



President Bush's Emergency Plan for AIDS Relief

Compassionate Action Provides Hope Through Treatment Success

“There's nothing better than a hopeful society in dealing with the pandemic. A hopeful society means you think you can win. A non-hopeful society says, I surrender. America is not going to surrender to the pandemic.”

– President George W. Bush

For too long, AIDS sufferers in the developing world have had very limited access to the life-extending anti-retroviral treatment (ART) more widely available in the West. According to the World Health Organization, only 50,000 of the 4.1 million sub-Saharan Africans who could benefit from anti-retroviral drugs were receiving them in 2002.

However, in 2003 – under President Bush's leadership and with Congressional support and the generosity of the American people – the President's Emergency Plan for AIDS Relief was launched. The Plan represents the largest international health initiative in history by a government dedicated to a single disease.

The Emergency Plan is a five-year, \$15 billion, multifaceted approach to combating HIV/AIDS, including bilateral programs in more than 100 countries around the world and support for multilateral organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

America's urgent action and innovation are showing results:

- As of March 31, 2005, the President's Emergency Plan has supported anti-retroviral treatment for more than 235,000 men, women, and children through bilateral programs in 15 of the most afflicted countries in Africa, Asia, and the Caribbean - turning the despair of suffering and death to the hope of health and life. More than 230,000 of those being supported live in sub-Saharan Africa. The U.S. continues to support treatment for more people than any other donor in the world.
- These numbers exceeded the goal set forth in January 2004, to support treatment for more than 200,000 people by June 2005.
- Looking ahead, this early success puts the President's Emergency Plan well on track, scaling-up to meet the President's ambitious goal of supporting treatment for two million people in five years.
- We are particularly encouraged that 57 percent of persons receiving treatment are female, among the Emergency Plan-supported sites reporting such numbers. The United States is the only major donor to track treatment support by gender, and the Emergency Plan will continue to work to ensure that women and girls have full access to prevention, treatment and care.

IN PARTNERSHIP WITH OUR HOST NATIONS

The leadership and commitment to fighting AIDS in our host countries is strong and growing. U.S. government field staff work closely with partners and friends to implement each host nation's vision for fighting HIV/AIDS. The Emergency Plan is committed to working with national strategies to build capacity in-country: over 80% of our partners are indigenous organizations.

Success is possible due to the leadership and dedication of the governmental and non-governmental sectors in host nations. The country-by-country results released today (see charts on pages 2-3) were achieved by the work of talented and dedicated people in-country, including faith-based and other humanitarian organizations. The President's Emergency Plan is strongly dedicated to supporting their efforts.

TREATMENT RESULTS

Focus Country	Number of people receiving US-supported treatment as of March 31, 2005
Botswana	20,000
Cote d'Ivoire	2,100
Ethiopia	14,900
Guyana	600
Haiti	3,900
Kenya	28,300
Mozambique	10,300
Namibia	9,600
Nigeria	13,500
Rwanda	10,300
South Africa	44,600
Tanzania	4,400
Uganda	50,900
Vietnam	300
Zambia	22,000
Total	235,700

TREATMENT INVOLVES FAR MORE THAN DRUGS

President Bush's Emergency Plan for AIDS Relief is committed to supporting national strategies and partnerships with faith-based and other non-governmental organizations to provide the full spectrum of services required for quality treatment. With Emergency Plan support, the host nations are providing services that achieve results while at the same time building the local, sustainable capacity they need for national programs that will support their responses for the long term. The services and capacity expansion include:

- Trained clinical and laboratory personnel
- Counselors for treatment regimen adherence, prevention and healthy living
- Physical infrastructure including laboratory equipment
- Distribution, logistics and management systems for drugs and other commodities

AN INTEGRATED APPROACH

Despite tremendous progress, much remains to be done to expand treatment to those in need. Treatment brings hope that drives efforts in other areas such as prevention, counseling, testing, and care. President Bush's Emergency Plan for AIDS Relief is committed to integrated prevention, treatment and care - no one piece can stand alone.

- We are committed to prevention. Our goal is to save lives before they are ever infected with the virus. In 2004, 14,000 people were newly infected with HIV/AIDS around the world every day. The Emergency Plan will issue a program update on prevention activities, including behavior change approaches, Mother-to-Child prevention activities, and safe blood and safe medical injections programs later this month.
- We are committed to encouraging all people to get counseling and be tested. Only by being tested and knowing your status is it possible to get help. The United States has supported HIV/AIDS counseling and testing services for over 3.5 million people.
- We are committed to care. There are some for whom treatment is not possible but care can help all those affected, especially orphans and vulnerable children. The Emergency Plan had set a goal to support care for over 1.1 million HIV positive persons and AIDS orphans and vulnerable children by June 2005. This goal was exceeded in September 2004, and the March care numbers will be available in a couple of weeks.

TREATMENT SUPPORT: MEETING NEEDS AS DEFINED BY OUR HOST COUNTRIES

Citizens must lead and own the fight against HIV in their countries, which is why the Emergency Plan supports national strategies. It is paternalistic and bad development practice for an international partner to parachute into a country and begin treating its people without regard for that country's needs, and the U.S. does not do so. The U.S. consults with host country governments and other partners to determine the appropriate role for the Emergency Plan – whether it consists of downstream support (including direct provision of ARV treatment) or upstream support (such as support for national laboratory, training and quality assurance systems). The U.S. is privileged to stand with our host nations in this fight and contribute to the overall success of their programs.

Treatment¹: FY05 Semi-Annual Results (as of March 31, 2005)

Country	June 05 Target ³	Results ²		Totals
		Number of individuals receiving upstream system strengthening support for treatment ⁴	Number of individuals receiving downstream site-specific support for treatment ⁵	Total number of individuals reached
Botswana ⁶	29,000	17,500	2,500	20,000
Cote d'Ivoire ⁷	10,000	0	2,100	2,100
Ethiopia	15,000	0	14,900	14,900
Guyana	300	0	600	600
Haiti	4,000	0	3,900	3,900
Kenya	38,000	1,800	26,500	28,300
Mozambique	8,000	8,300	2,000	10,300
Namibia	4,000	800	8,800	9,600
Nigeria	16,000	5,200	8,300	13,500
Rwanda	4,000	200	10,100	10,300
South Africa	20,000	19,000	25,600	44,600
Tanzania	11,000	500	3,900	4,400
Uganda	27,000	11,400	39,500	50,900
Vietnam	1,000	0	300	300
Zambia	15,000	10,200	11,800	22,000
All countries	200,000⁸	74,900	160,800	235,700

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined.

Footnotes:

¹Treatment includes the provision of antiretroviral drugs and clinical monitoring of ART among those with advanced HIV infection in either an ART or a PMTCT+ setting. PMTCT+ includes a minimum package of services: HIV/AIDS counseling and testing for pregnant women, ARV prophylaxis to prevent mother to child transmission, counseling and testing for safe infant feeding practices, family planning counseling or referral, ARV therapy for HIV+ women, their children and their families.

² Numbers are rounded to nearest 100.

³The June 05 targets were set by the countries in March 2004 to approximate the overall yearly target for the Emergency Plan.

⁴Number of individuals reached through upstream systems strengthening includes those supported through contributions to national, regional and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

⁵Number of individuals reached through downstream site-specific support includes those receiving services at U.S. Government funded service delivery sites.

⁶The total number of people on treatment in Botswana represents a decline from the 32,000 on treatment at the end of September 2004. This decline is due to a more conservative method for estimating the extent of USG support through systems strengthening. At the end of March 2005, a total of 41,000 people were receiving antiretroviral therapy throughout Botswana.

⁷Cote D'Ivoire semi-annual reporting does not include results from public sites.

⁸The first disbursement of Emergency Plan funds occurred in late February, 2004. The June 2005 target, of at least 200,000 receiving treatment, was set to allow the countries an achievable goal after one full year of programming. This is a year one anomaly.