



Department of Justice, Peace and Human Development
Office of International Justice and Peace

**Background on President's Emergency Plan for AIDS Relief
February 2008**

I would also like to urge all people of good will to multiply their efforts to prevent the spread of the HIV virus, to oppose the contempt that often affects those who have the disease and to care for the sick, especially when they are still children.
--Pope Benedict XVI, November 28, 2007

BACKGROUND

UNAIDS calculates that more than 25 million people have died from AIDS. UNAIDS also reports that today over 33 million people are living with HIV-AIDS, two-thirds of whom live in Africa. This figure includes 2.5 million newly-infected with HIV last year. Of those infected, 2.5 million are children. In response to this pandemic, in 2003 the Bush Administration proposed the President's Emergency Plan for AIDS Relief (PEPFAR), a 5-year \$15 billion flagship program. PEPFAR was passed by Congress with bipartisan support to combat HIV/AIDS in fifteen target countries, mostly in Africa, but also in Latin America and Asia. PEPFAR works with international, national and local leaders to support integrated prevention, treatment and care programs. Among many achievements, the program has extended:

- lifesaving anti-retroviral (ARV) drugs to almost 1.5 million people;
- prevention of over 10 million mother-to-child HIV transmissions;
- HIV prevention programs to 61.5 million people;
- training to 52,000 health care workers in delivering anti-retroviral treatment and to 520,000 people in providing prevention services; and
- care to 6.7 million people, including 2.7 million HIV orphans and vulnerable children.

Catholic Relief Services (CRS) is one of the biggest PEPFAR providers. CRS directly supports more than 4 million people affected by HIV and AIDS around the world through more than 250 projects in 52 countries. These projects are carried out in partnership with agencies of the Catholic Church and other local organizations and provide a comprehensive continuum of services, from initial testing to nutritional support to home-based and palliative care. CRS is providing anti-retroviral (ARV) therapy to more than 100,000 patients and has another 250,000 HIV positive people under care in preparation for ARV treatment. They are also providing support to hundreds of thousands of HIV/AIDS affected orphans and vulnerable children.

Under the PEPFAR program, CRS and its partners are reaching over 4 million young people and adults with prevention education programs focused on abstinence and behavior change. According to UNAIDS, at least seven African countries have experienced a reduction in HIV prevalence in recent years. Public health experts examining the evidence conclude that in all these countries, partner reduction and delay in the initiation of sexual activity are the main factors leading to this decline. They further conclude that no generalized HIV/AIDS epidemic has ever been rolled back by a prevention strategy based primarily on condoms.

This year President Bush proposed that PEPFAR be reauthorized with an increased commitment over the next five years (2009-2013) to \$30 billion. A bill under consideration in the House Foreign Affairs Committee would raise this commitment to \$50 billion for HIV, Tuberculosis and Malaria.

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USCCB/CRS Position

In 2003, USCCB and CRS urged passage of the original authorizing legislation, the U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (commonly referred to as PEPFAR). USCCB and CRS successfully advocated for adoption of essential provisions in the original legislation, including an emphasis on abstinence and fidelity within marriage as a central part of prevention education; and an effective conscience clause ensuring that religious organizations, like Catholic Relief Services, will not be discriminated against on the basis of moral convictions in the allocation of funds.

The original bill was the result of a bipartisan consensus to address the pandemic with strong funding for an effective program for prevention (with designated funding for abstinence and behavior change), care and treatment of HIV-AIDS. Unfortunately, the authors of the new bill in the House Foreign Affairs Committee have departed from the bipartisan consensus that led to strong Congressional support for PEPFAR funding and that created an effective program. Instead, the proposed legislation would require “integration” of HIV-AIDS services with reproductive health and family planning services, which may include abortion. This would compromise the effectiveness of the program and jeopardize the participation of Catholic institutions, which currently provide 25% of HIV-AIDS services worldwide. The Senate is drafting its own bill, which is yet to be available.

Given CRS’ track record in reaching over 4 million young people and adults with prevention education programs focused on delaying the onset of sexual activity and partner reduction, eliminating designated funding for abstinence and behavior change would seriously compromise the role of CRS and other Catholic agencies in PEPFAR prevention programs. If the bill contains a requirement that HIV/AIDS services be “integrated” with family planning or reproductive health services, which Catholic agencies cannot provide, it could jeopardize the vital contribution that CRS and other Catholic agencies are making. The Catholic Church’s extensive health care network, which reaches the most remote rural areas, would be sidelined in the battle against the HIV virus. Hundreds of thousands of persons would lose their access to life-saving services.

ACTION REQUESTED:

USCCB and CRS urge Congress to reauthorize PEPFAR through legislation which retains and strengthens the program and its focus on saving lives, including the following priorities:

1. DO NOT ABANDON designated funding for the promotion of abstinence-until-marriage and behavior change programs as a key HIV prevention strategy.
2. REJECT provisions that mandate or give preferential treatment in awarding PEPFAR funding to groups that perform family planning or reproductive health services.
3. RETAIN funding increases for PEPFAR and EXPAND funding for nutrition programs that benefit people affected by HIV and for training of more health care workers.

Congress should also ensure funding for other key foreign aid accounts in order to support a comprehensive aid and development strategy. (See Catholic Campaign Against Global Poverty at www.usccb.org/globalpoverty/ or www.crs.org/globalpoverty/.)

RESOURCES:

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