



## Commonly Asked Questions: *President's Emergency Plan for AIDS Relief (PEPFAR)*

### What is PEPFAR?

PEPFAR stands for the *President's Emergency Plan for Aids Relief*. It is the largest commitment ever by the United States or any other nation for an international health initiative dedicated to a single disease. It was proposed by President George W. Bush and passed into law by Congress in 2003 as a 5-year, \$15 billion plan to fight the HIV pandemic in fifteen of the world's most affected countries, particularly in Africa and the Caribbean. For more information about the benefiting countries, please visit <http://www.pepfar.gov>.

The legislation that established PEPFAR, the *United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003*, directed the United States government to support integrated prevention, treatment, counseling and care programs to fight the HIV pandemic. It also included the following important provisions:

- The "Conscience Clause" helps to ensure that faith-based organizations like Catholic Relief Services are given full access to PEPFAR funding to serve people affected by HIV without the threat of being discriminated against on the basis of religious or moral convictions.
- 20 per cent of PEPFAR funding is dedicated to prevent the spread of HIV. One-third (or 7 per cent of all PEPFAR funding) of this prevention funding is dedicated to programs that promote abstinence until marriage and mutual fidelity within marriage.

For the current fiscal year, the final year of authorized funding, PEPFAR received more than \$4.66 billion bringing the total funding level over the last five years to nearly \$18 billion.

### What has PEPFAR accomplished so far?

- PEPFAR has **saved the lives of more than 1.4 million men, women and children** by providing them with antiretroviral treatment at more than 1,900 treatment sites worldwide.
- **Nearly 6.7 million people** affected by HIV, including **more than 2.7 million orphans and vulnerable children** have received care through PEPFAR programs.
- An estimated **152,000 infants have been saved** from HIV infections.
- PEPFAR has **trained hundreds of thousands of people** to provide counseling and testing services, care for orphans and vulnerable children and for people living with HIV.

- PEPFAR has supported **outreach activities to more than 61.5 million people** to help prevent sexual transmission of HIV.

For a detailed overview of PEPFAR's accomplishments, please visit: <http://www.pepfar.gov>.

## **How has Catholic Relief Services worked with PEPFAR?**

The Catholic Church has long placed a high priority on providing care, support and treatment to people affected by HIV, particularly among vulnerable populations. Based on our moral obligation to care for the "least of these" the U.S. Conference of Catholic Bishops (USCCB) has provided leadership to advocate on behalf of those impacted by HIV by affirming the fundamental dignity of all human beings. Together, USCCB and CRS made significant contributions to the original authorization of PEPFAR in 2003. HIV and AIDS programming is also a priority for CRS. With projects in 12 of the 15 PEPFAR focus countries, CRS is a major implementer of PEPFAR programs.

**AIDSRelief:** CRS' largest PEPFAR award is a 5-year, \$335 million CRS-led consortium. AIDSRelief provides antiretroviral therapy, care and treatment in nine PEPFAR focus countries in Africa, Latin America and the Caribbean by partnering with 162 local partners—the majority of them local Church-based health care providers – to respond to the HIV pandemic. At the end of January 2008, 100,000 people are on antiretroviral therapy and over 250,000 are enrolled in care and support services. AIDSRelief exceeded overall targets each year of the grant to date.

**Orphans and Vulnerable Children Program:** CRS currently operates a \$9 million, 5-year, PEPFAR-supported program that provides quality services to children affected by HIV in Botswana, Haiti, Kenya, Rwanda, Tanzania, and Zambia. The program provides education and vocational training, health care, psychosocial support, food and nutrition, protection services, shelter and care. As of September 30, 2007, this program has reached 56,066 orphans and vulnerable children, exceeding our targets.

**HIV Prevention:** CRS addresses prevention of sexually transmitted HIV through age-appropriate abstinence and behavior change education among youth in three focus countries—Rwanda, Ethiopia, and Uganda. CRS' "Avoiding Risk, Affirming Life" prevention program works with a broad range of Church- and community-based partners that share CRS' commitment to equip youth with the values, attitudes, skills, and support to either abstain from sex prior to marriage or recommit to abstinence until marriage, and then to remain faithful in marriage. As of September 30, 2007, the program has reached 346,768 youth and adults.

**Other PEPFAR initiatives:** In addition to these PEPFAR central awards, CRS has also received numerous country-specific grants to provide more or additional HIV services.

## **Why is PEPFAR a key policy priority for CRS now?**

The legislation that established the PEPFAR program is due to expire in September 2008. Congress has already begun the process to reauthorize this important law. USCCB and CRS have several recommendations on how to improve the legislation and to ensure that it continues to save hundreds of thousands of lives in some of the poorest countries in the world.

In conjunction with the USCCB, CRS urges Congress to reauthorize PEPFAR to address the following critical provisions:

- 1. Reauthorize PEPFAR and increase funding.** CRS strongly supports reauthorization of PEPFAR for five years and increasing its funding to at least \$30 billion. Additional resources for PEPFAR should not, however, come at the expense of urgently needed increases for other development programs, including Child Survival, Title II Food Aid, agriculture, and microfinance.
- 2. Dedicate funding for promotion of abstinence-until-marriage and mutual fidelity within marriage programs as a key HIV prevention strategy.** There is widespread consensus among public health experts that abstinence and fidelity are necessary components of any comprehensive approach to reduce the spread of HIV. Abstinence-until-marriage and mutual fidelity within marriage reinforce the precise values and norms necessary for mobilizing people to avoid risk, and for reversing the epidemic. Current PEPFAR legislation specifically allocates funds for abstinence and behavior change as part of a comprehensive approach. Without designated funding, proven programs that promote abstinence-until-marriage and mutual fidelity within marriage will be under-resourced and the high quality Church-based health structures and services in PEPFAR countries will be sidelined in the battle against HIV.
- 3. Reject efforts to mandate or give preferential treatment in awarding PEPFAR funding to groups that perform family planning or reproductive health services.** CRS is very concerned about efforts to define “comprehensive services” for HIV positive women as necessarily including family planning and reproductive health services. Moral tenets of religious organizations like CRS prevent us from offering such services. Our experience is that high quality care, treatment, and prevention can be provided without these additional services. If these services were mandated or given preferential treatment in awarding PEPFAR funds, then CRS and other religious implementers would be unable to participate in PEPFAR. The hundreds of thousands of patients served through our networks, especially in the poorest, most remote areas of the globe, would face interrupted therapy or even cessation of life-saving therapy for lack of qualified providers.
- 4. Expand and increase funding for nutrition programs that benefit people affected by HIV.** Lack of food—or the money to buy it—is the number one concern expressed by patients on antiretroviral therapy, their households and orphans and vulnerable children. The poor nutrition of many antiretroviral therapy patients compromises the effectiveness of their medications. To fully benefit from antiretrovirals, many patients need therapeutic feeding for a limited period of time. Furthermore, lack of food often forces antiretroviral therapy patients to share their food with members of their households and compromises the nutrition of orphans and vulnerable children. While PEPFAR currently provides some funding for therapeutic feeding, it is not available to all who need it because of insufficient funding.

## Why should I care about PEPFAR?

Our faith tradition as Catholics requires us to care for “the least of these” and to promote the life and dignity of all people. People affected by HIV or suffering from AIDS need and deserve our love and care just as Jesus called on us to care for those who are “hungry or thirsty or a stranger or naked or ill or in prison.”

Catholic social teaching also instructs us to live in solidarity with our brothers and sisters around the world by embracing our obligation towards people. Pope John Paul II reminded us that we must commit ourselves to the common good: "That is to say the good of all and each individual, because we are all really responsible for all."

PEPFAR has saved hundreds of thousands of lives – men, women and children affected by HIV and has given them hope for the future. PEPFAR is an expression of love and compassion from the people of the United States to our brothers and sisters suffering from HIV in some of the poorest countries on earth. As Catholics, we can support and improve this critical program by communicating our unique perspective to promote life, dignity and the sacredness of every human life within PEPFAR.

### **What can I do to help?**

Lend your voice to this important cause by becoming an active and vocal member of the CRS Legislative Network. Helping your Members of Congress to understand the critical need for improvements in the PEPFAR legislation and ensuring they know your support for the CRS position will help bring about the changes we need to improve the lives of people affected by HIV in some of the poorest countries in the world.

**Become a member of the CRS Legislative Network today. It's free and easy. Just visit <http://advocacy.crs.org> or contact the CRS Advocacy Department at 410-951-7264.**