

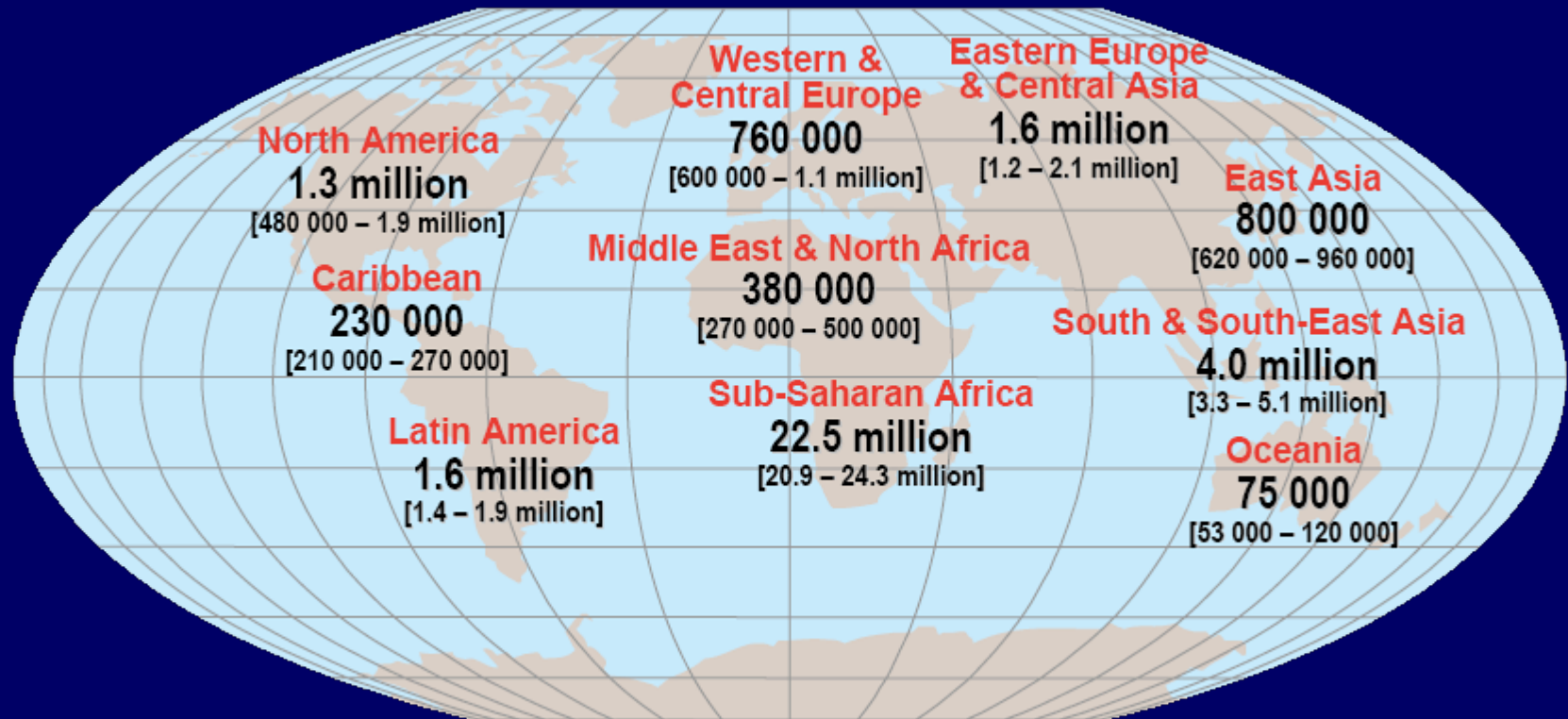
The U.S. President's Emergency Plan for AIDS Relief

**HIV/AIDS and the U.S. Government's Response:
The Power of Partnerships**





Adults and Children Estimated to Be Living with HIV in 2007



Total: 33.2 (30.6 – 36.1) million



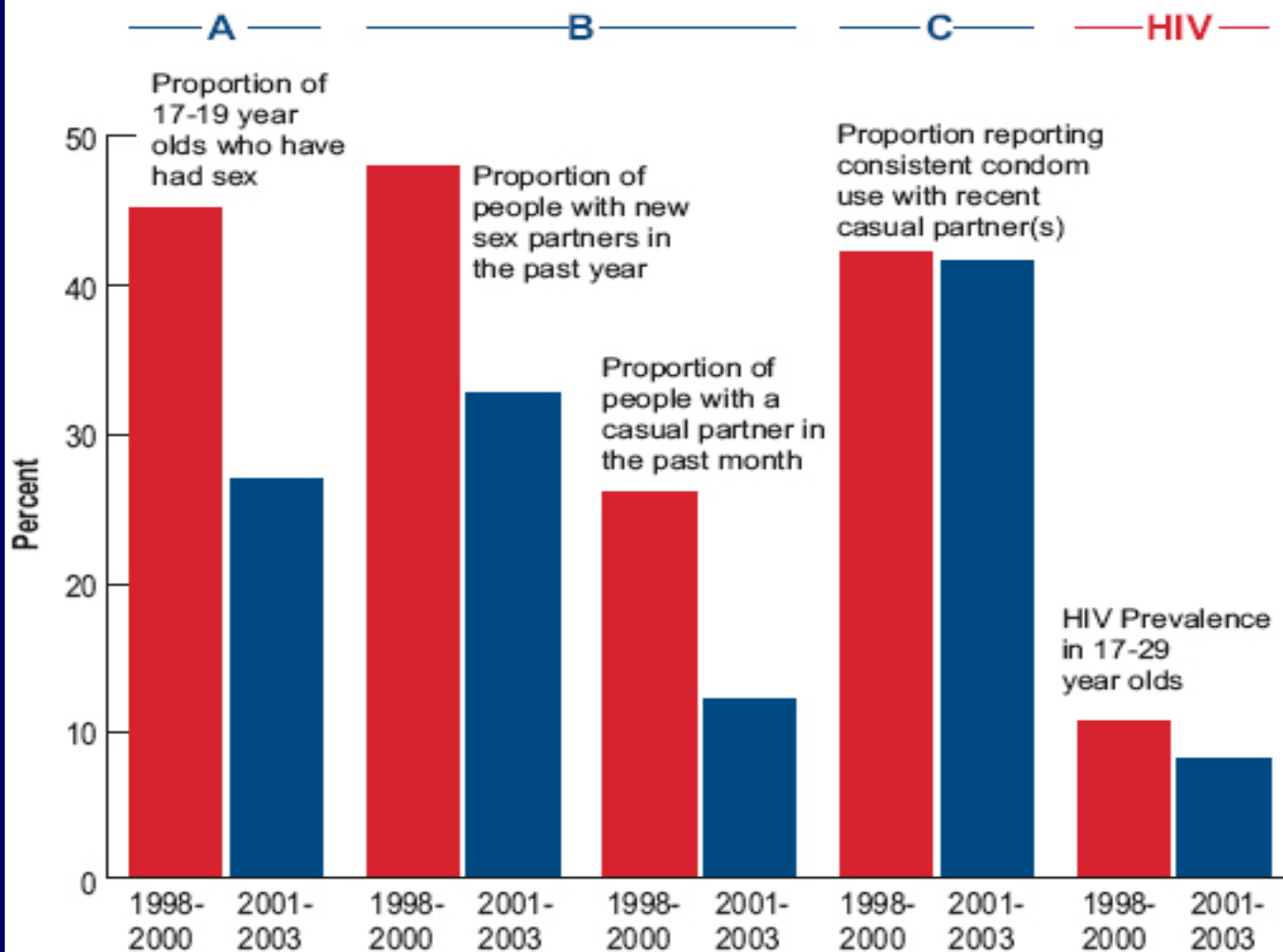
Prevention of Sexual Transmission

- In focus countries during fiscal year 2007, approximately 58 million people were reached by community outreach programs promoting ABC and other related prevention strategies.
- The U.S. Government has supplied 1.9 billion condoms worldwide from 2004 to 2007, lending support to comprehensive ABC approaches based on the epidemiology of each country.
- We have rapidly rolled out programs supporting new prevention strategies as they are identified, such as male circumcision. As other mechanisms are identified by normative agencies as effective prevention interventions, PEPFAR will support them as part of a comprehensive prevention strategy.



Behavior Change Data: Zimbabwe

Behavior Change Among Males in Manicaland, Zimbabwe





Addressing Gender Issues

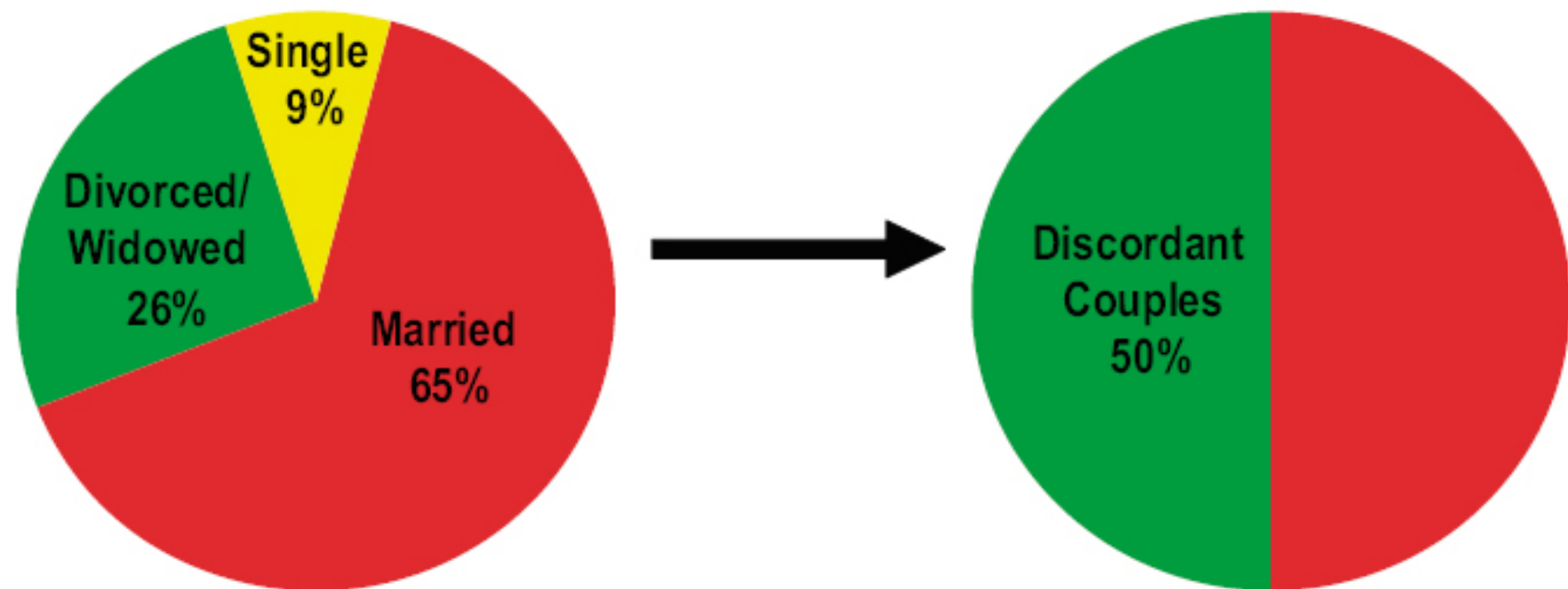
- PEPFAR recognizes the critical need to address the inequalities between women and men that influence sexual behavior and put women at higher risk of infection.
- Many HIV prevention programs also address issues related to gender.
- Five priority gender strategies are monitored annually during the Country Operational Plan review process.
- In FY2007, a total of \$906 million was dedicated to 1,091 activities that included interventions to address one or more of these gender focus areas/
- In FY2008, the total is expected to rise to approximately \$1.03 billion.

Number of Activities per Gender Strategic Focus Area in FY2007	
Gender Strategic Focus Area	Number of Activities that include this Strategic Focus Area
Increasing Gender Equity	620
Addressing Male Norms and Behaviors	494
Reducing Violence and Coercion	325
Increasing Women's and Girls' Access to Income and Productive Resources	163
Increasing Women's Legal Protection	83
Note: Each activity may include multiple focus areas.	



Addressing Discordant Couples

Uganda's 2005 National HIV Survey: Uganda's Last 175 Infections



Source: Uganda 2005 National HIV Survey



Medical Male Circumcision

- Highly effective: 50 to 70 percent reduction in men
- Requires ongoing behavior change
- Focus on high prevalence areas and high risk individuals, e.g. discordant couples (perhaps with ART)

PEPFAR Support for Medical Male Circumcision:

- Allocated approximately \$16 million in FY2007 for activities related to male circumcision, up from approximately \$600,000 in FY2006.
- Supporting male circumcision activities in 11 countries as of December 2007
- Initiating male circumcision programs only at the written request of host country governments and incorporating ABC behavior change education into the counseling that men receive along with circumcision.



PMTCT Programs with USG Support in FY2004 and FY2007*

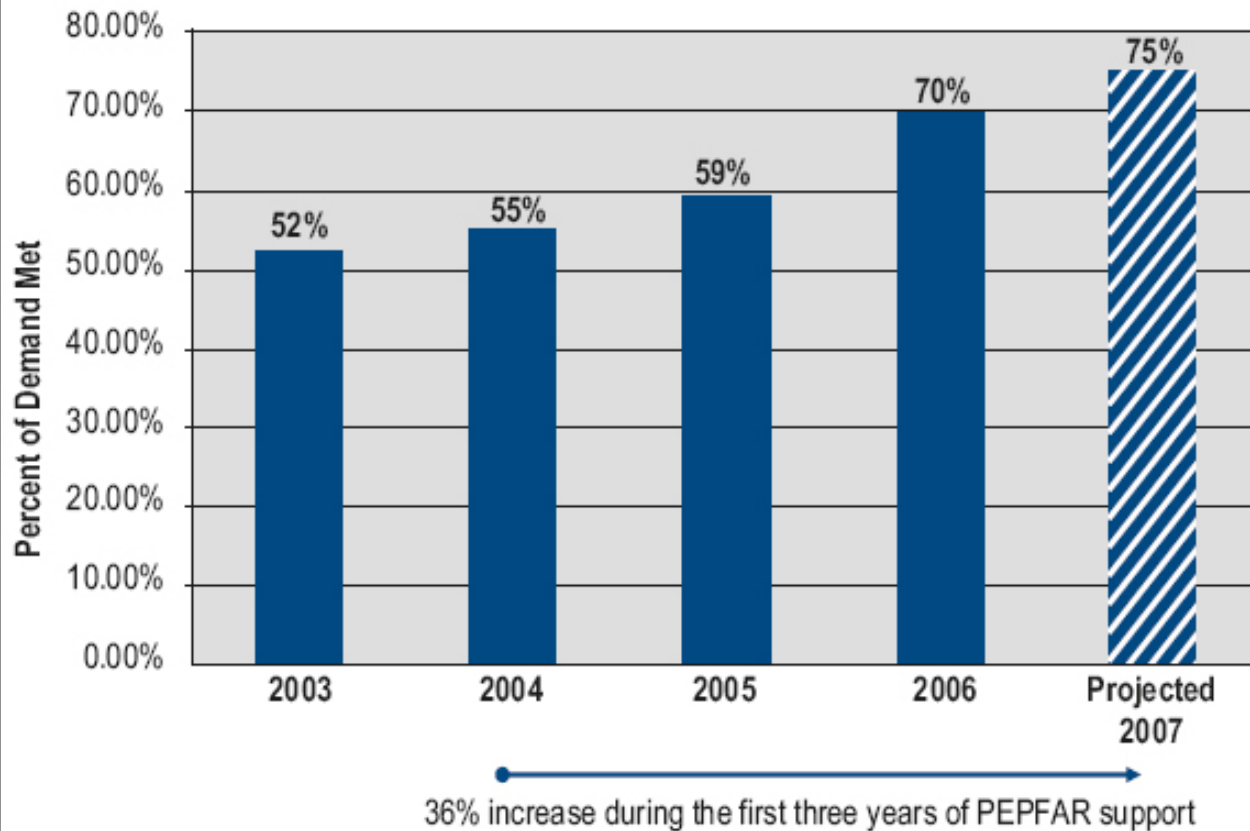
Prevention: Prevention of Mother-to-Child Transmission Programs with USG Support in FY2004 and FY2007		
Country	Estimated Coverage of Pregnant Women Receiving HIV Counseling and Testing	
	Percent Coverage	
	FY2004	FY2007
Botswana	58%	92%
Côte d'Ivoire	3%	13%
Ethiopia	0.2%	4%
Guyana	32%	82%
Haiti	8%	34%
Kenya	19%	55%
Mozambique	4%	28%
Namibia	12%	75%
Nigeria	0.4%	4%
Rwanda	11%	61%
South Africa	46%	79%
Tanzania	2%	38%
Uganda	8%	39%
Vietnam	0.1%	11%
Zambia	11%	55%
Totals	6%	23%

*Source: PEPFAR Fourth Annual Report to Congress, 2008



Leveraging HIV Improvements for General Health

Percent of Blood Demand Met in 13 PEPFAR-supported Focus Countries*

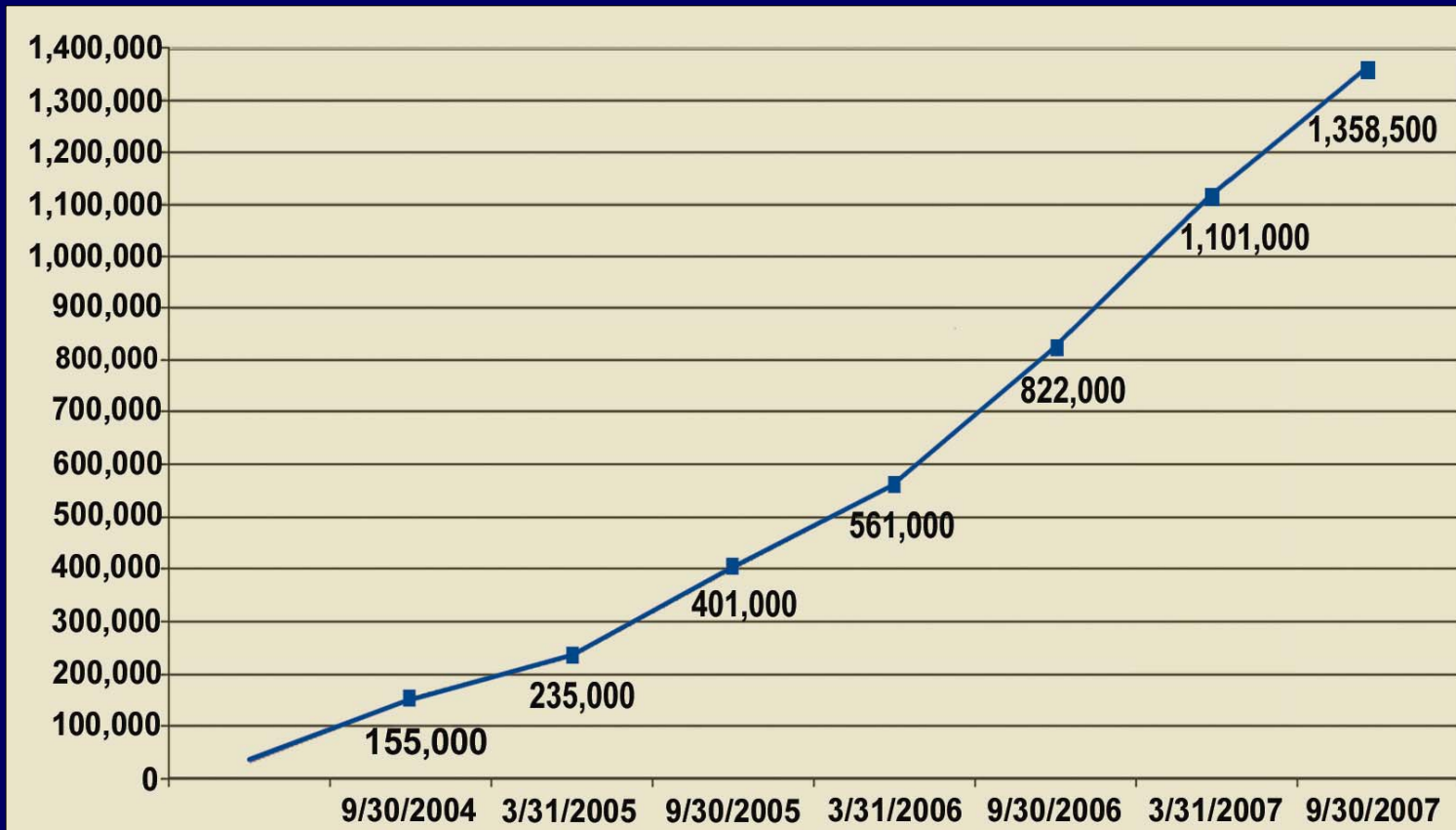


* Excludes Vietnam, which does not have a Track 1.0. Blood Safety program, and Nigeria, where most of the blood collection occurs outside the National Blood Service, which was created after the introduction of PEPFAR support.



Number of Individuals Receiving Antiretroviral Treatment in the 15 Focus Countries

Number of Individuals Receiving Antiretroviral Treatment
Total of both upstream and downstream USG-supported interventions



As of September 30, 2007



National Treatment Coverage Supported by All Sources*

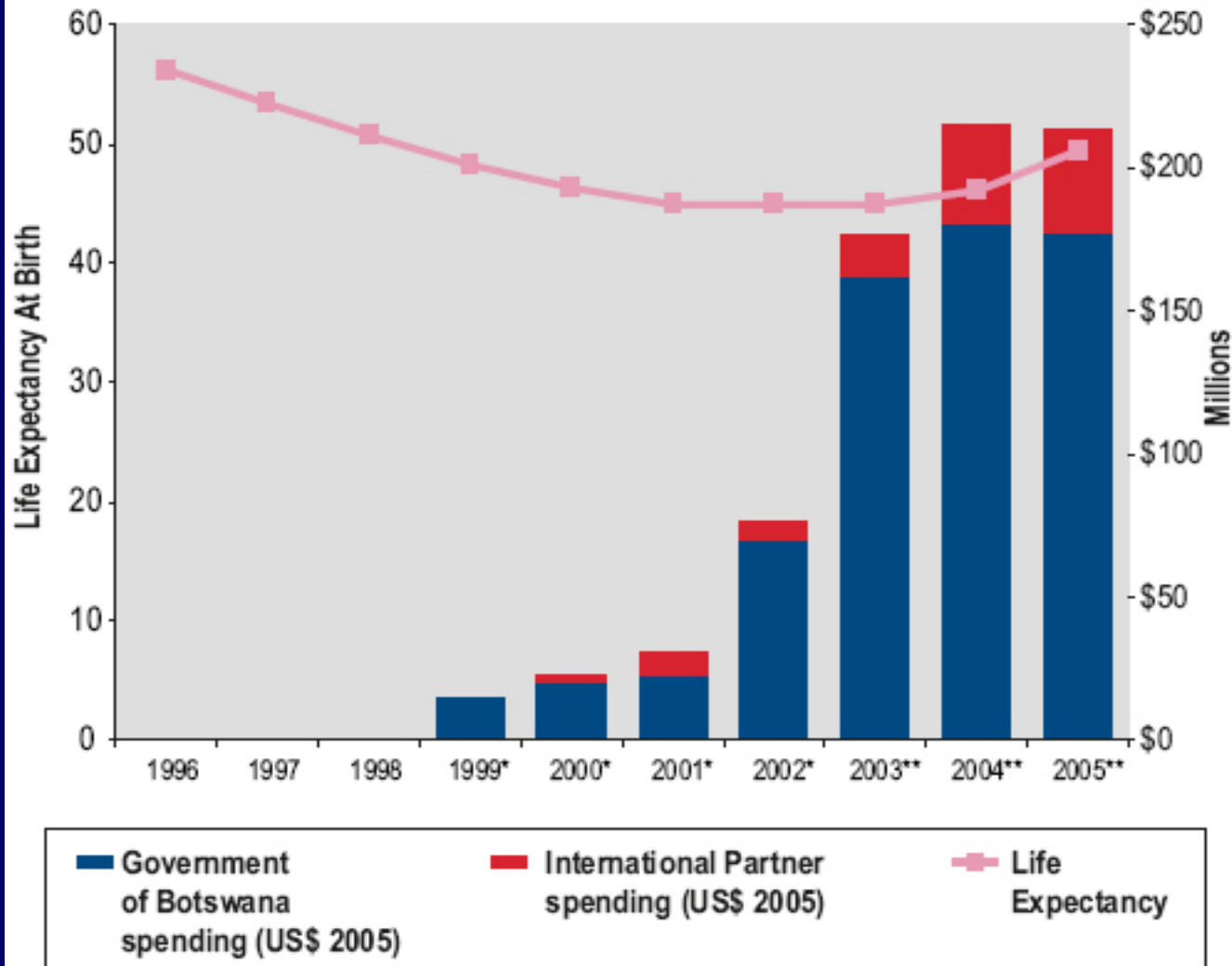
National Treatment Coverage Supported by All Sources			
Country	% Coverage 2003	% Coverage 2007	% Change in Coverage (2003-2007)
Botswana	15.2%	90%	494%
Côte d'Ivoire	4.1%	30%	634%
Ethiopia	1.0%	45%	4514%
Guyana	12.6%	79%	526%
Haiti	2.9%	31%	966%
Kenya	1.5%	58%	3663%
Mozambique	1.0%	21%	2140%
Namibia	1.3%	75%	5713%
Nigeria	2.3%	22%	858%
Rwanda	4.4%	92%	1960%
South Africa	0.2%	31%	15560%
Tanzania	0.1%	34%	26616%
Uganda	6.5%	45%	593%
Vietnam	14.0%	25%	75%
Zambia	0.6%	51%	7965%
Total	1.9%	37%	1881%

*Source: PEPFAR Fourth Annual Report to Congress, 2008



Trends in HIV/AIDS Programs and Life Expectancy

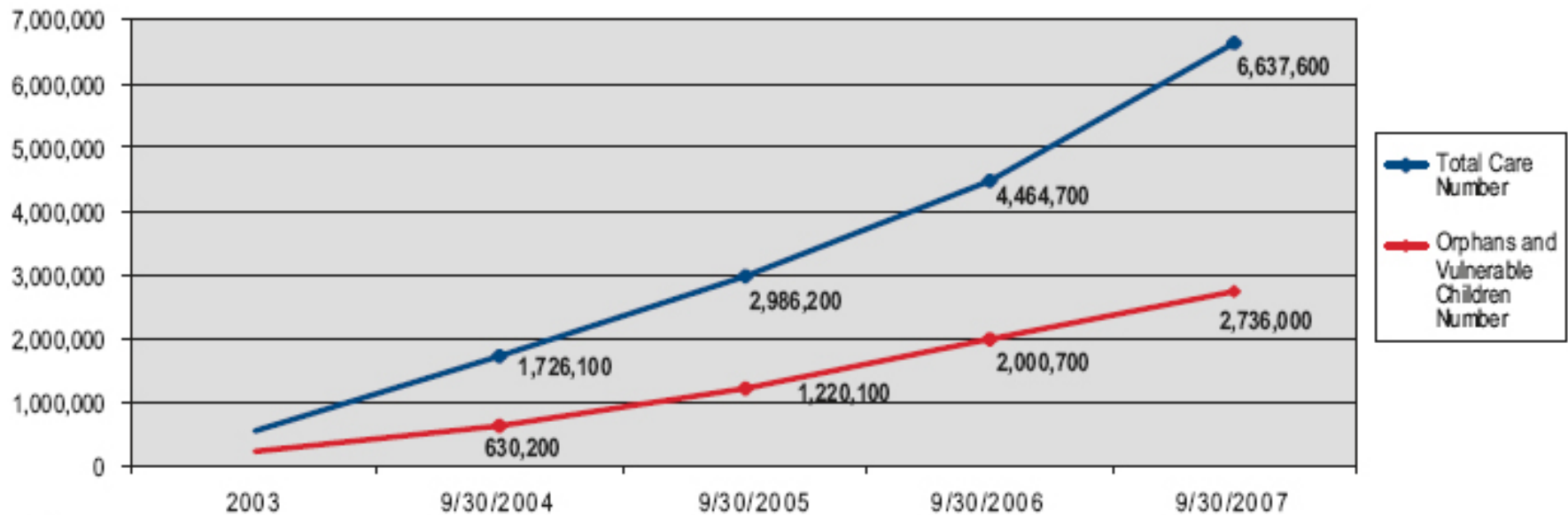
Life Expectancy and Spending in Botswana





Number of Individuals Receiving Care in the 15 Focus Countries*

Care: Number of Individuals Receiving Care in the 15 Focus Countries
(Orphans and Vulnerable Children + Care for People Living with HIV/AIDS)



Notes:

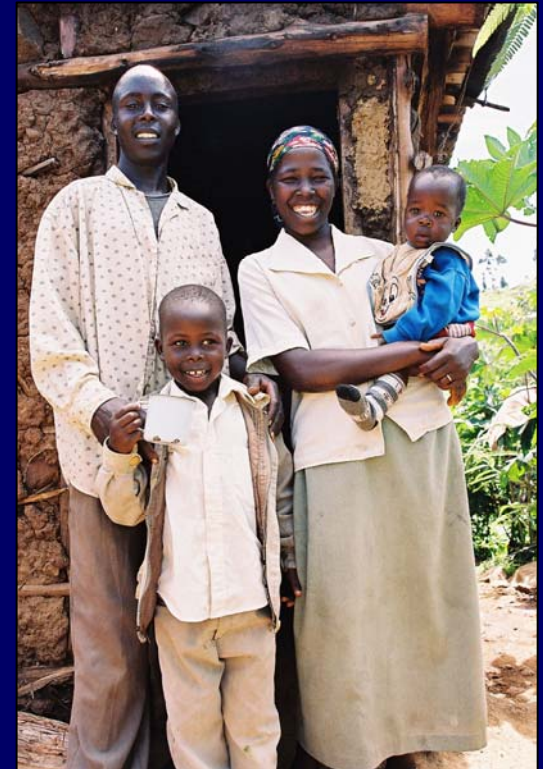
2003 OVC estimate includes all OVCs in focus countries; whether or not affected by AIDS.

FY2004 results have been revised from 1,727,100 to 1,726,100.



The Power of Partnerships: Building Capacity

- PEPFAR estimates its investment in network development, human resources and local organizational capacity development and training in FY 2007 is roughly **\$640 million**.
- PEPFAR partnered with 2,217 local organizations in FY 2007— up from 1,588 in 2004 — and **87 percent of partners were local**.
- From FY2004 through FY2007, PEPFAR supported **nearly 2.6 million training and retraining encounters** for health care workers. In FYs 2006 and 2007, PEPFAR provided approximately **\$281 million** to support training activities.
- The U.S. Government and other international partners can play a vital role, but outside resources for HIV/AIDS and other development efforts must be focused on transformational initiatives that are owned by host nations.





Building Capacity: Focus on Workforce

Training

- From FY2004 through FY2007, PEPFAR supported nearly **2.6 million training and retraining encounters** for health care workers.
- In FYs 2006 and 2007, PEPFAR provided approximately **\$281 million** to support training activities.

Supporting Salaries

- **Namibia** –PEPFAR supports the salaries of nearly all clinical staff doing treatment work and nearly all of those doing counseling and testing in the public sector.
- **Uganda** – PEPFAR supports salaries for nearly all the staff of The AIDS Service Organization (TASO), which has increased from 16 employees in the early 1980s to several thousand employees today.

Contributing to Overall Workforce

- **Ethiopia** – PEPFAR supports the Government's program to train 30,000 community health workers to work in rural villages; 16,000 of those have already been trained.
- **Kenya** – PEPFAR supports the Government's hiring plan to train and deploy retired physicians, nurses and other healthcare workers for the public sector; 800 people were deployed in 2007
- In **Zambia**, Physician Retention Scheme provides incentives such as a hardship allowance, housing, transportation and educational stipends for children of physicians serving in rural areas.

Policy Change

- PEPFAR supports the WHO Task Shifting project, which will provide guidelines on how to safely shift tasks from higher level health cadres to new lower level cadres, such as community health workers.



PEPFAR and TB

- PEPFAR is leading a unified U.S. Government response to global TB/HIV, and supports national TB and HIV/AIDS programs that fully integrate HIV prevention, treatment and care with TB services.
- PEPFAR support for TB/HIV programs has increased almost 700% over four years – from **\$18.8 million** in 2005, to **\$48.6 million** in 2006, to **\$130.9 million** in 2007 and **\$150 million** in 2008.
- As of September 2007, PEPFAR had supported care for approximately **367,000** TB/HIV co-infected people in the 15 focus countries.
- PEPFAR funded WHO in collaboration to expand HIV/TB
 - Rwanda: more than 88% of TB patients are now tested for HIV, 61% of co-infected patients receive cotrimoxazole preventive therapy and 36% of TB/HIV patients have accessed ART.
 - Kenya: approximately 30,000 TB patients benefited from this support, HIV testing increased from 41% to 78%, uptake of cotrimoxazole increased from 39% to 85%, and ART uptake from 19% to 33%.
- PEPFAR co-sponsored 2 action-oriented conferences to expand lessons learned where more than 20 countries participated.



Supporting Other HIV-Related Development

Education

- In FY 2007, PEPFAR OVC programs provided approximately \$127 million to address barriers to school attendance, such as the provision of school fees/scholarships, materials and supplies, uniforms, mentoring, and meals.
- In Uganda, PEPFAR and AEI are working together to strengthen life-skills and prevention curricula in schools for 4 million children and 5,000 teachers.

Food

- In 2007, approximately \$20 million from PEPFAR and \$50 million from FFP for HIV/AIDS and food
- In Ethiopia, PEPFAR and WFP collaborated to provide food resources to more than 20,000 people affected by HIV/AIDS, including OVCs, caregivers, and HIV-positive adults.