

PEPFAR and the fight against HIV/AIDS

The US Institute of Medicine (IOM) has issued a report evaluating the US Global AIDS Initiative, commonly known as the President's Emergency Plan for AIDS Relief (PEPFAR). The report, *PEPFAR Implementation: Progress and Promise*, was released on March 30.

Overall, the report gives the 5-year US\$15 billion initiative high marks for substantially boosting the amount of money available to fight the pandemic and for rapidly scaling-up treatment and prevention programmes in resource-poor countries, something the report states "many had doubted could be done".

The IOM report, however, rightly criticises provisions in the 2003 law that authorised PEPFAR which set strict spending levels for different interventions. These budget allocations require that 55% of PEPFAR's funds go to HIV/AIDS treatment, 20% to HIV prevention initiatives (of which 33% must go into abstinence-until-marriage programmes), 15% to palliative care, and 10% to support orphans and vulnerable children. PEPFAR is further constrained by US laws that ban US funding for clean-needle exchange programmes, for programmes that do not explicitly adopt policies opposing sex work and human trafficking, and for reproductive programmes that provide abortion services.

These restrictions, some of which are well intentioned and some of which are based on narrow domestic political considerations, are hampering efforts by local health workers to develop programmes best suited to the epidemics they face in their communities.

When Congress established PEPFAR in 2003, it set ambitious 5-year performance targets for the programme: to provide antiretroviral therapy to 2 million people with HIV/AIDS, to prevent 7 million HIV infections, and to provide care for 10 million people infected with or affected by HIV/AIDS. These performance targets, not arbitrary legislative earmarks, should guide the allocation of PEPFAR funds, the IOM report argues, and PEPFAR-funded programmes should be allowed to adopt the best evidence-based strategies to reach those targets. The report correctly calls for Congress, which must re-authorise PEPFAR this year, to remove such restrictions.

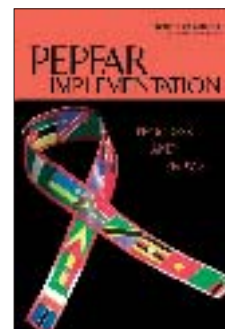
The IOM report also calls for Congress to reconsider the requirement that all generic drugs purchased with PEPFAR funds first be approved by the US Food and Drug Administration, including those already approved

by WHO. Most global health programmes accept WHO-approved generics. The Congressional requirement for FDA approval has slowed the introduction of life-saving antiretroviral therapies and unnecessarily driven up costs.

The last, and most important, chapter focuses on sustainability. It notes that PEPFAR has already begun the transition from the emergency-relief strategies it implemented in its first years to long-term strategies that focus on building sustainable programmes. The report endorses this transition and calls for it to accelerate. The HIV/AIDS pandemic is exceptional, the report notes, because it is a "long-term crisis [that requires] both an urgent as well as a sustained and sustainable response". Systems must be created so that countries grappling with the epidemic can take over the fight themselves, which means the capacity of their health-care systems must be vastly expanded. Training existing health-care workers to provide HIV/AIDS services is not enough; new health-care workers must also be trained.

An effective sustained response requires programmes to attack the social factors that sustain the epidemic, the report notes, in particular the low social status of women and girls. The legislation that established PEPFAR specifically called for US initiatives to support programmes that address the conditions that make women particularly vulnerable to HIV/AIDS, including promoting the empowerment of women in interpersonal situations, encouraging men to be responsible in their sexual behaviour, reducing sexual violence and coercion, improving women's access to paid work and economic resources, and advancement of women's legal rights.

The report concludes with a sad litany that dramatically emphasises the world's failure to adequately respond to the HIV/AIDS pandemic. After a quarter of a century, the pandemic continues to grow largely unabated infecting more than 4 million people in 2006, fewer than a quarter of the 7 million people who need antiretroviral therapy received it, and fewer than one in ten pregnant women with HIV received antiretroviral treatment to prevent mother-to-child transmission of the virus. This IOM report is timely. It provides valuable guidance and a sobering summary of the challenges ahead, not only to US policymakers but also to everyone who is working to end the HIV/AIDS epidemic. ■ *The Lancet*



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