

I. EXECUTIVE SUMMARY

“Human dignity has been a part of our history for a long time. We fed the hungry after World War I. This country carried out the Marshall Plan and the Berlin airlift . . . It’s nothing new for our country. But there’s a pandemic which we must address now, before it is too late.”

President George W. Bush, January 31, 2003

1. Strategic Guidance

The President’s Vision Statement describes our aspiration for the future. Our Mission Statement describes our overarching approach to achieve the vision. Our Goals identify the actions we will take, then measuring the results to determine our progress toward achieving our mission. Our Strategic Principles describe many, but certainly not all, of the principles that have driven our deeper thinking.

Our Vision:

President Bush’s Emergency Plan for AIDS Relief will turn the tide of this global pandemic.

Our Mission:

To work with leaders throughout the world to combat HIV/AIDS, promoting integrated prevention, treatment, and care interventions, with an urgent focus on countries that are among the most afflicted nations of the world.

Our Goals:

Across the world, we will:

- Encourage bold leadership at every level to fight HIV/AIDS;
- Apply best practices within our bilateral HIV/AIDS prevention, treatment, and care programs, in concert with the objectives and policies of host governments’ national HIV/AIDS strategies; and
- Encourage partners, including multilateral organizations and other host governments, to coordinate at all levels to strengthen response efforts, to embrace best practices, to adhere to principles of sound management, and to harmonize monitoring



and evaluation efforts to ensure the most effective and efficient use of resources.

In the Emergency Plan’s 15 focus countries,¹ we will:

- Provide treatment to 2 million HIV-infected people;
- Prevent 7 million new HIV infections; and
- Provide care to 10 million people infected and affected by HIV/AIDS, including orphans and vulnerable children.

Our Strategic Principles:

We will respond with urgency to the global HIV/AIDS crisis.

Recognizing that HIV/AIDS is a global emergency, we will rapidly mobilize resources. We do not underestimate the implementation challenges the Emergency Plan will face. The task is daunting. Nonetheless, we are determined to reverse the momentum of increasing HIV/AIDS infections and stem suffering through

¹ Botswana, Côte d’Ivoire, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia in Africa; Guyana and Haiti in the Caribbean; and a 15th country to be determined.

prevention, treatment, and care. Our strategic plan lays the cornerstone of our approach. At the same time, we must maintain flexibility and remain responsive to the ever-changing nature of the HIV/AIDS pandemic. Our strategy will evolve as we seek new partners and respond to innovation, input, experience, and outcomes.

We will fight HIV/AIDS worldwide.

The United States has been and will continue to be a world leader in combating HIV/AIDS. The President's Emergency Plan reinforces U.S. global leadership in three key areas:

- ▶ Focusing significant new resources in 15 of the most afflicted countries in the world;
- ▶ Consolidating our leadership, renewing our commitment, and harmonizing our policy in the more than 100 countries where we currently have bilateral programs; and
- ▶ Amplifying the worldwide response to HIV/AIDS through international partners, including the Global Fund To Fight AIDS, Tuberculosis, and Malaria.

We will actively seek new approaches.

Global HIV/AIDS is an unprecedented crisis requiring an unprecedented response. The President's Emergency Plan for AIDS Relief is the boldest international health initiative ever undertaken by a single country. It not only brings hope through the commitment of extraordinary resources, but, as important, the opportunity to find new and more effective ways to fight the HIV/AIDS pandemic. Our approach will not be "business as usual."

We will use a new leadership model.

The United States Global AIDS Coordinator will oversee and direct all U.S. Government (USG) international HIV/AIDS activities in all departments and all agencies of the Federal Government. This new approach for the coordination and deployment of resources from across the U.S. Government will result in more effective and efficient programs that capitalize on the skills and expertise of staff from across the U.S. Government.

We will make policy decisions that are evidence-based.

We will build on the best practices established in the fight against HIV/AIDS and bring the resources of sound science to bear in selecting and developing interventions that achieve real results.

We will demand accountability for results.

The President's Emergency Plan will establish measurable goals for which we will hold ourselves and our partners accountable. In the focus countries and throughout the world, effective monitoring and evaluation systems will identify successful models for scale-up and poorly performing programs for revision or termination.

We will implement programs suited to local needs and host government policies and strategies.

We will implement programs that are coordinated with the policies and strategies of host governments and are responsive to local needs. Countries and communities are at different stages of HIV/AIDS response and have unique drivers of HIV, distinctive social and cultural patterns (particularly with regard to the status of women), and different political and economic conditions. Effective interventions must be informed by local circumstances and coordinated with local efforts. The U.S. Global AIDS Coordinator will provide the strategic direction, the "what" for USG programs. Each U.S. Chief of Mission will lead a coordinated U.S. Government country team to identify the "how," through program implementation that is directed by a USG country plan, responsive to local needs and circumstances, and coordinated with the host government's national HIV/AIDS strategy.

We will develop and strengthen integrated HIV/AIDS prevention, treatment, and care services.

The President's Emergency Plan is unmatched in its commitment to provide prevention *and* treatment and care services, with the knowledge that these efforts are enhanced through their integration. In the absence of treatment and care, HIV infection is perceived as a death sentence, hindering prevention efforts as fear inhibits people from seeking testing services and internalizing prevention messages. The availability of treatment and care, in addition to prolonging life and easing the suffering of the infected and affected, amplifies prevention efforts by offering incentives to seek HIV/AIDS information, get tested, and declare HIV status.

We will develop sustainable HIV/AIDS health care networks.

We recognize the limits of health resources and capacity in many, particularly rural, communities. To more effectively address that shortfall, we will build on and strengthen systems of HIV/AIDS health care based on the "network" model. Prevention, treatment, and care protocols will be developed, enhanced, and promoted in concert with local governments and ministries of health. With interventions emphasizing technical

assistance and training of health care professionals, health care workers, community-based groups, and faith-based organizations, we will build local capacity to provide long-term, widespread, essential HIV/AIDS services to the maximum number of those in need.

We will employ the prevention lessons learned from the “ABC” model.

Uganda’s success has identified the “ABC” model (Abstinence, Be faithful, and, as appropriate, correctly and consistently use Condoms) as an effective HIV/AIDS prevention tool. We will promote the proper application of the ABC approach, through population-specific interventions that emphasize abstinence for youth, including the delay of sexual debut and abstinence until marriage; HIV/AIDS testing and fidelity in marriage and monogamous relationships; and correct and consistent use of condoms for those who practice high-risk behaviors.

We will combat stigma and denial.

Stigma remains a primary barrier to combating HIV/AIDS. Fear of disease and discrimination inhibits people from seeking and offering information, testing, treatment, and care. HIV travels swiftly and surely under cover of silence and denial. We will take leadership, and encourage leadership, in promoting the message that HIV is a virus that knows no borders, discriminates against no race, no gender, and no class. We will encourage people to fight the disease, not the people who live with it, and to treat people infected and affected by AIDS not with cruelty and discrimination but with dignity and compassion.

We will seek new strategies to encourage HIV/AIDS testing.

The war against HIV/AIDS begins with prevention. The disease cannot be conquered unless new infections are eliminated. Forty million people worldwide are already infected with HIV, and each day 14,000 more are added to their ranks. Alarming, the vast majority do not know they are infected and unknowingly pass the virus to others. People have not wanted to be tested, in part because a positive result was a death sentence. Knowledge about the President’s commitment to antiretroviral treatment and care will encourage testing. Knowledge of HIV status is a vital tool for helping individuals avoid behaviors that place them at risk of HIV infection, leading people to protect themselves and others from HIV infection. We will seek and promote new strategies to dramatically increase HIV testing.

We will encourage bold national leadership.

Where national leaders have taken early and effective action to publicly acknowledge HIV/AIDS as a prob-

lem in their country, raised and devoted appropriate resources, and demanded broad involvement, the battle against HIV/AIDS is meeting success. Through effective diplomacy and communication, we will engender new leadership at every level – from national statesmen to village elders – in the fight against HIV/AIDS.

We will seek the involvement of people infected with and affected by HIV/AIDS.

People infected with and affected by HIV/AIDS have unique contributions to make in identifying their needs, testifying to program effectiveness, advocating for an improved response, and combating stigma and discrimination. We will encourage the input of these individuals so that we respond more effectively to the needs of these people, who are among those the Emergency Plan seeks to serve.

We will encourage and strengthen faith-based and community-based nongovernmental organizations.

Faith-based and community-based organizations were among the first responders to HIV/AIDS, caring for fellow human beings in need. Their reach, authority, and legitimacy identify them as crucial partners in the fight against HIV/AIDS. We will encourage their involvement, and, in particular, we will welcome new partners with innovative ideas.

We will maintain our own focus while coordinating with other partners.

Our focus, worldwide, is on achieving targeted goals within HIV/AIDS prevention, treatment, and care. Other entities contribute vital efforts to these goals and to combating the drivers and consequences of HIV/AIDS. This pandemic is one of the most complex crises the world has encountered, and all of these efforts are necessary and important. Each of our efforts is amplified when we work in concert toward the overarching shared goal of eradicating HIV/AIDS and the devastation it wreaks.

2. Summary

The Global HIV/AIDS Emergency and the U.S. Response

The global HIV/AIDS pandemic is one of the greatest challenges of our time. Worldwide, over 40 million people are now infected, and each day 14,000 more are added to their ranks. In claiming the lives of societies’ most productive populations – adults ages 15 to 45 – HIV/AIDS threatens a basic principle of development, that each generation does better than the one before.

Four months after his inauguration, President George W. Bush began an historic expansion of the U.S. Government's commitment to global HIV/AIDS when he announced the founding donation of \$200 million that established the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Shortly thereafter he initiated his International Mother and Child HIV Prevention Initiative and, in his 2003 State of the Union address, he announced his historic Emergency Plan for AIDS Relief – the largest and boldest assault on the global AIDS pandemic in history. Other global leaders have also taken action against the crisis of HIV/AIDS, and there are many successes to build upon. Nonetheless, significant challenges remain. Treatment remains out of reach for the vast majority of those who need it. The lack of basic care and support services leaves millions in daily pain and suffering. The ever-growing orphan population is straining community support mechanisms, with little to fill the gaps. Inadequate leadership and enduring stigma keep HIV spreading swiftly and surely under cover of silence. Combined, these challenges necessitate a complex response to delivering prevention, treatment, and care services to the many who are in need.

President Bush has responded to the challenge of global HIV/AIDS with his Emergency Plan for AIDS Relief. The Emergency Plan targets \$9 billion in new funding to dramatically ramp up prevention, treatment, and care services in 15 of the most affected countries of the world representing at least 50 percent of HIV infections worldwide. The Emergency Plan also devotes \$5 billion over five years to ongoing bilateral programs in more than 100 countries and increases our pledge to the Global Fund to Fight AIDS, Tuberculosis, and Malaria by \$1 billion over five years.

President Bush's Emergency Plan also demands a new way of doing business that will transform U.S. Government HIV/AIDS activities worldwide. It makes a revolutionary commitment to providing integrated prevention, treatment, and care services to those infected with and affected by HIV/AIDS, and establishes measurable goals against which progress will be tracked and evaluated. Policy and program decisions will be evidence-based and results-driven. New partners and innovations will be actively sought and rigorously evaluated. The President's Emergency Plan will be implemented under new leadership from the U.S. Global AIDS Coordinator, coordinating, in the United States and in the field, the work of all U.S. agencies fighting HIV/AIDS globally.

President Bush has demanded that the U.S. Government's approach to global HIV/AIDS be

focused, coordinated, and accountable for results. It capitalizes on specialized expertise and the strengths of partnerships with host governments, multilateral institutions, nongovernmental organizations, and the private sector.

Engendering Bold Leadership

As President Bush has demonstrated, leadership is an essential enabler for HIV/AIDS efforts, spurring action and magnifying its effects. In highly impacted countries and those experiencing emerging epidemics, leadership is required from the statehouse to the village to combat stigma, denial, and misinformation; influence cultural patterns; and mobilize new partners, action, and resources. For those countries with the means to be international donors, national leaders are in a position to increase public and private international HIV/AIDS assistance. The U.S. Government, under President Bush's leadership, will use its position and influence to encourage others to demonstrate similar bold leadership that is necessary to win the war against AIDS. Through proactive diplomacy and communications, the United States will engender greater leadership at every level in the fight against HIV/AIDS.

Critical Interventions in the Focus Countries

Within prevention, treatment, and care interventions, activities will focus on rapidly scaling up existing successful programs to immediately stem the tide and halt suffering attributable to HIV/AIDS. They will also focus on expanding partnerships; building capacity for effective, innovative, and sustainable services; creating a supportive and enabling policy environment for combating HIV/AIDS; implementing strong monitoring and evaluation systems to identify best practices; evaluating progress toward goals; and ensuring compliance with Emergency Plan policies and strategies.

Prevention

Prevention remains the primary strategy to combat HIV/AIDS. Despite two decades of focused attention on prevention, however, we have yet to achieve widespread success. Inappropriate and inconsistent prevention messages, stigma, gender inequality, poor knowledge of HIV status, limited testing strategies, medical transmission of HIV through unsafe injections and blood supply, and HIV transmission from mother to child continue to fuel the spread of HIV. President Bush's Emergency Plan is specifically designed to address these challenges by using evidence-based prevention programs such as the "ABC" approach of Abstinence, Be faithful, and as appropriate, the correct and consistent use of Condoms. Other identified best practices to achieve real results

in reducing the number of new infections include increased testing; appropriately tailored interventions for specific populations including women, men, and high-risk groups; the involvement of people living with HIV/AIDS, parents, and leaders from all sectors of society; and stigma reduction.

Treatment

Fewer than 8 percent of the 6 million people in resource-limited settings in immediate need of antiretroviral treatment currently receive it. A strong focus on treatment underlies the Emergency Plan. President Bush's vision that each human life has dignity and that the most vulnerable people in the world living with HIV/AIDS should have access to anti retroviral treatment guides the U.S. Global AIDS Coordinator's implementation activities. Providing treatment may be our best hope against the disease and the devastation it wreaks. Availability of treatment provides an incentive to get tested; reduces stigma; and, in restoring health, mitigates consequences of the disease such as loss of productivity, dramatically increased poverty, and growing orphan populations. The Emergency Plan will build on established clinical programs and develop the necessary infrastructure, staff, and technical capacity to provide long-term, widespread, high-quality, safe, and essential HIV/AIDS services to the maximum number of people in need. In addition, it will contribute to the development of appropriate treatment protocols and policies to ensure safe and effective treatment services, drug supply, and equitable distribution of health resources.

Care

Care services under President Bush's Emergency Plan include both palliative care for people living with HIV/AIDS and care for orphans and other vulnerable children affected by HIV/AIDS. HIV/AIDS and associated opportunistic infections cause severe pain and debilitating symptoms for many with advanced disease. Poor health contributes to reduced productivity and diverts meager resources, leading to myriad consequences including diminished food security. At the same time, millions of orphans growing up without the support of their parents face increased vulnerability to HIV, violence, sexual coercion, and reduced access to essential services such as health care and education.

The President's Emergency Plan seeks to mitigate these consequences by building the capacity of professional and family- and community-based health care providers to provide palliative care, by strengthening health care referral networks, and by ensuring necessary supplies. For orphans and vulnerable children,

the Emergency Plan seeks to strengthen the capacity of extended families and communities to care for orphans and to advance policy and legal reforms related to inheritance, access to basic social and protective services in order to enable supportive environments for children's growth and development.

Strengthening Bilateral HIV/AIDS Programs

President Bush has called upon political leaders around the world to address the HIV/AIDS crisis and to partner with the United States under a shared vision of human dignity and access to treatment, prevention, and care. His Emergency Plan offers a fresh opportunity to develop and implement consistent HIV/AIDS policies and programs across our existing bilateral prevention, treatment, and care programs. By drawing on the body of evidence collected over 20 years, new evidence-based lessons and insights from Emergency Plan initiatives in focus countries, and the U.S. Government's strong field presence and technical expertise, the Office of the U.S. Global AIDS Coordinator will work to harmonize in policy and management our bilateral programs worldwide.

Strengthening Multilateral Actions

The Bush Administration has recognized the importance of multilateral approaches to fighting the global HIV/AIDS pandemic. The President's early and aggressive support of the Global Fund to Fight AIDS, Tuberculosis, and Malaria has enabled this important mechanism of funding HIV/AIDS programs to begin to fulfill its potential. The contributions of other multilateral institutions and international organizations working with great dedication to combat HIV/AIDS provide a vital opportunity for a comprehensive response. The diverse drivers and consequences of HIV/AIDS, and its many complicated interactions with a variety of other social, political, and economic circumstances, demand an equal number of diverse actors with varied expertise. The President's Emergency Plan commits a significant proportion of its resources to the Global Fund to Fight AIDS, Tuberculosis, and Malaria in recognition of the fact that the Global Fund is a promising global force in the fight against AIDS, tuberculosis, and malaria, and offers important opportunities to address needs complementary to other elements of the Emergency Plan. Other multilateral institutions and international organizations, such as the Joint United Nations Program on HIV/AIDS, the World Health Organization, and the World Bank, have also provided essential global leadership, expertise, and resources. The U.S. Government will strengthen its relationships with multilateral institutions and international organizations to amplify global action against HIV/AIDS by encouraging coordination, based on

comparative strengths, to fill gaps in current activities, avoid duplication of efforts, and ensure efficient and effective use of resources.

Implementation and Management

Meeting the challenge of the global AIDS crisis is a monumental task that will require – along with strong leadership and vision – robust and flexible administrative structures. President Bush has set clear goals for his Emergency Plan and has insisted that the U.S. Global AIDS Coordinator’s response be rapid, effective, and evidence-based, and make efficient and focused use of all relevant government capabilities through coordination, collaboration, and cooperation across U.S. Government agencies. It must also reflect administration policy and statute; respond to the diverse needs of the various communities around the world in which the U.S. Government works; and account for progress toward achieving these goals. Four primary processes underlie this approach:

- **Coordination.** President Bush created the position of the U.S. Global AIDS Coordinator, who shall have primary responsibility for the oversight and coordination of all resources and international activities of the U.S. Government to combat the HIV/AIDS pandemic. The U.S. Global AIDS Coordinator is thus responsible for both internal and external coordination of HIV/AIDS activities. Internal coordination is carried out by country-specific response teams comprising staff from the implementing agencies and the Office of the U.S. Global AIDS Coordinator. In Washington, coordination between various federal agencies is achieved through multiple methods of communication, joint project planning, and policy development. External coordination with non-U.S. Government stakeholders, including host-country governments and multilateral institutions, is carried out both through in-country coordination led by field staff and through proactive liaising on the part of the U.S. Global AIDS Coordinator.
- **Planning.** At the core of the implementation strategy is an ongoing in-country planning effort, beginning with the focus countries. Chiefs of Mission in each country will lead a strategic planning process, aided by the Office of the U.S. Global AIDS Coordinator and involving all relevant U.S. Government entities, host-country governments, nongovernmental organizations, the corporate sector, multilateral institutions, and other in-country stakeholders. This process will result in individual-five-year country strategies and annual operational plans for strengthening the quality, availability, and sustainability of prevention, treatment, and care

services. Plans will be submitted to the U.S. Global AIDS Coordinator for review. Final approval by the Coordinator will ensure consistency with Congressional intent, Administration policy, and the Coordinator’s strategic objectives.

- **Allocation of Funding.** The President’s Emergency Plan relies on a variety of funding allocation mechanisms in order to maximize flexibility and encourage innovation while responding to specific country needs:
 - ▶ Funding levels by country will be allocated on the basis of the country’s five-year strategic plan, and funds will be released upon approval of annual country operational plans by the U.S. Global AIDS Coordinator.
 - ▶ Central funding mechanisms developed and approved by the Office of the U.S. Global AIDS Coordinator will fund regional initiatives serving more than one country, such as professional training or twinning for which organizations will provide technical assistance on a regional basis.
 - ▶ Funding decisions will be based upon performance in reaching annual prevention, treatment, and care targets. Strategic information will guide allocation of resources for maximum impact and ensure accountability to American taxpayers.
- **Communications.** President Bush has insisted that implementation be transparent and accountable. The U.S. Global AIDS Coordinator will ensure that the public is given timely, accurate, and complete information regarding the President’s Emergency Plan for AIDS Relief. A variety of mechanisms, including Web technology, reports to Congress, and media outreach will serve this purpose.

Supportive Interventions for U.S. Government Programs

Interventions that support implementation of the President’s Emergency Plan include an effective and accountable supply chain; a strong research program to provide the evidence base necessary to guide policies and programs, including a coordinated strategic information system; and enhanced public-private partnerships.

- **Supply chain management** is critical to ensure a secure and sustainable supply of quality essential drugs, materials, and equipment for HIV/AIDS programs. Supply chain management systems will be coordinated with complementary programs and will reduce and eliminate diversion, counterfeiting,

and the sale of HIV/AIDS products and supplies on the black market.

- ***A strong evidence base*** will provide new knowledge and give direction to policy and program decisions. Strategic information systems will track programs to ensure they are meeting targets and having measurable impact. Best practices for HIV/AIDS treatment, prevention, and care will be identified through both of these processes.
- ***Public-private partnerships*** will mobilize the private sector to leverage resources and capabilities across all sectors, including contributions to building sustainable systems of HIV/AIDS treatment, prevention, and care. The comparative advantages of these partnerships will be maximized to complement services provided by the public and non-governmental/faith-based organization sectors.

II. THE GLOBAL HIV/AIDS EMERGENCY AND THE U.S. RESPONSE

“The legislation [P. L. 108-25] that I sign today launches an emergency effort that will provide \$15 billion over the next five years to fight AIDS abroad. This is the largest single up-front commitment in history for an international public health initiative involving a specific disease. America makes this commitment for a clear reason, directly rooted in our founding. We believe in the value and dignity of every human life.”

President George W. Bush, May 27, 2003

1. The Global HIV/AIDS Emergency: A Severe and Urgent Crisis

President Bush has recognized that the global HIV/AIDS pandemic is one of the greatest health challenges of our time. Worldwide, over 40 million people are now infected, and each day 14,000 more are added to their ranks. Over 25 million have lost their lives to the disease, leaving behind anguished loved ones, orphaned children, and ravaged communities. The burden of disease, pain, and suffering is immense and growing every day. More than 13 million children have been orphaned by AIDS, leaving families and communities to face the challenges of providing guidance, health care, education, love, and hope. These children are often vulnerable to the worst forms of child labor and risk dropping out of school.

The disease has turned back many of the hard-won development gains of the 20th century, reducing life expectancy, increasing child mortality, and threatening fragile democracies as nations are overcome by political, social, and economic instability. AIDS strikes at the heart of hope, progress, and potential by claiming lives and causing untold suffering. Some of the most affected are societies' most productive populations – parents and teachers, police officers and government workers, farmers and health care providers. In robbing societies of these individuals, AIDS threatens a basic principle of development, that each generation does better than the one before it.

The greatest burdens of disease are concentrated in developing countries least able to cope. The countries of sub-Saharan Africa and the Caribbean are home to nearly 30 million people with HIV/AIDS, nearly 70 percent of the world's total. HIV/AIDS has deepened poverty and diverted state resources in regions already struggling with overburdened health systems and populations living on less than \$2 per day. It has fueled a



White House Photo Office

resurgence of the tuberculosis epidemic, further exacerbating strained health resources and compounding the suffering of those infected and affected by HIV/AIDS.

Emerging epidemics in India, China, and Eastern Europe threaten to become new epicenters of the disease. Given current infection rates and limited health services, these regions may compete with central and southern Africa as home to the greatest number of HIV-infected individuals by the end of the decade.

Like President Bush, the international community and many national leaders have taken action against the crisis of HIV/AIDS, and there are many successes to build upon. The United Nations General Assembly Special Session on HIV/AIDS affirmed the international community's commitment to progress against HIV/AIDS and provided the foundation for mobilizing significant resources to fight it. The Global Fund to Fight AIDS, Tuberculosis, and Malaria and other multilateral institutions, such as the Joint United Nations Program on HIV/AIDS (UNAIDS) and various other U.N. agencies, have made vital contributions.

We now have proven methods for combating HIV/AIDS, including effective strategies that highlight abstinence and fidelity, fight stigma and denial, and partner government with civil society. We know that leadership is essential and that early and effective action can contain and even roll back epidemics. Most importantly, where there used to be a “prevention versus treatment” debate, today few dispute that we must do both.

However, significant challenges face all nations, donors, institutions, and individuals attempting to respond to the global AIDS pandemic. Treatment continues to be out of reach for the vast majority of those who need it. The lack of basic care and support services leaves millions in daily pain and suffering. Limited infrastructure and human resource capacity in affected countries constrain their ability to respond to the HIV/AIDS crisis overtaking their communities. The ever-growing orphan population is straining community support mechanisms, with little to fill the gaps. Inadequate leadership and enduring stigma keep HIV spreading swiftly and surely under cover of silence. Insufficient coordination and evaluation of programs contribute to the inefficient use of funds and ineffective interventions. Combined, these challenges necessitate an extremely complex response to delivering HIV/AIDS prevention, treatment, and care services to the many who are in need.

Without intervention, experts predict that over 100 million people will be infected worldwide by 2010, with a cumulative loss of human life to AIDS totaling 100 million by 2020. We cannot let that happen. With our partners worldwide, we will turn the tide against HIV/AIDS and release its stranglehold on the future.

2. President Bush’s Emergency Plan for AIDS Relief: The Hope of a New Approach

President Bush has responded to the challenge of global HIV/AIDS with the his Emergency Plan for AIDS Relief. The Emergency Plan brings unprecedented resources to bear against the disease. Committing \$15 billion over five years, the President’s initiative is the largest commitment in history by a single nation for an international health initiative. The Emergency Plan makes a revolutionary commitment

to providing resources for treatment for HIV-infected individuals, a vital intervention that many have thought could not be offered in developing-country environments. President Bush has asserted that “in the face of preventable death and suffering, the United States has the power and moral duty to act,” and the Emergency Plan will focus on bringing life-extending HIV/AIDS treatment to some of the most afflicted and under-resourced countries in the world.

The Emergency Plan strongly supports integrated prevention, treatment, and care with the knowledge that the availability of each enhances the effect of all. Prior interventions have focused on preventing HIV transmission, correctly acknowledging that the war against the disease cannot be won unless new infections are prevented. But prevention efforts have been hindered by the limited availability of treatment and care. Lack of treatment has contributed to fear of and stigma against the disease, discouraging people from seeking testing and disclosing their status to partners, a necessary step for preventing HIV transmission.

The priorities defined above – providing treatment in some of the most afflicted nations, and integrating prevention, treatment, and care – are reflected in the breakdown of the initiative’s funding. The Emergency Plan targets \$9 billion in new funding to dramatically ramp up prevention, treatment, and care services in 15 of the most affected countries of the world,² representing at least 50 percent of HIV infections worldwide. At the same time, President Bush’s Emergency Plan devotes \$5 billion over five years to existing bilateral efforts to support HIV/AIDS, tuberculosis, and malaria programs and research, and pledges \$1 billion over five years to the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Through intensive intervention in areas with the highest concentration of disease and strengthened programs worldwide, the United States and its partners will defeat AIDS.

The Emergency Plan is defined by more than the unprecedented commitment of resources. Through his Emergency Plan, President Bush has also demanded a new way of doing business that will transform our HIV/AIDS activities worldwide. His Emergency Plan will demand high levels of accountability and will establish measurable goals against which progress will be tracked and evaluated, with funding decisions based on performance toward these goals. Policy and program decisions will be evidence-based and results-

²Through President Bush’s Emergency Plan for AIDS Relief, the United States will continue to work throughout the world to combat HIV/AIDS, tuberculosis, and malaria through bilateral programs, providing \$5 billion in baseline funds over five years. Bilateral programs will also be harmonized to incorporate new best practices. New funding of \$9 billion over five years will focus on countries that are among the most afflicted in Africa and the Caribbean: Botswana, Côte d’Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia. These 14 countries are also the focus of the President’s International Mother and Child HIV Prevention Initiative. Per the requirement in P.L. 108-199 (FY 2004 Consolidated Appropriations bill), a 15th country will be named shortly as a focus country not located in Africa or the Caribbean region.

driven. The Emergency Plan will be implemented under new leadership from the U.S. Global AIDS Coordinator, reporting directly to the Secretary of State and coordinating, in the United States and in the field, the work of all U.S. agencies fighting HIV/AIDS globally. With the core expertise of various U.S. agencies reoriented and redirected toward a coordinated, focused mission to achieve measurable goals, our progress against HIV/AIDS will be greatly amplified.

The President's Emergency Plan dramatically expands upon two decades of the United States' global leadership in the fight against HIV/AIDS. The United States has been the primary contributor to HIV/AIDS research, instrumental to the development of tools rang-

The Integrated HIV/AIDS Prevention, Treatment, and Care Model

President Bush's Emergency Plan is based on the established best practice of providing a continuum of care consisting of a full range of integrated HIV/AIDS services. The availability of each of the continuum's activities – prevention, treatment, and care – strengthens and reinforces the effect of each intervention. Prevention activities such as HIV/AIDS education and awareness, behavior change, and testing are thus more effective when combined with treatment and restorative or curative care, including such services as routine follow-up of HIV-infected individuals prior to receiving antiretroviral therapy, control of symptoms, end-of-life care, and bereavement support. All three interventions are mutually supportive, so that over time, as the availability of treatment (e.g., antiretroviral drugs) grows under the Emergency Plan, the need for palliative care will decrease.

Care for orphans and vulnerable children is another critical component of the Emergency Plan. The strategy emphasizes mitigating the consequences of disease to this population and reducing their risk and vulnerability to HIV. The difficulties faced by children orphaned by HIV/AIDS represent some of its greatest short- and long-term consequences. In providing prevention, treatment, care, bereavement, and other support services to children, orphan care further reinforces the synergies of integrated service delivery. Wherever appropriate, services for orphans and vulnerable children will be linked to the health care and human services network.

ing from testing to treatment, as well as projects that provide hope for the future, such as vaccines and microbicides. Under President Bush's leadership, the United States currently provides over 50 percent of all bilateral funding to combat global AIDS; was a founding member of the Global Fund to Fight AIDS, Tuberculosis, and Malaria; and is the Fund's largest donor, responsible for over 37 percent of all pledges to it. The Secretary of Health and Human Services is lending additional U.S. leadership and support to the Fund as Chair of its Board through 2005.

Through their field presence in over 100 countries, U.S. agencies have provided essential technical assistance and training to strengthen HIV/AIDS programs worldwide. The President's International Mother and Child HIV Prevention Initiative, established in 2002 to reduce mother-to-child HIV transmission by 40 percent within five years in the Emergency Plan's 14 focus countries, has laid the groundwork for the strategies that the Emergency Plan will pursue. It has also provided additional evidence and knowledge on the feasibility – and necessity – of integrated prevention, treatment, and care programs.

Following President Bush's lead, we embark on this new phase of our global leadership in the fight against HIV/AIDS with hope and humility, knowing that our efforts must be grounded in partnership, collaboration, and compassion. The world is poised to halt and reverse the devastation wrought by HIV/AIDS, with the historic opportunity to confront the challenges and achieve dramatic results. With a fundamental belief in the value and dignity of every human life, as articulated by President Bush, the United States is capitalizing on its expertise and the strengths of its partnerships with host governments, multilateral institutions, nongovernmental organizations, and the private sector to take bold action against HIV/AIDS.

3. Structure of the Strategic Plan

Critical interventions to reach the goals of President Bush's Emergency Plan are presented in the following chapters. Chapter III emphasizes the need for bold leadership from all sectors, and in all nations, and describes strategies the United States will pursue to bring voice and additional resources to the fight against global AIDS. Chapters IV, V, and VI describe strategies for integrating and strengthening prevention, treatment, and care activities in the focus countries. Chapter VII illustrates how the Emergency Plan will direct U.S. Government HIV/AIDS activities in countries beyond the focus countries where today we have existing bilateral programs. Chapter VIII identifies methodologies for engagement with multilateral institutions and joint

ventures for an amplified global HIV/AIDS response. Implementation and management strategies are presented in chapter IX. Interventions that support strengthened programming and accountability in USG initiatives, including issues related to supply chain management and the role of research and strategic information, are presented in chapter X. Chapter XI presents special topics of congressional interest and other appendices.

III. ENGENDERING BOLD LEADERSHIP

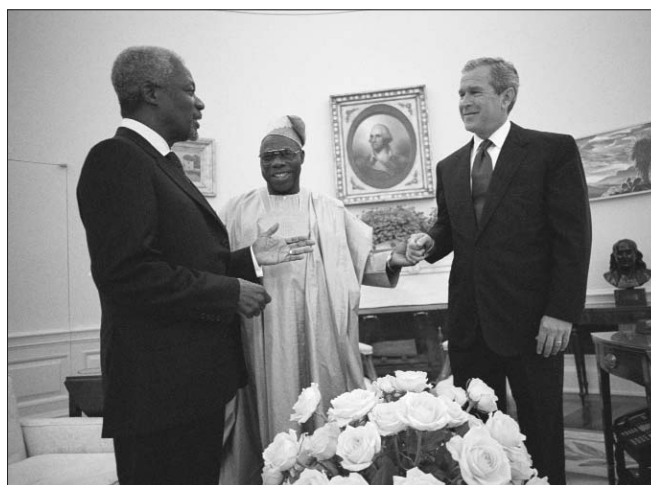
“There are only two possible responses to suffering on this scale. We can turn our eyes away in resignation and despair, or we can take decisive, historic action to turn the tide against this disease and give the hope of life to millions who need our help now. The United States of America chooses the path of action and the path of hope.”

President George W. Bush, April 29, 2003

President Bush’s bold and aggressive attack on global HIV/AIDS has made it clear – leadership is essential to battling HIV/AIDS. Early and effective action by high-level political leaders can contain and even roll back epidemics, as evidenced in Uganda, Thailand, and Senegal. Where leaders have been silent, inactive, or worse – combative, or propagating incorrect or stigmatizing messages – HIV continues to spread despite the best efforts of communities and contributors. Leadership is an essential enabler for HIV/AIDS efforts, spurring action and magnifying its effects. Heads of state wield enormous power, authority, and legitimacy. They can combat stigma, denial, and misinformation through forthright discussion of the nature of the disease and thus lead citizens to change their behavior. They can influence cultural patterns that contribute to the spread of disease, including gender inequity. By demonstrating that all sectors of society must contribute to the battle against AIDS and applying appropriate levels of human and financial resources to prevention, control, and treatment activities, they are powerful mobilizers of new partners, action, and resources. It is political leadership that ensures a multisectoral response, proven crucial to combating HIV/AIDS effectively.

The need for leadership is not limited to heads of state. At both the national and community levels, wide-ranging leadership is needed in civilian government, the military, medical institutions, ethnic and cultural groups, corporations, labor unions, schools and universities, religious institutions, nongovernmental organizations (NGOs), and the media. Those who lead and influence people and organizations have the capacity, and the duty, to make a dramatic difference in stemming the spread of the epidemic and supporting the necessary treatment and care for those infected and affected by AIDS.

The need for leadership is also not limited to highly impacted countries. Every country has a starting point for the epidemic. Early leadership can determine the



White House Photo Office

difference between societies that experience low incidence of disease and those held hostage by raging epidemics. In many countries, low overall prevalence rates often mask firmly entrenched epidemics in high-risk groups, such as injection drug users, sex workers, and men who have sex with men. Epidemics among these often disenfranchised communities must be addressed to conquer the disease. Too often, patterns of official denial and stigmatization have led to widespread epidemics.

President Bush has called for leadership against AIDS from every nation. For those countries with the means to be international donors, national leaders are in a position to increase public and private international HIV/AIDS assistance. The United States is continuing to show unprecedented global leadership and commitment in funding the global AIDS response. In 2002 and 2003, the U.S. Government gave international contributions greater than those of all other donor governments combined. Assuming level funding by other donors, U.S. international contributions in 2004 will be approximately twice those of the rest of the world’s donor governments combined. Given that HIV/AIDS is a crisis of unprecedented global

proportions, there is a role for every leader to play in defeating it.

President Bush has stepped up to this challenge with his Emergency Plan for AIDS Relief. His Administration will use its leadership position and influence to encourage others to demonstrate the bold leadership that is necessary to win the war against AIDS. Through proactive diplomacy and communication, the U.S. Government will stimulate greater leadership at every level – from national statesmen to village elders – in the fight against HIV/AIDS.

Leadership Objective:

Engender bold leadership and additional resources from other countries for the fight against global AIDS

Leadership Strategies:

1. Engaging heads of state and other government officials through bilateral diplomatic interventions and multilateral forums
2. Reaching out to a broad range of community and religious leaders and private institutions to generate multisectoral leadership and responses to HIV/AIDS
3. Using the tools of public diplomacy and communications to inform and engage new partners, including media, in the fight against HIV/AIDS
4. Using diplomatic interventions in bilateral and multilateral forums with donor nations, and communications tools with the public and private institutions, to raise additional resources for global AIDS

1. Engaging heads of state and other government officials through bilateral diplomatic interventions and multilateral forums

Heads of state have a particular role to play, and particular responsibility to bear, in engendering an appropriate response to HIV/AIDS. In countries facing current or emerging epidemics, leadership from heads of state can generate early and effective action by publicly acknowledging HIV/AIDS as a problem in their country, raising and devoting appropriate resources, and demanding broad involvement. In many countries, budgetary resources need to be focused on prevention, care, and treatment programs to stem the epidemic. The engagement of heads of state contributes greatly to a coordinated response, offering such tools as national HIV/AIDS strategies and dedicated funding streams through which to allocate and track resource distribution.

HIV/AIDS adversely affects health care systems, education in schools and universities, economic development, and, more broadly, peace and security. All ministries have a role to play in the fight against the pandemic. Military leaders and other sectoral leadership such as ministers of education and labor can strengthen the HIV/AIDS response by capitalizing on their access to specific populations that have specific needs.

Under President Bush's leadership in fighting global HIV/AIDS, the U.S. Government has an opportunity to encourage leadership from heads of state and other government officials. The United States will:

- Employ diplomatic interventions by high-level officials based in Washington and American ambassadors abroad to engage directly with and encourage strong leadership from heads of state and counterparts in government such as ministers of health, education, defense, and foreign affairs;
- Ensure that American embassy staffs abroad are informed and engaged on the issue of HIV/AIDS as it relates to their host countries and raise HIV/AIDS issues in host-country forums; and
- Advocate for greater leadership through multilateral forums such as UNAIDS, international HIV/AIDS events and conferences, and multilateral actions such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

2. Reaching out to a broad range of community leaders and private institutions to generate multisectoral leadership and responses to HIV/AIDS

Some of the most intractable problems in achieving an effective HIV/AIDS response have been combating stigma, reaching individuals with HIV/AIDS messages to bring about behavior change, and addressing issues of culture and traditional roles that contribute to increased vulnerability, especially for women and girls. HIV/AIDS messages need to reach people where they live, learn, work, and worship. Trusted community leaders have reach, authority, and legitimacy to carry forward vital messages about HIV/AIDS and combat stigma, denial, and negative cultural practices. In addition, where government has not responded adequately to HIV/AIDS, bottom-up leadership can help mobilize appropriate responses, including resources, from government.

The U.S. Government will use public-private partnerships at local, national, regional, and world-

wide levels to strengthen global and in-country responses to HIV/AIDS. These partnerships will be fostered by the Office of the U.S. Global AIDS Coordinator and U.S. ambassadors in all regions. In countries where the United States has existing HIV/AIDS programs (see appendix F), these efforts will be closely linked to the programs. In countries where the U.S. Government has HIV/AIDS activities, such as public diplomacy efforts, but no assistance programs, these efforts will serve as a catalyst for action by local officials.

The United States will:

- Engage with community leaders such as mayors, tribal authorities, elders, and traditional healers to promote correct and consistent information about HIV/AIDS and combat stigma and harmful cultural practices. Even in an environment of strong government leadership and good policy, failure to involve community leaders can undermine efforts to implement sound policies and programs. Conversely, community leaders can reinforce messages and engender cultural change that is difficult to achieve via program or policy means.
- Engage with faith-based leaders on international, national, and local levels. Religious leaders have enormous reach and authority. In many countries, as many as 80 percent of citizens participate regularly in religious life, and the pulpits of religious leaders are a powerful platform from which to promote correct and consistent information, encourage behavior change, combat stigma, and strengthen community responses to HIV/AIDS. The United States will identify, train, and partner with faith-based leaders.
- Work with national and international business coalitions and labor organizations to facilitate their efforts to improve and greatly expand programs in the workplace, particularly at companies in heavily impacted countries. Through close collaboration with business and labor, the U.S. Government will serve as a catalyst for developing and implementing prevention, treatment, and care programs for employees and immediate communities. The strategy will take advantage of marketing, communications, and logistical skills in the business sector to improve the reach and effectiveness of AIDS programs.

3. Using the tools of communications to inform and engage new partners, including media, in the fight against HIV/AIDS

In many countries of the world, there is great unrealized potential in using the media as a positive force for discussion of AIDS and for overcoming stigma and denial, promoting information based on best practices, and expanding the reach of correct and consistent HIV/AIDS messages. The United States will:

- Inform the public of the extent and nature of the AIDS epidemic and the need for action through international media channels and through print and electronic media in the 162 countries where the United States is represented, including placement of public service announcements on radio and television and publication of op-ed pieces by the American ambassador and others;
- Assist journalists in promoting responsible reporting on HIV/AIDS; and
- Use exchange programs to provide key people with participatory involvement in a range of activities that serve to enhance their skills and knowledge related to HIV/AIDS. These exchanges will be customized for specific sub-groups of people who are in a position to demonstrate leadership in their home countries, including health care workers, journalists, and others.

4. Using diplomatic interventions in bilateral and multilateral forums with donor nations, and communications tools with the public and private institutions, to raise additional resources for global AIDS

Worldwide resources to combat global HIV/AIDS remain far short of what is necessary to win the war against the disease. Wealthy nations, corporations such as the Coca-Cola Company, and private institutions such as the Bill & Melinda Gates Foundation have made vital contributions to the fight against HIV/AIDS, and the U.S. Government will continue to seek their partnership and support. Under President Bush's lead, the U.S. Global AIDS Coordinator will work with the Secretary of State, the Secretary of Health and Human Services, and others in this high-level effort to generate greater bilateral and multilateral contributions from donor governments and private institutions. In addition, the Office of the U.S. Global AIDS Coordinator will use public communications tools to inform and engage citizens worldwide in the battle against HIV/AIDS and develop a constituency that will ensure a long-term global response.

IV. CRITICAL INTERVENTIONS IN THE FOCUS COUNTRIES: Prevention

“We will train doctors and nurses and other health care professionals so they can treat HIV/AIDS patients. Our efforts will ensure that clinics and laboratories will be built or renovated and then equipped. Child care workers will be hired and trained to care for AIDS orphans, and people living with AIDS will get home-based care to ease their suffering . . . And we’re developing a system to monitor and evaluate this entire program, so we can be sure we’re getting the job done.”

President George W. Bush, July 2, 2003

The 2003 UNAIDS *AIDS Epidemic Update* offered a set of stunning statistics – last year, 3 million people died of AIDS. At the same time, 5 million more were infected with HIV. Despite two decades of focused attention on prevention, we have yet to achieve widespread success, as evidenced by the 14,000 people who each day join the ranks of those infected. Clearly, HIV/AIDS cannot be defeated unless the number of new infections is dramatically reduced and eventually eliminated.

It is time, however for new thinking and approaches. Past and current prevention messages have often failed to achieve the widespread behavior change that is necessary to end the pandemic. Prevention efforts are further hampered by the stigma surrounding HIV/AIDS and gender inequality that increases the vulnerability of women and girls.

Of the approximately 40 million people infected with HIV worldwide, it is estimated that as many as 95 percent do not know their status. Without knowledge of their status, people continue to spread the disease unwittingly and do not seek treatment. Given the sheer numbers of people who do not know their status, this factor alone represents an enormous challenge to turning the tide against HIV/AIDS. Limited testing strategies, insufficient testing services, and a lack of enabling policies have thus far proven inadequate for making sufficient progress against the disease.

Overstressed and poorly functioning health care systems also contribute to the spread of disease. Medical transmission of HIV continues to be a problem, spread through unsafe injections, unnecessary medical procedures, and use of unscreened blood supplies. Rates of sexually transmitted infections (STIs) remain high, and, when untreated, contribute to the spread of HIV. Health care systems, understaffed and inadequately supplied, have been unable to close this entry point for HIV infection.



In 2001, an estimated 720,000 children globally were infected via mother-to-child HIV transmission. U.S. Government programs such as the President’s International Mother and Child HIV Prevention Initiative, as well as those implemented by other partners, have proven that the administration of a short course of antiretroviral (ARV) drugs and improved breastfeeding practices can dramatically reduce the number of mother-to-child infections and thus the number of new infections overall. Such programs also provide a critical link to HIV/AIDS treatment programs that offer ARV and other treatment to HIV-infected women and their families, thus helping to preserve the family unit.

Finally, the limited availability of treatment and care, and its effects of extinguishing hope and fueling fear and stigma, presents its own barriers to prevention efforts, as denial continues to bolster inaction.

The President’s Emergency Plan is specifically designed to address these challenges and capitalize on the opportunities outlined above in achieving its goal of preventing 7 million new HIV infections. In its use of evidence-based prevention programs such as the “ABC” – Abstinence, Be faithful, and as appropriate,

correct and consistent use of Condoms – approach, proven successful in Uganda, Zambia, Senegal, and elsewhere, the Emergency Plan will target prevention funds to methodologies that are effective in helping people avoid behaviors that place them at risk of contracting HIV. Identified best practices such as increased testing; appropriately tailored interventions for specific populations including women, men, and high-risk groups; the involvement of people living with HIV/AIDS, parents, and leaders from all sectors of society; and stigma reduction will be aggressively promoted to achieve real results in reducing the number of new infections. At the same time, these interventions must strengthen existing indigenous responses to the epidemic, be discerning and responsive to the culture, and build on community structures that influence social and community norms in order to reduce risk behaviors.

Furthermore, in keeping with the Emergency Plan’s health care approach, specific interventions to strengthen health care services to reduce HIV transmission are another cornerstone of prevention activities. The President’s Emergency Plan will help build the health infrastructure necessary to strengthen infection control programs, reduce medical transmission of HIV, and build the capacity of health care workers to treat STIs and prevent mother-to-child infection. Last, the fundamental principle of the President’s Emergency Plan – to integrate prevention, treatment, and care – is intended to stimulate a cycle that will reduce stigma and fear, create incentives for testing, and thus amplify prevention efforts.

Prevention Objective:

Prevent 7 million HIV infections in the focus countries

Prevention Strategies:

1. Rapidly scale up existing prevention services
2. Build capacity for effective long-term prevention programs
3. Advance policy initiatives that support prevention of HIV infection
4. Collect strategic information to monitor and evaluate progress and ensure compliance with Emergency Plan policies and strategies

1. Rapidly scale up existing prevention services

It is estimated that immediate action to implement comprehensive prevention programs could avert 60 percent of new HIV infections in resource-limited set-

tings by 2010. A delay of only three years could reduce efficacy by nearly 50 percent. Thus, rapid scale-up of existing prevention services is an urgent priority of President Bush’s Emergency Plan. Much has been learned about effective strategies for prevention over the past two decades. While the President’s Emergency Plan seeks in the long term to develop sustainable national programs in each country, in the short term it will move quickly through the expansion of current activities. Faith-based and community-based groups, as well as many ministries of health, have established excellent prevention programs in the areas of abstinence promotion, behavior change, prevention of HIV infection from mother to child, and technical assistance for improved medical practices. These organizations offer innovative, effective, and accountable local programs, and have established relationships with national organizations and local communities. Such organizations provide the optimal foundation to build on best practices toward the development of comprehensive national prevention programs.

Organizations are poised to rapidly and accountably scale up programs in the following priority areas:

- Prevention of HIV infection through abstinence and behavior change for youth;
- Prevention of HIV infection through HIV testing, targeted outreach, and condom distribution to high-risk populations;
- Prevention of HIV infection from mother to child; and
- Prevention of HIV infection through safe blood, improved medical practices, and post-exposure prophylaxis.

Prevention of HIV infection through abstinence and behavior change for youth

In many of the countries hardest hit by HIV/AIDS, sexual activity begins early and prior to marriage. Surveys show that, on average, slightly more than 40 percent of women in sub-Saharan Africa have had premarital sex before age 20; among young men, sex before marriage is even more common. Moreover, a significant minority of youth experience first sex before age 15. Abstinence until marriage programs are particularly important for young people, as fully half of all new infections occur in the 15- to 24-year-old age group. Delaying first sexual intercourse by even a year can have significant impact on the health and well-being of adolescents and on the progress of the epidemic in communities.

Adolescent girls in high HIV-prevalence countries in Africa are at significantly higher risk of acquiring HIV. In some communities, as many as 20 percent of girls aged 15 to 19 are infected compared to 5 percent of boys the same age. These age differentials in HIV prevalence reflect a pattern of older men having sex with younger women. Young women involved in exchange relationships with older men are disadvantaged by gender, age, and economic power. Moreover, a substantial proportion of girls in Africa and the Caribbean experience coerced sex, including forced first sex.

Youth are subject to a variety of conflicting social messages and influences related to sex. Although many traditional social norms emphasize abstinence for youth, extramarital sexual activity is common among adults, especially men. While virginity is emphasized for girls, sexual activity is often seen as a sign of manhood for young men. Parents, religious leaders, teachers, and the media may each provide different information related to HIV/AIDS, adding to confusion in decision-making.

Comprehensive and effective prevention approaches reflect the complex influences on young people's decision-making and the need to address the broader social factors that shape their behaviors. Internationally, a number of programs have proven successful in increasing abstinence until marriage, delaying first sex, reducing the number of partners, and even achieving "secondary abstinence" among sexually experienced youth.

President Bush's Emergency Plan recognizes the diversity of countries and the need to harmonize prevention messages at the community level. Correct and consistent information is vital to effective HIV prevention, and program partners thus should not disseminate incorrect information about any health intervention or device. In addition, national governments may appropriately seek to coordinate information or referral links to other services designed for high-risk populations.

The Emergency Plan supports the following categories of activities as part of its rapid scale-up of prevention programs for youth:

Scale up skills-based HIV education, especially for younger youth and girls. Young people need to be reached early, before they begin having sex, with skills-based HIV education that provides focused messages about the benefits of abstinence until marriage and other safe behaviors. Activities should help young people develop the self-esteem to delay sex until mar-

Risk Elimination, Risk Reduction

Basic public health approaches to disease prevention rely on both risk elimination and risk reduction. Risk elimination strategies are those that reduce exposure to disease, such as abstinence in the case of STIs. Risk reduction strategies are those that reduce the likelihood of transmission during any given exposure, such as the use of condoms or the provision of prophylactic ARV treatment for exposed newborns or health care workers.

Risk elimination is a cornerstone of the President's Emergency Plan. Approaches that are directed to behavior change, such as encouraging abstinence, testing, and faithfulness in sexual relationships, have proven to be successful and will be expanded. Knowledge of HIV status, fidelity in marriage, and monogamy for the sexually active are equally important goals of prevention programs.

Evidence from Thailand suggests condom use is an important means of reducing, but not eliminating, risk. Working closely with local governments, nongovernmental organizations, and prevention experts, condom programs targeted to at-risk populations will be supported. In doing this, it will be important to disseminate clear messages that support, rather than confound, a core risk elimination approach.

riage, make informed choices, and develop the communication skills to say "no" to sex (as well as to alcohol and drugs, which increase vulnerability to sexual pressure). Best practices suggest that communication skills and the ability to personalize risk can be achieved through curricula that use interactive methods to target specific risk factors for early sexual activity in the local context and help young people define values. Ideally, programs should go beyond sexuality to build on young people's assets and encourage them to stay in school and plan for their futures. While these programs are most relevant to younger adolescents aged 10 to 14 years, especially girls, they are also appropriate for older adolescents. Suggested activities include:

- ▶ Developing and disseminating age-appropriate curricula that include clear messages about abstinence until marriage and other safe behaviors, and that address risk factors in the local context;

- ▶ Expanding skills-based HIV education through schools, working both at the national level with ministries of education and local schools at the community level;
- ▶ Strengthening HIV education delivered through after-school programs run by youth services networks, including faith-based networks; and
- ▶ Strengthening programs in HIV education for children who are not in school.

Promote healthy norms and behaviors. Communities need to mobilize to address the norms, attitudes, values, and behaviors that increase vulnerability to HIV, including multiple casual sex partners and cross-generational and transactional sex. To stimulate such mobilization, there is an urgent need to help communities identify and recognize the ways in which they contribute to establishing and reinforcing norms that may contribute to youth risk, vulnerability, and stigma. President Bush's Emergency Plan will support groups that discourage harmful norms through a variety of media and other activities at both the community and national levels. Suggested activities include:

- ▶ Training local religious and other traditional leaders in HIV concerns and supporting them in publicizing the risks of early sexual activity, multiple partners, and cross-generational sex;
- ▶ Supporting youth-led community media to help youth, their parents, and the broader community personalize the risks involved in these behaviors; and
- ▶ Supporting media campaigns that reinforce and make abstinence until marriage, fidelity, partner reduction, and other safer behaviors legitimate options and standards of behavior for both youth and adults.

Reinforce the role of parents and other protective factors. Parents are potentially the most powerful protective factors in young people's lives; they have great potential to guide youth toward healthy and responsible decision-making and safer behaviors. In Emergency Plan countries, where many youth have lost their parents to AIDS, other adult caregivers and mentors also have an important role to play in providing guidance to youth. Many adults, however, find it difficult to communicate with teens, both on broader issues of regulation and discipline and in discussing sexuality and their own expectations and values about sex. The Emergency Plan will support efforts to reach out to parents and other adult caregivers to educate

and involve them in issues relating to youth and HIV and to empower them by improving their communication skills in the areas of sexuality as well as broader limit-setting and mentoring. Suggested activities include:

- ▶ Holding parenting education workshops to improve parent-child communication on HIV, sexuality, and broader issues such as limit-setting, through parent-teacher associations, local social and civic clubs, and faith-based groups;
- ▶ Organizing special school and community events jointly for parents and teens to promote mutual communication about HIV and healthy behaviors; and
- ▶ Developing and training a cadre of volunteer mentors for youth who lack sufficient parental or other adult supervision, including training in messages for HIV prevention.

Address sexual coercion and exploitation of young people. Adolescents need a safe environment where they can grow and develop without fear of forced or unwanted sex, which often precludes the option of abstinence. The Emergency Plan supports psychosocial and other assistance for victims of sexual abuse. Efforts to target men with messages that challenge norms about masculinity and that emphasize the need to stop sexual violence and coercion will also be important. Suggested activities include:

- ▶ Organizing campaigns and events to educate local communities about sexual violence against youth and strengthen community sanctions against such behaviors;
- ▶ Implementing workplace programs for older men and school-based programs for young boys to provide education about preventing sexual violence, with a special focus on men who have a higher propensity to become perpetrators;
- ▶ Training health care providers, teachers, and peer educators to identify, counsel, and refer young victims of sexual abuse for other health services; and
- ▶ Working with governments and NGOs to eliminate gender inequalities in the civil and criminal code.

Violence Against Women and HIV/AIDS

Evidence from Rwanda, Uganda, Tanzania, and Zambia shows that violence against women is both a cause and consequence of rising rates of HIV infection – a cause because rape and sexual violence pose a major risk factor for women and a consequence because studies have shown that HIV-positive women are more likely to suffer violence at the hands of a partner than those who are not infected. For many women, fear of sexual coercion and violence often precludes the option of abstinence or holds them hostage to their husband's infidelity. Through President Bush's Emergency Plan, the U.S. Government will work closely with communities, donors, and other stakeholders to reduce stigma, protect women from sexual violence related to HIV, promote gender equality, and build family skills in conflict resolution. The Emergency Plan will also support interventions to eradicate prostitution, sexual trafficking, rape, assault, and sexual exploitation of women and children.

Prevention of HIV infection through HIV testing, targeted outreach, and condom distribution to high-risk populations

Following the "ABC" model, and recognizing that condoms are an essential means of HIV prevention for populations who engage in risky behavior, rapid scale-up of activities that target specific at-risk populations with outreach, prevention messages, testing, and condoms will be undertaken. These groups include prostitutes, sexually active discordant couples, substance abusers, and others. In doing this, care will be taken to adhere to local guidelines and standards and to ensure that the key behavioral messages of abstinence, faithfulness, and partner reduction are not confounded.

Prevention of HIV infection from mother to child

The technology now exists to substantially reduce mother-to-child transmission (MTCT) using simplified interventions that international clinical trials have demonstrated can reduce risk of HIV transmission from mother to child by 30 to 50 percent. The interventions involve providing routine HIV testing for pregnant women, administering short-course ARV prophylaxis to HIV-infected mothers in the last weeks of pregnancy or during labor or delivery, and administering ARV drugs by droplet to infants within 72 hours of birth. The interventions also call for less invasive medical procedures during childbirth,

improved breastfeeding practices, and prevention and treatment of malaria.

The President's Emergency Plan will build on the significant work already accomplished under the President's 2002 International Mother and Child HIV Prevention Initiative (now integrated into the Emergency Plan). President Bush's Emergency Plan will support rapid expansion of these programs through the following suggested activities:

- ▶ Scaling up existing prevention of mother-to-child transmission (PMTCT) programs by rapidly mobilizing resources;
- ▶ Providing technical assistance and expanded training for health care providers (including family planning providers, traditional birth attendants, and others) on appropriate antenatal care, safe labor and delivery practices, breastfeeding, malaria prevention and treatment, and family planning;
- ▶ Strengthening the referral links among health care providers;
- ▶ Ensuring effective supply chain management of the range of PMTCT-related products and equipment; and
- ▶ Expanding PMTCT programs to include HIV treatment for HIV-infected mothers and other members of the child's immediate family.

Prevention of HIV infection through safe blood, improved medical practices, and post-exposure prophylaxis

HIV transmission in medical settings, including through blood transfusions, is a significant contributor to the HIV pandemic. Thus, the rapid implementation of safe blood programs and precautions against medical transmission of HIV is a priority area for the President's Emergency Plan. The World Health Organization (WHO) estimates that 5 to 10 percent of all HIV transmissions are attributable to unsafe blood transfusions. Transmission of HIV and other bloodborne pathogens via blood transfusion is preventable by establishing an adequate supply of safe blood through a systematized blood transfusion service and by minimizing unnecessary transfusions. According to WHO, however, in 2002 only 90 percent of blood donations in Africa were screened for HIV, only 40 percent for hepatitis C, and 55 percent for hepatitis B.

Much can be done to reduce the likelihood of transmission, improve infection control, and increase the quality of health care services overall. President Bush's Emergency Plan will provide technical assistance and training to prevent medical transmission of HIV and improve the quality of services through the network model. Support will be provided to improve blood safety, increase the use of safe injection practices, ensure the practice of universal precautions, and increase the availability of post-exposure prophylaxis. Specifically, expert guidance, support, and assistance from organizations currently providing training and technical assistance will be provided to ministries of health and national transfusion services to develop and implement comprehensive national safe blood programs. Suggested activities include:



John E. Lange

- ▶ Providing technical assistance for developing effective national, generic, and site-specific policies, protocols, guidelines, and practices related to blood donation; safe injections; obtaining, handling, storing, testing, transporting, distributing, and disposing of blood, sharps, other injection equipment, and medical wastes; and universal precautions for infection control and prevention and management of occupational exposure to HIV;
- ▶ Training health care staff in the use of protocols and guidelines – the Emergency Plan will support training, supervision, and other performance improvement measures for health care professionals in the areas listed above as well as education about alternatives to injection in primary care practice;
- ▶ Ensuring effective supply chain management of the range of products and equipment needed to prevent medical transmission of HIV; and

- ▶ Providing technical assistance, training, and products for post-exposure prophylaxis in health care settings and for other types of potential exposure (such as sexual violence) once protocols have been established and trained personnel and supplies are in place.

2. Build capacity for effective long-term prevention programs

At the same time that President Bush's Emergency Plan is mobilizing the rapid scale-up of behavior change interventions and other prevention services, it will also be laying the foundation for sustainable and effective long-term local and national prevention programs. The President's initiative will help build, strengthen, and improve the quality and sustainability of prevention programs by promoting evidence-based best practices, encouraging innovation and evaluation to identify effective new approaches, and improving program planning, implementation, management, and monitoring. The development of such comprehensive and sustainable programming will be accomplished through the following key operational strategies:

- Promoting the "ABC" model;
- Innovatively expanding HIV testing;
- Supporting interventions for those at high risk of infection;
- Reaching and engaging mobile male populations;
- Improving diagnosis and treatment of STIs; and
- Developing and strengthening institutional capacity of implementing organizations.

Promoting the "ABC" model

Evidence from Uganda, Senegal, and Zambia demonstrates the effectiveness of a balanced approach to behavior change that encourages the adoption of "ABC" behaviors – A for abstinence, B for being faithful, and C for correct and consistent use of condoms as appropriate.

The application of A, B, and C interventions will be balanced and targeted according to the needs and specific circumstances of different at-risk populations. Expanding the human resources necessary to implement this bold new prevention strategy will require engaging a wide range of partners, from women's associations to faith-based organizations (FBOs), sports clubs to workplaces, parents to schools, and health workers to traditional healers. President Bush's

Emergency Plan will support efforts to build the capacity of local and national partners to strengthen ABC prevention messages and link them in their application to ongoing treatment and care programs.

The application of the ABC model will emphasize:

Abstinence for youth. The strategies for youth described in detail above encourage abstinence until marriage for those who have not yet initiated sexual activity and “secondary abstinence” for unmarried youth who have already engaged in intercourse. FBOs are in a strong position to help young people see the benefits of abstinence until marriage and support them in choosing to postpone sexual activity. Programs will help youth develop the knowledge, confidence, and communication skills necessary to make informed choices and avoid risky behavior. President Bush’s Emergency Plan will also support programs that reinforce parental involvement, as parents are the primary caregivers and have the responsibility of overseeing the upbringing of their children.

Being faithful. Some of the most significant results from Uganda resulted from changes in behavior related to fidelity in marriage, monogamous relationships, and reducing the number of sexual partners among sexually active unmarried persons. President Bush’s Emergency Plan will build on this success by supporting counseling, peer education, and community-based interventions to address social norms that increase vulnerability to HIV, such as the acceptance of men having multiple sexual partners outside of marriage, cross-generational sex, and transactional sex. Working through the media and community-based and faith-based institutions, interventions will deliver messages that promote abstinence until marriage and fidelity to one partner, encourage men to refrain from sexual promiscuity and to respect women, and encourage testing. Knowledge of HIV serostatus is especially important, and counseling and HIV testing of couples can be an effective strategy. Despite the fact that sero-discordant couples – couples in which one partner is HIV-positive and the other HIV-negative – may remain monogamous, the risk still remains high for the uninfected partner.

Correct and consistent use of condoms as appropriate. For those who are infected or who are unable to avoid high-risk behaviors (such as discordant couples), condom use is a critical risk-reduction intervention. The Emergency Plan will make condoms available to reduce the risk of the spread of HIV infection among those who engage in high-risk activity by strengthening public and private sector programs to create demand among those at high risk and by expanding

the number of condom distribution outlets near areas where high-risk behavior takes place. Improved condom forecasting and supply chain management will be necessary to ensure condoms are available in these high-risk settings. Use of condoms will also be promoted for sexually active discordant couples. In doing this, every effort will be made to deliver a consistent “ABC” message so that the general population receives a clear message that the best means of preventing HIV/AIDS is to avoid risk all together.

Innovatively expanding HIV testing

Estimates indicate that at many as 95 percent of people living with HIV/AIDS do not know their status. Without knowing their status, individuals can neither access appropriate care service for themselves nor take steps to prevent transmission to others. HIV testing is a critical intervention that serves as a linchpin connecting prevention to care and treatment. When combined with counseling, testing can also be a powerful means of educating individuals and communities about HIV and preventing infection. Those who know their HIV-negative status can avoid future infection and be linked to community prevention activities. Those who know their HIV-positive status can live positively and start early prevention and treatment of opportunistic infection or STIs, begin antiretroviral therapy (ART), seek psychosocial support, and plan for their futures. A strong testing and counseling program helps to reduce stigma and enhance the development of care and support services. In addition, HIV testing programs that target couples can identify sero-discordant couples and create a critical opportunity for prevention interventions.

While it is anticipated that the hope generated by access to ART will increase demand for HIV testing, this is not sufficient. Innovative solutions must be found to dramatically increase the number of individuals who are tested and know their status. The Emergency Plan will increase the availability of HIV testing services through a number of key innovative strategies:

- ▶ Integrating testing with other health services, such as family planning, antenatal care, STI, tuberculosis, and malaria programs, and improving the referral links among all of these services;
- ▶ Expanding the range of settings in which confidential testing and counseling are offered, including at times of employment, school enrollment, military enlistment, and marriage registration, and ensuring that non-discrimination policies and practices are in place;

Reducing Stigma and Denial

Stigma against HIV and AIDS, real or perceived, is one of the most difficult barriers to overcome. It strengthens existing social inequalities and prejudices, especially those related to gender, sexual orientation, economic status, and race. Fear of rejection by family, employer, or community causes many people to fear the stigma associated with the virus more than the virus itself. It may encourage people to ignore or deny their HIV status and make choices that are not in their own or society's best interest. Among health workers, negative perceptions of people living with HIV/AIDS can affect the quality of care they provide to patients suspected of HIV and cause those who need services to avoid them for fear of disclosure.

Stigma and denial create barriers to prevention, treatment, and care that must be addressed. President Bush's Emergency Plan will act boldly to address stigma and denial through three operational strategies that:

- ▶ Engage local and national political, business, community, and religious leaders and popular entertainers to speak out boldly against HIV/AIDS-related stigma and violence against women, to promote messages that address gender inequality, to encourage men to behave responsibly, to promote HIV testing, and to encourage those found to be HIV positive to seek treatment;
- ▶ Identify and build the capacity of new partners from a variety of sectors to highlight the harm of stigma and denial and promote the benefits of greater openness through community- and faith-based organizations, private sector businesses, the entertainment industry, the public health system, and the national government; and
- ▶ Promote hope by highlighting the many important contributions of people living with HIV/AIDS, by providing ARV treatment to those who are medically eligible, and by involving those who are HIV-positive in meaningful roles in all aspects of HIV/AIDS programming.

Finally, efforts to address stigma and denial will seek synergies among the prevention, treatment, and care realms. The hope offered by treatment is an effective tool to combat irrational fear of the disease and open up channels of communication within communities.

- ▶ Strengthening training of health workers, professional and lay counselors, laboratory technicians, and other support people necessary to rapidly expand services;
- ▶ Strengthening linkages between testing and counseling and post-test services;
- ▶ Focusing efforts to make HIV testing available to those at highest risk of infection;
- ▶ Strengthening of counseling and support to clients to encourage disclosure of status to others;
- ▶ Ensuring adequate supplies of HIV test kits and other essential products;
- ▶ Stimulating demand for services through innovative communications and social marketing approaches at the community and mass media levels;
- ▶ Providing support to women to mitigate potential violence or other negative outcomes of disclosing HIV-positive status to male partners; and
- ▶ Strengthening national guidelines for HIV testing and counseling, where appropriate; encouraging the adoption of routine testing policies; and ensuring regulatory support for maintaining confidentiality, service quality, and adequate procurement and supply chain management.

Supporting interventions for those at high risk of infection

Some of the populations most affected by HIV/AIDS are also the most difficult to reach through conventional health care programs. Prostitutes and their clients, men who have sex with men, and injecting drug users are among those who are most marginalized in society and have the least access to basic health care. Developing and implementing interventions with some of these groups is even more difficult because of stigma and discrimination. At the same time, these populations are generally at higher risk of infection and in greatest need of prevention services. First and foremost, the Emergency Plan will support approaches directed at ending risky behavior. In addition, the Emergency Plan supports effective new approaches to reach groups at high risk through a combination of:

- ▶ Interpersonal approaches to behavior change, such as counseling, mentoring, and peer outreach;

- ▶ Community and workplace interventions to eliminate or reduce risky behaviors;
- ▶ Initiatives to promote the use of testing and counseling services;
- ▶ Linkages through referral networks with other health services;
- ▶ Diagnosis and treatment of STIs;
- ▶ Promotion of condom use during high-risk sexual activity;
- ▶ Strengthened referral systems to link substance abuse treatment services with HIV testing and counseling;
- ▶ Promotion of substance abuse prevention and treatment services; and
- ▶ Mass media interventions with specially tailored messages.

Reaching and engaging mobile male populations

Workers engage in risky behavior, such as sexual relations with non-regular partners, more often when they are posted away from home or are required to travel for extended periods of time. Migrant workers, truck drivers, and members of uniformed services such as the armed forces and police face serious risks of HIV and other STIs and can serve as a bridge for transmitting infection to the general population. The uniformed services present unique challenges and opportunities for HIV prevention. The United States has played a leadership role in pioneering prevention approaches with the military. President Bush's Emergency Plan will build on already initiated U.S. Government activities to reach the military and other uniformed services including:

- ▶ Peer education, interpersonal and group communication strategies, and local mass media to promote faithfulness, partner reduction, avoidance of commercial sex, and condom use during high-risk sexual behavior;
- ▶ STI and HIV testing and counseling services, linked to treatment and care;
- ▶ Basic workplace and in-service training on HIV/AIDS for employees, new recruits, and existing personnel; and
- ▶ Condom promotion and distribution for those who practice high-risk sexual behavior.

Improving diagnosis and treatment of STIs

An important link exists between STIs and the sexual transmission of HIV. Untreated, STIs can significantly increase the likelihood of both acquiring and transmitting HIV. President Bush's Emergency Plan will support STI prevention, diagnosis, and treatment services, and the linking of these services through referral networks with HIV testing and counseling and other HIV services, through implementation of the following strategies:

- ▶ Increasing availability and accessibility of STI treatment services through the expansion of STI prevention and treatment services where appropriate;
- ▶ Integrating STI treatment services with other HIV/AIDS and reproductive health care services and improving the referral links between programs; and
- ▶ Improving national STI treatment protocols, training health workers in their use, and where needed, developing national evidence-based guidelines, protocols, and training curricula.

Developing and strengthening institutional capacity

Prevention programs are only as strong as the institutions that support them. Therefore, a strong organizational infrastructure is the foundation upon which the planning, implementation, and evaluation of effective behavior change interventions and prevention services are built. Many of the organizations that implement risk elimination and reduction interventions may need to enhance or develop the institutional capacity to support the rapid scale-up of prevention programs necessary to effectively address the epidemic.

The President's Emergency Plan will invest in strengthening the institutional capability of implementing organizations by providing technical assistance, training, and funding to improve and expand the organizational capability of key partners – including FBOs, other community-based organizations (CBOs), and nongovernmental organizations (NGOs) – as well as public and private facilities that deliver abstinence-until-marriage programs, HIV testing and counseling, and PMTCT and STI services. By looking at the institutional capacity building needs of partners within a network, and the linkages between them, support will be provided to:

- ▶ Equip health facilities and mobile units to provide testing and counseling and STI services;

- ▶ Strengthen public and private sector capabilities to design and produce behavior change materials;
- ▶ Upgrade routine health information systems to improve prevention services data management;
- ▶ Strengthen qualitative and quantitative research capability;
- ▶ Support effective product procurement, storage, and distribution, particularly for HIV testing and targeted condom distribution programs;
- ▶ Strengthen NGO/CBO financial and administrative systems; and
- ▶ Improve laboratory capacity to perform HIV testing.

3. Advance policy initiatives that support prevention of HIV infection

Many of the focus countries have elevated HIV/AIDS to national priority status. All promote a comprehensive approach integrating prevention, treatment, and care. Most have clear statements supporting the human rights of people living with HIV/AIDS and condemning stigma and discrimination related to HIV status. Several explicitly state the importance of greater involvement of people living with HIV/AIDS in program planning and policy. In an effort to address underlying factors that promote vulnerability to HIV, most of the focus countries have established policies to promote gender equality, improve women's socioeconomic status, and address violence against women. Application of these policies is far from complete, however, especially at the community level.

A key priority of President Bush's Emergency Plan will be to support implementation of good policies and effective legislation, particularly at the community level. Illustrative examples of policy issues that may be addressed through Emergency Plan technical assistance include:

- Protection against stigma and discrimination, particularly within key settings such as workplaces, schools, and the military;
- Use of routine testing while applying the principles of confidentiality;

- Human resources policies, including the broadening of responsibility for HIV testing and counseling to lower levels of care;
- Access to health information and care, including for traditionally underserved populations such as women, the poor, and the disabled;
- Policies to promote gender equality;
- Support for the review, revision, and enforcement of laws relating to sexual violence against minors, including strategies to more effectively protect young victims and punish perpetrators; and
- Programs that support abstinence until marriage and fidelity within marriage.

4. Collect strategic information to monitor and evaluate progress and ensure compliance with Emergency Plan policies and strategies

Measuring prevention activities and providing useful feedback to programs for accountability and quality improvement is a goal of strategic information for improved HIV prevention activities. Improved HIV sentinel clinical and population-based surveillance systems will measure the impact and outcomes of prevention programs. Program monitoring will enable the tracking of training, media, and community outreach activities, including interventions to promote abstinence. Targeted program evaluations will provide evidence-based information to improve prevention programs, and information management systems will facilitate data storage and data flow. Sets of internationally agreed upon prevention indicators developed by WHO, UNAIDS, and U.S. Government agencies will guide the Emergency Plan's strategic information system.

The prevention goal of 7 million HIV infections averted over five years will, by necessity, be based on mathematical projections. A methodology will be established that will use estimates of new infections based on assumptions of rates that would occur without the Emergency Plan, estimates of numbers of new infections under the new program, measures of program intensity (such as numbers of persons receiving prevention services, numbers of workers trained, and numbers of programs supported), and expected levels of program effectiveness.

V. CRITICAL INTERVENTIONS IN THE FOCUS COUNTRIES: Treatment

“There are whole countries in Africa where more than one-third of the adult population carries the infection. More than 4 million require immediate drug treatment. Yet across that continent, only 50,000 AIDS victims – only 50,000 – are receiving the medicine they need.”

President George W. Bush , January 28, 2003

In 2003 alone, AIDS claimed a staggering 3 million lives. The vast majority of these deaths – 2.4 million – occurred in developing nations. Access to anti-retroviral therapy (ART) and improved treatment of opportunistic infections have dramatically reduced AIDS morbidity and mortality in the industrialized world. But in developing countries, fewer than 8 percent of the 6 million people in immediate need of treatment receive it.

The United States has been a global leader in developing the tools – including ART and other treatment methodologies – that have enabled people in industrialized nations to live long and productive lives despite HIV. Driven by the President’s fundamental belief in the value and dignity of every human life, President Bush’s Emergency Plan for AIDS Relief expands this leadership role to dramatically increase access to treatment in some of the most affected and underserved countries in the world.

In the past, the provision of treatment in the developing world was considered too costly for under-resourced nations and too complicated for developing-country health infrastructures. These concerns are real but can no longer be barriers to providing treatment to the millions who need it. President Bush believes that moral duty alone is sufficient reason to act quickly to save lives. Providing treatment may be our best hope against the disease and its consequences.

In the absence of treatment, HIV is viewed as a death sentence. With no hope of survival, many refuse to be tested and thus lack information they need to protect themselves and others. Lack of hope contributes to fear of the disease and stigmatization of those who live with it, further hindering testing efforts. In contrast, the availability of treatment demystifies, and thus destigmatizes, AIDS and people who have it. The availability of treatment also provides an incen-



White House Photo Office

tive to get tested. Treatment, then, can provide links to prevention efforts.

In addition, treatment provides a means to address the devastating consequences of AIDS-related mortality. It is the human toll of the disease that contributes to the loss of productivity, the dramatically increased poverty, the staggering numbers of orphans, and the population distortions that threaten not only the present but also the future. Treatment, in its basic ability to prolong life and reduce morbidity, allows parents to continue parenting, teachers to continue teaching, and civil servants, including health care workers, to continue serving their nations and fellow citizens for years to come. The hope for a future again appears on the horizon.

The President’s Emergency Plan establishes the aggressive goal of providing treatment over the next five years to at least 2 million people living with HIV/AIDS in countries bearing some of the greatest burdens of disease. Not everyone infected by HIV needs immediate ART, which starts when a person begins to experience symptoms or when their immune system has deteriorated. Once ART has begun, it continues for life.

Meeting this goal requires far more than providing a consistent supply of essential drugs, although this is a daunting challenge in itself. It requires addressing complex issues such as the lack of adequate infrastructure, staff, and technical capacity to provide safe, high-quality treatment programs that reach even rural communities. Further, many countries have yet to develop appropriate treatment protocols and policies to ensure safe and adequate drug supply and the equitable distribution of health resources. Other issues, such as drug resistance and patient adherence, are essential challenges that must be addressed.

The President's Emergency Plan will capitalize on decades of U.S. Government expertise in biomedical research, delivery of HIV/AIDS care and treatment, and development to address these challenges and rapidly expand ARV treatment availability while building national and local health care capacity to sustain treatment programs over the long term. Reduced drug prices, proven treatment methodologies, committed host governments, and the involvement of FBOs, CBOs, and other private sector partners have proven that it is possible to deliver this life-extending intervention in resource-poor settings.

Priorities for the distribution of resources for treatment will ultimately be based upon the strategies, needs, and existing resources of the host countries. Activities funded under the Emergency Plan will collaborate closely with other donors to ensure complementary treatment efforts and the best use of treatment dollars.

The President's Emergency Plan is fundamentally oriented to removing barriers to treatment and working to ensure that geography, gender, ethnicity, risk factors, and income no longer determine who lives and dies with AIDS. With the knowledge that 8,000 lives are lost daily to AIDS, there is no time to waste.

Treatment Objective:

Provide treatment to at least 2 million HIV-infected individuals in the focus countries

Treatment Strategies:

1. Rapidly scale up treatment availability through the network model
2. Build capacity for long-term sustainability of quality HIV/AIDS treatment programs
3. Advance policy initiatives that support treatment
4. Collect strategic information to monitor and evaluate progress and ensure compliance with

Emergency Plan and national policies and strategies

1. Rapidly scale up treatment availability through the network model

The expansion of treatment services in the focus countries at the scale and scope envisioned by President Bush's Emergency Plan is unprecedented. Pioneering new approaches are required to achieve the Emergency Plan's ambitious treatment goal. Four operational strategies will guide the rapid scale-up of treatment availability:

- Assessing network capacity for treatment expansion;
- Building on established clinical programs;
- Rapidly training and mobilizing health care personnel to provide treatment services; and
- Enhancing the capacity of supply chain management systems to respond to rapid treatment scale-up.

Assessing network capacity for treatment expansion

The Emergency Plan will move quickly within each of the focus countries to help the host government and other in-country stakeholders assess the current capacity of the HIV/AIDS network by identifying key facilities, organizations, and health providers who deliver treatment at each level of the system. Using existing data to the greatest degree possible, the rapid assessment will document:

- ▶ Current capacity (human resources, infrastructure) of key units within the network to deliver and rapidly expand treatment and related services, including public facilities, private NGOs, FBOs, and private commercial facilities;
- ▶ The strengths and weaknesses of the systems that support the delivery of treatment, such as referral systems, logistics systems, management information systems, etc.;
- ▶ Organizations that currently deliver good health services – especially those with wide networks – that could be mobilized to expand their range of services to include HIV/AIDS treatment; and
- ▶ Policy issues and cultural practices that either support or inhibit the capacity to deliver treatment services.

The Network Model

The strategy to achieve President Bush's Emergency Plan's ambitious goals focuses on improving health care system capacity to deliver effective and expanded HIV/AIDS prevention, treatment, and care services. The focus on health care systems provides a base from which to rapidly expand essential services. Health care systems in the target countries, and indeed in much of the world, are currently organized around the concept of a "network model" comprising central medical facilities,

district-level hospitals, and local health clinics, supplemented by private, often faith-based, facilities. This network concept of public and private health care institutions currently provides the backbone design of health care delivery systems, and many of the focus countries – Nigeria, Uganda, and Haiti, for example – have planned their HIV/AIDS strategies with networked health care systems as the foundation.

The current capacity of these existing health systems to deliver HIV/AIDS prevention, treatment, and care services is limited, however, particularly in rural areas. The Emergency Plan, in accordance with national health and HIV/AIDS strategies and with the intent to build long-term sustainability, will strengthen linkages between central facilities and international and private support to build the capacity of different network components and strengthen network-wide linkages in order to more effectively deliver quality HIV/AIDS services to those who need them most.

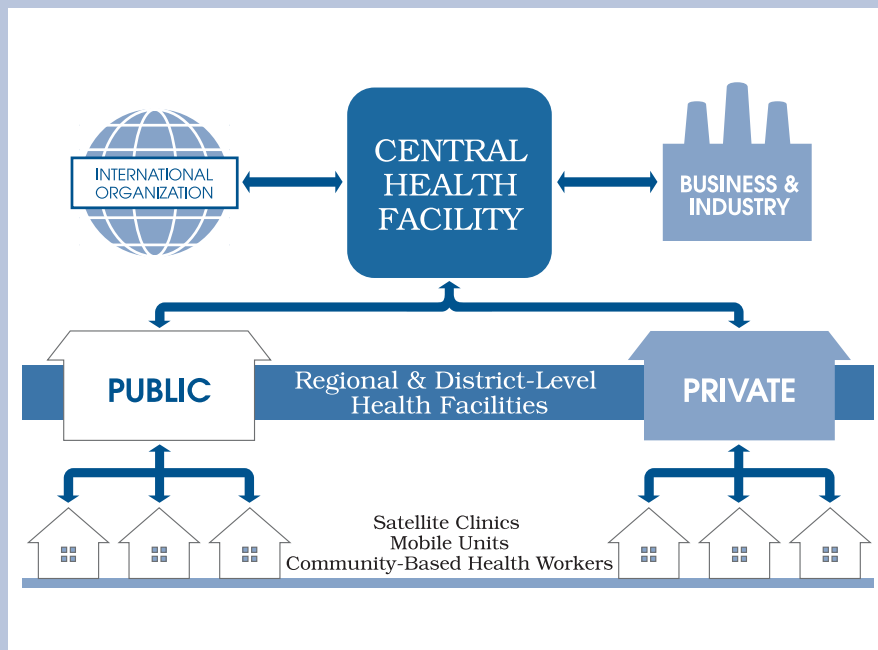
The Emergency Plan, in support of national HIV/AIDS strategies, aspires to the goal of well-functioning, well-managed health care networks in which central medical centers and referral hospitals

at the core of the network will have an adequate number of health care professionals highly trained in all aspects of HIV/AIDS clinical and program management. These facilities must also have adequate physical infrastructure and research capabilities. The central facilities will link through effective referral networks to a series of smaller regional hospitals and district facilities down to community-level satellite clinics, mobile units, and community-based services. To reach even the most rural areas, and to dramatically scale up access in the short term, community-based health care workers will deliver essential supplies, including medications, to patients in their communities, as currently practiced in Uganda. Nurses and community health care workers will be trained in

routine care, symptom management, and monitoring for treatment adherence, while highly trained doctors – currently in scarce supply – will use their expertise in specialized and difficult cases. Doctors, for example, would periodically visit a community to evaluate patients identified for advanced care by nurses and community health care workers.

The network ensures technical support and products flowing out from the center to facilities in the periphery that provide care. Facilities and health workers within the network, in turn, identify and refer patients for higher levels of care as needed. This might include HIV/AIDS patients exhibiting greater levels of complexity. Information systems link all levels of the network with regular feedback loops, enabling both providers and health policy-makers to make decisions based on solid data. Finally, the system will employ relatively uniform HIV/AIDS treatment and care protocols that are consistent with national strategies and guidelines.

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The results of this rapid assessment will be used to guide Emergency Plan interventions to strengthen the capacity of the HIV/AIDS network to deliver treatment within each of the focus countries. Plans for technical assistance, training, and program interventions will be closely coordinated with host-country counterparts and will be consistent with their national AIDS strategies.

Building on established clinical programs

Based on the results of the assessment, the Emergency Plan will mobilize immediately to scale up programs that already deliver ART or that have the necessary medical competence to do so quickly. Using existing programs (those already supported by the United States as well as those supported by others) as a platform for scale-up will allow for easier replication of best practices, more rapid mobilization of resources through institutions that already have functioning systems, and increased opportunities for twinning successful programs with those that show promise. President Bush's Emergency Plan will support communication efforts to prepare communities for the introduction of ARV drugs. Such efforts should describe ARV treatment programs, including the nature of taking ARVs for life, and include messages to combat the possible misperception that a cure has arrived.

The second phase of scale-up will focus on those facilities that do not provide ART but do provide good health or HIV/AIDS prevention and care services and have networks of sites and personnel that allow for rapid expansion and mobilization to provide ARV treatment. Through targeted technical assistance and training, many public health facilities, private FBOs and CBOs, and private commercial facilities in the focus countries will be able to add ART to their services in a relatively short period of time. FBOs will play an important role, as in some countries in Africa nearly half of all medical services are provided through mission hospitals and health centers.

Other programs that offer the possibility for rapid scale-up and development of program synergies include:

Tuberculosis control programs. Tuberculosis (TB) is frequently the first manifestation of HIV/AIDS disease and the reason many people first present themselves for medical care. Since both tuberculosis treatment and HIV/AIDS treatment require longitudinal care and follow-up, successful TB programs may provide excellent platforms upon which to build capacity for HIV/AIDS treatment. The Emergency Plan will support TB treatment for those who are HIV-infected and develop HIV treatment capacity in

TB programs. In addition, interventions that increase the number of persons diagnosed and treated for HIV/AIDS will increase the need for TB treatment and care services. Therefore, action is required to build or maintain necessary tuberculosis treatment capacity. Laboratories, clinical staff, community networks, and management structures used for TB control can be upgraded to accommodate HIV/AIDS treatment. Many of the techniques that have been found useful for TB control, such as directly observed therapy, may be applied to monitoring compliance with HIV/AIDS treatment. Because the prevalence of HIV infection is high among persons with tuberculosis, TB programs may be an important site for HIV testing in the focus countries.

Malaria control programs. Malaria infection during pregnancy increases the risk of mother-to-child HIV transmission. Therefore, the Emergency Plan will strengthen in-country program linkages between HIV/AIDS and malaria programs and provide technical assistance, training, and support to malaria prevention and control initiatives focusing particularly on HIV-positive pregnant women through PMTCT interventions. Bednets, an effective antimalarial intervention, will be incorporated into the Emergency Plan's coordination strategy with malaria control programs.

Rapidly training and mobilizing health care personnel to provide treatment services

Expanding the human resources necessary to implement this bold new treatment program will require both short- and long-term strategies. In the short term, the immediate need for greater numbers of trained health workers to manage ARV treatment will be met by rapidly expanding the training of existing health workers and supplementing their capacity with foreign volunteer health professionals. At this stage, technical assistance and in-service training will be the primary vehicles for building the skills of current health workers, including physicians, nurses, community health workers, pharmacists, and laboratory technicians. Training will focus on building health worker skills to improve ART case management for both adults and children, including administering drugs, monitoring patients for side effects and treatment failure, and promoting treatment adherence.

In order to facilitate rapid expansion, President Bush's Emergency Plan will support local and national efforts to broaden responsibility for patient treatment, care, and support to nurses, lay health workers and counselors, and health volunteers. Given the enormous human resource constraints, it will be critical to give greater responsibility, through training and supervi-

sion, to greater numbers of health workers in order to achieve treatment goals.

In addition to strengthening the skills of formally trained medical professionals, and as a way to extend services into the community, President Bush's Emergency Plan will explore options to involve traditional healers, birth attendants, family members, and other lay persons in a more substantial way. Building on previous U.S. Government-funded work in this area, programs will focus on building skills to recognize HIV complications, provide basic home-based care, support patients and caregivers, increase adherence to treatment regimens, and refer patients to appropriate health care services. The Emergency Plan will also support efforts to forge relationships with associations of people living with HIV/AIDS to train their members to provide patient education, adherence counseling, and patient follow-up in order to free clinical staff to perform higher-level tasks.

Recruiting and deploying volunteer doctors, nurses, pharmacists, laboratory technicians, and other health professionals from the United States and other nations is another important strategy to meet the human capacity needs for HIV/AIDS treatment. Short-term training and technical assistance by experienced professionals, possibly as part of a twinning program, will help fill human resource gaps in key technical areas and provide opportunities for on-the-job training and mentoring of host-country counterparts. The U.S. Global AIDS Coordinator is exploring various mechanisms and options for facilitating U.S. professionals in this effort under the President's Volunteers for Prosperity Initiative, including the Peace Corps' Crisis Corps program, Freedom Corps,

Volunteers for Prosperity

President Bush's Emergency Plan for AIDS Relief and many of its grantees will be participating in Volunteers for Prosperity, President Bush's call to international service to engage the people of the United States as part of U.S. Government assistance programs that meet global prosperity needs. The Volunteers for Prosperity initiative is part of President Bush's USA Freedom Corps volunteer service initiative that encourages highly skilled and trained individuals to volunteer with organizations promoting health and prosperity throughout the world. Volunteer service is a major component of the President's ongoing effort to involve all Americans in sharing compassion and skills with others in their own communities and around the world.

Monitoring Resistance to Antiretroviral Drugs

Careful monitoring of ARV treatment is essential to limit the development of resistant strains of the virus and ensure the long-term durability of treatment regimens. Currently, only a few countries have the sophisticated laboratory infrastructure, highly skilled laboratory staff, and rigorous health information systems necessary to support an ARV resistance monitoring program.

President Bush's Emergency Plan will help build the capacity of focus countries to monitor resistance to ARVs at the program level by providing technical assistance and training to upgrade laboratory capacity and strengthen monitoring and evaluation systems. The Emergency Plan will work with the U.S. Department of Health and Human Services and its constituent parts, the National Institutes of Health and the Centers for Disease Control and Prevention, and other research organizations to ensure that surveillance and research are supported to help detect viral resistance to ARVs and better understand the determinants of resistance in local settings. These studies will help inform decisions and policies related to clinical care, program management, and drug procurement. Clinical and operations research will identify and test appropriate alternative approaches to sophisticated laboratory monitoring of ARV therapy in resource-limited settings and increase understanding of ways to increase ARV regimen durability.

and other programs. Finally, telemedicine and distance education can be used to build the skills of health professionals in the focus countries and strengthen local, national, and international connections among medical institutions.

The twinning of U.S.-based institutions with African or Caribbean institutions (or African with Caribbean or African) offers an important means of establishing these types of relationships. The twinning mechanism that is part of President Bush's Emergency Plan will allow the creation and support of "centers of excellence" from which training, research, and talent can be diffused throughout the impacted regions. It is this ongoing sustained support for professional excellence that holds the key to increased capacity for care.

Enhancing the capacity of supply chain management systems to respond to rapid treatment scale-up

The development and implementation of logistics systems to manage the increased volume of products needed for an expanded treatment program will require both short- and long-term strategies. During rapid scale-up, the focus will be on procuring and delivering a continuous and secure supply of high-quality products to patients at all levels of the health system.

In most countries, the sharp increase in the volume of products provided through the Emergency Plan and other new sources such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria will likely challenge existing national supply systems. To facilitate rapid implementation of effective procurement and delivery systems, President Bush's Emergency Plan will explore options to enhance the immediate performance of national logistics systems through:

- ▶ Centralized or pooled procurement mechanisms at global or regional levels, including collaboration with other donor-funded programs – e.g., the Global Fund, the World Bank's Multi-Country HIV/AIDS Program for Africa (MAP), and WHO – and direct product donations;
- ▶ Outsourced transportation to secure courier services or purchase of dedicated vehicles for ARV drug delivery;
- ▶ Design of user-friendly, timely, and accurate methods of logistics data capture, collection, analysis, and feedback for resupply and forecasting;
- ▶ Product selection and packaging for better adherence;
- ▶ Provision of skilled people to perform logistics management functions;
- ▶ Strengthened collaboration between supply chain managers and program service managers to ensure coordination of patient enrollment and supply needs;
- ▶ Improvements in secure storage space and inventory management; and
- ▶ Facilitated development of national coordinating bodies to schedule donor financial and commodity commitments, develop medium-term procurement plans, and track actual funds and

products received in order to avoid duplication of investment.

For more information on supply chain management issues, see chapter X, *Supportive Interventions for U.S. Government Programs, Supply Chain Management*.

2. Build capacity for long-term sustainability of quality HIV/AIDS treatment programs

While mobilizing rapid scale-up for treatment availability, the Emergency Plan will also lay the foundation for sustainable high-quality treatment programs. This will be accomplished by:

- Strengthening national human resource capacity through health care worker recruitment and retention strategies, longer-term training, and technical assistance;
- Establishing, disseminating, and implementing treatment protocols;
- Developing the capacity of new partners; and
- Developing and strengthening health infrastructure.

Strengthening national human resource capacity through health care worker recruitment and retention strategies, longer-term training, and technical assistance

President Bush's Emergency Plan will focus on building long-term human resource capacity through training and technical assistance that directly supports national strategic plans for scale-up of HIV/AIDS programs. Short- and long-term training is the backbone of this strategy, including the incorporation of PMTCT and ART content into the basic training programs for doctors, pharmacists, laboratory technologists, nurses, and midwives, including rotational practice. Activities include:

- ▶ Curriculum development to incorporate management of HIV-related illness into the basic package of care offered through routine health services, including methodologies for promoting treatment adherence;
- ▶ Technical assistance and training to improve ART case management, including promoting adherence and monitoring patients for side effects, treatment failure, toxicity, and contraindications;

- ▶ Technical assistance and training in improved supervision and quality assurance;
- ▶ Technical assistance in long-term planning for infrastructure and manpower requirements;
- ▶ Development of innovative training programs, including faculty and student exchange programs and a practicum for health workers that allows trainees to gain experience in HIV/AIDS management by working under supervision in health clinics or hospitals providing high-quality treatment programs;
- ▶ Technical assistance to promote and improve treatment literacy for clients, through patient education, counseling, and community outreach to inform patients and their families about the drugs they are receiving, management of side effects, and the importance of adherence; and
- ▶ Promotion of policies to support the recruitment and retention of qualified health care professionals.

Establishing, disseminating, and implementing treatment protocols

It is important that every country have evidence-based national guidelines and protocols for managing ART and opportunistic infections. These guidelines and protocols must be constantly updated to reflect the nature of the epidemic and “state of the art” treatment, and they are an important tool for improving the quality of HIV/AIDS care. Thus, President Bush’s Emergency Plan will:

- ▶ Provide technical assistance and training to health ministries and professional organizations to strengthen the development, dissemination, and implementation of national guidelines and protocols for ART and treatment of opportunistic infections, based on evidence and experience gained in local settings and incorporating knowledge of the local health infrastructure and epidemiology of the epidemic in each country; and
- ▶ Provide technical assistance to develop clinical care guidelines and ARV regimens for children (which can significantly differ from those for adults), including methodologies for addressing treatment adherence and psychosocial support.

Developing and strengthening HIV/AIDS-related health infrastructure

A strong health infrastructure is the foundation that supports effective planning, delivery, and evaluation of HIV/AIDS treatment programs. Currently, health infrastructure within the focus countries is often not equipped to support the sustainable high-quality treatment services necessary to effectively address the epidemic. Thus, the President’s Emergency Plan will provide targeted technical assistance, training, and funding to improve and expand the infrastructure necessary to ensure optimal delivery of HIV/AIDS treatment services. By looking at the requirements at each level of care – and the linkages between them – support will be provided to:



Jimmy Kolker

- ▶ Equip health facilities and mobile units utilized for HIV/AIDS treatment services;
- ▶ Upgrade routine health information systems to improve treatment data management;
- ▶ Strengthen research and surveillance capacity;
- ▶ Develop twinning mechanisms for the broad engagement of institutions across a full range of infrastructure-strengthening activities;
- ▶ Support effective product procurement, storage, and distribution;
- ▶ Strengthen financial and management systems; and
- ▶ Improve laboratory capacity to diagnose infection and monitor ARV treatment.

Developing the capacity of new partners

In order to achieve its ambitious treatment goals, the Emergency Plan must help focus countries link communities with treatment services on an enormous scale. To facilitate this, the President's initiative seeks to leverage the comparative strengths of a wide range of different public and private sector partners to dramatically increase the number and reach of organizations providing treatment services. Activities to identify and engage new and innovative partners include outreach to and capacity building of:

Faith-based and community partners currently providing HIV/AIDS prevention and care services to add treatment support to their slate of services. Faith-based and other community partners have extensive reach and legitimacy in local communities and are among the most experienced organizations in providing HIV/AIDS prevention and care services. Expanding their services to treatment support will require training in both the technical aspects of treatment support services and building institutional capacity in program planning, financial and program management, and evaluation.

Corporate sector partners with resources and innovations to contribute. The corporate sector is a vibrant force for development worldwide. Partners from the corporate sector have enormous potential to bring significant new resources and innovative ideas to the fight against AIDS. The President's Emergency Plan will provide technical assistance to help the corporate sector identify ways to support and expand treatment programs through improved workplace policies, delivery of services, the leveraging of commercial resources, and the application of new technologies. Business "champions" who provide effective HIV/AIDS treatment and care support services will be identified. President Bush's Emergency Plan will also coordinate with private corporations to include treatment services for community members in their corporate health facilities.

Private sector networks such as unions and agricultural collectives to strengthen treatment programs through workplace-based HIV/AIDS programs, with support to employees and families where appropriate.

3. Advance policy initiatives that support treatment

President Bush's Emergency Plan will provide support to governments to implement their national HIV/AIDS strategic plans and develop a comprehensive set of policies to support their implementation through a collaborative process involving stakeholders

across multiple sectors. Most of the focus countries have committed to uphold the human rights of people living with HIV/AIDS and have begun to formulate policies in alignment with the 2001 United Nations General Assembly Special Session on HIV/AIDS (UNGASS) Declaration of Commitment on HIV/AIDS. Most have begun to consider how to address a wide range of HIV-related policies. President Bush's Emergency Plan will help create a strong enabling environment that will support the expansion of high-quality treatment programs by:

- Providing technical assistance in policy development, and
- Building political commitment.

Providing technical assistance in policy development

As accessibility to treatment is a relatively new phenomenon in the focus countries, the policies and structures needed to support effective planning, implementation, and evaluation of treatment programs are generally not yet in place. Policy reform to support HIV/AIDS treatment must begin immediately to ensure successful expansion of treatment services under the Emergency Plan. Treatment-related policy issues that may need to be addressed through technical assistance include:

- ▶ Product registration;
- ▶ Development of standard treatment guidelines and essential drug lists;
- ▶ Drug procurement and financing;
- ▶ Compliance with the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and other trade agreements;
- ▶ Regulations related to importation and taxation of drugs and medical supplies/equipment;
- ▶ Human resources policies, including broadened responsibilities for HIV treatment and opportunities for testing and diagnosis, so more nurses and community health workers can deliver care;
- ▶ Appropriate resource allocation and flow of national resources to HIV/AIDS programs;
- ▶ Barriers to treatment caused by stigma and discrimination;

- ▶ Insurance coverage of ART; and
- ▶ Administrative policy relating to health sector reform.

Building political commitment

A primary strategy of President Bush's Emergency Plan is to build political commitment at the highest levels of government and ensure that a nation's policies and infrastructure support this commitment. Every opportunity will be used to make a persuasive case to formal and informal leaders of national governments, businesses, and faith-based and nonprofit organizations to follow President Bush's lead and take effective action and make compelling choices in support of treatment as a critical component of an effective HIV/AIDS program. The Emergency Plan will mobilize all the resources incumbent in the agencies it coordinates to convey the importance of HIV/AIDS treatment to national and international programs. It will support government, NGO, and private sector leaders to garner public support for effective policies and adequate resources for treatment programs. Public diplomacy and communication are essential in assembling the resources, political support, and citizen support needed to make a tangible, sustainable impact.

4. Collect strategic information to monitor and evaluate progress and ensure compliance with Emergency Plan and national policies and strategies

President Bush has insisted that his Emergency Plan place a high priority on maintaining program integrity, ensuring accountability, and assuring compliance with U.S. Government policies. A strategic information system to monitor treatment implementation and impact will be built upon:

- Surveillance information to track HIV incidence, prevalence, and mortality;
- Program monitoring information to measure provider capacity to treat clients, including individuals receiving ART and associated supply chain management and clinical care;
- Targeted evaluations to support evidence-based decisions regarding clinical programs; and
- Management information systems to increase data storage and flow.

An appropriate information technology framework has the potential to revolutionize the health information system supporting clinical care, program management, and international reporting. A strategic information system provides a vehicle for identifying those elements of a program that are most successful and highlighting those that could be more effective.

The Emergency Plan will help countries effectively collect and use appropriate data for decision-making and reporting on progress toward the achievement of results. A second critical activity is to harmonize indicators and reporting systems with international agencies such as UNAIDS and WHO and major international donors such as the Global Fund and the World Bank. Balance must be achieved between the need for immediate reports and results (e.g., timely demonstration of PMTCT core indicators) and the long-term objectives of building HIV country reporting capacity and institutionalizing locally useful and sustainable health information systems.

VI. CRITICAL INTERVENTIONS IN THE FOCUS COUNTRIES: Care

“Fighting AIDS on a global scale is a massive and complicated undertaking. Yet, this cause is rooted in the simplest of moral duties. When we see this kind of preventable suffering, when we see a plague leaving graves and orphans across a continent, we must act. When we see the wounded traveler on the road to Jericho, we will not, America will not pass to the other side of the road.”

President George W. Bush, April 29, 2003

The care activities of President Bush’s Emergency Plan will comprise palliative care for people with HIV/AIDS and care for children orphaned by AIDS and other vulnerable children. Palliative care spans a continuum of care from the time a person is diagnosed with HIV infection until death. The continuum of palliative care includes routine clinical care to evaluate the need for symptom relief (from diarrhea or headache, for example); treatment for HIV/AIDS-related diseases such as tuberculosis and opportunistic infections; preparing people for antiretroviral therapy where that is possible; and, when treatment is not available or has failed, compassionate end-of-life care.

HIV/AIDS and associated opportunistic infections cause severe pain, debilitating symptoms and death. Oral and esophageal infections can make eating and swallowing painful or impossible. Uncontrolled diarrhea can cause weakness to the point of total disability, and many of the conditions associated with HIV/AIDS cause severe pain. Pneumonia and other opportunistic infections can, if left untreated, kill. If basic HIV/AIDS care, supportive care, and compassionate end-of-life care for people living with AIDS are not provided, the burden of suffering, morbidity, and early death will continue on an immense scale.

Added to the millions who live in daily pain and suffering as a result of HIV/AIDS are the millions of orphans – over 13 million children under the age of 15 – left to grow up without the love and support of their parents. Without widespread access to basic needs such as food and shelter and essential services such as education and health care, this population of children is acutely vulnerable to a host of dangers, including HIV/AIDS, and can themselves become a high-risk population fueling the pandemic.

Basic medical care, including treatment of opportunistic infections, symptom management, and end-of-life care and support, is currently out of reach for many



White House Photo Office

millions of people infected and affected by HIV/AIDS, including orphans and other vulnerable children. Little end-of-life care is available to aggressively address symptoms, pain, and suffering. Basic care and social support needs are currently being addressed, in large part, by family members and neighbors, responding in whatever way they can to fellow community members in crisis. The enormous burdens of care are, however, stretching communities to the breaking point. The lack of services to meet basic care needs not only contributes to daily suffering for those infected and affected by HIV/AIDS. HIV/AIDS-related morbidity also reduces the productivity of both people with HIV/AIDS and their care providers. It diverts scarce family resources as income shifts to health care needs and affects social stability as people are unable to work, parent, teach, or carry out other social responsibilities.

Women bear the greatest burden of care – a load that negatively affects not only them but also their children and families. In most of the focus countries, families earn their subsistence through agriculture. Women are the major contributors to the agricultural workforce, feeding their families and earning a meager family income in the marketplace. When women’s

health deteriorates, or when they must provide care to other family and community members, basic needs such as food security come under threat. Thus, the lack of consistent care services contributes to many of the most severe consequences of HIV/AIDS and perpetuates the vicious cycle of poverty and HIV/AIDS.

The lack of strong care systems also fuels stigma and denial. As communities come under increasing strain, individuals who need care are increasingly left to fend for themselves. Rejection and discrimination feed fear and hopelessness and keep people from internalizing prevention messages or seeking testing and treatment.

HIV/AIDS care, then, has an enormous role to play in reducing AIDS-related morbidity, relieving stress on families and mitigating consequences of disease. Many faith- and community-based groups have been the first organized responders to the demands for care and have worked to strengthen and support family and community care strategies. President Bush's Emergency Plan will build on these and other opportunities, including national strategies to provide care for those infected and affected by HIV/AIDS, to expand, strengthen, and improve the quality and sustainability of programs to meet the needs of those now suffering, including orphans and vulnerable children.

Care Objective:

Provide care and support to 10 million people living with and affected by HIV/AIDS including orphans and vulnerable children in the focus countries

Care Strategies:

1. Rapidly scale up existing palliative care services (basic health care and support services, including symptom management, social and emotional support, and end-of-life care, for persons living with HIV/AIDS); rapidly scale up existing care services for orphans and vulnerable children
2. Build capacity for long-term sustainability of palliative care (basic health care and support services, including end-of-life care, for persons living with HIV/AIDS); build capacity for long-term sustainability of care services for orphans and vulnerable children
3. Advance policy initiatives that support basic health care and support, including palliative care, and care for orphans and vulnerable children
4. Collect strategic information to monitor and evaluate progress and ensure compliance with Emergency Plan policies and strategies

This care goal includes both care for orphans and vulnerable children as well as basic health care and support, including symptom management, social and emotional support and end-of-life care, for persons living with HIV/AIDS. Because of programmatic differences these will be discussed separately below. Additionally, many of the strategies and interventions that apply to care (such as supply chain management) are described in detail elsewhere in this document.

1. Palliative Care

1. Rapidly scale up existing palliative care services

Currently, palliative care needed by those living with HIV/AIDS is not widely available in the target countries. Most countries' ministries of health support district health centers, clinics, and hospitals but few of these are adequately staffed or equipped to meet the basic health care needs of large numbers of people living with HIV/AIDS. Hospitals and clinics supported by faith-based and other nongovernmental organizations also often lack supplies and trained personnel needed to address non-ARV treatment for the HIV-infected.

End-of-life care is now provided through some 40 hospice programs. These, by themselves, are inadequate to meet the need posed by this crisis. The number of people needing pain and symptom management as well as social, psychological, and practical support is simply too large. Home-based care programs have provided support to large numbers of individuals and families living with HIV/AIDS but rarely have the health care capacity or capability to provide minimum standards of palliative care. Principles of palliative care must be applied throughout the course of illness as well as at the end of life.

Operational strategies for rapid scale-up of basic health care, including palliative and end-of-life care include:

- Providing technical assistance and training to build and expand the capacity of existing care services;
- Providing technical assistance and training to build and expand the capacity of health care personnel;
- Integrating care services with current prevention and treatment programs; and
- Using U.S. volunteers.

Basic Health Care and Support, Including End-of-Life Care

Not all people living with HIV/AIDS need anti-retroviral treatment. All do need basic health care and support, however. When ART is not available, or it fails, many will require symptom management, social and emotional support and compassionate end-of-life care. Basic health care and support includes routine monitoring of disease progression, prophylaxis and treatment of opportunistic infections, cancers, and other complications of immune suppression.

Palliative care and support goes beyond the medical management of infectious, neurological, or oncological complications of HIV/AIDS, and addresses symptoms and suffering directly. Building upon definitions of palliative care developed by the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) and WHO, President Bush's Emergency Plan envisions expansion of an intradisciplinary approach to palliative care and support making use of interventions to relieve physical, emotional, practical, and spiritual suffering.

Palliative care that includes basic health care and support, symptom management, and end-of-life care will involve the following elements:

■ Routine clinical monitoring and management of HIV/AIDS complications

- ▶ Opportunistic infection prophylaxis and treatment
- ▶ Management of opportunistic cancers
- ▶ Management of neurological and other diseases associated with HIV/AIDS
- ▶ Symptom diagnosis and relief
- ▶ Social support, including organization of basic necessities such as nutrition, financial assistance, legal aid, housing, and permanency planning

■ End-of-life care

- ▶ Mental health care and support
- ▶ Social support including organization of basic necessities such as nutrition, financial assistance, legal aid, housing, and permanency planning
- ▶ Support for caregivers
- ▶ Bereavement support for family members

Providing technical assistance and training to build and expand the capacity of existing care services

Families and communities are already responding to the needs of those living with HIV/AIDS. Most often these informal caregivers are not adequately trained or supported. Building and expanding these networks by providing targeted technical assistance and education will help to increase their capacity and effectiveness. The Emergency Plan will work with existing health care delivery sites (public and private), hospices, home-based care providers, faith-based facilities, and other points of health care delivery to offer on-site training, technical assistance, and ongoing education for providers.

Providing technical assistance and training to build and expand the capacity of health care personnel

Specific medical and nursing training (focusing on prevention, recognition, and treatment of HIV complications and pain and symptom management) will be especially important to achieve rapid scale-up of basic health care services, including palliative and end-of-life care, for the HIV-infected in target countries. Following local policies, practices, and professional standards, nurses and other health care personnel may be given expanded training to extend the reach of basic health care systems into rural or remote areas. These health care personnel can also train community volunteers and family members in skills needed to provide home care.

Integrating care services with current prevention and treatment programs

Existing prevention and treatment programs offer another opportunity for expanding care, which in turn will strengthen prevention and treatment interventions. President Bush's Emergency Plan will seek to layer care services onto existing prevention and treatment programs by providing additional training for staff. This strategy establishes other important links between services – many who receive symptom management may be able to progress to ARV therapy. Also, palliative and end-of-life care interventions provide unique opportunities to promote prevention messages and should help inform messages used in behavior change programs. For example, involving at-risk youth as volunteers in care programs can help overcome stigma and denial and contribute to behavior change.

Using U.S. Volunteers

U.S. volunteers may provide an additional resource for rapid scale-up of care. A rapid local assessment of skills needed must be undertaken in order to ensure that there is an appropriate and helpful match of talent with need. In the early rapid scale-up phase of

implementation, it is likely specific technical skills in nursing, medicine, social work, palliative care, and pharmacy will be in greatest demand.

2. Build capacity for long-term sustainability of palliative care

As is the case for increasing long-term capacity for ART, increasing the availability of basic health care and support, including end-of-life care, will require a sustained partnership with ministries of health, non-governmental organizations, professional associations, and training institutions. The provision of basic health care and support services, including end-of-life care, must be based upon an adequate supply of professionals – doctors, nurses, social workers, pharmacists, and others. These individuals must be trained and provided with on-going continuing education, in topics relevant to the care of HIV-infected patients. A great deal of attention must be given, therefore, to establishing long-term professional and institutional relationships so that ongoing professional communications and referrals can be supported.

The twinning of U.S.-based institutions with African or Caribbean institutions (or African with Caribbean or African) offers an important means of establishing these types of relationships. The twinning mechanism that is part of the Emergency Plan will allow the creation and support of “centers of excellence” from which training, research, and talent can be diffused throughout the impacted regions. It is this ongoing sustained support for professional excellence that holds the key to increased capacity for care.

Increasing long-term capacity for end-of-life care poses some special problems. End-of-life care is a well-established field in only a few areas of the world. It is only now gaining stature in the United States, and in Africa there are only two academically associated training programs in end-of-life care and only about 40 hospices in all of the focus countries. A strategy that will advance palliative care will involve, therefore, capacity building in African and Caribbean academic training institutions, aggressive in-service training, and continuing education. Partnerships in this regard between the U.S. and other developed nations where end-of-life care is well established may be especially useful. Establishment and support of twinned hospices will also provide support and opportunities for training and technical assistance.

Operational strategies for building long-term sustainability for basic health care and support, including palliative care, include:

- Technical assistance for development of appropriate care protocols;
- Twinning;
- Curriculum change in health professional schools;
- Expansion and integration of hospice services;
- Identifying new public-private partnership opportunities; and
- Provision of essential supplies.

3. Advance policy initiatives that support basic health care and support, including palliative care

Policy reform must begin immediately to establish an environment that is conducive to the implementation of the basic health care and support and palliative care interventions and services described in this strategy. A key priority of the Emergency Plan will be to support implementation of good policies and effective legislation, in concert with national strategies and cognizant of local needs, particularly at the community level.

Strategic approaches will include the following areas:

- Human resources policy reform and development, including the broadening of responsibility for HIV/AIDS clinical care to lower levels of care providers, and policy reforms to recruit and encourage retention of care professionals; and
- Policy reforms to increase availability of pain medications.

Human resources policy reform and development

Focus countries face severe shortages of health care professionals. Devolving care skills and responsibilities to lower levels of care providers, such as nurses and clinic staff, will greatly increase the pool and reach of care providers.

In addition, recruiting doctors, nurses, and other health care professionals from countries with a surplus may be a short-term strategy for increasing the number of care providers in a given country. The Emergency Plan will work with policymakers to support the changes in immigration policy necessary to implement this strategy in the focus countries.

Difficulties in retaining trained health professionals are another common problem in these countries.

Policies to counteract the “brain drain” will be encouraged, as will programs to increase provider job satisfaction. Some of this policy work must be done on a regional basis to counteract cross-border migration of health professionals.

Policy reforms to increase availability of pain medications

People living with HIV/AIDS often need opioids and other analgesics to treat pain and mitigate other symptoms. The Emergency Plan will work with local regulatory authorities to remove barriers to the availability of these medications and to ensure they are used appropriately and not diverted for illicit use.

Specific areas of activity may include:

- ▶ Implementation of policies to expand the use of oral opioids (through, for example, working with community leaders to translate national policy changes into action);
- ▶ Liberalization of laws restricting medicinal use of opioids;
- ▶ Expanding the ability of nurses to dispense pain medication, including opioids, especially in the home setting; and
- ▶ Strengthening of laws to prevent diversion of opioids for illicit purposes.

4. Collect strategic information to monitor and evaluate progress and ensure compliance with Emergency Plan policies and strategies

A strong evidence base will support the Emergency Plan to provide services to relieve suffering. Palliative and related care supports both those who receive and those who do not receive ART. Strategic information to support care must measure both home- and clinic-based activities. Outcomes will be measured through surveillance activities, especially population-based surveys. Provider information on care capacity, training, and services will provide data to monitor the progress of care programs on an ongoing basis. Targeted evaluations will identify best care practices. A management information system will provide the backbone for reporting information.

The goals of providing care to 10 million individuals (palliative care and care for orphans and vulnerable children) over the five-year period will be measured using a variety of service-based statistics, surveys, and special studies. Indicators for measuring Emergency Plan progress toward achievement of care goals will include numbers of individuals served, numbers of

Meeting the Needs of Afflicted Families

Families are the cornerstone of a strong society. Families with children are especially impacted by HIV/AIDS - when parents and children are sick, the ability to cope with the impact of HIV/AIDS is dramatically diminished. President Bush's Emergency Plan will particularly focus on care, treatment, and prevention needs of families with children. Many of these families are, in fact, headed by children because parents are dead or sick. Best practices of community support for these households will be identified and promulgated. Mothers and fathers caring for sick children are likely to be HIV-infected themselves and will be encouraged to be tested and enter into life-sustaining treatment. Home-based care and support programs will be especially targeted to such families in order to do all that is possible to keep them in tact and organizations with particular expertise in family care will be targeted for funding.

persons trained to deliver care, and number of service delivery programs supported.

2. Care for Orphans and Vulnerable Children

Children affected by HIV/AIDS have the same basic needs – economic and food security, education, nutrition, health, and emotional well-being – as other children, but the pandemic's impact is eroding family and community capacity to meet these needs. AIDS is having a negative impact on the education, nutrition, health, economic and food security, and emotional well-being of children, including orphans and other children affected by AIDS. A variety of strategies must be used, depending on local context. Research has shown that resources – financial, human, public services – vary between and within countries. In many places, communities are mobilized and have systems in place to identify, protect, and provide basic necessities to the most vulnerable children. In other places – even in neighboring communities – the response from the community is minimal. Therefore, specific interventions must ultimately be based on identifying and strengthening already existing resources in a manner that does not undermine them. Areas of particular vulnerability in specific locations must be identified and interventions devel-

oped to strengthen existing community initiatives and fill the gaps. The exact mix of services provided and the number of beneficiaries will differ by location, existing resources, and types of vulnerability faced by the children in the intervention area.

Donors, governments, and NGOs should recognize that families, communities, and children themselves are the front-line of response to HIV/AIDS. Traditional community mechanisms for orphan care, in many cases, have been overwhelmed by the sheer numbers of orphans, yet that number is set to rise as high as 25 million by 2010. Thus, developing and strengthening local structures is of primary importance in laying the foundation for future efforts that will support the growing numbers of children affected by HIV/AIDS. Funding and activities must support communities in ways that do not undermine community ownership of interventions or the long-term capacity of communities to respond. Outside assistance should accordingly focus on engaging in long-term partnerships to support, strengthen, and sustain ongoing community initiatives through training and technical assistance, organizational development, and sustained financial and material support.

Two other overarching principles apply in President Bush's Emergency Plan's strategic approach to care for orphans and other vulnerable children. Because targeting specific categories of children can lead to increased stigmatization and discrimination, the Emergency Plan specifically identifies "orphans and other vulnerable children" as beneficiaries of care. Directing program efforts exclusively to children with a parent or parents who have HIV infection or have died of AIDS is both unrealistic and detrimental to those children. In addition, efforts should not focus solely on children whose parent or parents have already died. Long before they become orphans, children experience severe distress as a result of living with – and often caring for – a terminally ill parent. Throughout the world, communities have mobilized and developed systems to identify, prioritize, and care for those who are most vulnerable. These systems, where effective and sustainable, will be supported.

Finally, President Bush's Emergency Plan will seek where possible to support family and community mechanisms as opposed to institutional care. Alternatives to traditional orphanages, such as community-based resource centers, continue to evolve in response to the massive number of orphans left behind by the AIDS epidemic. These centers help families continue to support children within the community, providing support groups, counseling, temporary medical care for HIV-infected children, training in parent-

ing skills, skills training programs for older children, and daycare for parents or foster parents who need relief. They can also prevent children from entering the worst forms of child labor.

In some cases, however, institution-based activities are necessary. For abandoned children or children living on the street, an institution might be the only alternative to death from exposure and starvation. The challenge is to develop better alternatives, such as emergency and long-term foster care and local adoption. In addition, there has been an increase in facility-based palliative care for children living with



HIV/AIDS. Many of these institutions are also reaching out to provide care in local communities.

The Emergency Plan will help build, strengthen, and improve the quality and sustainability of programs to meet the needs of orphans and vulnerable children through rapid scale-up, capacity building, strengthening the enabling environment, and tracking progress and establishing best practices.

1. Rapidly scale up care services for orphans and vulnerable children

Rapid scale-up of services and support systems for orphans and other vulnerable children will rely on improving the quality and expanding the reach of existing responses. Rapid scale-up will be guided by the following operational strategies:

- Strengthening the capacity of families to cope with their problems;
- Mobilizing and strengthening community-based responses;

- Increasing the capacity of children to become proactive in meeting their own needs; and
- Integrating care services with existing prevention and care programs.

Strengthening the capacity of families to cope with their problems

Since the first and most important responses to HIV/AIDS are carried out by affected children, families, and communities, President Bush's Emergency Plan will support projects to increase the capacity of families and communities to provide care and support to children affected by the epidemic. Activities might include training caregivers, increasing access to education, promoting the use of time- and labor-saving technologies, supporting income-generating activities, and connecting children and families to essential health and social services where available.

Mobilizing and strengthening community-based responses

After family, the community is the next safety net for children affected by HIV/AIDS. The Emergency Plan will both provide direct support to community efforts and build the capacity of local NGOs and CBOs to support a greater number of community initiatives. Community support includes providing mentors for emotional support, resources such as food and school-related expenses, household help, child care, and farm labor. Other programs provide children and families with legal assistance to protect property rights and ensure protection from abuse.

Increasing the capacity of children and young people to become proactive in meeting their own needs

Children and adolescents affected by HIV/AIDS are active participants in mitigating the pandemic's impact, moving beyond the role of recipients of assistance. For example, young people are increasingly involved in making home visits to orphans and vulnerable children and helping HIV/AIDS-affected households. Additionally, the Emergency Plan will support initiatives that ensure that children and adolescents stay in school, are trained in vocational skills, and receive adequate nutrition and health services.

Integrating care services with existing prevention and care programs

Programs that focus on care for vulnerable children within the context of services for the greater population of people living with HIV/AIDS can enhance both prevention and care services. For example, adding care components such as access to medicine and food to prevention programs can draw in new populations for HIV/AIDS education. Programs that

support to HIV-positive women and their families, including their children, could be added to HIV/AIDS testing at sites offering PMTCT services. Special programs should also be developed for child victims of sexual exploitations and children working in prostitution.

2. Build capacity for long-term sustainability of care services for orphans and vulnerable children

Given the current disease burden in highly impacted countries, the number of orphans will continue to rise over the next decade. Thus, President Bush's Emergency Plan will pursue the following strategies in building capacity for sustainable quality care programs:

- Strengthening the organizational capacity of community- and faith-based organizations to address the needs of orphans and other vulnerable children;
- Strengthening early interventions with at-risk youth;
- Promoting collaboration and coordination among partners for a long-term response; and
- Identifying new public-private partnership opportunities.

Strengthening the organizational capacity of community- and faith-based organizations to address the needs of orphans and other vulnerable children

Building the organizational capacity of community- and faith-based groups is essential to ensuring long-term availability of care. The Emergency Plan will support activities to improve management skills, including planning, monitoring and evaluation, resource mobilization, and networking.

Strengthening early interventions with at-risk youth

Special efforts are needed to reach those young people, including orphans, who are most vulnerable to early sexual activity and other risky behaviors. These young people who are at highest risk are often hard to reach because they are not enrolled in school, do not attend religious institutions, and do not participate in mainstream youth organizations. Youth who lack parental support are especially vulnerable. President Bush's Emergency Plan will support CBOs, especially faith-based groups, for early outreach and intervention to prevent transactional and survival sex among these extremely vulnerable young people. These local groups will be supported to reach these young people early with HIV education, counseling, and social support to encourage abstinence and other safer behaviors.

Promoting collaboration and coordination among partners for a long-term response

The impact of HIV/AIDS around the world is so large and growing so rapidly that no single government, international organization, or donor can unilaterally make a sufficient difference. Collaborative action is key to mobilizing resources to better address the overwhelming needs that continue to escalate among children in AIDS-affected areas. Programs will be encouraged not only to coordinate their efforts with other stakeholders but to actively work to build collaborative responses to address the problems at scale and unify and expand the response to children and adolescents affected by HIV/AIDS.

Identifying new public-private partnership opportunities

The magnitude of the problems of orphans and vulnerable children will require the active involvement of a large number of new partners and significant leveraging of private sector resources. Industry and labor have long-standing social protection programs that will be mobilized to provide services to orphans and vulnerable children. The Emergency Plan will provide technical assistance to identify and support AIDS-affected youth and adults as candidates for jobs and, through partnerships with businesses, will link candidates to job opportunities with employers seeking to sustain and grow jobs in vulnerable communities. The President's initiative will also actively encourage corporations to provide direct services or seed-funding for community initiatives to help orphans and other vulnerable children. Public-private partnerships will support a number of strategies to mobilize and coordinate community care initiatives, including collaborative efforts of employers to address community problems collectively and industry/labor support for government efforts to provide care to this vulnerable population.

3. Advance policy initiatives that support care for orphans and vulnerable children

President Bush's Emergency Plan will work with government ministries and other organizations in focus countries to support initiatives to institute policy, program, and operational reforms, including reforms to ensure access to basic social services and to create special protection and care measures for children outside families and communities. Activities will promote supportive environments for vulnerable children and include advocacy for basic legal protections, transformation of public perceptions of HIV/AIDS, and strengthened school-based HIV prevention and care programs.

To support the Emergency Plan programs that will meet the needs of millions of orphans and vulnerable children, some critical policy areas must be addressed. These policy areas cover issues related to:

- Inheritances and succession,
- Bereavement among children,
- Child-headed households,
- Access to education and school-related expenses, and
- Protective services (e.g., against abuse, trafficking, child prostitution, and other worst forms of child labor, etc.).

4. Collect strategic information to monitor and evaluate progress and ensure compliance with Emergency Plan policies and strategies

There is a long history of measuring care and support for orphans and vulnerable children. This history will form the basis of measuring progress toward achieving

Emergency Plan goals in support of these children. Measurement will include:

- Population-based surveys of care and support for orphans and vulnerable children;
- Program monitoring of provider capacity and training;
- Targeted evaluations of best practices for outreach to and care for orphans and vulnerable children; and
- Management information systems to strengthen data transmission and storage.

The goal is to provide strategic information to programs, countries, donors, and the U.S. Government to strengthen the accountability and improvement of programs for orphans and vulnerable children. This strategic information strategy will support evaluation of programs on a timely basis, making it possible to discard models that are not working and to identify the best practices that contribute towards the care goals of President Bush's Emergency Plan.

VII. STRENGTHENING BILATERAL HIV/AIDS PROGRAMS

“By the legislation I will sign today, the United States of America will take the side of individuals and groups and governments fighting HIV/AIDS in Africa and other parts of the world. We’ll provide unprecedented resources to the effort. And we will keep our commitment until we have turned the tide against AIDS.”

President George W. Bush, May 27, 2003

In keeping with the United States’ position as the global leader in the fight against HIV/AIDS, President Bush’s Administration provides over 50 percent of bilateral international HIV/AIDS assistance. Through various agencies and departments, the United States has bilateral programs to combat AIDS in over 100 countries, including the focus countries, and is active through diplomatic and public diplomacy channels in dozens more.

Outside of the Emergency Plan’s focus countries, the profile of HIV/AIDS varies widely among nations. Some countries have a high disease burden; others have low incidence of HIV but are witnessing emerging epidemics through rapid increases in infections; and others have low HIV incidence rates but need to remain vigilant. Unfortunately, no country is unaffected by the problem.

These countries have diverse drivers of HIV/AIDS, including epidemics led and compounded by such factors as high-risk sexual behavior, injection drug use, unsafe medical practices, gender inequality, prostitution, and poverty. All have challenges in implementing integrated and effective prevention, treatment, and care strategies. Stigma and denial remain widespread challenges, as does the lack of correct and consistent information about HIV/AIDS. Testing is underutilized, and appropriate protocols and enabling policies are often lacking. The U.S. Government has collected many “lessons learned” over two decades of worldwide HIV/AIDS activity, and it is on the strength of best practices that we embark on an intensified effort in our bilateral HIV/AIDS programs to ensure coordination, effectiveness, and accountability.

The President’s Emergency Plan offers a fresh opportunity to develop and implement consistent HIV/AIDS policies and programs across our bilateral prevention, treatment, and care initiatives, drawing on the U.S. Government’s strong field presence and technical expertise. Our bilateral programs worldwide



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will be an integral part of the President’s Emergency Plan for AIDS Relief and will be harmonized in policy and management to create the momentum that will truly turn the tide against HIV/AIDS.

Bilateral Program Objective:

Apply best practices in prevention, treatment, and care, and improve coordination, management, and accountability across all U.S. Government (USG) bilateral HIV/AIDS programs

Bilateral Program Strategies:

1. Strengthen quality and capacity of prevention, treatment, and care programs
2. Advance policy initiatives that support effective bilateral programs
3. Strengthen coordination, management, and accountability of programs, and ensure their consistency with the principles of the Emergency Plan

1. Strengthen quality and capacity of prevention, care, and treatment programs

Integrated prevention, care, and treatment programs are an established best practice. Integrated programs combat stigma, encourage behavior change and testing, and mitigate the consequences of HIV/AIDS. Countries are at different stages of HIV/AIDS response, but all HIV/AIDS programs of the U.S. Government should be working toward establishing a continuum of prevention, treatment, and care programs in proportions appropriate for the host country. Thus, USG efforts will be focused toward increasing the availability of high-quality, sustainable prevention, treatment, and care programs by:

Promoting evidence-based risk elimination and reduction programs

Successful strategies, such as the ABC approach and tailored interventions for high-risk groups like injection drug users, are helping to prevent new HIV infections. These strategies will be promoted across all USG bilateral HIV/AIDS programs.

Promoting strategies to increase testing

Worldwide, it has been estimated that some 95 percent of HIV-infected individuals do not know their status and thus do not have vital information to protect themselves and others. Testing is a crucial behavior change strategy, and new methods for increasing testing will be explored and promoted, including routine testing in health care settings.

Promoting strategies to combat stigma and denial

Stigma and denial remain primary barriers to addressing HIV/AIDS effectively. Programs will address stigma and denial by increasing the involvement of people living with HIV/AIDS, emphasizing the role of leadership, and providing consistent and correct HIV/AIDS information.

Offering technical assistance for the development of appropriate prevention, treatment, and care protocols.

Many countries lack appropriate prevention, treatment, and care protocols, contributing to ineffective and inconsistent program implementation. The U.S. Government will capitalize on its expertise and established best practices to promote and assist with the development of comprehensive national prevention, treatment, and care protocols to guide program development across all governmental and nongovernmental sectors.

Offering technical assistance and training of providers

Limited technical capacity is a barrier to increasing and strengthening prevention, treatment, and care interventions, and to ensuring compliance with established protocols. The focus of the U.S. Government's HIV/AIDS programs, and a necessary tool for ensuring sustainability, is building the capacity of local providers to implement effective programs. USG efforts will have as a priority capacity building of health care workers and CBOs to strengthen the quality and expand the reach of effective HIV/AIDS interventions.

Identifying and developing the capacity of new partners

Worldwide, efforts against HIV/AIDS are amplified through approaches that reach individuals where they live, learn, work, and pray. New partners can expand the reach of programs, fill gaps in service delivery, and contribute additional necessary resources to the fight against HIV/AIDS.

Coordinating with host governments and a wide range of organizations active in country

To be fully effective, USG programs should be coordinated with and complementary to existing programs and the host government's national AIDS strategy. The U.S. Government will work closely with the host government, the private sector, NGOs, FBOs, multilateral institutions, other bilateral donors, and others active in country.

2. Advance policy initiatives that support effective bilateral programs

The ability of programs and populations to address HIV/AIDS and mitigate its consequences are enormously impacted by policies related to the importation, regulation, and registration of essential medicines and supplies; the provision of basic social services such as health and education; and the allocation of resources. The President's Emergency Plan will promote policies reflecting best practices through:

Active diplomacy to advocate for the adoption of supportive policies

Through the U.S. Chief of Mission and U.S. Government representatives in sectors such as education, health, defense, and trade, the U.S. Government will engage with its leadership counterparts in host countries to advocate for the adoption of supportive HIV/AIDS prevention, treatment, and care policies.

Technical assistance for policy development

Drawing on its expertise and worldwide experience, the U.S. Government, through its representatives in the field, will provide technical assistance for the development and application of policies supportive of effective action against HIV/AIDS and its consequences.

3. Strengthen coordination, management, and accountability of programs, and ensure their consistency with the principles of the Emergency Plan

President Bush has placed a strong emphasis on increased accountability for program activities. The USG programs worldwide are currently implemented by a multitude of U.S. Government agencies and departments, each with different management and accountability processes. Programs can be uncoordinated, both with other U.S. Government agency programs and with host governments and other donors, leaving gaps in service delivery and needs unmet. The lack of uniform accountability methods, including program evaluation methodologies, poses difficulties in comparing program impact and ensuring effective and efficient allocation of resources.

President Bush's Emergency Plan will:

Coordinate leadership of U.S. Government bilateral HIV/AIDS programs through the leadership of U.S. Chiefs of Mission

The benefits of coordinated leadership, as demonstrated by the U.S. Global AIDS Coordinator and the U.S. Chief of Mission-led in-country USG teams in the focus countries, should be applied across USG bilateral programs. Government agencies will work as a united team under the leadership of the Chief of Mission, ensuring that programs are working toward shared goals.

Coordinate with host governments and other donors to eliminate duplication and ensure that needs are met

Coordination with host governments and donors will be strengthened. This will allow for more effective communication and evaluation of country-specific needs and circumstances, facilitate the effective and efficient use of funds, and determine and fill gaps in service provision.

Implement uniform standards for strategic information and evaluation

As a unified team implementing a coordinated country plan, all U.S. Government agency activities will be evaluated on their progress toward meeting established goals according to shared indicators that will facilitate the comparison of programs.

Hold U.S. Government programs accountable for results

U.S. Government programs will be funded according to their ability to indicate evidence-based success against specified goals. Improved accountability, in addition to uniform evaluation standards, will facilitate the identification of successful programs for scale-up and poorly performing programs for elimination.

Assist countries in developing their own strategic plans

Following from the coordination of leadership described above, U.S. Government departments and agencies will work with host-country governments to develop coordinated country plans that will identify opportunities to capitalize on the strengths of individual USG agencies and eliminate duplication in program services.

VIII. STRENGTHENING MULTILATERAL ACTIONS

“The United States is committed to working with other nations to reduce suffering and to spare lives. And working together is the key. Only through sustained and focused international cooperation can we address problems so grave and suffering so great.”

President George W. Bush, May 11, 2001

The crisis of global AIDS is too great for any one entity to solve. Turning the tide will require a sustained collaborative effort from a multitude of international, national, and local organizations leveraging their comparative strengths. Not only are there extraordinary resource needs, but the diverse drivers and consequences of the disease, and its many complicated interactions with a variety of other social, political, and economic circumstances, demand an equal number of diverse actors with varied expertise.

President Bush’s Emergency Plan makes an unprecedented commitment of resources and focuses funds on the U.S. Government’s strengths in providing technical assistance, training, research, and material resources to dramatically increase health care infrastructure and capacity to address HIV/AIDS effectively, including providing treatment. The Emergency Plan recognizes, however, that strengthened health care systems are but one powerful tool in combating HIV/AIDS. Many other essential requirements, including such basic needs as clean water and adequate nutrition, present barriers to a successful HIV/AIDS response. Conflict, famine, and gender inequality all make contributions to the spread of HIV and the devastation of AIDS, and must be addressed.

The President’s Emergency Plan commits a significant proportion of its resources to the Global Fund to Fight AIDS, Tuberculosis, and Malaria in recognition of the fact that the Fund is a promising global force in the fight against AIDS and offers important opportunities to address needs complementary to other elements of this strategy. Other multilateral institutions and international organizations, such as UNAIDS and its “Three Ones” principles, WHO and its “3 by 5” initiative, the World Bank, and the World Bank’s International Bank for Reconstruction and Development, have also provided essential global leadership, expertise, and resources, particularly in the areas of advocacy, government and civil society collaboration, HIV/AIDS and economic development,



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and health sector response (including HIV/AIDS surveillance, prevention, treatment, and care). Organizations such as the World Food Program (WFP), the United Nations Children’s Fund (UNICEF), the United Nations Development Program (UNDP), the International Labor Organization (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations High Commissioner for Refugees (UNHCR), and the International Committee of the Red Cross (ICRC) have HIV/AIDS programs focused on specific needs or populations, such as food security, mothers and children, workplace issues, refugees, migrant workers, and youth.

The contributions of these multilateral institutions and international organizations working with great dedication to combat HIV/AIDS provide a vital opportunity for a comprehensive response. The U.S. Government will strengthen its relationships with multilateral institutions and international organizations to amplify global action against HIV/AIDS by encouraging coordination to fill gaps in current activities and ensure efficient use of funds. Effective collaboration, however, requires addressing several of the

challenges currently facing the international community in its fight against HIV/AIDS.

Duplication of program efforts and an uncoordinated response, especially in the most afflicted nations where so many have initiated programs, must be avoided. Harmonized proposal, surveillance, reporting, and accountability requirements will avoid placing additional burdens on governments already weighed down by the disease burdens of HIV/AIDS, malaria, and tuberculosis. As an international community, donors should commit to promoting best practices and evidence-based interventions and adhere to high standards for resource allocation and management. At the same time, recognizing that HIV/AIDS is a global emergency, donors should ensure that funds are quickly dispersed to organizations effectively serving those in need, with an eye to building local capacity for a sustainable long-term response.

The U.S. Government will use the full range of diplomatic tools to engage international organizations as partners in the fight against HIV/AIDS. Under President Bush's Emergency Plan, efforts will be made to strengthen U.S. participation on governing boards and to consult closely and often with both the leadership and working levels of the multilateral and other international organizations working on HIV/AIDS. Across the world, the United States will coordinate programmatic and diplomatic efforts at the local level in order to enhance the effect of global contributions. Together with the strength of USG bilateral programs, effective multilateral engagement and action will win the war on AIDS.

Multilateral Objective:

Ensure a comprehensive and amplified response to global HIV/AIDS through leadership, engagement, and coordination with multilateral institutions and international organizations

Multilateral Strategies:

1. Coordinating programs to capitalize on the comparative advantage offered by each multilateral organization, including targeting multilateral strengths to unique challenges
2. Working to harmonize proposal, reporting, and strategic information systems across all multilateral and international organizations
3. Promoting evidence-based policies and sound management strategies
4. Encouraging expanded partnerships that build local capacity

1. Coordinating programs to capitalize on the comparative advantage offered by each multilateral organization, including targeting multilateral strengths to unique challenges

True progress against HIV/AIDS will require a comprehensive response that addresses the diverse drivers and consequences of disease. The United States will focus its interventions on health care and human services approaches to HIV/AIDS prevention, treatment, and care that capitalize on its expertise in technical assistance, training, and research. Many multilateral organizations have vital expertise in specific areas. For instance, WHO addresses the health sector to HIV/AIDS and works closely with health ministries. The ILO focuses on HIV/AIDS in the workplace and the rights of workers living with HIV/AIDS, while the WFP focuses on food security and nutritional needs. ICRC and UNHCR are able to reach refugees and displaced persons, while many other organizations focus on improving the status of women. Each of these interventions, and those from other agencies both in and out of the U.N. system, is important to a comprehensive and effective response to global HIV/AIDS, and contributions are amplified when they are coordinated.

The U.S. Government will strongly encourage coordination to fill gaps by:

- Engaging, through the U.S. Global AIDS Coordinator, the leadership of multilateral and international organizations to identify and then complement comparative strengths;
- Encouraging the development of one in-country structure that can facilitate coordination between donors, host governments, people living with HIV/AIDS, and NGOs; and
- Ensuring that U.S. missions, through their networks of public affairs, refugee, economic, health, and development assistance officers and other specialists, are working with their in-country counterparts in the field.

2. Working to harmonize proposal, reporting, and strategic information systems across all multilateral and international organizations

Harmonization of proposal, reporting, surveillance, management, and evaluation procedures across all multilateral and international organizations is a key to the success of global HIV/AIDS efforts. Harmonized procedures both ensure comparability of different programs across countries and decrease the burden on host organizations and governments. The U.S.

SPECIAL FOCUS: The Global Fund

On May 11, 2001, President George W. Bush, flanked by U.N. Secretary-General Kofi Annan and Nigerian President Olusegun Obasanjo, made the first pledge to what would become the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The U.S. Government was a leader in the creation of the Global Fund as the embodiment of a new way of doing business, bringing together diverse partners, including the public and private sectors, donors and recipients, and NGOs and affected communities, to quickly and effectively mobilize resources for combating HIV/AIDS and the other two diseases. The Fund's existence is based on strong public-private partnerships, results-based management, and a focus on local capacity building.

The Global Fund is a private nonprofit foundation based in Switzerland, with a "limited financial partnership" board model that includes a balance between donor and recipient nations. In an arrangement unique among international organizations, the private sector has its own seat and vote, as do private foundations and "northern" and "southern" NGOs. The Fund has the potential to revolutionize the provision of assistance, and the United States is committed to the fulfillment of this vision and the Fund's full potential.

The United States leads the world in donations to the Fund, with \$623 million in contributions to date and has pledged a total of \$1.97 billion from the inception of the Fund through 2008 (with cumulative contributions not to exceed one-third of the total contributions to the Fund from fiscal years 2004 to 2008). The United States accounts for 37 percent of total pledges and 29 percent of contributions to the Fund. Secretary of Health and Human Services Tommy Thompson was elected Chairman of the Fund's Board in January 2003, giving the U.S. Government a special leadership responsibility through January 2005. Secretary Thompson has traveled throughout the world on behalf of the Fund, enlisting and engaging government, private sector, and NGO actors to support the Fund's efforts to combat global AIDS.

Over the next five years, the United States will remain deeply engaged in working to ensure the realization of the Fund's unique potential as an effective actor to combat HIV/AIDS, tuberculosis, and malaria. The United States will:

- Work to ensure the Fund maintains its unique public-private character, with a strong and active board and a secretariat accountable to that board;
- Support projects built on proven best practices that incorporate the principles of results-based management and strong mechanisms of accountability for both in-country and Fund project managers;
- Work to ensure harmonization of reporting, monitoring, and evaluation of projects;
- Work to strengthen mechanisms that increase coordination of the Fund's country activities with those of other donors;
- Continue to strongly support the Fund's mandate of local capacity building of governments, NGOs, and the private sector, with embassy and in-country program support for the Fund to establish such capacity where it does not exist;
- Continue its strong support for the concept of "additionality" for Fund projects, so that the Fund acts in addition to (rather than replaces) local and bilateral HIV/AIDS efforts; and
- Strengthen efforts to coordinate with the Global Fund so that in-country resources are leveraged to ensure that gaps in service are met and overlaps are minimized or eliminated.

Government will actively participate in harmonization efforts with WHO, UNAIDS, the Global Fund, and other multilateral organizations, through the participation of U.S. Government representatives to each of these bodies. Harmonizing multilateral efforts includes engaging all the partners within a given organization to follow through on agreed commitments. The United States will use its bilateral relationships to further and strengthen the U.S.-supported goals of multilateral organizations. Activities include:

- Actively working to ensure that all resolutions and commitments agreed to in the multilateral area are compatible with our bilateral policies;
- Using our bilateral relationships to come up with creative ways to work together to further those goals agreed upon within our common organizations; and
- Working to adopt the same monitoring and evaluation, procurement, and reporting standards to ease the work of recipients.

3. Promoting evidence-based policies and sound management strategies

President Bush's Emergency Plan recognizes that the nature of the HIV/AIDS crisis urges immediate action, yet interventions must reflect sound science and management. The large influx of resources for combating global HIV/AIDS from both bilateral and multilateral donors makes best practices and accountability for use of those funds even more important, particularly to sustain public support for the AIDS effort. The U.S. Government will strive to ensure accountability for its contributions, both through multilateral and bilateral efforts, and will encourage partners to do the same.

To achieve maximum impact against the disease, funds must be targeted to effective interventions. Two decades of HIV/AIDS work have revealed an evidence base on which to begin building effective programs. The United States will work closely with technical organizations such as WHO to determine the best range of options for treatment, prevention, and care, and will promote the adoption of such established best practices across all areas of multilateral action. Specifically, the U.S. Global AIDS Coordinator will:

- Actively work with the Global Fund Secretariat, through the U.S. Executive Director's Office at the World Bank and elsewhere, to ensure a focus on results-based management of HIV/AIDS projects;

- Use the "parallel project review" process mandated by Congress to lead an internal USG review to ensure that all proposals recommended to the Global Fund Board for approval are technically and developmentally sound, demonstrate that added resources will bring results, and meet high programmatic and financial accountability standards;
- Use the programmatic expertise of the Department of Health and Human Services and policy experts at the Department of State, both in the United States and in countries in which the U.S. Government has HIV/AIDS program presence and expertise, to evaluate proposals and their impact potential on the ground;
- Provide guidance to U.S. Government representatives to multilateral organizations on the technical efficacy, need, and management strategies of proposed programming; and
- Collaborate with other donors, including the Global Fund Secretariat, to encourage other nations to undertake a similarly detailed review in countries where they have expertise to ensure the best possible outcome for recommended projects.

4. Encouraging expanded partnerships that build local capacity

The U.S. Government will encourage multilateral organizations to work through local partners and existing mechanisms within the host country's national strategy wherever possible, and, where this is not possible, to make building local capacity a strong priority. Multilateral organizations that serve as in-country implementing partners will also be encouraged to have phase-out goals for a country's "graduation" from the need to rely on outside sources for management or implementation of programs.

Governments, NGOs, and the private sector all have a role to play in this effort. The U.S. Government will work both within multilateral organizations and through embassies to identify and support NGO and private sector providers to participate in partnerships and build their capacity to manage programs at the local level. The U.S. Government will:

- Set an example in capacity building by including "graduation" language in our contracts for bilateral grants with all non-local organizations;

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- Continue to support the Global Fund's commitment to including similar "exit strategies" in their grant agreements with UNDP and other major multilaterals serving as temporary principal recipients and will work to ensure this goal is achieved; and
 - Facilitate the creation of co-investment strategies with private sector partners and/or local government partners to deliver services that will serve as models for the rest of the world.