



# The President's Emergency Plan for AIDS Relief (PEPFAR)

PEPFAR was announced by President Bush and funded by Congress in 2003. It has been criticized for the past five years for promoting a policy of abstinence at the expense of proven prevention methods, refusal to support clean needle exchange programs, and excluding traditionally marginalized populations, such as sex workers and LBGTQIQ persons.

## President Bush & PEPFAR

- In his 2003 State of the Union Address, President Bush announced the creation of PEPFAR—his initiative to fight the global HIV/AIDS pandemic - by offering \$15 billion in worldwide aid over five years.<sup>1</sup>
- Congress approved the President's funding in the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act in May 2003 (also known as the Global AIDS Act). The act contains several restrictions on funding, such as prevention activities and for organizations working with commercial sex workers. In addition, other policies promulgated under PEPFAR - though not codified- restrict funding for safe needle exchange programs.<sup>2</sup>
- President Bush reauthorized PEPFAR on July 30, 2008, recommitting government funding to the program until 2013. \$48 billion will be spent on PEPFAR programs, including \$39 billion for the bilateral HIV/AIDS program.<sup>3</sup>
- PEPFAR prioritizes funding for faith-based organizations, including those with little or no relevant international development experience. "Faith-based" organizations comprised 23% of PEPFAR partners in 2006.<sup>4</sup>

## Abstinence, Being Faithful, Condom Use (ABC) Approach

- PEPFAR's ABC approach has been highly criticized by reproductive healthcare organizations.<sup>5</sup>
- Only 20% of PEPFAR's budget has been allocated towards HIV prevention, and one-third of that money is to be used for ABC programs.<sup>6</sup>
- Experts interviewed for a Government Accountability Office report on PEPFAR found that the ABC directive hindered the development of integrated prevention programs that appropriately balanced ABC with other prevention methods.<sup>7</sup>
- The efficacy of the ABC is questionable when the vast majority (80%) of new HIV cases internationally is among married women or women in monogamous relationships.<sup>8</sup>
  - Abstention is not an option for women who are raped or are coerced into sex.
  - Women are unable to control the partner's other sexual activities, placing them at risk for HIV even if the women are faithful.

<sup>1</sup> United States President's Emergency Plan for AIDS Relief, <http://www.pepfar.gov/about/> (last visited Aug. 17, 2008).

<sup>2</sup> PEPFAR Watch, [http://www.pepfarwatch.org/index.php?option=com\\_content&task=view&id=12&Itemid=26](http://www.pepfarwatch.org/index.php?option=com_content&task=view&id=12&Itemid=26) (last visited Aug. 17, 2008).

<sup>3</sup> Reauthorizing PEPFAR Fact Sheet, <http://www.pepfar.gov/documents/organization/107750.pdf> (last visited Aug. 17, 2008).

<sup>4</sup> AVERT.org, What is PEPFAR?, <http://www.avert.org/pepfar.htm> (last visited Aug. 17, 2008), see also Jim Abrams, Senate Reaches An Agreement on Global AIDS Bill, Associated Press (Jun. 25, 2008).

<sup>5</sup> Alvin Colvin and Colin Felsman, Reevaluating PEPFAR: America's AIDS Policy, Columbia Political Review (Dec. 2007), available at <http://www.cpreview.org/issues/1207/reevaluatingpepfar.html> (last visited Aug. 17, 2008).

<sup>6</sup> United States Government Accountability Office, Report to Congressional Requesters, Global HIV/AIDS: A More Country-Based Approach Could Approve Allocation of PEPFAR Funding (April 2008), available at <http://www.gao.gov/new.items/d08480.pdf> (last visited Aug. 17, 2008).

<sup>7</sup> Id.

<sup>8</sup> Supra note 4.



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## Prevention, Care, Treatment Model<sup>9</sup>

- This model is ineffective for men and to a greater extent for women.
- In Nigeria, the most populous country in Africa, married men are more likely than married women to engage in extramarital sex, and it is more acceptable for them to do so.<sup>10</sup>
  - Men do not want to negotiate condom use with their female partners.
  - Women in areas where PEPFAR funding is greatest have limited resources (i.e., they do not usually own property or have inheritance rights) in order to seek appropriate care.
  - Women may not seek treatment out of fear their health could be disclosed, either to their husband/partner or the community at large.<sup>11</sup>

## Effects on Traditionally Marginalized Populations

- The Bush administration continues to strike down clean needle exchange programs for intravenous drug users under PEPFAR.<sup>12</sup>
- It marginalizes healthcare to sex workers by requiring any organization receiving PEPFAR funds to officially oppose prostitution.<sup>13</sup> This “prostitution oath” results in less aid to organizations that do peer-based outreach services, many of which rely on building trust and credibility within these marginalized groups.<sup>14</sup>
  - Imposition of the “prostitution clause” has led to Brazil refusing \$40 million in PEPFAR aid in 2005.
  - An AIDS awareness campaign in Tanzania was shut down in 2006 as a result of refusing to comply with the clause; this left Tanzania without any mass-media program to combat HIV.<sup>15</sup>
  - In Ghana, prevalence of HIV in the general population is around two percent; however, among sex workers it is over seventy percent.<sup>16</sup>
- The Bush administration has heightened the stigma surrounding homosexuality in Africa by allowing religious groups to receive PEPFAR funding and limiting prevention, treatment, and care to strictly heterosexual couples and individuals.<sup>17</sup>
- PEPFAR recognizes prisoners, but not survivors of genocide, as an at-risk population for priority anti-retroviral (ARV) treatment.<sup>18</sup>

<sup>9</sup> Accountability: Report on PEPFAR Partnerships for Prevention, Treatment, and Care, [http://www.pepfar.gov/press/fourth\\_annual\\_report/99832.htm](http://www.pepfar.gov/press/fourth_annual_report/99832.htm) (last visited Aug. 17, 2008).

<sup>10</sup> DJ Smith, Modern Marriage, Extramarital Sex, and HIV Risk in Southeastern Nigeria, <http://www.mailman.hs.columbia.edu/sms/cgsh/pdf/DJSmith.pdf> (last visited Aug. 17, 2008).

<sup>11</sup> Id.

<sup>12</sup> U.S. Opposition to Needle Exchange Cause AIDS Treatment Resolution to Be Withdrawn at WHO Meeting, [http://www.pepfarwatch.org/index.php?option=com\\_content&task=view&id=100&Itemid=100](http://www.pepfarwatch.org/index.php?option=com_content&task=view&id=100&Itemid=100) (last visited Aug. 17, 2008).

<sup>13</sup> Sex Workers, [http://www.pepfarwatch.org/index.php?option=com\\_content&task=view&id=23&Itemid=37](http://www.pepfarwatch.org/index.php?option=com_content&task=view&id=23&Itemid=37) (last visited Aug. 17, 2008).

<sup>14</sup> Center for Gender Health and Equity, Policy Brief, Implications of U.S. Policy Restrictions for Programs Aimed At Commercial Sex Workers and Victims of Trafficking Worldwide (Nov. 2005), available at <http://www.genderhealth.org/pubs/ProstitutionOathImplications.pdf>.

<sup>15</sup> Supra note 3.

<sup>16</sup> Africa: Tailoring the HIV response to fit the epidemic (June 4, 2008), <http://www.plusnews.org/Report.aspx?ReportId=78572> (last visited Aug. 17, 2008).

<sup>17</sup> International Gay and Lesbian Human Rights Commission, Off the Map: How HIV/AIDS Programming Is Failing Same-Sex Practicing People in Africa, <http://www.iglhrc.org/files/iglhrc/otm/Off%20The%20Map.pdf> (last visited Aug. 17, 2008).

<sup>18</sup> U.S. AIDS Funding Methods Questioned, May 4, 2008, available at <http://allafrica.com/stories/200805190215.html>.