



## Making a Difference: Supporting Antiretroviral Treatment

For too long, people living with HIV/AIDS in the developing world have had very limited access to the life extending antiretroviral treatment more widely available in the West. As the world comes together to reflect on 25 years of HIV/AIDS, mourn the 25 million who have died, and consider where we have come since the 2001 UN Declaration of Commitment on HIV/AIDS, it is important to recognize the significant progress that has been made in the fight against the pandemic.

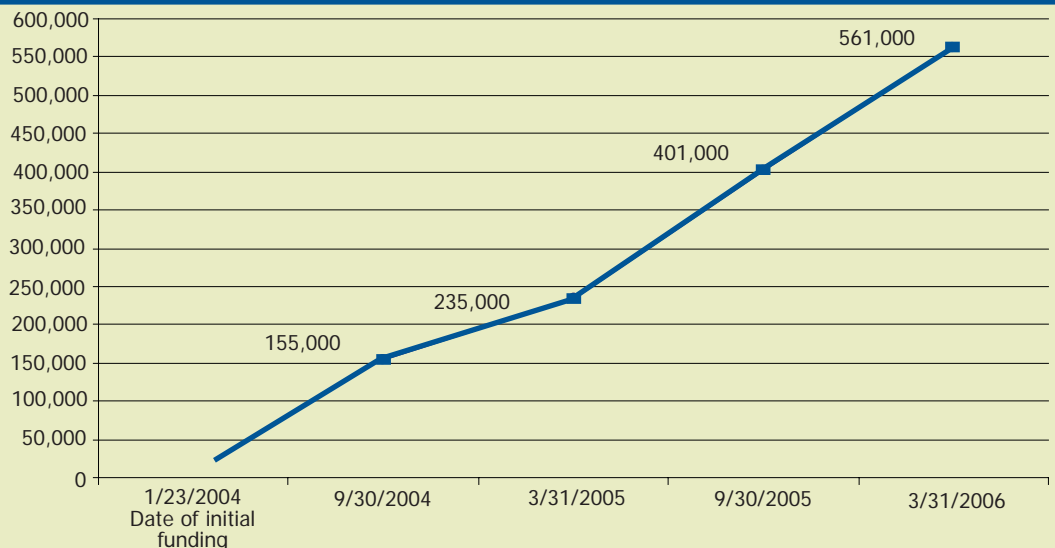
With the strong support of the American people and Congress, President Bush's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR), announced in 2003, was the first quantum leap in America's leadership on global AIDS. The Emergency Plan is a five year, \$15 billion, multifaceted approach to combating the disease in more than 120 countries around the world.

### Latest Treatment Results

Thanks to the urgent efforts of dedicated partners – both governmental and nongovernmental – in the field with support from the Emergency Plan, hope is reaching a growing number of people.

As of March 31, 2006, the Emergency Plan has supported antiretroviral treatment for **561,000 men, women, and children** through bilateral programs in 15 of the most afflicted countries in Africa, Asia, and the Caribbean - turning the despair of suffering and death to the hope of health and life. **Sixty-one percent** of those being supported are female. The U.S. continues to support treatment for more people than any other international partner in the world.

**Number of Individuals Receiving Antiretroviral Treatment**  
Total of both upstream and downstream USG-supported interventions



President George W. Bush's Emergency Plan for AIDS Relief is the largest commitment ever by any nation for an international health initiative dedicated to a single disease -- a five-year, \$15 billion, multifaceted approach to combating the disease in more than 120 countries around the world.

*U.S. Department of State*

*U.S. Agency for International Development*

*U.S. Department of Defense*

*U.S. Department of Commerce*

*U.S. Department of Labor*

*U.S. Department of Health and Human Services*

*Peace Corps*

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## In Partnership with Our Host Nations

Citizens must lead and own the fight against HIV in their countries, which is why the Emergency Plan supports host nations' efforts to reach the treatment goals within national strategies. Reflecting the Emergency Plan vision of partnership with host nations, U.S. Government country teams consult with host governments and other partners to determine the appropriate role for the Emergency Plan – whether it consists of downstream support (including support for provision of treatment at specific sites) or upstream support (such as support for national laboratory, training and quality assurance systems).

## Treatment Involves Far More Than Drugs

PEPFAR is committed to supporting national strategies through partnerships with host governments, non-governmental organizations (including faith- and community-based organizations), and the private sector, together providing the full spectrum of services required for quality treatment. With Emergency Plan support and that of other partners such as the Global Fund, host nations are providing services that achieve results while building the local, sustainable capacity needed for the long term. The services and capacity expansion include:

- Trained clinical and laboratory personnel
- Counselors for treatment regimen adherence, prevention and healthy living
- Physical infrastructure including laboratory equipment
- Distribution, logistics and management systems for drugs and other commodities

## An Integrated Approach

Despite tremendous progress, much remains to be done to expand treatment to those in need. Treatment brings hope that drives efforts in other areas such as prevention, counseling and testing, and care. Emergency Plan is committed to integrated prevention, treatment and care - no one piece can stand alone.

- Today, the U.S. supports the most diverse portfolio of HIV/AIDS prevention strategies of any international partner: in addition to the ABC strategies (abstain, be faithful, and correct and consistent use of condoms), the U.S. also supports programs that focus on mother-to-child transmission, on blood safety and safe medical injections, on intravenous drug users, on HIV-discordant couples, on women, on men, and on alcohol abuse, among other key issues. Through March 31, 2006, the Emergency Plan supported prevention of mother-to-child HIV transmission services for women during **over 4.5 million pregnancies**, antiretroviral prophylaxis for women during **342,200 pregnancies**, and prevented an estimated **65,100 infant HIV infections**.
- Through September 30, 2005, the Emergency Plan supported care for nearly **3 million people**, including care for **over 1.2 million orphans and vulnerable children**.
- When people learn their status, they can begin treatment, or take the appropriate steps to avoid becoming infected themselves or spreading the infection to others. As of March 31, 2006, men, women and children have benefited from counseling and testing services on **over 13.6 million occasions** since the inception of the Emergency Plan.

### Number of Individuals Receiving Antiretroviral Treatment as of March 31, 2006

	Downstream <sup>1</sup>	Upstream <sup>2</sup>	Total
Botswana	0	51,200	51,200
Cote d'Ivoire	16,400	0	16,400
Ethiopia	26,800	0	26,800
Guyana	1,200	0	1,200
Haiti	6,000	0	6,000
Kenya	58,000	0	58,000
Mozambique	10,700	12,200	22,900
Namibia	19,000	0	19,000
Nigeria	30,100	19,400	49,500
Rwanda	10,200	12,300	22,500
South Africa	75,200	56,800	132,000
Tanzania	22,800	0	22,800
Uganda	38,700	36,300	75,000
Vietnam	1,600	0	1,600
Zambia	50,100	6,000	56,100
<b>Total</b>	<b>366,800</b>	<b>194,200</b>	<b>561,000</b>

NOTE: Figures are rounded to the nearest 100.

<sup>1</sup>Included in downstream results are individuals reached through service delivery sites that are directly supported by USG interventions/activities (e.g. commodities, drugs, supplies, supervision, training or quality assurance) at the point of service delivery. Results are considered "downstream" if they can be associated with counts of uniquely identified individuals receiving services at unique program or service delivery points.

<sup>2</sup>Included in upstream results are estimates of individuals served as a result of the USG's contribution to systems strengthening beyond those counted as receiving direct USG support. Systems strengthening includes support to national, regional, or local activities such as policy development; institutional capacity building; logistics; protocol or guideline development; advocacy; laboratory support; national, regional training; and national management information systems. Upstream support is vital to creating sustainable national systems. In Botswana, for example, the government has led an aggressive and highly successful multi-sectoral response with its own resources and significant downstream contributions from the private sector. The USG has provided funding for purchase of antiretroviral drugs, significant contributions to the development and implementation of national systems for training, quality assurance, and guidelines applied to clinical delivery of ART, HIV laboratory, and monitoring and evaluation of ART. These contributions strengthen the overall success of Botswana's national strategy.