



The President's Emergency Plan for AIDS Relief September 2005 Newsletter

A Monthly Update on the U.S. Commitment to Turn the Tide Against Global HIV/AIDS

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CAMBODIAN BUDDHIST MONKS PROVIDE HOME CARE ALONG WITH RESOURCES FOR CHILDREN

Faith-based programs play an essential role in implementing the President's Emergency Plan for AIDS Relief by joining both secular and religious communities in the effort against HIV/AIDS. In Cambodia, discrimination towards those living with HIV/AIDS creates difficult circumstances for health care and support systems. Funding from the Emergency Plan has assisted the organizations "Buddhism for Development" and the "Kien Kes Health Education Network" in providing home-based care to people living with HIV/AIDS while decreasing stigma and discrimination towards people living with HIV/AIDS (PLWHA).

In Battambang Province, Buddhism for Development runs home-based palliative care and psychosocial support projects for people living with HIV/AIDS in three communities. In addition, it has created the six week "Peace Development School" to educate monks about health care and HIV/AIDS along with community involvement, vocation-building efforts and agricultural extension methods. Of the more than 1,100 Buddhist monks who have completed the training, many have established HIV/AIDS programs in their home villages, incorporating Buddhist and modern counseling and education on HIV/AIDS into treatment therapy.

Graduates of the program have also initiated youth projects especially targeted at children affected by HIV/AIDS. Today, 320 children are attending primary, junior and senior high schools with scholarships from Buddhism for Development.

Kien Kes has also played a valuable role in HIV/AIDS care in Cambodia. The program, based at the Kien Kes Buddhist Temple, 30 km from Battambang Provincial

Town, and includes 70 villages. Its home-based care programs are supported by 26 volunteers, who assist health center and temple staff during home visits. The program aided 75 PLWHA households this year and has provided shelter and foster family placement for more than 900 orphans. In 2006 it plans to assist all PLWHA in target



A Buddhist monk works with women and children in Battambang Province, Cambodia

areas and to help up to 2000 orphans and vulnerable children.

Incorporating religious leaders like Buddhist monks into HIV/AIDS work has been crucial for creating community acceptance of those with the disease. Using existing cultural and religious structures to create strong ties among indigenous temples, community groups, and other faith-based organizations has brought about a positive response to the HIV/AIDS epidemic in Cambodian society.

MOZAMBIQUE USES COORDINATION TO INCREASE PMTCT CARE IN ZAMBEZIA

The HIV/AIDS epidemic hit Mozambique later than many of the surrounding countries, which has allowed the opportunity to stop the advancement of the disease with already-acquired knowledge. The most populous province, Zambezia has among the highest rates of infection in the

country, with minimal health services and no options for prevention of mother-to-child transmission (PMTCT) until last year. Yet Zambezia has become an excellent example of concentrated efforts among a variety of agencies and partners.

In September 2004 an Emergency

Plan grant resulted in the creation of Zambezia's first PMTCT site. Since then, seven additional sites in four districts around the province have opened.

Much of the success of this PMTCT project was the result of teamwork with the Ministry of



Women in Zambezia Province, Mozambique wait to be seen at a clinic

Health, the Zambezia Provincial Health Department, and a host of local organizations. Technical assistance is also being provided to the Ministry of Women and Social Action to develop a monitoring and evaluation system of orphans and other vulnerable children,

which closely links up with PMTCT.

The program has been able to expand in many directions to include a variety of other program areas and target groups. Among its accomplishments is the inclusion of men in counseling and testing services, despite a male reluctance to participate mother and child health services. Thus far, almost 150 men have undergone testing within PMTCT sites in Zambezia. It has also introduced counseling and testing in two referral hospitals allowing for 300 women to receive counseling and 100 pregnant women to begin a full course of nevirapine.

PMTCT programs in Zambezia , with assistance from The Emergency Plan, have become a proven model for tackling the disease in Mozambique through the alliance of ministries, pro-

vincial government, local and international NGOs, and faith-based organizations. This community-based teamwork has been essential for creating an effective model that can be quickly duplicated to confront HIV/AIDS throughout the country.



A woman receives information at a clinic in Zambezia.

AMBASSADOR TOBIAS PLEDGES CONTINUED U.S. SUPPORT FOR THE GLOBAL FUND

In early September, the U.S. Global AIDS Coordinator, Ambassador Randall Tobias represented the United States in his capacity as a Member of the Board of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, attending the Replenishment Conference in London. Later in the month, he attended a meeting of the Board in Geneva, leading a presentation by the Board's Policy and Strategy Committee, which he chairs.

In London, Ambassador Tobias highlighted the continuing support of the U.S. for the Global Fund. He announced that President Bush has committed to work with Congress to secure no less than \$6.5 billion for global HIV/AIDS assistance in Fiscal Years 2006-2007, with at least \$600 million of that amount allotted to the Global Fund.

This is the latest chapter in the history of strong American support for the Global Fund, beginning with a contribution of \$100 million in 2001 when the organization was founded. In the two subsequent years, the U.S.

contributed approximately \$400 million more in seed money. With the launch of the Emergency Plan, President Bush proposed an additional \$1 billion in support over 5 years, beginning in FY 2004.

With this recent announcement, the U.S. expects to surpass this \$1 billion pledge by the end of Fiscal Year 2007 – one year early – and by almost \$500 million. At that point, the aggregate U.S. contribution to the Fund will exceed \$2 billion.

The U.S. also assists the Fund in other ways, using the leverage of almost \$9 billion worth of U.S. bilateral programs over 5 years. Unlike the U.S., which both funds and implements programs on the ground, the Global Fund is a financing mechanism only, and its mandate does not include implementation. The U.S. thus draws on its decades of experience and its unparalleled relationships with host governments and civil society institutions to provide technical assistance, helping Global Fund grantees on the ground make the money

work.

Congress has authorized the Coordinator to employ up to 5 percent of the U.S. contribution for FY 2005 for technical assistance to Global Fund grantees through U.S. bilateral mechanisms. This year, approximately \$12 million is being directed to Emergency Plan teams in the field to provide technical assistance to Fund grantees. These funds will fill a critical need expressed by many Fund grantees, and will allow them to expand access to services and support the success of their grants.

The U.S. continues to urge other nations to increase their financial support for the Global Fund, which provides a mechanism for countries, especially those without significant bilateral programs to leverage, to channel HIV/AIDS support. For its part, the U.S. remains by far the largest donor government to the Fund, while also providing much-needed assistance in the field to make the money work.



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