Study: PEPFAR Saved 1.2 Million Africans but Did Not Lower Infections

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The President's Emergency Plan for AIDS Relief (PEPFAR), created by President George W. Bush in 2003 to fund HIV treatment and care in developing countries, has reduced the number of AIDS-related deaths by 1.2 million in 12 African countries from 2004 to 2007, according to a Stanford University study and reported on by Bloomberg.

Study author Eran Bendavid of Stanford said that PEPFAR has decreased the AIDS mortality rate by an average of 10.5 percent a year in recipient countries. However, his research shows that PEPFAR did not lower new infections or decrease overall HIV/AIDS prevalence; in addition, it did not influence the percentage of people ages 15 to 50 living with the virus. In South Africa, for example, HIV prevalence has remained steady at about 18 to 19 percent.

The reason why the number of HIV-positive people in PEPFAR-funded countries has not decreased, Bendavid said, is because antiretroviral treatment is keeping them alive.

Bloomberg reports that PEPFAR has devoted the majority of its $18.8 billion in spending thus far to antiretroviral treatment, with a smaller proportion allocated toward prevention and education programs, many of which have promoted abstinence.

"Treatment has worked," said Bendavid, adding that the challenge moving forward is to make prevention "a serious component of the program in the next five years."

Last July, Congress reauthorized PEPFAR funding to $48 billion through 2013, removing the plan's oft-criticized focus on abstinence-based programming as well as including initiatives to fight tuberculosis and malaria. Officials are also planning to expand the list of recipient countries beyond the initial 15.

Countries included in the study were Botswana, Cote d'Ivoire, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda and Zambia. The three recipients outside sub-Saharan Africa—Guyana, Haiti and Vietnam—were not a part of this research.

The study is published online by the academic medical journal Annals of Internal Medicine.

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