



# Hill Notes

February 2008

## HIV & AIDS



### **What is the Church's record on HIV/AIDS programs?**

Our commitment to the "least of these" means the Church's advocacy for those impacted by HIV/AIDS affirms the fundamental dignity of every human person. The Church has long placed a high priority on caring for people living with and affected by HIV and AIDS. In 2003 USCCB and CRS strongly urged passage of PEPFAR, the President's Emergency Plan for Aids Relief.

### **What has been the U.S. response to the pandemic?**

In 2003, the Administration proposed that the U.S. provide \$15 billion in PEPFAR funding to fight global health crises over five years (2004 to 2008). Annual appropriations have exceeded the President's request, demonstrating the clear commitment of the Congress to fight the pandemic. This year Congress must reauthorize PEPFAR. President Bush has proposed increasing the U.S. commitment over the next five years (2009-2013) to \$30 billion. A House draft bill would increase funding to \$50 billion. USCCB and CRS strongly support \$50 billion.

### **What issues must Congress address as it works to reauthorize PEPFAR?**

Unfortunately, the authors of the proposed House legislation have abandoned the bipartisan consensus that led to strong Congressional support for PEPFAR funding and created an effective program to fight HIV-AIDS. The authors of the proposed legislation inserted a requirement for "integration" of HIV/AIDS services with reproductive health and family planning services, compromising the proven effectiveness of the current program and jeopardizing the participation of Catholic institutions which currently provide 25% of HIV-AIDS services worldwide. Research indicates that hormonal contraceptives actually make women more vulnerable to the HIV virus.

### **What is the extent of the HIV/AIDS pandemic?**

According to the UNAIDS over 33 million people are living with HIV and AIDS, including 2.5 million children due in large part to inadequate access to drugs that prevent the transmission of HIV from mother to child. Only 9% of pregnant women in poor countries were offered services to prevent HIV transmission to their newborns. Fifteen million children have been orphaned by AIDS. Globally, about one-third of adults living with HIV are young people. AIDS is the leading cause of death worldwide of people between the ages of 15 and 49.

### **Does the Church support particular forms of HIV/AIDS programming?**

USCCB and CRS successfully advocated for adoption of key 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.

### **How does HIV/AIDS fit into our nation's overall commitment to foreign aid?**

Unless HIV/AIDS programs are accompanied by other forms of development, the benefits will be limited in the long term. Without targeted U.S. food aid programs, HIV/AIDS treatment will fail to improve the lives of families. Ill-equipped local health systems compromise the effectiveness of U.S. programs. Funding and appropriate strategies need to be developed that strengthen health systems and thereby support U.S. programs for HIV/AIDS.

### **What has PEPFAR accomplished so far?**

PEPFAR has saved the lives of almost 1.5 million men, women and children by providing them with antiretroviral treatment. Over 6.5 million people affected by HIV, including more than 2.5 million orphans and vulnerable children have received care. An estimated 150,000 infants have been saved from HIV infections.

### **Aren't condoms the only effective way to prevent the spread of HIV-AIDS?**

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, delay in the initiation of sexual activity and partner reduction 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.

### **What is the role of Catholic Relief Services?**

CRS directly supports more than 4 million people affected by HIV and AIDS around the world through more than 250 projects in 52 countries carried out in partnership with Catholic agencies and other local organizations. CRS provides a comprehensive continuum of services, from initial testing to nutritional support to home-based and palliative care. CRS is reaching over 4 million young people and adults with prevention education programs focused on abstinence and behavior change and is providing anti-retroviral (ARV) therapy to more than 100,000 patients. Another 250,000 HIV positive people are under care and being prepared for ARV treatment. They are also providing support to hundreds of thousands of HIV/AIDS affected orphans and vulnerable children.

### **What is the position of USCCB and CRS on PEPFAR Reauthorization?**

The House Foreign Affairs Committee (HFAC) has circulated a draft bill to reauthorize PEPFAR. The Senate Foreign Relations Committee has not yet produced a draft.

#### **Draft House Bill—Favorable Provisions which USCCB and CRS Support:**

1. Authorizes \$50 billion for HIV and AIDS, Tuberculosis and Malaria activities for 2009-2013, almost doubling current annual funding levels.
2. Includes important new language which would pave the way for CRS and other providers to continue and perhaps increase support for food and nutritional programs.
3. Strengthens PEPFAR programs to address two other seriously debilitating, often deadly, diseases that affect primarily poor people in developing countries: tuberculosis and malaria.
4. Provides strong support for strengthening the healthcare workforce in countries where PEPFAR operates. The growing demand for healthcare professionals in HIV-AIDS is exhausting the limited pool of healthcare personnel.

#### **Draft House Bill—Provisions which Undermine the Current Program and USCCB and CRS Oppose:**

1. **Loss of Focus:** USCCB and CRS oppose provisions calling for the integration of HIV-AIDS services with “family planning,” which may include abortion, and the possible diversion of resources into the provision of such services. Radically shifting the focus of the current successful program to make it address what the draft calls the “dual threat” of HIV/AIDS and pregnancy could undermine the effectiveness of the behavioral change prevention program, and endanger the acceptance of PEPFAR in host countries.
2. **Elimination of Designated A-B Funding:** The current PEPFAR legislation allocates 33% of prevention funding to abstinence and behavior change programs (A-B). The House bill would eliminate this designated funding. The everyday experience of CRS and others, backed by scientific studies, demonstrates that the promotion of abstinence, fidelity and partner reduction works; it reinforces the norms necessary for mobilizing people to avoid risk, and can reverse the epidemic in countries where the disease is widespread. Before PEPFAR was enacted, virtually no funding was available from the U.S. for values-based behavior change programs. Even today, despite the evidence of their effectiveness, few providers of prevention services, other than CRS and other faith-based organizations, give priority to abstinence and behavior change. Moreover, CRS was recently denied PEPFAR funding because it does not promote condoms (Kenya and Zambia) or family planning services (Rwanda).
3. **Marginalization of the Catholic Church:** If designated funding for abstinence and behavior change is eliminated, the role of CRS and other Catholic agencies in PEPFAR prevention programs will be seriously compromised. 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 Church institutions are making. The Church’s extensive health care network, which provides about 25% of all HIV-AIDS services worldwide and reaches the most remote rural areas, would be sidelined. The losers will be hundreds of thousands of persons who would no longer have access to life-saving services.

### **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/](http://www.usccb.org/globalpoverty/).)