

## PEPFAR - fact sheet

### President Bush Announces Five-Year, \$30 Billion HIV/AIDS Plan

In May President Bush announced his intention to work with Congress to reauthorize the President's Emergency Plan for AIDS Relief (PEPFAR). The five-year, \$30 billion proposal would double the United States initial \$15 billion commitment made in 2003.

### What is PEPFAR?

PEPFAR stands for: President's Emergency Plan for AIDS Relief. PEPFAR is the U.S. Government's programme to fight HIV and AIDS. It is a five-year strategy (2003 – 2008) to support integrated prevention, treatment and care programmes.

### Congress required that the PEPFAR money should be divided in the following way:

55% for the treatment of individuals with HIV/AIDS

15% for the palliative care of individuals with HIV/AIDS

20% for HIV/AIDS prevention (of which at least 33% is to be spent on abstinence until marriage programs. Since late 2005 a new rule indicated that 66% should be spent on "AB" strategies.)

10% for helping orphans and vulnerable children (of which at least 50% is to be provided through non-profit, non-governmental organisations, including faith-based organisations, that implement programs at the community level).

### Main critique of PEPFAR

U.S is the largest funder for HIV/AIDS programmes. However, there are also criticisms on the requirements set-up by the congress.

The main critique is:

#### 30 billion dollar is not enough

Dr. Paul Zeitz, Executive Director of the Global AIDS Alliance, explains that 30 billion dollars is a good gesture of the US, but it is not enough to fight the epidemic.

"...Looking at the details, it's clear that this plan is a modest funding increase. It is far below what is needed to get ahead of the AIDS virus and meet new international commitments, including providing services for children."

#### Abstinence Approach is not effective

20% of the PEPFAR money is spent on HIV/AIDS prevention. The first two and a half years 33% of this part was to be spend on abstinence until marriage programmes. In late 2005, PEPFAR introduced a new rule that at least two-thirds of all funds for preventing sexual transmission of HIV should be spent on promoting abstinence and being faithful (known as "AB" strategies).

A large number of AIDS organisations and experts have voiced concern that PEPFAR is putting too much emphasis on abstinence until marriage, and is not doing enough to make young people aware that condoms, if used correctly and consistently, are highly effective at preventing HIV infection. Besides abstinence until marriage does not always ensure safety, because marriage in itself provides no protection from infection. Many people are unsure of the HIV status of their partners, and those who are faithful cannot be certain that their partner is maintaining the same commitment. Furthermore, abstinence is not a realistic option for the millions of women and girls who are in abusive relationships, or those who have been taught always to obey men. People who do not abstain should do everything possible to reduce risk, including using condoms.

Serra Sippel, deputy director of CHANGE (Centre for Health and Gender Equity) explains:

"Eighty percent of the women worldwide who are living with HIV contracted the virus from their husband or primary partner; it is clear that abstinence-until-marriage programs are failing them. The abstinence-until-marriage earmark is denying women, youth, and other vulnerable populations access to the prevention information and tools they need to protect themselves."

#### Antiretrovirals – access to treatment

In 2003, President Bush acknowledged that in order to create access to treatment for those affected by HIV/AIDS it is needed to lower the prices of antiretrovirals (ARVs). Generic copies of AIDS drugs are usually much cheaper than brand-name versions, so potentially enable more people to receive treatment. Unfortunately, PEPFAR introduced some regulations that do not stimulate the actual use of generic drugs.

55% of the PEPFAR money is spent on treatment. This means that a very large amount of PEPFAR money (probably several billion dollars) is going to be spent on the purchase of HIV antiretroviral drugs. According to the PEPFAR strategy document drugs purchased with PEPFAR money may be "bioequivalent versions of branded ARV and other medications", meaning that lower priced generic drugs could be purchased. However generic drugs do need approval by the U.S. Food and Drug Administration (FDA) or a regulatory agency in Canada, Japan or Western Europe. It is not sufficient for drugs to have been pre-qualified by the World Health Organisation, even though their system is trusted by most other donors and national governments. This extra requirement is likely to negatively affect the purchase of generic drugs.

By January 2007 the FDA had approved 34 generic antiretroviral drugs, including eight FDCs (Fixed-Dose Combinations) and eight paediatric formulations. Generics accounted for around 27% of spending on drug procurement in focus countries in FY 2006 - varying from 0% in Namibia and Tanzania to 87% in Haiti. Critics maintain that unnecessary bureaucracy is hindering greater use of generics.

More info? Links

More information can be found at:

<http://www.pepfar.gov>

speech: <http://www.pepfar.gov/press/85771.htm>

<http://www.healthgap.org/camp/pepfar.html>

<http://www.aidsmap.com/en/news/D288DC39-382F-483C-AFD2-021460D6D410.asp?type=preview>

<http://www.avert.org/pepfar.htm>

[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=45249](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=45249)

<http://www.globalaidsalliance.org/pressreleases/press053007.cfm>

[http://www.healthgap.org/press\\_releases/05/1105\\_PWATCH\\_HGAP\\_BP\\_PROC.pdf](http://www.healthgap.org/press_releases/05/1105_PWATCH_HGAP_BP_PROC.pdf)

<http://www.accessmed-msf.org/prod/publications.asp?scntid=1411200692472&contenttype=PARA&>