

# LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC (*LIFE*)

## A Global AIDS Initiative

### SUMMARY

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On July 19, 1999, the Administration announced a new Initiative to address the global AIDS pandemic. This Initiative is supported by an amendment to the Fiscal Year 2000 budget proposal signed by the President and submitted to Congress for its consideration. A central feature of this *LIFE* Initiative is a \$100 million increase in US support for sub-Saharan African countries and India, which are working to prevent the further spread of HIV and to care for those affected by this devastating disease. This additional funding is a critical step by the United States Government in recognizing the impact that AIDS continues to have on individuals, families, communities and nations responding to the imperative to do more. It is our hope that other nations and institutions will match this action.

This plan contains a framework of interventions, grounded in a series of goals and objectives consistent with those established for the international community in collaboration with the Joint United Nations Programme on AIDS (UNAIDS). Specific activities and outcomes will be delineated through dialogue with those African nations that partner with the United States, as well as with the multinational and community-based non-governmental organizations that support the front line fight against AIDS.

The Initiative builds on the existing investment by the US in HIV/AIDS programs in Africa and India and involves an unprecedented collaboration between the United States Agency for International Development (USAID), the Department of Health and Human Services (HHS), and the Department of Defense (DoD). USAID will have lead responsibility in the facilitation of coordinated action. The Initiative is a significant turning point in the United States Government fight against AIDS and will contribute over the next 3 to 5 years to broad global targets that seek to reduce the transmission of HIV by 25% and provide basic care and support services to at least 30% of infected persons.

The Initiative focuses on sub-Saharan Africa and India, which will be complemented by regional activities in western and southern Africa. The countries targeted represent those with the most severe epidemic, the highest number of new infections, where the potential for impact is greatest, and where USG agencies are already active.

The Initiative will contribute to the achievement of the goal's articulated by UNAIDS and to the partnerships necessary to that achievement. Yet curtailing this epidemic will require a significantly enhanced response by the global community and cannot be viewed as just the responsibility of the US government. Therefore, US partners involved in the *LIFE* Initiative will collaborate with UNAIDS and other international and local agencies both to leverage additional resources from host countries, multilateral institutions, and the private sector and to maximize coordination.

#### ***LIFE* INITIATIVE'S GUIDING PRINCIPLES**

US agencies will apply the following principles to the design and implementation of *LIFE*:

Country ownership of the activities is essential. Initiative funding must complement existing HIV/AIDS programs and activities conducted abroad

Leverage of and coordination with other donors and organizations is critical

The number of collaborating USG agencies and other partners in the fight against AIDS must be increased

Support for indigenous expertise and institutions in implementing program elements must be emphasized

Information sharing must be two-way so as to enhance opportunities to learn about new models that will assist US-based HIV programs as well as to share US experiences abroad

## PROGRAM ELEMENTS

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The Initiative addresses program elements critical to fighting the AIDS pandemic. Although the Initiative will not support all elements in every country, its funding must be coordinated and integrated within an overall comprehensive response. Country programs will be tailored to their needs and existing efforts underway.

**Primary Prevention:** A key component of the initiative is prevention to slow—and hopefully reverse—the trend of rising HIV rates in partner countries. The goal of primary prevention is to reduce the incidence of new HIV infections. Ninety percent of new infections in the developing world are known to derive from either sexual transmission (80%) or mother to child transmission (10%), and another 5% from contaminated blood transfusions and infected needles. The prevention component of this initiative seeks to reduce these means of transmission through a package of activities involving civilian and military populations. These include voluntary counseling and HIV testing, mother to child transmission prevention, STD treatment, social marketing of barrier methods, behavior change interventions, and blood safety.

**Improving Community and Home Based Care and Treatment:** Currently in Sub-Saharan Africa and India, care and treatment for HIV infected persons and support to their families is minimal. Less than 5% of persons know their HIV status and health care providers lack the resources to diagnose and treat HIV and the associated opportunistic infections, let alone to use of the latest “state of the art” antiviral treatment regimens. Ideally, there should be a continuum between in-patient and community outpatient treatment, combined with psychosocial support services utilizing a wide range of community workers, including traditional healers. Much can be done to improve the quality and duration of life for persons living with HIV/AIDS and their families in developing countries while the infrastructure and capacity necessary for more advanced treatments is established. For instance, while the leading killer of AIDS patients in the developing world is TB, through use of directly observed therapy regimens (DOTS), TB can be cured in HIV infected persons. The initiative will support basic medical, social, and home and community based care to greatly expand the availability of these services.

**Caring for Children Affected by AIDS:** By the year 2000, there will be close to 24 million children who will have lost one or both parents in 19 of the African countries where HIV/AIDS is found in epidemic proportions. By the end of the next decade, this number will increase to over 40 million. Despite the magnitude of this crisis, services for children orphaned by AIDS are extremely limited in most countries. This initiative will enable USAID to assist children affected by AIDS and for their families, primarily through the use of Title II, Food for Peace programs. These efforts will supplement existing efforts to strengthen the capacities of families and communities in the geographic areas where HIV/AIDS has made them especially vulnerable.

**Capacity and Infrastructure Development:** To make a difference in this epidemic, political commitment and leadership are essential, as is the capacity to implement effective interventions. Key activities to support governments, the private sector, NGOs, and research institutions are to (1) provide professional training and technical assistance and support; (2) increase the use of accurate HIV surveillance data to inform decisions on targeting of HIV/AIDS prevention and care interventions, (3) measure the impact of these interventions, and (4) build new capabilities for the delivery of treatment and support services.

**Managing and Monitoring the *LIFE* Initiative:** A coordinating task force will be convened under the auspices of the White House Office of National AIDS Policy, with secretariat support provided by USAID. Multiple partners will be engaged in a collaborative effort to develop joint management and monitoring plans, achieve consensus on performance measures, and identify areas for cooperative efforts and for complementary programs.

## ANNEX – TABLE OF INVESTMENTS

Program Element	Investment
Primary Prevention 1) Program Delivery and Other Activities 2) Technical Assistance and Training 3) Prevention activities for African military and uniformed services  Subtotal: \$48M	USAID: \$25M HHS:\$13M DoD:\$10M  Subtotal: \$48M
Improving Community and Home Based Care and Treatment 1) Program Delivery 2) Technical Assistance and Training  Subtotal: \$23M	USAID: \$14M HHS: \$9M Subtotal: \$23M
Caring for Children Affected by AIDS	USAID: \$10M
Capacity & Infrastructure Development 1) Increasing political commitment and strengthening AIDS programs 2) Surveillance  Subtotal:\$19M	USAID: \$6M HHS: \$13M Subtotal:\$19M

## ANNEX – WORLDWIDE HIV/AIDS GOALS

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### WORLDWIDE HIV/AIDS GOALS

UNAIDS, in cooperation with USAID and other bilateral and multi-lateral partners, has laid out a series of international goals for the next five years as described below. These goals represent the result of the total worldwide contribution of resources and effort. The Administration seeks to further these goals through *LIFE* Initiative.

The incidence of HIV infection will be reduced by 25% among 15-24 year olds by 2005. (Currently 2 million young adults are infected each year in sub-Saharan Africa.)

At least 75% of HIV infected persons will have access to basic care and support services at the home and community levels, including drugs for common opportunistic infections (TB, pneumonia, and diarrhea). (Currently, less than 1% of HIV infected persons have such access.)

Orphans will have access to education and food on an equal basis with their non-orphaned peers.

By 2002, domestic and external resources available for HIV/AIDS efforts in Africa will have doubled to \$300 million per year. (Currently, approximately \$150 million per year is spent on HIV/AIDS prevention in sub-Saharan Africa.)

By 2005, 50% of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission. (Currently, less than 1% of HIV infected pregnant women have access to such services in sub-Saharan Africa.)