



Adult Treatment

President George W. Bush's Emergency Plan for AIDS Relief is the largest commitment ever by any nation for an international health initiative dedicated to a single disease -- a five-year, \$15 billion, comprehensive approach to combating the disease around the world.

U.S. Department of State

U.S. Agency for International Development

U.S. Department of Defense

U.S. Department of Commerce

U.S. Department of Labor

U.S. Department of Health and Human Services

Peace Corps

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A key priority of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is providing life-saving antiretroviral treatment (ART) to people living with HIV/AIDS. ART, which usually involves a combination of three drugs, can dramatically decrease the number and severity of illnesses associated with HIV infection. ART can also significantly improve the duration and quality of life of HIV-positive men, women and children. These improvements are vital for maintaining the integrity of families and the welfare of children in severely affected communities.

The Power of Partnerships:

- Globally, PEPFAR supported life-saving antiretroviral treatment for approximately **1.73 million** men, women and children through March 31, 2008.
- Of this, PEPFAR supported life-saving antiretroviral treatment for more than **1.64 million** people through bilateral programs in PEPFAR's 15 focus countries in sub-Saharan Africa, Asia and the Caribbean.

Critical components of an effective ART program supported by PEPFAR include:

- Political commitment by government and community leaders;
- National HIV/AIDS policy and clinical guidelines;
- National ART training programs for clinical and laboratory staff;
- Adequate space and personnel for clinical care in medical facilities;
- A continuous and secure supply of quality drugs, laboratory reagents and other health commodities;
- A national tiered, quality-assured laboratory network;
- Community outreach to promote HIV prevention and ART adherence;
- National, unified monitoring and evaluation systems;
- Effective links among HIV services, including prevention of mother-to-child transmission and counseling and testing;
- HIV treatment and care programs that promote HIV prevention.

A Network Approach

PEPFAR has been working with governments to promote the "network system," which seeks to allocate highly trained health workers – such as physicians with specialized training – to referral centers where their level of training is essential, while allowing non-physicians trained in ART to administer treatment at health care facilities. The soaring demand for ART in resource-poor nations requires a flexible health workforce, and PEPFAR supports policy initiatives to permit such flexibility.



PEPFAR at Work

The goals of PEPFAR include supporting treatment for two million HIV-infected people. Reaching this goal will require an unprecedented scale-up of trained personal and physical infrastructure, including supply chains. Evidence, including that from PEPFAR programs, shows that ART programs in resource-limited settings can be remarkably successful, with treatment adherence and clinical outcomes comparable to those in developed countries.

The following examples illustrate how PEPFAR is working under national strategies and in partnership with host nations to support ART services for people living with HIV/AIDS:

- **In Tanzania**, the Government of Tanzania is using a unique model of regionalization to facilitate a more cost effective scale-up of HIV treatment and care. Under the regionalized plan, each of six PEPFAR partners are responsible for supporting scale-up of services at medical facilities in designated areas of the country. This model is designed to avoid redundancies in partner activities and service delivery, and simplify the administration and oversight of HIV treatment and care programs. With this streamlined model, the Government of Tanzania seeks to provide ART for approximately 400,000 persons by the end of 2008.
- **In South Africa**, PEPFAR reinforces high levels of education and human capacity by directly supporting indigenous organizations delivering ART. In fiscal year 2006, a total of 51 partner organizations were providing ART services at more than 382 facilities in all nine provinces. Approximately half of these partners were indigenous organizations.
- **In Côte d'Ivoire**, PEPFAR supports remarkable efforts to expand HIV treatment and care services, despite an unstable political environment. Civil unrest has divided the country into two distinct administrative zones, leading to the internal displacement of an estimated 750,000 people and the disruption and overcrowding of health care services. Despite these conditions, the U.S. Government has worked closely with the Government of Côte d'Ivoire to support ART for approximately 27,600 men, women and children as of September 30, 2006.
- **In Ethiopia**, the Ministry of Health is successfully implementing an Ethiopian version of the World Health Organization's Patient Monitoring Guidelines. Clinicians ensure better long-term care by using the guidelines to collect comprehensive historical data about each patient's HIV illness on standardized forms. This system allows health care workers to track the number of patients on treatment at every facility each month. By implementing these guidelines, the Ministry of Health has also been able to track ART patient outcomes at six-month intervals, facilitating continuous program improvements.

Resources:

- In May 2006, the Office of the U.S. Global AIDS Coordinator produced and submitted to Congress *Bringing Hope: Supplying Antiretroviral Drugs for HIV/AIDS Treatment*, which presents evidence, strategies and priorities for PEPFAR support of antiretroviral treatment. The report is available at www.state.gov/documents/organization/66513.pdf.