The international community was slow to respond to HIV/AIDS in sub-Saharan Africa. For much of the 1980s and 1990s, funding remained limited. However, pressure to respond to the crisis led to the formation of three key donor programmes:

- The World Bank’s Multi-Country HIV/AIDS Program for Africa (MAP), established in 2001,
- The Global Fund to Fight AIDS, Tuberculosis and Malaria (henceforth ‘Global Fund’), operational since 2002,

Of the three programmes, MAP and the Global Fund are multilateral initiatives, while PEPFAR is assiduously unilateral in its approach. The existence of three competing agencies, similar in focus and remit, and operating in the same theatre, has proved controversial; critics have pointed to overlapping constituencies, duplication and a lack of coordination. This chapter evaluates these contrasting international initiatives and their impact in shaping governance and the nature of treatment and prevention programmes in sub-Saharan Africa. In contrast to the post-Washington Consensus trend for project ‘ownership’, as implicit in MAP and Global Fund ventures, PEPFAR adopted an unashamedly ‘hands-on’ approach to project management in sub-Saharan Africa. Given the sensitivity on the part of many African elites to suggestions of neo-imperialism, PEPFAR was, and remains, tantamount to a ‘throwback’ to a previous era of development politics. PEPFAR represents itself as a proudly American initiative and a moral force for good in the world. It is ‘old-fashioned’ in other respects; it was
launched in 2003 from a clear moral platform that prioritized the con-
servative Christian values of abstinence and fidelity over more ‘demo-
ocratic’, less judgemental approaches to HIV/AIDS involving ‘safer sex’
messages. At the same time, in terms of funding, the monies made avail-
able to PEPFAR, $15 billion at its launch in 2003 and $48 billion at its
re-authorization in 2008, have been unprecedented. The net result is that
the ‘largest commitment ever by a single nation toward an international
health initiative’ (PEPFAR 2009a) has also resurrected old debates involv-
ing North-South inequalities and the imposition of ‘missionary values’.

**PEPFAR, MAP and the Global Fund**

In January 2003, in his State of the Union address, President Bush
announced the introduction of PEPFAR, calling on Congress to approve
funding of $15 billion to combat HIV/AIDS, malaria and tuberculosis in
Africa and the Caribbean. The United States Leadership against HIV/AIDS,
Tuberculosis and Malaria Act of 2003, which established PEPFAR, was
duly passed by Congress in May of that year and the first funds became
available in January 2004. The plan was subsequently reauthorized in July
2008, this time with a budget of $48 billion to be spread over five years.
The HIV/AIDS funding authorized in 2003, of which 80 percent was aimed
at care and treatment, were allocated as follows (US Government 2003a):

1. 55 percent of such amounts for treatment of individuals with
   HIV/AIDS;
2. 15 percent of such amounts for palliative care of individuals with
   HIV/AIDS;
3. 20 percent of such amounts for HIV/AIDS prevention ... of which
   such amount at least 33 percent should be expended for absti-
   nence until-marriage programs; and
4. 10 percent of such amounts for orphans and vulnerable children.

The 2008 reauthorization, less prescriptive than its predecessor, parti-
cularly with respect to prevention programmes, had a similarly treat-
ment-based focus. The Act places an emphasis on treatment, with more
than half of monies to be spent on the following five areas:

1. antiretroviral treatment for HIV/AIDS;
2. clinical monitoring of HIV-seropositive people not in need of
   antiretroviral treatment;
3. care for associated opportunistic infections;