

Looking Forward on HIV Prevention: The Next Five Years of PEPFAR

CSIS Briefing



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The following brief is intended as a background piece for discussion at the July 13, 2006, conference “Sustaining U.S. Global Leadership on HIV/AIDS,” organized by the CSIS Task Force on HIV/AIDS and chaired by Senators Russell Feingold and Bill Frist. The conference will focus on critical challenges that U.S. policymakers will confront in the next phase of U.S. global AIDS efforts, as PEPFAR’s first five-year phase comes to an end.

INTRODUCTION

Despite dramatic increases in global funding and commitment over the last five years, the number of individuals newly infected with HIV each year far outstrips current efforts to prevent infection and offer treatment to those already living with HIV. Ultimately, prevention will be the key to reversing global HIV/AIDS trends, but there are significant challenges and unanswered questions in strengthening global prevention efforts. In coming years, U.S. policymakers will need to maintain a strong, bipartisan, centrist focus on strengthening prevention efforts and avoid getting bogged down in polarizing and ultimately counter-productive political stand-offs around prevention strategies.

CHALLENGES AND ACCOMPLISHMENTS

The U.S. government has made important strides on global HIV prevention since passage of the U.S. Leadership Against Global HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (P.L. 108-25), which authorized the President’s Emergency Plan for AIDS Relief (PEPFAR). That legislation signaled the launch of a greatly stepped up U.S. effort on global HIV/AIDS, with an overarching prevention goal of preventing 7 million new HIV infections by 2010. Among the prevention components of the Leadership Act were a strong emphasis on an “ABC” approach, a specification that 20 percent of total funding be allocated to prevention, and that at least one-third of the 20 percent be allocated to abstinence until marriage activities and programs. The Leadership Act also included the consolidation of programmatic and funding oversight in a new State Department Office of the Global AIDS Coordinator (OGAC), responsible for operationalizing PEPFAR through specific funding vehicles, staff, implementing partners, and programmatic guidance. Funding for PEPFAR first became available in early FY 2005.

By September 2005, as recently reported to Congress, PEPFAR had supported community outreach prevention activities reaching more than 42 million people and had trained more than 300,000 people in providing prevention services. Funding for prevention activities has increased by more than 50 percent since PEPFAR began, although over the same period, resources devoted

to prevention fell as a share of overall U.S. government global HIV/AIDS funding. In addition, OGAC has issued several documents intended to provide policy and programmatic guidance on prevention activities (see: <http://www.state.gov/s/gac/partners/guide/>). These include:

HIV Prevention among Drug Users Guidance #1: Injection Heroin Use
ABC Guidance #1 (Abstinence, Be Faithful, and correct and consistent Condom use)
Indicators, Reporting Requirements, and Guidelines Documents

Yet, the global community, including the U.S. government, faces enormous challenges in the field of HIV prevention, which is highly complex. In part, this complexity occurs because comprehensive HIV prevention activities must necessarily include a strong focus on reducing HIV transmission occurring through sexual activity and injection drug use, pushing prevention into often politically charged and contested territory.

Moreover, the U.S. government response to global HIV/AIDS operates within a dynamic environment framed by the changing epidemiology and scientific knowledge of HIV/AIDS, the ongoing arrival of new global initiatives and players, and the demands of competing global needs. Finally, despite preliminary evidence that the number of new HIV infections may have peaked globally, they continue to occur at distressingly high levels—estimated at four million in 2005—far outpacing current efforts to prevent infection or treat those who are already living with HIV disease, and numbers continue to rise in some countries and among some populations.

It is against this backdrop that discussions about PEPFAR reauthorization will begin. A key question facing U.S. policymakers is how to write authorizing language that is broad and flexible enough to be responsive to, and even anticipate, the dynamic environment of HIV prevention over the next five-year period, yet at the same time efficiently and effectively address some of the current outstanding issues. Policymakers will also need to determine whether new legislative language is needed to move the field forward or simply greater clarification of congressional intent. In some instances, Executive Branch regulation may be helpful, (as it was, for example, for AIDS treatment when the FDA received authority to expedite review of antiretrovirals). OGAC may be called upon for new or modified policy guidance, with a potential opportunity for public comment and input. Finally, and irrespective of the legislative and regulatory arenas, there will be a need to enhance communication and dissemination of existing guidance among all stakeholders, particularly those in the field.

PRIORITIES IN THE PREVENTION POLICY DIALOGUE

Among the greatest challenges facing the U.S. government and its ability to meet PEPFAR prevention goals over the next several years are:

Continued questions about how “**ABC**” is defined, funded, and implemented at the country-level, both in focus and non-focus countries, and whether current legislative and programmatic requirements allow for enough on-the-ground flexibility to reach overall and county-specific prevention goals, a concern raised most recently in a Government Accountability Office report. These kinds of questions may be addressed

through greater clarity of existing legislation and guidance or may require new legislative language.

The as-of-yet unknown impact of **significant antiretroviral treatment scale-up** on HIV prevention efforts. For example, will expanding access to treatment lead to an increase in behavioral disinhibition? Have prevention efforts for HIV-infected people been scaled-up at the same rate as ARV treatment? As countries take on the responsibility and the resource burden of sustaining more and more people on life-prolonging treatment, will resources devoted to prevention be squeezed?

How is the movement toward **expanded and routinized HIV testing** affecting HIV prevention efforts? Expanded testing requirements will require adequate and affordable supplies of diagnostic test kits and will place a significant additional burden on existing workforce capacities. As routine testing expands there will need to be more focused attention on the difficult issues of testing-related stigma, discrimination, and confidentiality.

U.S. policymakers will need to craft a more strategic approach to **second wave states**, such as those in Eurasia, when it comes to HIV prevention, determining the appropriate balance between programmatic support, technology transfer, and diplomacy.

Prevention efforts directed toward needs of **stigmatized groups**, particularly MSM and IDU, will need to be strengthened. This may require funding shifts, but may also require new diplomatic strategies and outreach, and/or a need for modification of existing guidance. For example, some have noted that current prevention guidance for injection drug users, while addressing the critical need for substitution therapy, does not explicitly address the HIV prevention needs for drug users who are not yet HIV infected.

The growing recognition that addressing **women and girls** more explicitly, and the broader gender implications of the epidemic, will be of paramount importance to making a difference in fighting the epidemic. The U.S. government has an opportunity in coming years to support far greater integration of reproductive health programs with HIV prevention efforts, an issue that has been identified as a critical need. The U.S. can also play an effective leadership role in reaching and preventing HIV infection among young monogamous married women.

The coming decade will likely see the advent of **new prevention technologies** or advances (for example, growing evidence of the potential effectiveness of male circumcision in preventing transmission; potential approval of an effective topical microbicide; and others) that could have a significant impact on prevention efforts but also on people's perception of risk. An important challenge will be determining the optimal model for incorporating, and managing expectations around, emerging new prevention technologies into U.S. government-supported programs.

And, finally, despite the significant increases in U.S. support for global HIV prevention, and for HIV/AIDS efforts overall, estimated financial need is still far greater and expected to increase at an increasing rate. The U.S. government and other donors will need to **sustain the momentum and effort financially and**

programmatically in the long-run. Policymakers will need to consider what additional OGAC staffing and field workforce capacity and training needs must be addressed to enhance overall U.S. prevention efforts.

These are some examples of the critical issues with which U.S. policymakers will need to grapple in coming years in effectively tackling HIV prevention. These questions require informed, pragmatic, discussions that draw on experience and evidence from the field and that move beyond politicized wrangling that can stymie or delay progress.