV. The answer back from the community was clear: the need was great.

The resulting program involves, to date, a total of 164 idirs in 14 targeted cities, mobilizing idir leadership to participate in home- and community-based care programs that provide desperately needed help to Ethiopians affected by HIV/AIDS. More than 900 volunteers have been trained to help meet critical health needs for residents who otherwise might suffer alone. Approximately 4,200 chronically ill and bedridden patients, most of them people living with HIV/AIDS, are now receiving home nursing care. In addition, more than 20,000 vulnerable people are getting other kinds of support, either from volunteer home-based caregivers or through referral within communitylevel networks.

This innovative care program is a true collaborative effort, bringing together the U.S. government, members of the non-governmental organization community, the local government, and the *idirs*. The success of the program reflects the importance of engaging local institutions and communities as peers and partners in getting help directly to those coping with the epidemic's devastating effects.



A home-based care giver provides support for a woman suffering with AIDS