

THE RYAN WHITE HIV/AIDS PROGRAM

PROGRAM FACT SHEETS: JANUARY 2013

GLOBAL HIV/AIDS PROGRAM

HIV/AIDS PANDEMIC

In 2011, the World Health Organization estimated that worldwide, 34.2 million people were living with HIV/AIDS. An estimated 2.5 million people were newly infected, and 1.7 million people died of AIDS that year.

Sub-Saharan Africa is the most affected region in the global AIDS epidemic. It accounts for more than two-thirds (67 percent) of all people infected with HIV around the world. In 2011, an estimated 22.9 million people in that region were living with HIV/AIDS; 1.9 million adults and children were newly infected, and 1.2 million died from the disease.

PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF

On May 27, 2003, the United States Leadership Against Global HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (Public Law 108-25), which created the President's Emergency Plan for AIDS Relief (PEPFAR), was signed into law. PEPFAR is the largest commitment ever by any nation for an international health initiative dedicated to a single disease; it has been reauthorized to continue from 2008 to 2012, and its activities are expanding.

PEPFAR initially allocated \$15 billion over a 5-year period. Its goals were to provide treatment to 2 million HIV-infected people; prevent 7 million new HIV infections; and provide care to 10 million people infected and affected by HIV/AIDS, including orphans and vulnerable children. The initial focus was on 15 countries in sub-Saharan Africa, Asia, and the Caribbean.

On July 30, 2008, the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 was signed into law, authorizing* up to \$48 billion over 5 years to combat global

* Authorized funds represent budgeted monies, which may vary from actual expenditures.

THE RYAN WHITE HIV/AIDS PROGRAM WORKS WITH CITIES, STATES, AND LOCAL COMMUNITY-BASED ORGANIZATIONS TO PROVIDE SERVICES TO AN ESTIMATED 529,000 PEOPLE EACH YEAR WHO DO NOT HAVE SUFFICIENT HEALTH-CARE COVERAGE OR FINANCIAL RESOURCES TO COPE WITH HIV DISEASE. THE MAJORITY OF RYAN WHITE HIV/AIDS PROGRAM FUNDS SUPPORT PRIMARY MEDICAL CARE AND ESSENTIAL SUPPORT SERVICES. A SMALLER BUT EQUALLY CRITICAL PORTION IS USED TO FUND TECHNICAL ASSISTANCE, CLINICAL TRAINING, AND RESEARCH ON INNOVATIVE MODELS OF CARE. THE RYAN WHITE HIV/AIDS PROGRAM, FIRST AUTHORIZED IN 1990, IS CURRENTLY FUNDED AT \$2.35 BILLION.

HIV/AIDS, tuberculosis, and malaria. Reauthorization goals are as follows:

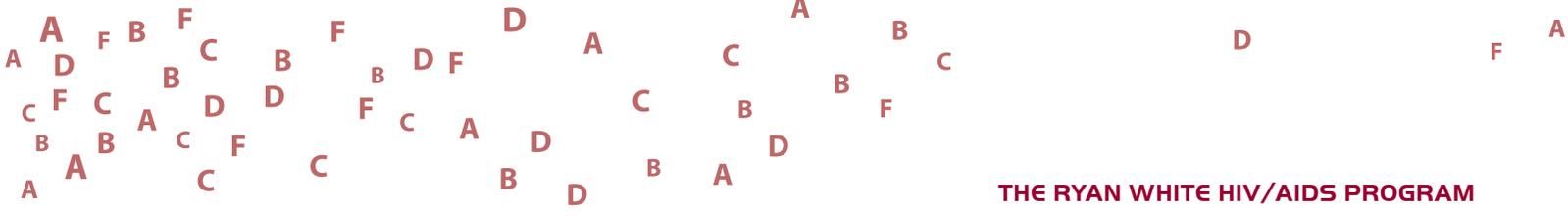
- Treatment for at least 3 million people*
- Preventing 12 million new infections
- Care for 12 million people, including 5 million orphans and vulnerable children.

To meet these goals and build sustainable local capacity, PEPFAR supports training of at least 140,000 new health care workers in HIV/AIDS prevention, treatment, and care. From 2001 to 2008, adult prevalence of HIV in sub-Saharan Africa decreased from 5.8 to 5.2 percent, giving hope that PEPFAR and other programs are helping to stem the tide of HIV/AIDS in the region. Millions of lives have been saved and changed forever, but the problem remains severe. It is within this context that PEPFAR maintains its focus while seeking to build sustainable care systems within affected countries.

* On World AIDS Day 2012, President Obama pledged to put 6 million people on antiretroviral therapy through the PEPFAR program by 2013.



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HRSA'S ROLE IN PEPFAR

The Health Resources and Services Administration's (HRSA's) HIV/AIDS Bureau (HAB) implements its PEPFAR activities under its Global HIV/AIDS Program. HAB's Global HIV/AIDS activities began in 2001 and vastly expanded in 2004 with the enactment of PEPFAR. Many Federal agencies are involved in PEPFAR's implementation, including the U.S. Department of State, U.S. Agency for International Development, Centers for Disease Control and Prevention (CDC), U.S. Department of Defense, and Peace Corps. HRSA funds and oversees care and treatment programs, and works to strengthen countries' health systems through technical support, training, and assistance.

To support PEPFAR's new focus on sustainable, country-owned, and driven responses to the HIV/AIDS epidemic, the Global HIV/AIDS Program continues to work with countries to transition its Track 1.0 care and treatment programs to local, indigenous organizations. Transitions were completed in February 2012 in 10 of 11 countries, and the Global Program will continue with the remaining country until February 2013, after which all of the Track 1.0 care and treatment programs will have transitioned to indigenous organizations overseen by CDC country offices. Meanwhile, the Global HIV/AIDS Program is enhancing the response to the health needs of people living with HIV/AIDS, their families, and their communities by strengthening health systems.

HRSA'S INTERNATIONAL ACTIVITIES

HRSA's international efforts to deliver HIV/AIDS care and treatment and help build sustainable health-care systems are carried out under the PEPFAR mission. This work parallels what HRSA has done in the United States for several decades in addressing the domestic HIV/AIDS epidemic.

Preventing new infections and providing care in countries with a weak health care infrastructure are daunting and complex endeavors. PEPFAR efforts are guided by a strategic plan coordinated by multiple Federal agencies, international agencies, and host countries. Activities fall into two categories:

- ❖ **HIV/AIDS Care and Treatment.** HRSA has awarded PEPFAR funds to nongovernmental agencies that have purchased and delivered low-cost antiretroviral therapies and other medications to millions of people. HIV test kits and laboratory supplies for critical diagnostic tests and screenings have been provided to multiple facilities. Medical and supportive care systems have been strengthened in many ways (e.g., quality improvement methods, clinic renovations, training and technical assistance, mentoring, and organizational and professional capacity development). HRSA has supported updating and tailoring of guidelines on treatment and delivery of antiretrovirals and other services. HRSA-funded training and technical support have helped develop and strengthen systems to ensure that supply chains operate efficiently and that pharmaceuticals and supplies are regularly in stock.
- ❖ **Health Systems Strengthening.** HRSA funds an array of programs to improve operation of health care systems, including staff training and development and implementation of quality monitoring mechanisms. HRSA supports education and training in more than 20 countries and has trained thousands of health-care workers. Ministries of Health in host countries help design and implement training, a process that helps them build capacity to sustain training systems.

HRSA leads the development of sustainable health systems abroad by coordinating with other agencies and working to integrate best practices, adapting them with in-country leadership to strengthen clinical and administrative capabilities.