



Celebrating Life:
The U.S. President's
Emergency Plan for AIDS Relief

2009 Annual Report to Congress - Highlights





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Justine Mulenga, one of Zambia’s top musicians, realized that his songs contained many messages, but did not address the issue of HIV/AIDS. After he underwent 6 months of training to become an HIV advocate, leader, and peer educator at a PEPFAR-supported leadership training program implemented through the Tourism HIV/AIDS Public-Private Partnership, his approach changed. “I know my HIV status... how cool is that!?” Mulenga remarked. “I went for counseling and testing and now, I know.” When Mulenga sings, he touches Zambia’s soul, and Zambia rocks with him. Since his training, he has performed and presented his HIV messages to a combined audience of more than 100,000.

Partnerships Create Hope

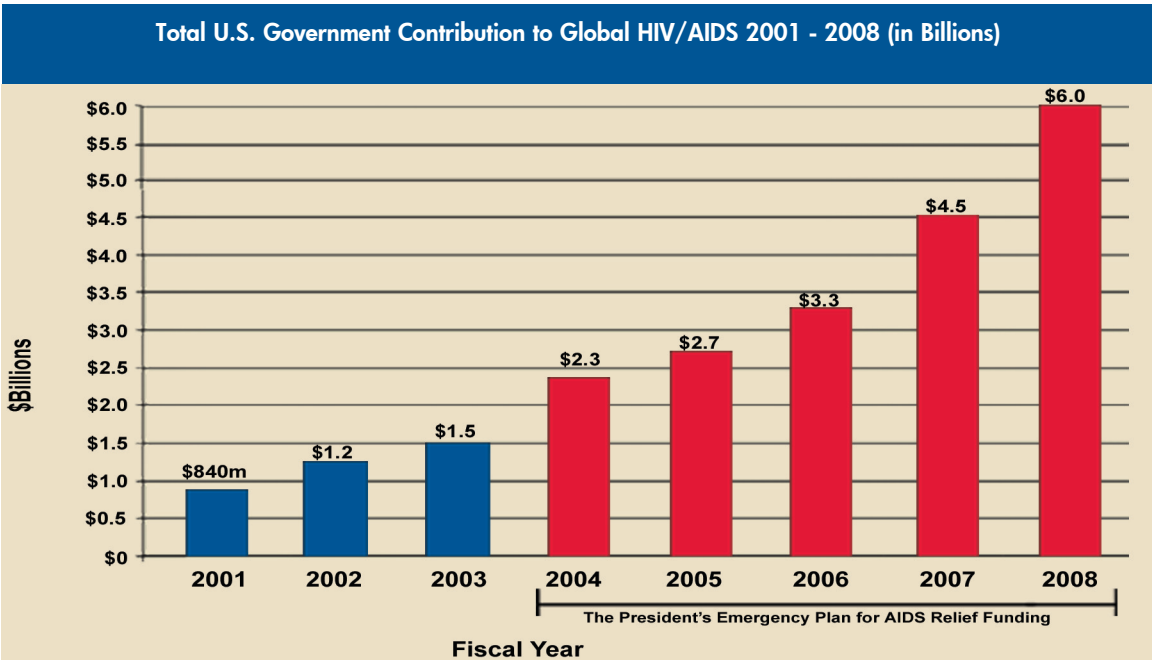
For more than 25 years, the global community has witnessed the devastating impact of HIV/

AIDS. Until recently, many wondered whether prevention, treatment and care could ever make a measurable impact, particularly in resource-limited settings where HIV was a death sentence.

Just 5 years ago, only 50,000 people living with HIV in all of sub-Saharan Africa were receiving antiretroviral treatment. Recognizing that HIV/AIDS was and is a global health emergency requiring emergency action, the U.S. Government, including a bipartisan, bicameral Congress reflected the compassion and generosity of the American people.

Their creation, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), holds a unique place in the history of public health for its size and scope:

In size, with an original commitment of \$15 billion over 5 years, and a final funding level of \$18.8 billion, it is the largest international health initiative in history dedicated to a single disease and also the largest development initiative in the world. The first phase of PEPFAR went beyond a commitment to allocating resources to a commitment to achieving results, with ambitious goals to support prevention of 7 million new infections, treatment of 2 million and care for 10 million,



including orphans and vulnerable children.

In scope, it is the first large-scale effort to tackle a chronic disease in the developing world. It moves beyond isolated efforts and pendulum swings that led programs to focus on prevention or treatment or care for HIV/AIDS, to sound public health principles — integrated prevention, treatment and care.

The success of PEPFAR is firmly rooted in a commitment to results. Through partnerships between the American people and the people of the countries in which we are privileged to serve — governments, non-governmental organizations including faith-based organizations and community-based organizations, and the private sector — we are building sustainable systems and empowering individuals, communities, and nations to battle HIV/AIDS.

Together, we have acted quickly. We have already **obligated 92 percent of the funds** initially appropriated to PEPFAR and have **expended or out-layed 68 percent of those resources**.

But success is not best measured in dollars spent. PEPFAR's success is measured in services provided and lives saved.

A Commitment Renewed

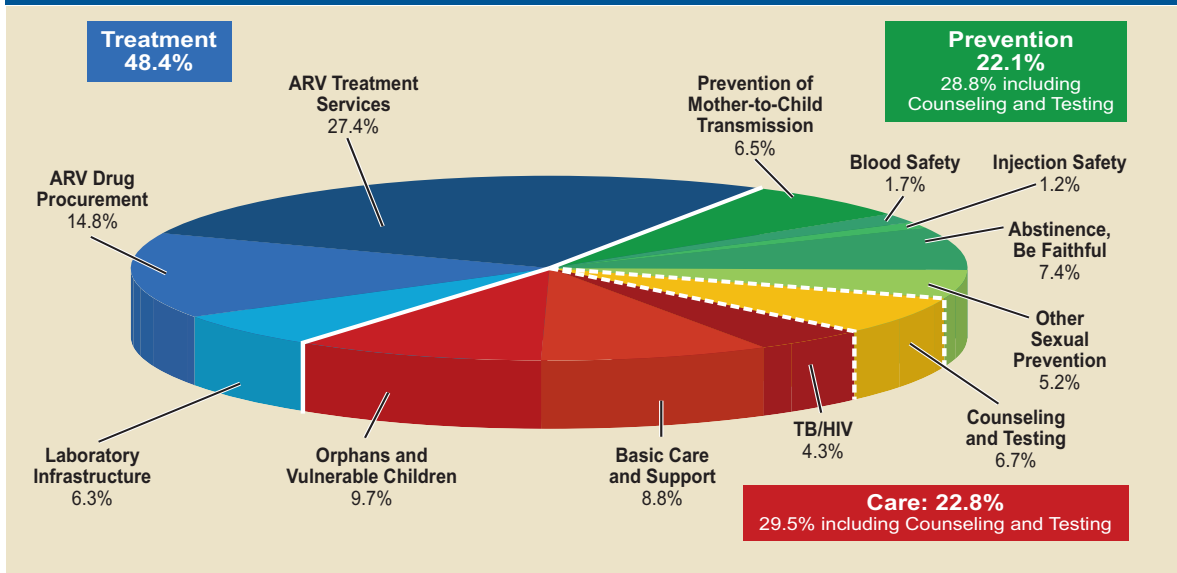
On July 30, 2008, the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 was signed into law, authorizing **up to \$48 billion over the next 5 years** to combat global HIV/AIDS, tuberculosis, and malaria.

Through fiscal year (FY) 2013, PEPFAR plans to work in partnership with host nations to support:

- Treatment for **at least 3 million** people
- Prevention of **12 million** new infections
- Care for **12 million** people, including **5 million** orphans and vulnerable children

To meet these goals and build sustainable local capacity, PEPFAR will support training of **at least 140,000** new health care workers in HIV/AIDS prevention, treatment and care.

All Focus Countries: The U.S. President's Emergency Plan for AIDS Relief
FY2008 Planned Funding for Prevention, Treatment and Care





Like many students at the Hong Cam Mining Vocational College in Vietnam, 22-year-old Pham Van Duy leads a busy academic and social life. In addition to his coursework and extracurricular activities, Duy is an active Peer Educator trained by Project N.A.M., a PEPFAR-supported project that provides a comprehensive HIV prevention program for at-risk young men in vocational schools and out-of-school settings. In 2008, 700 peer educators and club members like Duy reached more than 45,000 at-risk young men.

Partnerships for Prevention

The world cannot defeat this pandemic through treatment and care alone. The UNAIDS *2008 Report on the Global AIDS Epidemic* estimates that there were approximately 2.7 million new HIV infections in 2007.

This indicates that new infections still far outpace the world's ability to add people to treatment. The best approach to the challenges posed by HIV/AIDS is to prevent infection in the first place.

PEPFAR supports the most comprehensive, evidence-based prevention program in the world, targeting interventions based on the epidemiology of HIV infection in each country.

These include reducing sexual transmission with the ABC Strategy (Abstain, Be Faithful, correct and consistent use of Condoms), the prevention of mother-to-child transmission, the transmission of HIV through unsafe blood and medial injections, and male circumcision.

PEPFAR also integrates new prevention methods and technologies as evidence is accumu-

Prevention Summary

PEPFAR Five-Year Goal:

- Support prevention of **7 million** new infections.

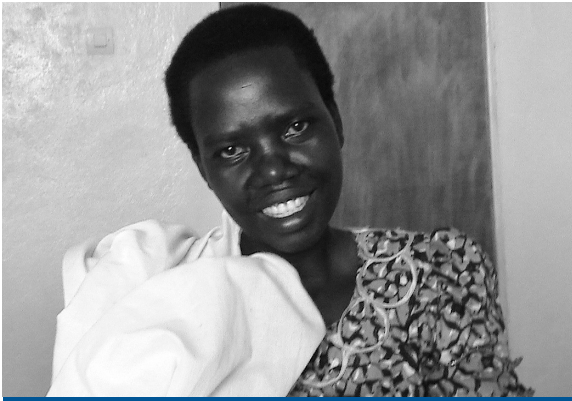
Progress Achieved:

- Reached an estimated **58.3 million people** through community outreach programs to prevent sexual transmission using the ABC approach.
- U.S. Government has supplied **more than 2.2 billion condoms** worldwide from 2004 to 2008.
- Supported prevention of mother-to-child HIV transmission during **nearly 16 million pregnancies**.
- Supported antiretroviral prophylaxis for **nearly 1.2 million pregnant women** found to be HIV-positive, allowing **nearly 240,000 infants** to be born HIV-free.

Allocation of Resources in FY2008:

- In the focus countries in FY2008, PEPFAR provided approximately **\$712 million** to support prevention activities. This investment represents **22 percent** of focus country program funding. If counseling and testing are counted as prevention, this share increases to **29 percent**.

lated and normative guidance provided. It is important for prevention activities to enter the 21st century and keep pace with evidence-based techniques and modalities that have been developed to change human behavior, especially those developed in the private sector for commercial marketing.



Kiziba refugee camp, located in the Western Province of Rwanda, is home to nearly 18,000 Congolese refugees who have fled violence from the rebel and militia fighting in Democratic Republic of Congo. With PEPFAR support and site accreditation by the Rwandan Ministry of Health, the United Nations High Commission for Refugees initiated a treatment program at Kiziba camp. Antiretroviral treatment is integrated in the full health service package that is offered to refugees, as well as the surrounding local community.

Partnerships for Treatment

AIDS is still among the most deadly infectious diseases in the world. In sub-Saharan Africa, the epicenter of the pandemic, it is the leading cause of death. More than 22 million of those infected — more than two thirds of all people living with HIV/AIDS — live in the region, and approximately 1.7 million people die of AIDS there each year, more than three-quarters of the global total.

However, there is new reason for hope. On a global basis, UNAIDS also estimates that the number of people dying of AIDS-related causes has declined in recent years, from 2.2 million in 2005 to 2.1 million in 2007. This is the first time such a decline has occurred, and the change is due largely to the increased availability of antiretroviral treatment — though improved prevention and care programs have likely contributed as well.

Lives prolonged through treatment benefit not only those on treatment. The ultimate measure of treatment is the daily impact on individual lives, and therefore on their families, communities and nations.

Treatment Summary

PEPFAR Five-Year Goal:

- Support treatment for **2 million** HIV-infected individuals

Progress Achieved:

- Supported life-saving treatment for **more than 2.1 million men, women and children** through September 30, 2008, including more than **2 million** in the 15 focus countries.
- Treatment support is estimated to save **nearly 3.28 million adult years of life** through the end of September 2009.
- Increased the share of those receiving PEPFAR-supported treatment who are children from 3 percent in FY2004 to **8 percent** in FY2008.
- As of December 20, 2008, **78 generic antiretroviral formulations** approved or tentatively approved by the Food and Drug Administration within the U.S. Department of Health and Human Services.

Allocation of Resources in FY2008:

- In FY2008, PEPFAR provided **\$1.6 billion** in support of treatment programs, or approximately **48.4 percent** of program funding in the program's focus countries.



Through a theater group supported by PEPFAR through a faith-based organization, six young boys, ages eight through 14, are encouraging abstinence, behavior change, and healthy lifestyles in an effort to prevent the spread of HIV/AIDS in Angonia, Mozambique.

Partnerships for Care

As the pendulum on HIV/AIDS interventions swings between prevention and treatment, it is often care that is lost. Yet care is a critical element of a truly comprehensive approach to fighting HIV/AIDS.

As defined within PEPFAR, there are three key dimensions to care: care for orphans and vulnerable children; care and support (other than antiretroviral treatment) for people infected with or affected by HIV/AIDS; and HIV counseling and testing (which has been counted as Care during the first phase of PEPFAR, but will be counted as part of Prevention for future years). Despite significant progress by PEPFAR in all three areas, much more needs to be done.

Recognizing the central importance of preserving families, PEPFAR focuses on strengthening the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and caregivers.

PEPFAR also provides “care and support,” which refers to the wide range of services other than antiretroviral treatment offered to people living with HIV/AIDS and other affected persons, such as family members. Care and support comprises five categories

Care Summary

PEPFAR Five-Year Goal:

- Support care for **10 million** people infected and affected by HIV/AIDS, including orphans and vulnerable children.

Progress Achieved:

- Supported care for **more than 10.1 million people** affected by HIV/AIDS worldwide, including **more than 4 million** orphans and vulnerable children.
- Supported HIV counseling and testing for **nearly 57 million people**.
- Supported tuberculosis treatment for **more than 395,400** HIV-infected patients through September 2008.

Allocation of Resources in FY2008:

- In FY2008, PEPFAR provided **\$953 million**, or **29.5 percent** of focus country program resources, in support of care activities.

of services: clinical (including prevention and treatment of opportunistic infections and AIDS-related malignancies, and pain and symptom management), psychological, social, spiritual, and preventive services.

In addition, knowing one’s status provides a gateway for critical prevention, treatment, and care. Millions of people must be tested in order for PEPFAR to meet its ambitious prevention, treatment and care goals. PEPFAR programs have worked to ensure that counseling and testing is targeted to those at increased risk of HIV infection such as tuberculosis patients and women seeking services to prevent the transmission of HIV from mother-to-child.



To address the critical shortage of health care professionals in Côte d'Ivoire, PEPFAR collaborated with the National Training Institute for Health Care Workers (INFAS) to support the hiring of 35 instructors at 3 INFAS locations. These skilled instructors have eased the burden on medical personnel and allowed the faculty to introduce best practice methods through regular oversight, assess areas of need for improved student development, and provide a combination of theory and practice for optimal capacity development.

Working with International Partners

The United States is not the only international partner of host nations. Other key international partners include: the Global Fund; the World Bank; United Nations agencies, led by UNAIDS; other national governments; and increasingly the businesses and foundations of the private sector. All of these partners have vital contributions to make to the work of saving lives around the world.

Through PEPFAR, the U.S. Government is the first and largest contributor to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, a multilateral organization that provides an important vehicle for other nations to increase their commitments on the three diseases. To date, the U.S. Government has contributed more than \$3.3 billion to the Global Fund. And as of September 2008, PEPFAR and the Global Fund reported supporting antiretroviral treatment for a collective total of 2,952,600 persons.

The United States was a driving force behind the creation of UNAIDS' "Three Ones" principles for support of national HIV/AIDS leadership and continues to support UNAIDS' work in a variety of ways.

Promoting Sustainability and Accountability

PEPFAR supports enduring contributions that build health systems as part of a broader development approach. PEPFAR is working to ensure a sustainable response by building the capacity of public and private institutions in host nations to respond to HIV/AIDS.

With support from PEPFAR, host countries are developing and expanding a culture of accountability that is rooted in country, community, and individual ownership of and participation in the response to HIV/AIDS.

While HIV/AIDS is unmistakably the focus of PEPFAR, the initiative's support for technical and organizational capacity-building for local organizations has important spillover effects that support nations' broader efforts for sustainable development.

Capacity Building Summary

Progress Achieved:

- In FY2008, PEPFAR **partnered with 2,667 organizations** – of which **86 percent were local** – up from 1,588 in FY2004.
- From FY2004 through FY2008, PEPFAR supported an estimated **3.7 million training and retraining encounters** for health care workers. In FYs 2006 and 2007, PEPFAR provided approximately **\$322 million** to support training activities. In FY2008, PEPFAR provided an estimated **\$310 million** to support training activities.
- PEPFAR estimates that approximately **\$734 million** in FY2008 resources were invested in capacity building in the public and private health sectors to support service delivery sites for prevention, treatment and care.



Cover photo by Reverie Zurba, USAID/South Africa