

# PEPFAR and the Fight Against Global AIDS

Strategies for Greater Impact and Sustainability



Ami Vitale/CARE

For more than two decades, the global AIDS pandemic has taken a deadly toll. In the 25 years since it was first diagnosed, AIDS has claimed more than 25 million lives—and some 33 million people are now living with HIV. In 2007 alone, 2.1 million people died from AIDS-related causes and 2.5 million were newly infected. Sub-Saharan Africa is the epicenter of the pandemic.

In 2003, the United States launched the largest investment ever made by any nation to combat a single disease—the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). CARE applauds the leadership demonstrated by PEPFAR and the Office of the Global AIDS Coordinator (OGAC), as well as the administration’s commitment to build on PEPFAR for an additional five years with greater investments.

When PEPFAR first began in 2003, the U.S. confronted the AIDS pandemic

with the urgency of a large-scale emergency response. This approach placed a premium on quick action and rapid results. PEPFAR sought to substantially increase the total number of people receiving AIDS treatment, care and HIV prevention information. The leadership demonstrated by PEPFAR has contributed significantly to the five-fold increase in the number of people receiving antiretroviral (ARV) therapy.

PEPFAR is a precious and unprecedented resource. What PEPFAR does over the next five years will be critical to the future of the AIDS pandemic and to the lives of millions of people: it could be either an essential catalyst for success or a lost opportunity. Learning from the lessons of PEPFAR’s first four years and adapting to the evolving reality of AIDS is vital. This policy brief explores these lessons and realities, and recommends strategies to help PEPFAR yield more effective, significant, and longer-lasting results in its next phase.

Let’s be clear about what it will take to reach a turning point in the fight against AIDS. Given its scale, substantially more resources are needed. And given the environment in which the disease flourishes, more strategic interventions are essential to attack the underlying, long-term drivers of the pandemic.

## LESSONS FROM PEPFAR’S FIRST FOUR YEARS

As an implementer of PEPFAR programs, CARE has learned several lessons from the PEPFAR approach. Many of those lessons are echoed by a recent Congressionally-mandated evaluation conducted by the Institute of Medicine (IOM):

- Address the social, economic and cultural dimensions of the epidemic, and avoid a largely medical approach;
- Invest in long-term interventions that promote the social processes vital for sustainable local ownership and comprehensive responses;
- Emphasize sustainable impact over quick results—providing incentives to rapidly achieve big numbers tends to neglect underlying drivers of the AIDS pandemic;
- Put good public health practice at the core of global AIDS programs.

## RECOMMENDATIONS FOR U.S. POLICY AND LEGISLATION

- ◆ HIV and AIDS must be addressed within a development framework. PEPFAR must be transformed into a program capable of responding to HIV and AIDS as a protracted challenge that has complex social, economic and cultural aspects, in addition to the obvious health dimension.
- ◆ The vulnerability of women and girls requires special focus. In sub-Saharan Africa, young women are, on average, three times more likely to be HIV-positive than young men and face a disproportionate burden in dealing with its aftermath. No amount of resources can reverse the pandemic unless gender inequity is meaningfully confronted.
- ◆ Evidence-based HIV prevention strategies must be scaled up. Many more people become infected with HIV than are able to obtain treatment. We cannot “treat” our way to success. Much greater emphasis must be placed on scaling up evidence-based prevention approaches.

Here’s a more detailed look at what these three recommendations mean.

## A DEVELOPMENT APPROACH: AIDS RESPONSES IN CONTEXT

AIDS remains an infectious disease like no other, with complex social, cultural and economic drivers that make it difficult to control using strategies that work for other diseases. For example, AIDS is still largely a sexually transmitted disease shrouded in stigma and denial—making detection, treatment and prevention a real challenge. Addressing HIV and AIDS solely as a medical phenomenon is like treating the symptom but not the cause.

In CARE’s experience, AIDS is frequently not the most acute challenge facing poor communities, which are often the most vulnerable to the disease. Poor mothers may worry more about feeding their children. Young girls may worry more about trying to stay in school. If AIDS responses don’t grapple with this larger reality, they cannot truly protect women and girls from HIV and AIDS. Effective AIDS programs must foster the transformation of this wider landscape of poverty.



Maggie Steber/CARE

## A COMPREHENSIVE APPROACH IN MALAWI

In Malawi, where adult HIV prevalence is 14 percent, food and economic insecurity are deeply intertwined with vulnerability. In this context, CARE and its partners use food security programs and entrepreneurial economic development strategies to reduce people’s HIV vulnerability and to build broader community resilience to AIDS.

We do this through village savings and loans groups, vocational training, “safety net” food aid, training in home-based care for the sick, access to HIV testing and support groups to reduce the stigma of HIV and AIDS. This approach attacks HIV and AIDS from many angles. For example, enhanced food and income security reduces pressure for women to engage in transactional sex (where sex is exchanged for basic needs like food and shelter). The resulting improvements in nutritional status also strengthen immune system response to AIDS treatment.

Mai Chautsi, who belongs to a support group for people living with HIV and AIDS, says that micro-enterprise skills have enabled members of her group to improve both their health and nutrition: “With our profits, we are able to buy nutritious food, especially proteins, which we could not afford in the past. Some members would miss accessing their ARVs at the hospital because they could not afford transport fares. They can now go to the hospital on time.”



Effective HIV programs must invest in a wide variety of sectors, including food security, micro-finance, reproductive health and education and reinforce cross-cutting themes such as women’s empowerment and community mobilization. To attack the underlying drivers of the epidemic, we must deploy comprehensive and well-integrated approaches tailored to address the vulnerability of individuals and communities to HIV infection and the impact of AIDS.

To advance a developmental approach to the global AIDS pandemic, the U.S. government must:

- ◆ Articulate a long-term outlook for PEPFAR. Congress must clarify that PEPFAR is aimed at deep and lasting impact, not just large numbers.
- Require long-term, multi-sectoral strategies for the U.S. government response to AIDS in each country. These strategies would position HIV and AIDS within a broad development context, and align with national government strategies and donor commitments to both address the pandemic and advance the broader fight against poverty.
- Provide multi-year funding that fosters sustainability. Three-year funding commitments should be a minimum.

- Focus on achieving long-term impact—not quick results. Impact measures must value and assess changes in social position as well as socio-economic conditions needed to reverse the AIDS pandemic.
- ◆ Make “wrap-around” programming work.
- Ensure that funding supports both sides of the wrap-around in order to advance coherent, integrated programs that promote a more effective response to HIV and AIDS. For example, enhance funding for family planning, education, micro-finance and food security.

#### WHAT IS “WRAP-AROUND”?

“Wrap-around” is one of PEPFAR’s key strategies to advance an integrated approach to HIV and AIDS. It refers to various agencies of the U.S. government and beyond working together, with various streams of funding and expertise “wrapping around” each other to meet a range of needs in AIDS-affected communities. Although the wrap-around concept is compelling, the U.S. government has a mixed record with respect to putting it into practice, partly due to the fact that “non-HIV” investments, like family planning and food security, have not been adequately funded.

## WOMEN'S EMPOWERMENT: CARE'S EXPERIENCE

CARE's experience points to the need to address women's vulnerability in comprehensive ways, focusing on more than just their HIV-related needs. To do this, we also engage in:

- Opening up opportunities to link women together to promote solidarity and collective action;
- Strengthening women's ability to make independent decisions (e.g. accessing health, agricultural, or micro-finance and enterprise development services);
- Increasing women's confidence to negotiate in relationships (e.g. with husbands, village chiefs, service providers);
- Promoting laws, institutions, and local leadership to protect women's rights (e.g. in relation to property and inheritance rights) and prevent violence, abuse and coercion.

- Improve coordination among U.S. government agencies through stronger inter-agency planning, budgeting, and monitoring and evaluation.

## FOCUS ON WOMEN AND GIRLS: THE FACE OF HIV AND AIDS

The status of women is perhaps the most powerful and pernicious driver of the AIDS epidemic. Women are less able to negotiate safe sexual encounters and many face tough choices, including transactional sex, in the face of extreme poverty. Many girls are coerced into first sex or forced into early marriages with older men. Women living with HIV are often blamed and ostracized, even when they contract HIV from their unfaithful husbands. Sex workers face violence and discrimination on a daily basis. The failure to effectively reduce the vulnerability of women and girls—by protecting their rights and enhancing their status—has undermined the global AIDS response.

We can mitigate women's vulnerability by reducing gender inequality and fostering women's empowerment. This includes helping women secure rights to property and inheritance, increasing their economic independence, advancing universal education for girls, preventing sexual violence,

helping women negotiate safer sex and developing new HIV prevention methods that women can control. Engaging men and boys in this effort in order to shift gender norms over time is also vital.

To focus on women and girls, the U.S. government must:

- ◆ Champion strategies that address the myriad factors that perpetuate the vulnerability of women. The low status of women is itself a driver of their vulnerability. Therefore, PEPFAR must embrace women's empowerment as a desired endpoint and must measure this goal across multiple dimensions.

- ◆ Link and integrate HIV and AIDS programs with reproductive health programs. There are extremely high levels of unmet need for family planning among HIV-affected women. In Malawi, for example, 50 percent of women living with HIV do not want more children, but only 20 percent of these women have access to contraception. PEPFAR must address such urgent needs.

## USING EVIDENCE AND SCALING UP: HIV PREVENTION STRATEGIES

Despite the progress made, effective HIV prevention methods do not reach the majority of



Allen Clinton/CARE



HIV and has only 3 percent of the world's health care workers. The vast majority of people living with HIV have never been tested. Half of all new HIV infections occur in young people below age 25.

To achieve the kind of scale and impact of HIV prevention required to reverse the AIDS epidemic, the U.S. government must:

- ◆ Fund the scale up of comprehensive prevention efforts. Congress should make universal access to

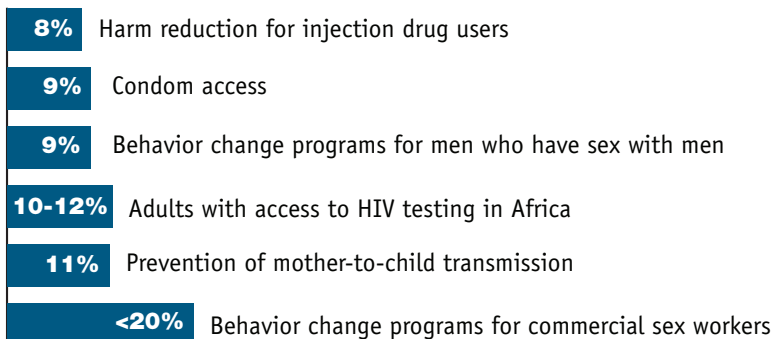
people who are most at risk of infection. Half of the infections projected to occur by 2015 could be averted if evidence-based interventions are focused on the right people at the right scale. If we achieve this degree of success, we can stall the pandemic and push HIV and AIDS toward long-term decline.

HIV prevention PEPFAR's highest priority. It should also provide sufficient funds to ensure that the United States pays its fair share to increase prevention programming in low- and middle-income countries.

There is no one-size-fits-all solution. The mix of interventions should match the specific epidemiology of each country. HIV disproportionately affects communities that are the least equipped to respond effectively. For example, poverty-stricken sub-Saharan Africa has 11 percent of the world's population, but is home to nearly two-thirds of all people living with

- ◆ Tailor prevention strategies to match the epidemiology of each country. Whether the majority of new infections in a country are occurring in monogamous married women or among sex workers and their clients, PEPFAR must address local realities. This necessarily means removing policy and budget restrictions—such as the abstinence-until-marriage earmark and the anti-prostitution pledge requirement. Arbitrary restrictions work against flexible prevention approaches and hamper effectiveness in the long run.

### PERCENTAGE OF INDIVIDUALS AT RISK WITH ACCESS TO HIV PREVENTION



0 20 40 60 80 100

Source: UNICEF, WHO, UNAIDS, 2007

- ◆ Advance a comprehensive, evidence-based "ABC plus" approach to address underlying vulnerabilities. This means enhancing the ABC paradigm to confront the underlying drivers of vulnerability to HIV infection, especially for women and girls. It means

## MOVING TOWARD “ABC PLUS”

The U.S. government had mandated that all its programs aimed at preventing sexual transmission of HIV take an “ABC approach:”

- Abstaining from sex
- Being faithful and
- Correct and consistent condom use

Moreover, the current approach is driven by a legislative earmark requiring one-third of all prevention funding to be spent on abstinence-until-marriage programs. This provision has led PEPFAR’s prevention programs to more heavily emphasize A and B and, in fact, has polarized the HIV prevention debate into “AB versus C.”

While CARE agrees that A, B and C are essential components of a comprehensive approach, this misses the point that even a balanced ABC approach offers limited options to the most vulnerable people. The ABC approach assumes that individuals anywhere in the world can make decisions to protect themselves, which is often not the case. For instance, because of their low status in society, women often cannot choose to abstain, they cannot be assured of a mutually faithful relationship, and they cannot negotiate condom use with their partners. The ABC approach neglects the reality that these decisions depend on broader factors such as relative power between sexual partners and what social norms “permit” a person to do.

A better approach starts with A, B and C, and then goes beyond the basics to help transform social norms and practices that disempower vulnerable people. We call this “ABC Plus” and are convinced this approach would create a safer environment and give vulnerable people, especially women and girls, the tools to protect themselves.

inclusion of targeted efforts to prevent gender-based violence, enhance food and economic security, secure women’s property rights and improve access to reproductive health services.

◆ Deploy evidence-based strategies to curb HIV transmission in high-risk groups including sex workers, injecting drug users, men who have sex with men and prisoners. The evidence shows that in much of Asia and Eastern Europe, these groups account for the majority of new HIV infections.

In order to have a global impact, PEPFAR must employ non-judgmental strategies grounded in sound public health and other practices proven to be effective in preventing HIV transmission among high-risk groups.

### THE NEED TO ACT

With the reauthorization of PEPFAR, we have an unprecedented opportunity to learn from experience and improve strategies to yield more significant and sustainable results—results that could truly turn the tide against the AIDS pandemic. Building on considerable achievements to date, PEPFAR reauthorization represents a critical opportunity to save millions of lives over the next five years—and millions more beyond that. With improved policies and funding strategies, we can make an enormous difference. We must act now.



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