



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

**Background on President's Emergency Plan for AIDS Relief
May 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

More than 25 million people have died from AIDS, according to UNAIDS. Today over 33 million people are living with HIV/AIDS, two-thirds of whom live in Africa. This includes 2.5 million newly-infected with HIV last year. Of the 33 million 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 largest PEPFAR partners and 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 main factors leading to this decline. They further conclude that, in countries with generalized epidemics, HIV/AIDS has never been rolled back by a 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. In April, the full House and the Senate Committee on Foreign Relations (SCFR) passed reauthorization bills that would raise this commitment

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to \$50 billion. Both bills contain important new provisions strengthening food and nutrition programs, which are vital components of treatment and care for HIV/AIDS patients and for the support of orphans and vulnerable children. USCCB and CRS played a lead role in advocating for these provisions. The bill also has provisions for strengthening the healthcare workforce in PEPFAR countries, and for increasing funding for programs to combat tuberculosis and malaria. USCCB and CRS have expressed appreciation and support for these new provisions and for the proposed increase in funding. The bills, however, contain troubling provisions, which are discussed below.

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 explicit and integral emphasis on abstinence, fidelity within marriage and partner reduction (called “AB” for abstinence and be faithful) 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 legislation was the result of a bipartisan consensus to address the pandemic with strong funding for an effective program for prevention (with designated funding for AB programs), care and treatment of HIV-AIDS. The initial drafts of the House bill reauthorizing PEPFAR retained and even modestly strengthened the “conscience clause.” However, they contained deeply troubling provisions that would incorporate a family planning and “reproductive health” agenda into PEPFAR. This effort had the potential to undermine the life saving focus of PEPFAR and what many around the world consider one of the most successful U.S. aid programs ever. Moreover, it endangered the bipartisan consensus underpinning the program.

The troubling provisions called for PEPFAR to adopt a “strategy” that would provide “comprehensive” services, “integrating” HIV and AIDS prevention, care and treatment services with “reproductive health” and “family planning” services. This threatened to divert PEPFAR’s attention and resources away from life-saving HIV/AIDS services and into the promotion of unrelated activities designed to support family planning providers, some of whom were likely to be abortion providers. It would also put at risk the acceptance of PEPFAR’s life-saving programs in host countries and marginalize the vital role of Catholic and other faith-based organizations that cannot “integrate” with family planning, “reproductive health” and abortion providers. 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.

The other principal concern was that the draft House bill eliminated the current legislation’s designated funding (1/3 of prevention funding) for AB prevention programs. Based on historical experience and the fact that PEPFAR is one of the few programs globally that funds AB activities, this meant that little actual AB funding would likely be available from any source.

After intensive education and advocacy by USCCB and CRS, the House passed a bill in April that removed most of the troubling provisions. The bipartisan compromise eliminated all references to PEPFAR’s financing or supporting family planning services. The references to family planning that remained were limited to provisions calling for PEPFAR to maximize access to HIV services by extending them through a broad range of providers, including family planning providers. The effort to retain a specific funding allocation for AB programs was not successful, but the House compromise included a provision requiring PEPFAR to ensure that behavioral change programs, “includ-

ing” AB programs, are implemented and funded in a “meaningful and equitable way.” It requires PEPFAR to report to Congress if less than 50% of prevention funding is allocated to such programs in countries with generalized epidemics. USCCB/CRS’s remaining concern with the AB funding provision is the possible ambiguity created by the reference to behavior change programs as “including” AB programs. This could be interpreted to mean the “behavior change” referred to also “includes” other things, such as using condoms. If condoms could be funded under this behavior change provision, it could effectively crowd out funding for AB programs. Efforts to improve this language since the House approval have not yet been successful.

The Senate version of the reauthorization bill was approved by the Committee on Foreign Relations in April. It contains no references to family planning or reproductive health. There is, however, troubling language calling for “structural prevention” activities (not included in the House bill). The context of this language may allow an interpretation that structural prevention includes family planning and reproductive health activities. USCCB and CRS are advocating the elimination of “structural prevention” language or secondarily defining it in a way that would eliminate a possible interpretation that it includes such activities. The main concern with the Senate bill, however, is that it adopts the House language on AB funding, and thus includes the same ambiguity about what may constitute AB activities. USCCB/CRS advocacy on the Senate bill is focusing on removing the ambiguity in the AB funding language, and in eliminating or clarifying in a satisfactory manner the “structural prevention” language.

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:

- Provide increased resources of \$50 billion for morally appropriate programs to combat HIV/AIDS, malaria and tuberculosis;
- Support provisions to strengthen food and nutrition programs that are vital for treatment and care of HIV/AIDS patients, orphans and vulnerable children, and provisions to strengthen the healthcare workforce in PEPFAR countries;
- Support the Senate version’s elimination of any reference to family planning or reproductive health;
- Clarify the language on funding for abstinence, fidelity and partnership reduction (AB) in a manner that ensures that activities promoting AB are implemented and funded in a meaningful and equitable way; and
- Eliminate or clarify the meaning of “structural prevention” activities to eliminate any possible interpretation that such activities include family planning or reproductive health.

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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