

U.S. GLOBAL HEALTH Initiative



Richard Nyberg / USAID



Ben Barber / USAID



© Peace Corps



Richard Nyberg / USAID



Thomas Hartwell

HIV/AIDS

Through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), support the prevention of more than 12 million new HIV infections, provide direct support for more than 6 million people on treatment, and support care for more than 12 million people, including 5 million orphans and vulnerable children.

As the world continues into its fourth decade in the fight against HIV/AIDS, 34 million people were estimated to be living with HIV worldwide at the end of 2010, up 17 percent from 2001. This reflects both new HIV infections and the significant expansion of antiretroviral therapy, which is helping to reduce AIDS-related deaths. HIV prevalence declined among young people (aged 15–24 years) in at least 21 of 24 countries with national HIV prevalence of 1 percent or higher. Globally, an estimated 6.6 million people in low- and middle-income countries were receiving HIV treatment at the end of 2010 – an increase of more than 1.35 million over 2009 and nearly half of those eligible. As a consequence of expanded treatment, AIDS-related deaths are decreasing, and growing numbers of people with HIV are living longer and more productive lives.

The number of people dying from AIDS-related causes fell to 1.8 million in 2010, down from a peak of 2.2 million in the mid-2000s. A total of 2.5 million AIDS-related deaths have been averted since 1995 due to antiretroviral therapy being introduced, according to new calculations by UNAIDS. While these gains are impressive, only a handful of countries have achieved the levels of HIV service coverage needed to eventually halt the epidemic.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has been the leading response to this ongoing epidemic, and although the budget has been constant in recent years, cost efficiencies and increases in partner country government contributions have allowed PEPFAR to expand the number of people on treatment. In December 2011, President Barack Obama reaffirmed and strengthened the PEPFAR commitment by announcing ambitious new prevention targets. Notably, given recent evidence that HIV-infected individuals receiving life-saving antiretroviral treatment (ART) are dramatically less likely to pass on the virus, the President increased PEPFAR's treatment target by 50 percent to 6 million by 2013 within the 23 countries where PEPFAR supports treatment programs. In conjunction with this increase in access to ART, the President also announced accelerated targets for the prevention of mother-to-child transmission of HIV (PMCT), scale-up of voluntary medical male circumcision (VMMC) services, expansion of HIV testing and counseling, and continued leadership in the procurement and distribution of male and female condoms.

How is the target measured?

- **Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART).** The U.S. Office of the Global AIDS Coordinator (OGAC) collects data semiannually on the number of individuals receiving ART supported by the U.S. Government. Although the number of persons on ART is not a direct measure of impact because of both the life-saving and protective effects, it is an important indicator of progress in fighting HIV overall.
- **Number of eligible adults and children provided with a minimum of one care service.** PEPFAR recognizes that individuals, families, and communities are being affected by HIV, and a variety of services are supported through PEPFAR to mitigate these effects in order to improve health outcomes. Care programs include community- and facility-based support, prevention, and clinical services, and data are collected semiannually on these programs.
- **Percent of HIV-positive pregnant women who received antiretroviral prophylaxis to prevent mother-to-child transmission.** This indicator measures the delivery and uptake of antiretroviral prophylaxis for PMTCT. The risk of PMTCT can be significantly reduced with the use of antiretrovirals for the mother, with or without prophylaxis to the infant.

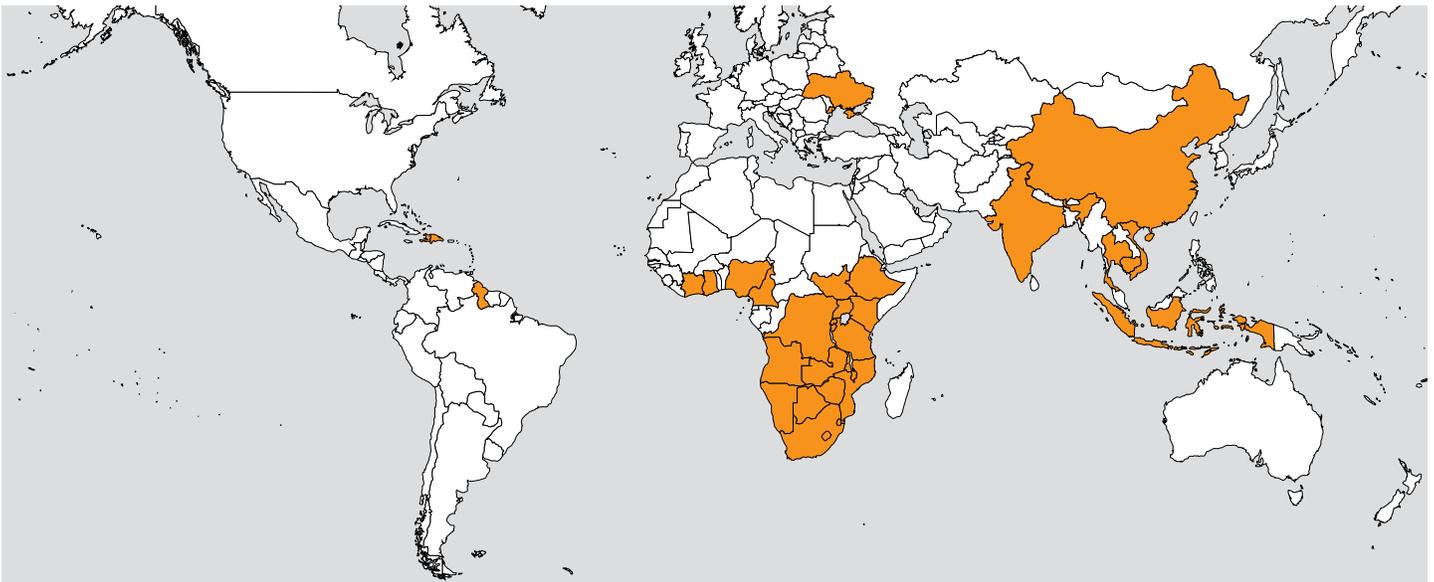
- **Coverage of voluntary medical male circumcision (VMMC) in 14 target countries.** Elective surgical male circumcision confers a partially protective effect against HIV acquisition for HIV-negative men and may be particularly beneficial in populations where HIV prevalence is high and male circumcision prevalence is low. This indicator captures the number of males circumcised as part of the minimum package of VMMC for HIV prevention services per international standards and in accordance with the World Health Organization (WHO).
- **Proportion of total condoms supported by PEPFAR.** Condoms are recognized as an effective barrier to the transmission of HIV, although the success of this prevention modality is entirely dependent on behavioral choices to use condoms consistently and correctly. Some information regarding condom use is available in population and other more localized surveys, but interpreting how these patterns have an impact on local epidemics is much more complicated. PEPFAR support for condom purchases and distribution is a surrogate measure of condom use, and while these results are not intended to reflect a direct impact on incidence trends, such figures do provide some sense of U.S. Government efforts contributing to HIV prevention activities.

Note: In the context of "Creating an AIDS Free Generation," work is in progress to refine a measure of HIV incident infections. This measure, as an indicator of HIV programming impact, will be introduced following FY 2012 results reports.

What are the U.S. Government-supported countries?

Countries receive funding based, in part, on an analysis of need (both the severity of the health problem and the number of people affected by the health problem) and the U.S. Government's ability to affect health programs.

GHI COUNTRY PROGRAMS BY ELEMENT – HIV/AIDS



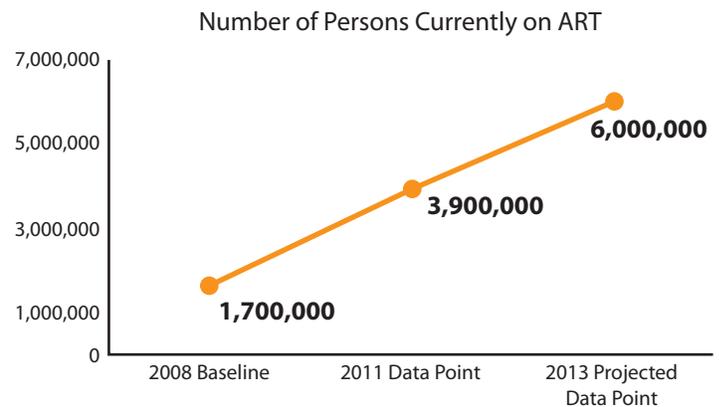
Africa: Angola, Botswana, Burundi, Cameroon, Cote d' Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Rwanda, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe
Europe & Eurasia: Ukraine
East Asia & Pacific: Indonesia
South & Central Asia: Cambodia, China, India, Thailand, Vietnam
Western Hemisphere: Dominican Republic, Guyana, Haiti

**The list of countries receives PEPFAR funding through the Office of the Global AIDS Coordinator*

What are the results?

As of September 30, 2011, PEPFAR directly supported life-saving antiretroviral treatment for more than 3.9 million men, women, and children worldwide and nearly 13 million people with care and support, including more than 4.1 million orphans and vulnerable children.

In addition, proven prevention interventions continue to be scaled up. In FY 2011, 660,000 HIV-positive pregnant women received antiretroviral prophylaxis to prevent mother-to-child transmission, and this number is expected to increase to approximately 820,000 pregnant women by 2013, which equates to 72 percent coverage. VMMC in FY 2011 rose to 574,000, and this figure is estimated to increase to a total of 4,700,000 in 14 targeted countries by 2013.



Source: PEPFAR Program reports, based on U.S. Government Fiscal Year (Oct. 1–Sept. 30)

PEPFAR programs also support activities that contribute to maternal health, family planning, child survival, tuberculosis, and food and nutrition that are represented in some of PEPFAR's Next Generation Indicators but are not reflected in the results under the specific GHI targets for these health areas.

Indicator	2008 Baseline	2011 Data Point	2013 Projected Data Point
HIV/AIDS			
Number of HIV-positive individuals currently on ART	1,700,000	3,900,000	6,000,000
Number of eligible adults and children provided with a minimum of one care service	8,256,800	12,983,300	TBD
Percent of HIV-positive pregnant women who received antiretroviral prophylaxis to prevent mother-to-child transmission	47.0%	64.0%	72.0%
Voluntary medical male circumcision coverage in 14 target countries	*	4.0%	43.0%
Proportion of total condoms supported by PEPFAR	*	25.0%	26.0%

*Baseline is 2011.

PEPFAR Program reports, based on U.S. Government Fiscal Year (Oct. 1–Sept. 30).