

HIV/AIDS, Health Development and The President's Plan for AIDS Relief

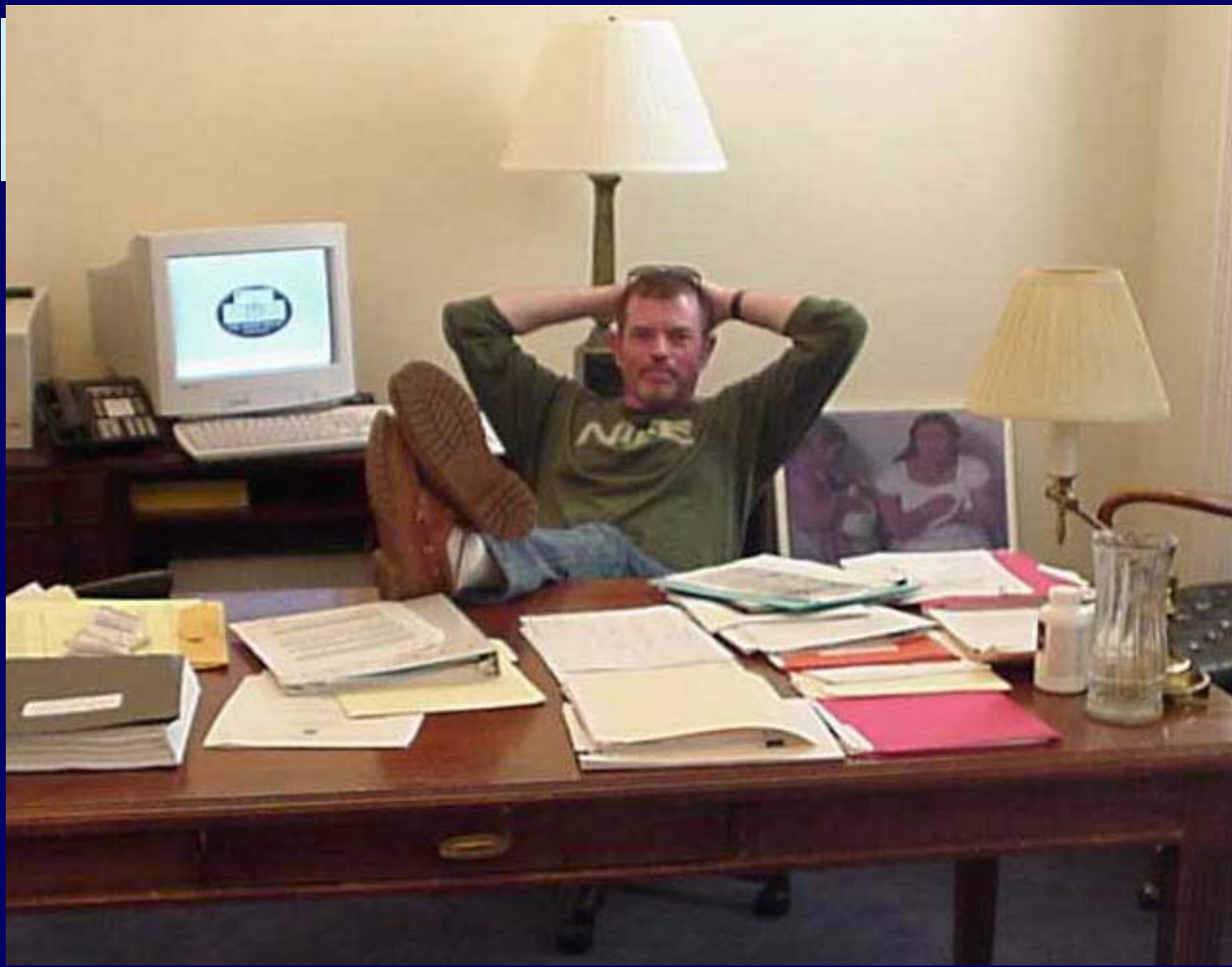
Joseph F. O'Neill, MD, MPH

**Medical Director and Deputy Coordinator
Office of the US Global AIDS Coordinator
U.S. Department of State**



The Problem

- Severe global public health needs
 - Context of development/poverty
 - Role of the U.S. in the world: how to project U.S. resources
 - Maximizing opportunity to help
 - Minimizing harm: respect for host countries
 - Make new errors, not to repeat past ones
-





The Challenge

**“I’ll get you the money you need,
but don’t come back here asking
me to write a bigger check.”**

George W.

Bush



Global Health

- Between 2002 and 2050 world population will grow from 6.4 to 8.9 billion
 - By 2050 the population of the developed world will have been in decline for 20 years
 - In 2002 WHO estimates 57 million deaths
 - 85% in developing world
 - Assuming that each death affects 5 other people end of life issues impact 5% of world's population annually
-



Global Inequities

- In 2001 1.1 billion people consumed less than US \$1/day and 2.7 less than US \$2/day

- <http://www.worldbank.org/WBSITE/EXTERNAL>

- Health expenditures (US \$ in 1998):

- Africa \$82 per capita per year (5.1% GDP)
 - South Asia \$92 pc/py (4.4% GDP)
 - OECD \$2,078 pc/py (9.7% GDP)

- http://www.who.int/whosis/discussion_papers



Global Inequities

- 58 % of sub-Saharan Africans have access to clean water
 - 42% of world's population do not have basic sanitation needs met
 - Hunger remains leading cause of death in the world
 - 800 million undernourished in the world
 - One in four children is underweight
 - In 2002 six million children died from nutritional deficiencies
- <http://www.worldbank.org>
-



Social/Cultural Trends

- Developing world: orphans
 - Since 2003 3.8 million children in sub-Saharan Africa have lost one or both parents
 - By 2010 Africa will be home to over 50 million orphans
 - In 11 African countries one in seven children are orphans
-



Social/Cultural Trends

- Developing world: urbanization
 - 180,000 people are added to world's cities each day
 - 60% of world's population will live in cities by 2030
-



Social/Cultural Trends

- Developing world: war and political instability
 - 25 million internally displaced people in the world
 - 17 million refugees
-



Global AIDS

- 38 million HIV +
 - 1.6 million in high income countries
 - 2.1 million under age 15
 - 10% world population: sub-Saharan Africa
- 2/3 of HIV+ in sub-Saharan Africa
- China: 10-15 million HIV+ by 2010*
- India: 20-25 million HIV+ by 2010*

*US National Intelligence Council

U.S. Response

"[T]o meet a severe and urgent crisis abroad, tonight I propose the Emergency Plan for AIDS Relief - a work of mercy beyond all current international efforts to help the people of Africa...I ask the Congress to commit \$15 billion over the next five years, including nearly \$10 billion in new money, to turn the tide against AIDS in the most afflicted nations of Africa and the Caribbean."

- President George W. Bush

January 28, 2003





PEPFAR

USG Budget Highlights for Global AIDS

FY 2001:	\$ 840 million
FY 2003:	\$ 1,581 million
FY 2004:	\$ 2,443 million
FY 2005:	\$ 2,821 million
FY 2006:	\$ 3,200 million*

* \$15 billion over 5 years, not \$3 billion/year



PEPFAR

Global HIV/AIDS is:

- > A complex medical/public health issue
 - > An emergency
 - > A major development concern
-

The logo graphic consists of a series of vertical bars of varying heights, arranged in a descending staircase pattern from left to right. The bars transition in color from light yellow on the left to dark blue on the right.

PEPFAR

HIV/AIDS is a complex medical/public health issue requiring complex responses.



PEPFAR

A comprehensive strategy:

- Global fund
 - Bilateral activities in over 80 countries
 - 15 focus countries
 - PMTCT
 - PEPFAR
-



PEPFAR

- 15 focus country initiative
 - Focus on treatment, care, prevention
 - Palliative care
 - Focus on regions of world where treatment is most needed
 - 50% of HIV in world in targeted countries
 - 70% of HIV in African and Caribbean



PEPFAR

- Defined objectives: where are we going?
 - 2 million on ARV in 5 yrs
 - 7 million cases of HIV prevented in 5 yrs
 - 10 million provided OVC/Palliative care



PEPFAR

- Business model: how do we get there?
 - Follow host government/community lead
 - Regional/Central collaboration
 - One USG approach: role of implementing agencies:
 - Synergy
 - Comparative advantages: complexity of HIV/AIDS requires a complex response
-



PEPFAR

- How do we know when we get there?
 - Monitoring
 - Evaluation
 - Collaboration with research activities
 - PEPFAR: service vs. research vs. targeted evaluation
-



PEPFAR

- Integrated model:
 - Care/Treatment/Prevention
 - Systems emphasis
 - Role of palliative care
-



PEPFAR

□ Palliative care

■ Competing interests/definitions

- All care that is not ARV is defined as “palliative”
 - Aggressively support traditional palliative care institutions
 - Adapt palliative care models to local and cultural models
 - Deliver health care (ARV and other) thru palliative care philosophies
-



PEPFAR

□ Palliative care

- Guidance under development in consultation with APCA members and others
 - Palliative care as a means of organizing care
 - Legislation has set an “ideal”
 - Ongoing policy and program processes will determine the “real”
 - Enormous opportunity/risk
-



US role in Global Fund

□ Global Fund

- USG made founding contribution of \$200 million
 - USG currently provides almost 40% of all pledges to fund thru 2008
 - USG currently provides 31% of cash on hand
 - Statutory limitations on contributions
-

The logo graphic consists of a series of vertical bars of varying heights, arranged in a descending staircase pattern from left to right. The bars transition in color from light yellow on the left to dark blue on the right.

PEPFAR

HIV/AIDS is an emergency



PEPFAR

- An aggressive strategy
 - January 20, 2001: President Bush inaugurated
 - May 11, 2001: POTUS makes founding contribution to global fund and provides technical assistance to implement activities
 - June 19, 2002: POTUS announces \$500 million PMTCT program
 - January 29, 2003 POTUS announces \$1.5 billion PEPFAR
-



PEPFAR

□ An aggressive strategy

- January 28, 2003 State of the Union Address
 - May 27, 2003 POTUS signs authorizing bill
 - January 23, 2004 Congress passes appropriations
 - February 23, 2004 first round of grants (\$350 million) in hands of partners in Africa and Caribbean
 - June 23, 2004 second round (\$500 million) released
-



PEPFAR

- Global HIV/AIDS is a major development concern. It will, therefore, require a sustainable response
-



PEPFAR

- Role of the Global AIDS Coordinator Office:
 - Maintain focus
 - Policy development and consistency
 - Program oversight and coordination
 - Coordination with other donors and govts
 - Leadership
-



PEPFAR

□ Sustainability

- Emphasis on local planning and implementation
 - 61% of sub grantees are indigenous organizations
 - Capacity development of local organizations
 - US based NGOs will be required shift funding over time to local organizations
 - Human capacity is critical
 - Twinning
 - Training
-



PEPFAR

□ Sustainability in the U.S.

- Create and maintain a supportive policy atmosphere in Washington and around the U.S.

- Accountability
- Focus
- Results
- Creating new institution

- Leadership

- POTUS
 - Other political leaders in US and Abroad
-



PEPFAR

□ Pharmaceuticals

- USG > \$4 billion in pharmaceuticals and distribution systems
 - Stimulate Market in target countries
 - Increased interest in new manufacturers
-



PEPFAR

- Issue of resistance is real
 - Large numbers
 - Weaker clinical systems
 - Potential for significant impact
-



PEPFAR

□ Procurement: Low cost

- Procurement mechanism will allow for cost reductions by large scale purchasing
- Administration is on record that we will purchase high quality drugs at lowest cost



PEPFAR

- Procurement: Quality
 - Due diligence
 - Regulatory review of Data
 - Consumer safety
 - Equity
 - FDA tentative approval: First generic drug approved February 2005
-



Consumer Safety

At the beginning of the century, Theodore Roosevelt recognized that new challenges demand new government -- in this case, a government that demands responsibility from industry and producers, but also provides clearer, stricter standards of safety and the means to enforce them

William J. Clinton

March 4, 1998



Progress

- PMTCT on track to achieve goals:
 - reaching 1,000,000 women
 - providing ARV prophylaxis to 80% of HIV + women delivering children in target countries
 - In first 18 months
 - 14,700 health workers have been trained
 - 900 facilities have established PMTCT capacity
 - PMTCT services provided to 378,000 women
 - 34,000 women provided ARV prophylaxis
 - Estimate: 4,800 cases HIV prevented
-



Progress

- PEPFAR in first year:
 - In first 8 months 155,000 new patients on ARV
 - Will easily reach goal of > 200,000 on treatment by 12 mos.
 - Expose millions to information that will prevent infection
-

Mobile Units in Rural Uganda Prepare for the Day's Rounds



“If someone suffers and he keeps silent, it can be a good silence. If someone suffers and I keep silent, then it is a destructive silence.....We are responsible for one another. I am responsible for his or her suffering, for his or her destiny. If not, we are condemned by our solitude forever and it has no meaning. This solitude is a negative, destructive solitude, a self-destructive solitude.”

Elie Wiesel

