



Case Study of the Campaigns Leading to The President's Emergency Plan for AIDS Relief

Researched and written by
Margaret Reilly McDonnell, Advocacy Campaign Consultant
for the US Coalition for Child Survival

March 2007

This case study reflects the research of Margaret Reilly McDonnell, who served as a consultant to the U.S. Coalition for Child Survival from February 2007 to May 2007. The case studies were developed to help inform the Coalition's advocacy and communications campaigns to support the U.S. Global Commitment to Child Survival Act of 2007. Please send all comments or queries to Margaret at Margaret_mcdonnell@yahoo.com

CONTENTS

I.	Introduction to PEPFAR.....	1
II.	A “Perfect Storm”	1
III.	Partnerships and Resources: Broad Coalition with Bipartisan Reach	2
IV.	Structure, Strategies and Tactics.....	3
	a) Global AIDS Roundtable.....	3
	1. Strategy: Insider, Broker Approach.....	3
	2. Tactic: Diplomatic Networking and Educational Outreach.....	3
	3. Tactic: Leverage Domestic HIV/AIDS Advocacy Network	4
	b) GAA, Health GAP, MSF, ADNA, RESULTS Alliance.....	4
	1. Strategy: Outsider, Reform-pushing Role.....	4
	2. Tactic: Develop External Alignment and Unified Policy Platform.....	4
	3. Tactic: Aggressive Grassroots Organizing and Media Engagement	5
	c) Evangelical Christian Groups	5
	1. Strategy: Invoke Moral and Religious Imperative.....	5
	2. Tactic: National Rabble-Rousing Meetings.....	6
	3. Tactic: Lobbying Visits & Insider Approach.....	6
	d) Bono and DATA	7
	Strategy: Fight for Global Justice, particularly for Africa.....	7
	Tactic: Utilize Celebrity Status and Charisma to Influence Leaders.....	7
	Tactic: Create Unusual Juxtapositions to Attract Media Attention	7
	Tactic: Employ Morality Appeal to American Public	7
	Tactic: Target Insiders	7
V.	United Campaign Goal: Increase Funding and Provision of ARV Treatment	8
VI.	Target Audience: Congressional Leadership and White House	8
VII.	Overall Message: Global Emergency with Moral Imperative	8
VIII.	Evaluation of PEPFAR	9
IX.	Interviewees	10

I. INTRODUCTION TO PEPFAR

During his State of the Union address of January 2003, President Bush announced a five-year, \$15 billion initiative to combat AIDS in 14 African and Caribbean countries. The President's Emergency Plan for AIDS Relief (PEPFAR) dwarfed all of the United States' previous AIDS-related commitments, with the ambitious goals of providing two million people with treatment, preventing seven million new infections, and caring for 10 million orphans and persons living with HIV. The Administration's focus on treatment was a complete reversal of their position that antiretroviral (ARV) treatment was unaffordable, unwarranted, and unfeasible to administer in developing countries. The President's emphasis on abstinence within prevention programs was not surprising. PEPFAR also called for the creation of a Global AIDS Coordinator who would have jurisdiction over U.S. global HIV/AIDS programs.

In May 2003, the U.S. Congress approved, and President Bush signed into law, the "United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003" (PL108-25). This legislation approved expenditure of up to \$15 billion over five years (FY 2004-2008) and provided the legal and policy framework for expenditure, as follows: 55 percent for treatment (75 percent to be spent on antiretroviral drugs); 15 percent for palliative care; 20 percent for prevention (of which at least 33 percent is to be spent on abstinence until marriage programs); and 10 percent for helping orphans and vulnerable children (of which at least 50 percent is to be provided through non-profits, non-governmental organizations, including faith-based organizations that implement programs at the community level).¹ In October 2003, the Senate confirmed Randall Tobias as the first Global Coordinator to oversee all government agencies with HIV/AIDS funds.

II. "A PERFECT STORM"

While the President's announcement came as a surprise to many, this fundamental policy change did not occur in a vacuum. Rather, PEPFAR resulted from a "convergence of several factors, some planned and some serendipitous — a 'perfect storm' of forces and influences."² Global HIV/AIDS awareness and activism had been gaining momentum in Washington, D.C. since the 1990s. The movement was fueled by the UNAIDS report on the magnitude of the crisis, the 2000 International AIDS Conference in South Africa, the 2000 UN Millennium Summit, and the creation of the Global Fund in 2001; grassroots activism by groups such as the Global AIDS Alliance, Health GAP, and DATA; and lobbying on Capitol Hill by public health professionals and academic organizations.³

Leadership in the United States started paying closer attention to the global HIV/AIDS epidemic during the Clinton Administration. During a UN Security Council meeting in January 2000, Vice President Al Gore called for action against the pandemic and pledged further funding for prevention programs and education initiatives in Africa. This was the first time that the Security Council had taken up a health issue and the first time a vice president had presided over a

¹ Avert Web site, *PEPFAR*, <http://www.avert.org/pepfar.htm>.

² Center for Nonprofit Strategies, *Advocacy for Impact: Lessons from Six Successful Campaigns, A Report Commissioned by Global Interdependence Initiative, a Program of the Aspen Institute* (May 2005): 9.

³ *Ibid.*: 25.

Council meeting.⁴ At the World Economic Forum in January 2001, Bill Gates pledged \$100 million to the development of an AIDS vaccine, which was “a significant step in moving HIV/AIDS onto the global agenda and garnering the attention of a much-needed audience — world leaders and politicians.”⁵ Several pieces of unsuccessful global HIV/AIDS legislation, including the bills proposed by Senators Kerry (D-MA) and Frist (R-TN) and Representative Barbara Lee (D-CA), also made the issue more salient in Congress.

Moreover, unanticipated events and partnerships played a significant role in leveraging global HIV/AIDS. The emergence of evangelical Christian groups in HIV/AIDS advocacy was critical and particularly powerful with the Bush Administration and Republican-led Congress. U2 singer Bono was tremendously effective at mobilizing the American public and generating the political will on Capitol Hill to address debt relief and HIV/AIDS in Africa.

These forces coalesced with political opportunism to “tip the scales” towards action. President Bush announced PEPFAR during the same State of the Union address in which he essentially declared war on Iraq. As several interviewees have speculated, PEPFAR was an appeal to compassionate conservatism to counterbalance the “war on terrorism” and impending invasion. Critics also remark that PEPFAR was a way for the President to avoid making an additional commitment to the Global Fund for HIV/AIDS, Tuberculosis, and Malaria.

III. PARTNERSHIPS AND RESOURCES: BROAD COALITION WITH BIPARTISAN REACH

Historically, the field of HIV/AIDS activists was large and heterogeneous. For many years, their priorities, policy agendas, and advocacy efforts were not well coordinated. In fact, they often advocated for competing initiatives due to their differences in approach and philosophy. Most organizations focused on prevention rather than treatment, as a result of concerns over the insufficient infrastructure, supply chain management, and logistical support for the dissemination of antiretroviral drugs in many developing countries. Some individuals and organizations perceived infected persons as culpable for their condition and therefore were not concerned about providing treatment. Despite the fact that missionaries witnessed the devastation of HIV/AIDS throughout the world, domestic religious leaders were not engaged in advocacy. In fact, some were formidable obstructionists, declaring that the virus was “God’s punishment” for sinners.

Much of this changed “when grassroots activism and lobbying by quasi-religious poverty reduction groups and conservative evangelical churches added new impetus to the cause, transforming it from a progressive issue to a moral imperative.”⁶ Operating through several loose alliances, these disparate groups were able to work together and reach broad agreement regarding the need for increased U.S. support to combat the global pandemic. Utilizing each organization’s unique strengths and strategic position, they were able to advance a bipartisan, proactive agenda that fundamentally transformed U.S. global HIV/AIDS programs.

⁴Tamara Lindsay, *Bono, HIV/AIDS and the Quest for U.S. Funding*, Case Study prepared for Rob Shephardson, Mailman School of Public Health, Columbia University, 2003, p. 3.

⁵ *Ibid.*, p. 4.

⁶ Center for Nonprofit Strategies, *Advocacy for Impact: Lessons from Six Successful Campaigns, A Report Commissioned by Global Interdependence Initiative, a Program of the Aspen Institute* (May 2005): 25.

IV. STRUCTURE, STRATEGIES, AND TACTICS

As described by the Global AIDS Action Network, most of the civil society groups working on global AIDS policy were affiliated with one or more of the three likeminded groupings that can be thought of as loose alliances or networks.⁷ While these groups had some overlap in coordination and some integral players do not meaningfully fit within these groupings, it is still useful to understand the “movement” through this paradigm. The three alliances are described as the Global AIDS Roundtable; Global Aids Alliance (GAA), Health Global Access Project (Health GAP), Medicines Sans Frontieres (MSF), Advocacy Network for Africa (ADNA), and RESULTS Alliance; and the evangelical Christians. Bono and his organization DATA (Debt, AIDS, Trade, Africa) are included as a fourth critical force as they garnered media attention, influenced politicians, and changed American public opinion, sometimes in partnership with these other alliances and other times independently.

Global AIDS Roundtable

Strategy: Insider, broker approach

The Global AIDS Roundtable, which is comprised of approximately 100 organizations and staffed by the Global Health Council, was actively involved in most aspects of the U.S. global HIV/AIDS policy debate. In fact, the chief executive officers of two of the roundtable groups were included in private White House discussions that preceded the President’s State of the Union announcement. The Roundtable then employed a substantial advocacy campaign to modify and pass the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003. Among their priorities were: substantial increases in overall funding for global AIDS programs; ensuring that global HIV/AIDS funding was new money, rather than shifting funds from other global health and development accounts; strong U.S. funding for the Global Fund; and programs that target orphans and vulnerable children (OVC) as well mother-to-child transmission (MTCT).

One of the greatest strengths of the Global AIDS Roundtable was (and continues to be) its diverse and complementary partnerships. Partners ranged from large membership organizations such as the AFL-CIO to highly focused international development organizations such as CARE. Some members had a long history of U.S. development assistance issues, whereas others, such as the Elizabeth Glassier Pediatric AIDS Foundation and the San Francisco AIDS Foundation, were relatively new to global HIV/AIDS programming. While some of the organizations were best at inside-the-Beltway lobbying, others were better equipped to mobilize public opinion through grassroots organizing and media campaigns. Roundtable participants shared information and coordinated strategy through monthly meetings. Sometimes they decided on joint action, and other times they pursued coordinated advocacy efforts.

Tactics

Diplomatic networking; educational outreach. Because of its inclusive and complementary nature, the Global AIDS Roundtable was able to present its analysis of U.S. commitment to global HIV/AIDS in a politically neutral manner, neither attacking nor overtly praising policy

⁷ Global AIDS Action Network, *U.S. Civil Society’s Role in Global AIDS Advocacy in 2003 & 2004: A Discussion Document*, December 2004, p 4.

makers. While its agenda was broad and aggressive, its approach was pragmatic and disciplined. As a result, the roundtable was able to “effectively communicate its agenda to a wide range of policymakers and advocacy groups,” therefore playing a connecting role between the three networks.⁸ The Global Health Council hosted U.S. conferences on HIV/AIDS, which brought “north” and “south” groups together to discuss the epidemic and much-needed policies. They also hosted advocacy and lobbying days, during which national constituents and international leaders met with Members of Congress and their staff to talk about policy and funding.

Leverage domestic HIV/AIDS advocacy networks. Another major asset of the Global AIDS Roundtable was its ability to connect and form partnerships with domestic HIV/AIDS advocates. It was a direct successor to the International Issues Working Group of the National Organizations Responding to AIDS Coalition, which had primarily focused on domestic HIV/AIDS advocacy and legislation. The Roundtable is also affiliated with the Federal AIDS Policy Partnership, which fosters information sharing between groups working on a broad range of federal HIV/AIDS policy issues. They were thereby able to capitalize from the lessons learned and best practices of the domestic HIV/AIDS advocacy movement and leverage their resources and partnerships for global advocacy.

GAA, Health GAP, MSF, ADNA, and RESULTS Alliance

Strategy: Outsider, reform-pushing role

In the late 1990s, an advocacy alliance formed to pursue an agenda beyond increasing overall funding and improving bilateral programs. Specifically, these groups “demanded the creation of multilateral global AIDS mechanisms, dramatic reform of intellectual property laws, and sweeping international debt relief as essential elements of effective global AIDS policy.”⁹ These groups differentiate themselves from others because they are largely independent from U.S. government funding and because they insist that funding should be driven by global need rather than U.S. budget constraints (“need versus supply-based demand”). They are also considered to be more engaged in grassroots organizing than the other two other groups.

While they are not a formal coalition, many of their actions are taken through the AIDS and Healthcare Working Group of ADNA, a long-established network whose members include development, human rights, foreign policy and faith-based groups with specific concerns about U.S. policy towards Africa. GAA is one of the only Washington, D.C.-based groups that regularly and publicly hold the U.S. accountable for its fair share of global HIV/AIDS funding. Health GAP and Medicines Sans Frontieres (Doctors without Borders) also lead this alliance, prioritizing intellectual property issues as critical to effective global AIDS programming. Other key members of this coalition are the Gay Men’s Health Crisis, African Services Committee, and the Student Global AIDS Campaign.

Tactics

Develop external alignment and unified policy platform. Particularly after the Kerry-Frist Senate bill got mired in conference, activists realized that they needed a more integrated and organized approach to fighting the epidemic. Representative Barbara Lee, a leader within the Congressional

⁸ Ibid, p 5.

⁹ Ibid, p 5.

Black Caucus and proponent of global HIV/AIDS initiatives, encouraged advocacy groups to ratchet up pressure on legislators. Until this time, advocacy organizations presented discordant figures of what the U.S. should allocate, which were never ambitious enough, according to Representative Lee's office.

In response, GAA and Health GAP convened various stakeholders, including members of Global AIDS Roundtable and evangelical Christian groups, to achieve external alignment. This was an important threshold because "activists stopped lobbying for individual AIDS programs and put their combined weight around a platform that called for a comprehensive effort and need-based funding to combat global AIDS."¹⁰ They developed systematic estimates of what it would take to confront the global pandemic and called upon the U.S. to contribute its fair share, which they estimated at approximately \$2.5 billion annually. Seventy-seven AIDS organizations signed their support for a joint policy platform titled: *Saving Lives and Communities: A Proposal for U.S. Presidential AIDS Initiative*. The platform called for the President to take leadership on three initiatives: access to medicine; prevention, with a focus on OVC and MTCT; and adequate financing, with 50 percent going towards the Global Fund. While this proposal was considered influential, advocates who already had access to President Bush, such as Dr. Paul Farmer, a professor and physician and founder of Partners in Health, an international health and social justice organization, did not sign it because they wanted to keep an open-door policy with the White House.

Aggressive grassroots organizing and media engagement. Despite its informal nature, this group has generated vast support because of its powerful grassroots organizing capacity, substantial policy expertise, and extensive media experience. They often coordinated advocacy initiatives with the Global AIDS Roundtable and conservative evangelical groups over shared concerns and issues. Spokespersons from the members of this alliance often dominated public debate on issues such as the Global Fund and intellectual property because of their quick response capability, expertise, and tightly focused agenda.

They were also successful in creating numerous media-grabbing events, starting with a rally that disrupted Vice President Gore's presidential campaign launch. While PEPFAR legislation was being developed, these groups held rallies in Senator Kerry's office and protests outside of Senator Frist's home. These groups took conscious steps to engage the media in their fight, which prompted articles and opinion editorials throughout the country.

While these groups were skeptical about the Administration's announcement and dissatisfied with some of the features of the U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act, they did not actively oppose them. Instead, they have focused their advocacy on obtaining higher levels of U.S. support for the Global Fund and reform of U.S. policies related to antiretroviral drugs.

¹⁰ Center for Nonprofit Strategies, *Advocacy for Impact: Lessons from Six Successful Campaigns, A Report Commissioned by Global Interdependence Initiative, a Program of the Aspen Institute* (May 2005): 15-16.

Evangelical Christian Groups

Strategy: Invoke moral and religious imperative

The third major grouping of civil society advocacy groups was evangelical Christians, dominated by the advocacy powerhouse, National Association of Evangelicals (NAE). While the international missions of evangelical groups had witnessed the devastation of the pandemic for many years, they first became substantially involved in global AIDS advocacy with the election of George W. Bush. According to GAAN, the call from conservative Christians for a greater U.S. response and commitment to providing ARV treatment was the “decisive civil society voice on global AIDS issues and...effectively ended political opposition to the expansion of these programs.”¹¹

Tactics

National rabble-rousing meetings, lobbying visits, and insider approach. Initially, evangelical Christians focused on AIDS orphans and debt relief, but this agenda broadened over time. In 2002 and 2003, evangelical groups organized a number of national meetings to address a range of global AIDS issues. In February 2002, Reverend Franklin Graham of Samaritan’s Purse convened the first international Christian conference on HIV/AIDS, at which 800 evangelical Protestant and Catholic leaders as well as overseas missionaries demanded treatment for those dying of AIDS. This forum was particularly salient because Samaritan’s Purse had access to President Bush’s Senior Advisor Karl Rove. In February 2003, leaders of evangelical organizations met with top U.S. and African officials, including Senator Majority Leader Bill Frist and the Prime Minister of Uganda, to discuss ways to confront the pandemic and to cultivate a stronger relationship between Christian relief organizations and African governments. Evangelical Christian groups also developed a close working relationship with Bush’s speechwriter Michael Gerson, who had the ear and eye of the President.

World Vision’s Hope Worship Tours, coupled with first-hand reports of mission groups, drove home the nature and magnitude of the crisis. Its CEO, Richard Stearn, likened AIDS to an “80-foot tidal wave that threatened to destroy all the sand castles” that World Vision had built through community development projects.¹² In June 2003, World Vision, NAE, and MAP International brought 250 ministers, missionaries, and donors to Washington, D.C. for two days. Ninety of them met individually with lawmakers from both parties about U.S. global HIV/AIDS policy. While Bush’s initial plan only provided \$1.6 billion for the first fiscal year, they pushed for \$3 billion.

Beyond increased funding, evangelical groups advocated for the abstinence approach in prevention programs. Some worked with the office of Senator Rick Santorum (R-PA) to fight for abstinence-only funding over the “ABC” (abstain, be faithful, use condoms) that was approved in the law. Evangelical groups also expressed concern over multilateral organizations like the Global Fund, because they were more likely to support condom-based prevention efforts.

¹¹ Global AIDS Action Network, *U.S. Civil Society’s Role in Global AIDS Advocacy in 2003 & 2004: A Discussion Document*, December 2004, p 9.

¹² Center for Nonprofit Strategies, *Advocacy for Impact: Lessons from Six Successful Campaigns, A Report Commissioned by Global Interdependence Initiative, a Program of the Aspen Institute* (May 2005): 26.

Generally speaking, evangelical groups supported the Bush Administration on the intellectual property debate and did not fight for the provision of generic ARV drugs.

Bono and DATA

Strategy: Fight for global justice, particularly for Africa

Since the late 1990s, U2 singer Bono has played a significant role in raising support for a broader commitment to global justice. In 2002, he founded Debt AIDS Trade in Africa (DATA) with attorney and philanthropist Bobby Shriver and activists from the Jubilee “Drop the Debt” campaign to demand that governments of wealthy nations allocate more resources to Africa. While DATA’s goals overlapped significantly with the GAA/Health GAP alliance, they also worked closely with the roundtable and evangelical Christian groups. Bono is highly respected by all elements of civil society and throughout the U.S. government, thereby giving DATA a unique role among global HIV/AIDS advocacy groups.

Tactics

Utilize celebrity status and charisma to influence leaders; Create “unusual juxtapositions” to attract media attention. As he has acknowledged, Bono’s celebrity status has granted him the cachet needed to make news events out of visits with politicians and world leaders. He has charismatically influenced conservative leaders such as Senator Jesse Helms, Pope John Paul II and Treasury Secretary Paul O’Neill to become advocates for debt relief and global HIV/AIDS initiatives. As Bono has suggested, these “unusual juxtapositions” were the only way he was able to secure attention to these causes. For instance, in May 2002, Bono persuaded O’Neill to travel with him to Africa to witness the devastation of HIV/AIDS and to see development aid at work. The two traveled with media in tow, including MTV, *Rolling Stone* magazine, and CNN. Bono’s work was featured on the cover of *TIME* magazine and he was nominated for the 2002 Nobel Peace Prize.

Employ a morality appeal to the American public. Bono has also focused on shaping American public opinion about Africa. He went on *The Oprah Winfrey Show* in September 2002 to encourage the American public to contact their local congressional representatives with a request to make HIV/AIDS and debt relief a priority. Following this appearance, he made a very public journey through the Midwest dubbed the “Heart of America” tour. Actress Ashley Judd joined Bono on the week-long trip, which began on December 1 (World AIDS Day) and traveled through Nebraska, Iowa, Illinois, Indiana, Tennessee, and Kentucky. They visited universities, churches, and town halls, calling upon the “morality of America” to play a role in the fight against AIDS and citing Biblical passages about helping the weak.¹³

Target insiders. The tour made an intentional stop at Wheaton College, an evangelical liberal arts college in Illinois, whose alumni include former House Speaker Dennis Hastert and President Bush’s speechwriter, Michael Gerson. Following Bono’s visit, students at Wheaton formed a chapter of the Student Global AIDS Network. It has since become one of the most active chapters in the country. Students organized community initiatives to promote the issues and

¹³ Tamara Lindsay, *Bono, HIV/AIDS and the Quest for U.S. Funding*, Case Study prepared for Rob Shephardson, Mailman School of Public Health, Columbia University, 2003, p. 7.

visited key Washington, D.C. leaders, including the Chair of the International Relations Committee, Representative Henry Hyde (R-IL). As acknowledged by Jaime Drummond, the Executive Director of DATA, Wheaton students played a critical role in persuading the president, his speechwriter, and congressional leaders to focus more on HIV/AIDS in Africa.¹⁴

V. UNITED CAMPAIGN GOAL: INCREASE FUNDING AND PROVISION OF ARV TREATMENT

Among the various advocates, there was unanimity on the need for the U.S. to expand its global HIV/AIDS policy, dramatically increase funding, and scale up its commitment to providing antiretroviral treatment programs in developing countries. Consensus virtually ended there, as advocates disagreed on issues such as bilateral versus multilateral funding, abstinence versus condom promotion, and the intellectual property rights debate for pharmaceutical drugs. Despite these disagreements, advocates utilized their strengths and strategic positions to push for a comprehensive, bipartisan plan for combating global HIV/AIDS.

VI. TARGET AUDIENCES: CONGRESSIONAL LEADERSHIP AND WHITE HOUSE

Generally speaking, advocates targeted the bipartisan leadership of the relevant congressional committees and sub-committees. President Bush's meetings with Senators Jesse Helms and Bill Frist were pivotal in securing his commitment to the issue. At one meeting with Senator Frist, President Bush is reported to have said, "I want you to show me how this money can be usefully spent and not just going down a rat hole, and I'm willing to put real money on the table."¹⁵ Advocates also sought figures that had direct access and personal influence over President Bush. Key Administration officials such as former Secretary of State Colin Powell, former National Security Advisor Condoleezza Rice, former Secretary of Treasury Paul O'Neill, and former Deputy Chief of Staff Josh Bolten were personally committed to addressing the HIV/AIDS crisis. Scientists and experts at the National Institutes of Health, such as Dr. Anthony S. Fauci, Director of the National Institute of Allergy and Infectious Diseases, also played a critical role in educating and influencing the Administration.

VII. OVERALL MESSAGE: GLOBAL EMERGENCY WITH MORAL IMPERATIVE

As NAE President Leith Anderson said in 2003, "there's a broader understanding [about global HIV/AIDS] and we are hearing the president of the United States, Bono of U2, large churches, missions, organizations — all of these coming together with synergy with the same message."¹⁶

Moral Obligation with Global Humanitarian Consequences

Advocates worked diligently to reposition global HIV/AIDS as a "global emergency" that threatens entire communities and claims innocent victims, rather than simply a health concern that affects "morally lax" people. They framed U.S. commitment as a moral obligation that had significant global humanitarian stakes in terms of international security, global public health, and

¹⁴ Cathleen Falsani, "Students Join Bono's AIDS Effort," *Chicago Sun-Times*, March 25, 2003.

¹⁵ Washington Post, January 30th, 2003. *Unlikely Allies Influenced Bush to Shift Courses on AIDS Relief*.

¹⁶ Heather-Leigh Sommerville, *Evangelical Politics of AIDS*, Institute for Global Engagement, August 15, 2003.

economic development.¹⁷ Activists argued that the instability created by AIDS globally would inevitably threaten U.S. security and prosperity. This major perceptual shift “made global AIDS more real to Americans and introduced the need for treatment and palliative care into a conversation that had largely focused on preventing the scope of AIDS.”¹⁸

Messaging Nuances

While the three main advocacy networks shared the overall message of “global emergency” and “moral imperative,” they each tailored their messages to their particular constituencies and target audiences. For instance, while the aggressively-charged “global justice” argument was effective with Global AIDS Alliance members, the Global AIDS Roundtable was more successful with a diplomatic and pragmatic approach towards policymakers. Evangelical Christian groups were particularly effective with the Bush Administration and the Republican-led Congress in emphasizing the moral and religious imperative of scaling up U.S. global AIDS policy.

According to the Global Interdependence Initiative (a project of the Aspen Institute, a Washington, D.C. think tank), the movement “used a powerful combination of moral messages and pragmatic, research-based arguments. Advocates framed their vision and perspective in strong moral terms; but they also anticipated their audiences’ objections and arguments and were prepared to counter them with hard facts and solid information.”¹⁹ Advocacy groups went to Congress and the Bush Administration with stories and statistics about the escalating number of people infected with HIV, the lapse or absence of treatment, and the funding required to meet the gap.

VIII. EVALUATION OF PEPFAR

Major leap forward, despite disagreements over implementation

In the years since PEPFAR’s passage, disagreements among advocacy organizations have surfaced over its implementation, such as the emphasis on abstinence in prevention programs, the lack of U.S. financial support to the Global Fund, and the barrier of intellectual property rights in global AIDS programming. As many interviewees noted, these outcomes are because evangelical Christian groups had a disproportionate influence on the Bush Administration and Republican-led Congress during the formation of PEPFAR legislation.

This being said, there is consensus that PEPFAR was a huge leap forward. Annual funding for U.S. global AIDS programs has doubled from under \$1.5 billion to \$3 billion, millions more have received antiretroviral treatment, and there is heightened awareness both domestically and internationally about global HIV/AIDS. PEPFAR put the United States at the forefront of international efforts, accounting for over 50 percent of annual global flows. This initiative set a threshold for U.S. leadership.

¹⁷ J. Stephen Morrison, Ph.D., *The HIV/AIDS Pandemic and U.S. Leadership*, Center for Strategic and International Studies, p 23.

¹⁸ Center for Nonprofit Strategies, *Advocacy for Impact: Lessons from Six Successful Campaigns, A Report Commissioned by Global Interdependence Initiative, a Program of the Aspen Institute* (May 2005): 15-16.

¹⁹ *Ibid*: 16.

On May 31, 2007, President Bush proposed the reauthorization of PEPFAR and asked Congress to allocate an additional \$30 billion to sustain the program over the next five years. Supporters have lauded this apparent doubling of funding as a sign of the Administration's commitment. On the other hand, critics have asserted that it represents flat funding, considering the current annual allocation of \$5.4 billion, and argue that it is insufficient given the scope of HIV/AIDS. Nonetheless, PEPFAR has provided a catalyst to debate, address and hopefully alleviate the global epidemic. Advocacy networks need to continue exerting pressure to sustain U.S. commitment and to ensure that funds are spent wisely and effectively.

IX. INTERVIEWEES

Dr. Paul Zeitz, founder and executive director of Global AIDS Alliance. Interviewed on March 21, 2007. Contact: pzeitz@globalaidsalliance.org; 202-789-0432.

Helen Cornman, HIV/AIDS specialist for World Learning. Interviewed by phone on March 22, 2007. Contact: Helen.Cornman@worldlearning.org; 240-305-0908.

Mitchell Warren, executive director of AIDS Vaccine Advocacy Coalition. Interviewed by phone on March 27, 2007. Contact: Mitchell@avac.org; 212-367-1084.

Mary Lynn Field-Nguer, Director of HIV/AIDS Programs for JSI/ DC and Pediatric AIDS Advisor for BASICS Project. Recommended several contacts. Contact: mfieldnguer@basics.org; 703-524-7884.

Interview requested with Allen Moore, formerly Senator Bill Frist's deputy chief of staff and policy director, currently a senior fellow with the Global Health Council.