Put Some Pep in Your Step: The Case for PEPFAR Funding

By Jonathan T. Helton

***Resolved: The United States federal government should substantially reform its foreign aid.***

Welcome to PEPFAR: It’s a U.S. campaign to fight HIV/AIDS in other nations. It’s seen substantial success over the years and helped millions of people. The US also donates to the Global Fund to Fight AIDS, Tuberculosis and Malaria and UNAIDS, a program operated by the United Nations. US donations to these two organizations are included in the PEPFAR budget, even though PEPFAR is a separate program. Many lives have been saved, but insufficient funding for HIV/AIDS programs in poor countries leaves behind millions more who will get sick and die.

Benefits of PEPFAR include saving lives, better worker productivity, faster pandemic response, improved U.S. image, less violent conflict, etc. It has lots of empirical literature backing it up, so I would encourage you to read a lot about it; the background, the specifics, and the studies. This case has advocacy documenting how many lives would be saved with a 10% increase in PEPFAR, and that’s exactly what the plan does.

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“If you haven’t got your health, you haven’t got anything,” said Count Rugen from the Princess Bride. We completely agree. The government is known for poorly implemented programs, especially when it comes to foreign assistance. But on the rare occasion when the government does implement a program that works and saves lives, we should make the most of it. That’s why we’re affirming that: The United States Federal Government should substantially reform its foreign aid. First we’ll look at:

OBSERVATION 1. Definitions

Foreign Aid

Encyclopedia Britannica, copyright 2018 <https://www.britannica.com/topic/foreign-aid>

**Foreign aid**, the international transfer of [capital](https://www.britannica.com/topic/capital-economics), goods, or services from a country or [international organization](https://www.britannica.com/topic/international-organization) for the benefit of the recipient country or its population.

Reform

Merriam Webster Online Dictionary copyright 2019. https://www.merriam-webster.com/dictionary/reform

1a**:**to put or change into an improved form or condition

ART – Antiretroviral therapy

National Institutes of Health 2018 (AIDSinfo, a service of the U.S. Dept of Health and Human Services (HHS), is maintained by the National Library of Medicine (NLM), which is part of the National Institutes of Health (NIH). The world’s largest biomedical library) 24 January 2018 “When to Start Antiretroviral Therapy” <https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/21/52/when-to-start-antiretroviral-therapy>

[Antiretroviral therapy (ART)](https://aidsinfo.nih.gov/understanding-hiv-aids/glossary/883/antiretroviral-therapy/) is the use of HIV medicines to treat HIV infection. ART is recommended for everyone who has HIV. ART helps people with HIV live longer, healthier lives.

PEPFAR – the President’s Emergency Plan for AIDS Relief

New England Journal of Medicine 2013 (Ingrid T. Katz, M.D., M.H.S., Ingrid V. Bassett, M.D., M.P.H., and Alexi A. Wright, M.D., M.P.H. Authors are from the Division of Women's Health, Brigham and Women's Hospital, the Center for Global Health, Mass. General Hospital, and Harvard Medical School (Katz), the Divisions of Infectious Disease and General Medicine and the Medical Practice Evaluation Center, Massachusetts General Hospital, and Harvard Medical School (Bassett), and the Dana Farber Cancer Center and Harvard Medical School (Wright). The article was published in the New England Journal of Medicine, the world’s leading medical journal ) 10 Oct 2013 “PEPFAR in Transition — Implications for HIV Care in South Africa” <https://www.nejm.org/doi/full/10.1056/NEJMp1310982>

When PEPFAR was started in 2003, President George W. Bush declared that the United States would provide $15 billion of “emergency funding” over 5 years to fight HIV in the 15 countries with the greatest global burden of disease. At the time, 34 million people worldwide were living with HIV, 20 million of them in sub-Saharan Africa, where highly active antiretroviral therapy was largely unavailable. Although some people bristled at the unilateral action that reflected the Bush administration's approach to foreign policy, PEPFAR was welcomed by South African researchers and activists who had been fighting to get life-saving treatment to HIV-infected patients. As a very large international health initiative that was founded to combat a single disease, PEPFAR stands out because of its commitment to providing lifelong treatment for millions of people who would have died without it.

OBSERVATION 2. Inherency. 2 key facts about the Status Quo

FACT 1. Six and a half billion dollars for PEPFAR

Federal budget for PEPFAR is $6.56 billion

Kaiser Family Foundation 2018(non-profit organization, researches national health issues, as well as the U.S. role in global health policy.) 18 December 2018 “The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)” https://www.kff.org/global-health-policy/fact-sheet/the-u-s-presidents-emergency-plan-for/

PEPFAR’s creation marked a significant increase in the amount of funding provided by the U.S. for global HIV, which rose from $1.1 billion in FY 2003 (the year before PEPFAR) to $1.64 billion in FY 2004, a nearly 50% increase. Total PEPFAR funding continued to increase steeply through FY 2010 ($6.62 billion, its peak level) but has decreased somewhat since then and been level for the past several years (Figure 2). In FY 2018, $6.56 billion was appropriated for PEPFAR

FACT 2. Insufficient

Funding for HIV/AIDS solutions worldwide is stagnant and insufficient

David Fidler 2018 (Adjunct Senior Fellow for Cybersecurity and Global Health at the Council on Foreign Relations and is the James Louis Calamaras Professor of Law at the Indiana Univ. Maurer School of Law) 13 May 2018 “PEPFAR’s Impact on Global Health Is Fading” [Bracket in original] <https://www.cfr.org/expert-brief/pepfars-impact-global-health-fading>

While there is talk of an AIDS-free generation being within reach, the progress achieved through PEPFAR is fragile. Worrisome rates of new HIV infections, including by drug-resistant strains, and the still-growing number of people living with AIDS point to an expanding problem. National and international spending is not keeping pace. In 2017, UNAIDS observed that, “for several years now, resources for AIDS have remained stagnant, and we are not on track to reach the US$26 billion of [annual] investment we need by 2020.” Without more spending, UNAIDS believes that more people will become infected with HIV and die from AIDS. The prevention benefits achieved through treatment will shrink as the number of untreated people increases. Instead of [ending AIDS as a global threat](http://www.unaids.org/en/resources/documents/2016/2016-political-declaration-HIV-AIDS) by 2030, the “[next AIDS pandemic](http://foreignpolicy.com/2017/07/26/the-next-aids-pandemic/)” may be looming.

OBSERVATION 3. The HARM. AIDS Pandemic

A. The Risk. Insufficient funding of PEPFAR risks triggering the next AIDS pandemic

David Fidler 2018 (Adjunct Senior Fellow for Cybersecurity and Global Health at the Council on Foreign Relations and is the James Louis Calamaras Professor of Law at the Indiana Univ. Maurer School of Law) 13 May 2018 “PEPFAR’s Impact on Global Health Is Fading” [Bracket in original] <https://www.cfr.org/expert-brief/pepfars-impact-global-health-fading>

While there is talk of an AIDS-free generation being within reach, the progress achieved through PEPFAR is fragile. Worrisome rates of new HIV infections, including by drug-resistant strains, and the still-growing number of people living with AIDS point to an expanding problem. National and international spending is not keeping pace. In 2017, UNAIDS observed that, “for several years now, resources for AIDS have remained stagnant, and we are not on track to reach the US$ 26 billion of [annual] investment we need by 2020.” Without more spending, UNAIDS believes that more people will become infected with HIV and die from AIDS. The prevention benefits achieved through treatment will shrink as the number of untreated people increases. Instead of [ending AIDS as a global threat](http://www.unaids.org/en/resources/documents/2016/2016-political-declaration-HIV-AIDS) by 2030, the “[next AIDS pandemic](http://foreignpolicy.com/2017/07/26/the-next-aids-pandemic/)” may be looming.

B. The Impact: Millions get sick or die under Status Quo U.S. policy

Six researchers writing in AIDS, a peer-reviewed journal 2017 (Study conducted by Jessica B. McGillen, Alana Sharp, Brian Honermann, Gregorio Millett, Chris Collins, and Timothy B. Hallett. McGillen and Hallett: Department of Infectious Disease Epidemiology, Imperial College London. Timothy Hallett, PhD, is based at the Department of Infectious Disease Epidemiology in the School of Public Health at the Imperial College London. He does work with the Applied HIV Epidemiology research group. Jessica McGillen: Scientist, writer, reader. Disease modeler at Imperial College London, DPhil from Oxford. Sharp, Honermann, and Gregorio: amfAR, The Foundation for AIDS Research. Collins: Friends of the Global Fight Against AIDS, TB and Malaria. ​​​​​​​​​​​​​​​“AIDS” journal publishes research on HIV and AIDS; articles are peer-reviewed) 28 Nov 2017 “Consequences of a changing US strategy in the global HIV investment landscape” <https://journals.lww.com/aidsonline/fulltext/2017/11280/Consequences_of_a_changing_US_strategy_in_the.1.aspx>

We find that US funding has saved nearly five million adults in Sub-Saharan Africa from AIDS-related deaths. In the coming 15 years, if current numbers on antiretroviral treatment are maintained without further expansion of programs (the proposed US strategy), nearly 26 million new HIV infections and 4.4 million AIDS deaths may occur. A 10% increase in US funding, together with ambitious domestic spending and focused attention on optimizing resources, can avert up to 22 million HIV infections and save 2.3 million lives in Sub-Saharan Africa compared with the proposed strategy.

OBSERVATION 4. The PLAN, to be enacted by Congress & the President

1. Increase funding to PEPFAR and the Global Fund by 10% annually over the next fifteen years.  
2. Funding is $656 million per year taken from unobligated funds.  
3. Enforcement through normal means, penalties for fraud or abuse the same as under existing law.  
4. Plan takes effect at the beginning of the next Fiscal Year (October 1, 2019).  
And all Affirmative speeches may clarify.

OBSERVATION 5. The ADVANTAGE. Sickness and deaths prevented.

A. PEPFAR works. PEPFAR is a remarkable success at combatting HIV/AIDS

Anthony Fauci, M.D., and Robert Eisinger, Ph.D. 2018 (The authors are from the National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, MD. The article was published in the New England Journal of Medicine. The New England Journal of Medicine (NEJM) is the world’s leading medical journal and website. Published continuously for over 200 years, NEJM delivers high-quality, peer-reviewed research and interactive clinical content to physicians, educators, and the global medical community.) 25 January 2018 “PEPFAR — 15 Years and Counting the Lives Saved” <https://www.nejm.org/doi/full/10.1056/NEJMp1714773>

PEPFAR has received continuous bipartisan support from Congress since 2003 and is the largest global health initiative for a single infectious disease that has ever been implemented. The amount of funds appropriated for PEPFAR in fiscal year 2017 totaled $6.8 billion to provide HIV/AIDS treatment, prevention, and support programs in more than 50 countries. Four PEPFAR directors — Ambassadors Randall Tobias (2003–2006), Mark Dybul (2006–2009), Eric Goosby (2009–2013), and Deborah Birx (2014–present) — reporting directly to the U.S. Secretary of State, have guided and shaped PEPFAR into a remarkable global health success. As of September 2017, PEPFAR-funded programs have provided 13.3 million HIV-infected men, women, and children with antiretroviral therapy; supported 15.2 million voluntary medical male circumcisions in eastern and southern African countries to reduce the risk of HIV transmission; averted nearly 2.2 million perinatal HIV infections; and provided care for more than 6.4 million orphans and vulnerable children.

B. Plan saves lives. 10% increase in US funding alone would save 1 million lives and prevent 12.5 million infections

Six researchers writing in AIDS, a peer-reviewed journal 2017 (Study conducted by Jessica B. McGillen, Alana Sharp, Brian Honermann, Gregorio Millett, Chris Collins, and Timothy B. Hallett. McGillen and Hallett: Department of Infectious Disease Epidemiology, Imperial College London. Timothy Hallett, PhD, is based at the Department of Infectious Disease Epidemiology in the School of Public Health at the Imperial College London. He does work with the Applied HIV Epidemiology research group. Jessica McGillen: Scientist, writer, reader. Disease modeler at Imperial College London, DPhil from Oxford. Sharp, Honermann, and Gregorio: amfAR, The Foundation for AIDS Research. Collins: Friends of the Global Fight Against AIDS, TB and Malaria. ​​​​​​​​​​​​​​​“AIDS” journal publishes research on HIV and AIDS; articles are peer-reviewed) 28 Nov 2017 “Consequences of a changing US strategy in the global HIV investment landscape” <https://journals.lww.com/aidsonline/fulltext/2017/11280/Consequences_of_a_changing_US_strategy_in_the.1.aspx>

As a second scenario, the United States could increase investment by 10% in PEPFAR and the Global Fund, while maintaining current spending patterns. In this scenario, we assume that other international funds remain flat, funding is distributed to countries according to present patterns, governments of implementing countries grow their own HIV spending only in line with economic trends, and prevention interventions are rolled out nationally (Appendix pg. 8–10, <http://links.lww.com/QAD/B179>). In this case, we estimate that the total HIV funding envelope will be $116 billion over the next 15 years. This will enable provision of treatment to 66% of adults living with HIV and avert 12.5 million HIV infections and more than one million AIDS deaths relative to no expansion of programs. Compared with 2010 numbers, these are reductions of 40 and 73% in new HIV infections and AIDS deaths, respectively.

2A Evidence: PEPFAR Funding

TOPICALITY / DEFINITIONS

Substantial

The Law Dictionary (most trusted free legal resource on the internet featuring professionally written legal definitions as well as the complete Black’s Law Dictionary 2nd Edition. Henry Campbell Black published the first edition of Black’s Law Dictionary over 100 years ago with the 1st edition in 1891) “What is SUBSTANTIAL?” <https://thelawdictionary.org/substantial/>

Being significant or large and having substance.

Oxford Dictionary copyright 2018 (Oxford Dictionaries focuses on current language and practical usage. The English site provides free access to the largest current English dictionaries.) “substantial” <https://en.oxforddictionaries.com/definition/substantial>

Of considerable importance, size, or worth.

Reform

Oxford Dictionary copyright 2018 (Oxford Dictionaries focuses on current language and practical usage. The English site provides free access to the largest current English dictionaries) “reform” <https://en.oxforddictionaries.com/definition/reform>

Make changes in (something, especially an institution or practice) in order to improve it.

A/T “No substantial reform” – Plan meets EO standard – minimum of $100 million to be significant

Executive Order 12866 in 1993. 4 October 1993 “Regulatory Planning and Review” <https://reginfo.gov/public/jsp/Utilities/EO_12866.pdf>

‘‘Significant regulatory action’’ means any regulatory action that is likely to result in a rule that may:

(1) Have an annual effect on the economy of $100 million or more or adversely affect in a material way the economy, a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or tribal governments or communities; (2) Create a serious inconsistency or otherwise interfere with an action taken or planned by another agency; (3) Materially alter the budgetary impact of entitlements, grants, user fees, or loan programs or the rights and obligations of recipients thereof; or (4) Raise novel legal or policy issues arising out of legal mandates, the President’s priorities, or the principles set forth in this Executive order.

A/T “No substantial reform” – Plan exceeds per minute spending

Center on Budget and Policy Priorities 2017 (nonprofit, nonpartisan research organization and policy institute that conducts research and analysis on a range of government policies and programs. It is supported primarily by foundation grants.) 4 October 2017 “Policy Basics: Where Do Our Federal Tax Dollars Go?” <https://www.cbpp.org/research/federal-budget/policy-basics-where-do-our-federal-tax-dollars-go>

In fiscal year 2016, the federal government spent $3.9 trillion, amounting to 21 percent of the nation’s gross domestic product (GDP). Of that $3.9 trillion, over $3.3 trillion was financed by federal revenues. The remaining amount ($585 billion) was financed by borrowing.

**END QUOTE. Doing some quick math, $3.9 trillion divided by 525,600 minutes in a year yields a little over $7.4 million per minute. There are 74 minutes in a TP debate round. That means the government spends about $550 million while we’re debating. Our plan spends $656 million in the first year. This plan is more substantial than current per minute federal spending.**

A/T “No substantial reform” –The countries receiving it find it substantial

World Health Organization 2013 (The World Health Organization (WHO); the lead health authority within the United Nations) “PEPFAR’S Director of Programs visits Cameroon - Meets with partners involved in the fight against HIV/AIDS at WHO Country Office” <https://www.afro.who.int/news/pepfars-director-programs-visits-cameroon-meets-partners-involved-fight-against-hivaids-who>

Since 2010, PEPFAR has been giving substantial support to the Cameroon Government in the fight against HIV/Aids. For the year 2013, up to USD 29 millions (14.5 billions Fcfa) is being provided to support several activities including PMTCT, Blood safety, laboratory capacities strengthening and Prevention among most at risk population (MARPs).

BACKGROUND

U.S. provides 71% of total global funding for fighting HIV - $4.9 billion in 2016

Laurie Garrett 2017 (Laurie Garrett is a former senior fellow for global health at the Council on Foreign Relations and a Pulitzer Prize winning science writer.) 26 July 2017 “The Next AIDS Pandemic” (Parentheses in original) <https://foreignpolicy.com/2017/07/26/the-next-aids-pandemic/>

The United States contributed $4.9 billion in 2016, or 71 percent of global support. It was followed by the United Kingdom ($646 million), France ($242 million), and the Netherlands ($214 million). Even at the most optimistic levels, these other donor nations can’t make up the difference.

PEPFAR and Global Fund support more than 41 countries

Kaiser Family Foundation 2017 (Kaiser is a non-profit organization focusing on national health issues, as well as the U.S. role in global health policy; non-partisan source of facts, analysis and journalism for policymakers, the media, the health policy community and the public) 19 December 2017 “The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)” <https://www.kff.org/global-health-policy/fact-sheet/the-u-s-presidents-emergency-plan-for/>

In FY 2016, PEPFAR bilateral support for HIV was provided to 41 countries, as well as regional programs in Africa, Asia, Europe, the Americas, and the Caribbean, thus reaching additional countries (Figure 1).More countries are reached through U.S. contributions to the Global Fund. Most FY 2016 funding was concentrated in 31 countries.These 31 countries and the Asian, Central Asian, Caribbean, and Central American regions are required to develop “Country Operational Plans” (COPs) and “Regional Operational Plans” (ROPs) to document annual investments and anticipated results.**27**Any country that receives $5 million or more in annual PEPFAR funding prepares a COP/ROP.OGAC reviews all COP/ROPs and when approved, they are incorporated into an annual PEPFAR “Operational Plan”.

PEPFAR budget includes Global Fund and UNAIDS (a United Nations program combatting HIV/AIDS)

**[Note: this is important because evidence talking about the total of US HIV spending, or talking about Global Fund and UNAIDS, are all included in PEPFAR. Increasing the total PEPFAR budget would also automatically increase GF and UNAIDS donations from the US federal government.]**

Kaiser Family Foundation 2017 (non-profit organization focusing on national health issues, as well as the U.S. role in global health policy; non-partisan source of facts, analysis and journalism for policymakers, the media, the health policy community and the public.) 19 December 2017 “The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)” <https://www.kff.org/global-health-policy/fact-sheet/the-u-s-presidents-emergency-plan-for/>

Total PEPFAR funding includes all bilateral funding for HIV as well as U.S. contributions to the Global Fund and UNAIDS.  To date, PEPFAR funding for bilateral HIV and the Global Fund alone has totaled more than $70 billion. PEPFAR’s creation marked a significant increase in the amount of funding provided by the U.S. for global HIV, which rose from $1.10 billion in FY 2003 (the year before PEPFAR) to $1.64 billion in FY 2004, a nearly 50% increase.

Implementing agencies: State Dept., Global Fund, National Institutes of Health, US Agency for International Development, federal Centers for Disease Control, Dept of Defense

Kaiser Family Foundation 2017 (non-profit organization focusing on national health issues, as well as the U.S. role in global health policy; non-partisan source of facts, analysis and journalism for policymakers, the media, the health policy community and the public.) 19 December 2017 “The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)” <https://www.kff.org/global-health-policy/fact-sheet/the-u-s-presidents-emergency-plan-for/>

The majority of PEPFAR funding is channeled by Congress to the State Department ($5.67 billion– most of which is then transferred to other agencies and includes the $1.35 billion contribution to the Global Fund), followed by NIH ($420.5 million), USAID ($330 million), CDC ($128 million), and a small amount to DoD ($8 million).

What the Global Fund is

US State Department 2017 (Office of U.S. Global AIDS Coordinator and the Bureau of Public Affairs, U.S. State Department.) 20 January 2017 “United States Support for the Global Fund to Fight AIDS, Tuberculosis, and Malaria” <https://www.pepfar.gov/press/261920.htm>

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) is a unique international financing institution. The Global Fund offers a multilateral vehicle for a broad range of donors to participate in the global response to three pandemics responsible for millions of deaths. The U.S. government is deeply committed to the Global Fund’s success and, most importantly, to the people we all serve through programs financed by the Global Fund. We share a common goal of saving lives by bringing the HIV/AIDS, tuberculosis, and malaria pandemics under control as we work to eliminate the threat they pose to public health.

The U.S. spends $16.6 billion over 18 years for the Global Fund to Fight AIDS, Tuberculosis and Malaria

Kaiser Family Foundation 2018 (non-profit organization, researches national health issues, as well as the U.S. role in global health policy) 15 May 2018 The U.S. & The Global Fund to Fight AIDS, Tuberculosis and Malaria <https://www.kff.org/global-health-policy/fact-sheet/the-u-s-the-global-fund-to-fight-aids-tuberculosis-and-malaria/>

The U.S. government (U.S.) provided the Global Fund with its founding contribution and is its largest single donor; between FY 2001 and FY 2018 Congressional appropriations to the Global Fund totaled $16.6 billion. The U.S. also plays a key role in the organization’s governance and oversight. As of April 2018, the Global Fund had approved more than $40 billion in funding and disbursed approximately $38 billion to over 120 countries;[**1**](https://www.kff.org/global-health-policy/fact-sheet/the-u-s-the-global-fund-to-fight-aids-tuberculosis-and-malaria/#footnote-257025-1) these investments have helped to save more than 22 million lives. The future of U.S. support for the Global Fund is at a critical juncture amidst budget uncertainty in the U.S., and as the Global Fund soon enters its next replenishment phase.

Background on the establishment and purpose of PEPFAR

Anthony Fauci, M.D., and Robert Eisinger, Ph.D. 2018 (The authors are from the National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, MD. The article was published in the New England Journal of Medicine) 25 January 2018 “PEPFAR — 15 Years and Counting the Lives Saved” <https://www.nejm.org/doi/full/10.1056/NEJMp1714773>

PEPFAR was created by President George W. Bush, who felt strongly that as a resource-rich and privileged country, the United States was morally obligated to help people in low-income countries with diseases for which there were effective interventions that were unavailable to them. HIV/AIDS in the resource-limited world, particularly in southern and eastern Africa, was a stark example of such a disease. Early in his administration, Bush articulated his belief that the United States could and should design and implement a transformational and accountable program to address the HIV/AIDS pandemic in low-income countries. At that time, an estimated 30 million people were living with HIV/AIDS in Africa, where more than one third of adults in some countries were infected.

PEPFAR and its work through the Global fund get help to 20 million people, but success is at risk due to funding issues

Todd Summers 2017 (senior adviser to the Global Health Policy Center at the Center for Strategic and International Studies (CSIS). This paper grew out of a CSIS Global Health Policy Center working group on HIV and the work of one of its sub-groups on the Global Fund and its partnership with PEPFAR. Members of the sub-group included (organizations listed for identification only): Jennifer Kates, Kaiser Family Foundation; Lisa Carty, UNAIDS; Chris Collins, Friends of the Global Fight; Michael Johnson, Bill and Melinda Gates Foundation; Ambassador (ret.) Jimmy Kolker; Ron MacInnis, Palladium; and John Monahan, Georgetown Univ) 1 Sept 2017 “The Global Fund and PEPFAR” <https://www.csis.org/analysis/global-fund-and-pepfar>

By working closely together, the Global Fund and PEPFAR have supported nearly 20 million people to access life-sustaining antiretroviral treatment, reducing dramatically a runaway infectious killer that was destabilizing communities and imperiling economic growth. Both programs have consistently drawn strong bipartisan praise and support, even in tough budget environments. Yet today, their continued success is imperiled by potential retrenchment of U.S. political and financial support, even as experts report that controlling HIV epidemics is within reach.

INHERENCY

Other countries are not increasing HIV/AIDS funding, PEPFAR funding is stagnant, and nothing else is replacing it

Prof. David Fidler 2018 (Adjunct Senior Fellow for Cybersecurity and Global Health at the Council on Foreign Relations and is the James Louis Calamaras Professor of Law at the Indiana Univ Maurer School of Law) 13 May 2018 “PEPFAR’s Impact on Global Health Is Fading” [Bracket in original] <https://www.cfr.org/expert-brief/pepfars-impact-global-health-fading>

Nowhere on the horizon is anything to confront this threat like the catalyst PEPFAR provided fifteen years ago. Calls for more spending are ubiquitous, but no donor country appears willing to significantly increase its contributions. Despite claims that his administration is “deeply committed to the global HIV/AIDS response,” President Trump [proposed slashing PEPFAR funding](https://www.pepfar.gov/documents/organization/274400.pdf) [PDF] in fiscal years [2018](https://www.kff.org/news-summary/white-house-releases-fy18-budget-request/) and [2019](https://www.kff.org/news-summary/white-house-releases-fy19-budget-request/). Congress rejected the 2018 budget request and funded PEPFAR [at the 2017 level of $4.65 billion](https://www.kff.org/news-summary/congress-releases-fy18-omnibus/), continuing the pattern of stagnant donor assistance.

Global HIV projects’ funding have been cut

Kaiser Family Foundation 2017 (written by Jen Kates & Adam Wexler from the Kaiser Family Foundation and Eric Lief, a consultant and UNAIDS. Kaiser is a non-profit organization focusing on national health issues, as well as the U.S. role in global health policy) July 2017 “Donor Government Funding for HIV in Low- and Middle-Income Countries in 2016” (the “US” in front of the “$” means the number is measured in US Dollars (converting the currencies from all the donor governments), not that it is all coming from the US government) <http://www.unaids.org/sites/default/files/media_asset/20170721_Kaiser_Donor_Government_Funding_HIV.pdf>

Donor government disbursements for HIV fell for the second year in a row, dropping from US$7.5 billion in 2015 to US$7.0 billion in 2016 (a $511 million or 7% decline), in current USD, bringing disbursements to their lowest level since 2010.

Now is the crucial time for PEPFAR funding: We’re on the brink of losing control of the AIDS epidemic

Former Vice President Joe Biden and Dr. Bill Frist 2018 (Biden was also the ranking Democrat on the Senate Foreign Relations Committee when PEPFAR was launched. He currently leads the Penn Biden Center for Diplomacy and Global Engagement at the University of Pennsylvania. Bill Frist, MD, was a Republican, was Senate majority leader at the advent of PEPFAR) 8 June 2018 “Biden & Frist: Now is not the time to cut off AIDS funding” <https://www.cnn.com/2018/06/08/opinions/pepfar-funding-fight-aids-biden-frist/index.html>

And yet, for all these successes, this is a precarious moment. Last month, Mark Dybul, who formerly headed both PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria,[said](https://www.devex.com/news/world-at-risk-of-losing-control-of-hiv-and-aids-epidemic-pepfar-architect-says-92615), "We are, in my view, at the highest risk ever of losing control of the epidemic since all of this began."

A/T “AIDS cases decreasing now” – Not time to celebrate, there are still problems, progress is lagging

Elizabeth Radin 2018 (technical director for the Population-based HIV Impact Assessment Program at ICAP at Columbia University. The program receives technical and financial support from PEPFAR (the US President's Emergency Plan for AIDS Relief) through the US Centers for Disease Control and Prevention.) 26 July 2018 “The end of the AIDS epidemic is (almost) in reach” <https://www.cnn.com/2018/07/26/opinions/us-needed-combat-hiv-aids-epidemic-radin/index.html>

But it's not time to celebrate yet. In a report [released this week](http://www.unaids.org/en/resources/documents/2018/global-aids-update), UNAIDS acknowledges the progress achieved but also notes that the response is lagging in some regions. As a result, the worldwide decrease in new HIV infections is not on track to meet 2020 targets.

A/T “AIDS decreasing in status quo” – But gains are fragile and we still need to do more

Tom Hart 2017 (Tom Hart is the North America executive director of The ONE Campaign, a policy and advocacy organization of more than 8 million people taking action to end extreme poverty and preventable disease, particularly in Africa.) 1 December 2017 “President Trump must lead the global fight against HIV/AIDS, not surrender it” <https://www.cnn.com/2017/12/01/opinions/trump-hiv-aids-budget-cuts-hart-opinion/index.html>

We are finally getting ahead of this deadly disease, but the gains we've made are fragile. They need to be built-upon, not squandered.

Status Quo funding inadequate: New drug-resistant viruses require increased funding or else more will die

Laurie Garrett 2017 (former senior fellow for global health at the Council on Foreign Relations and a Pulitzer Prize winning science writer.) 26 July 2017 “The Next AIDS Pandemic” <https://foreignpolicy.com/2017/07/26/the-next-aids-pandemic/>

Even that grim forecast is probably too rosy, as increasingly the forms of HIV spreading to the newly infected are drug-resistant. A new World Health Organization survey [estimates](https://www.reuters.com/article/us-health-hiv-resistance-idUSKBN1A51TG) that in some countries roughly 10 percent of the people who start antiretroviral therapy have a virus that defies easy treatment, greatly increasing the costs of care and diminishing treatment success. At the dismal 10 percent rate, controlling HIV worldwide over the next five years will cost an extra $650 million in second-line, more expensive drugs, and the medicines will fail more often, increasing the death toll by 135,000 and allowing an additional 105,000 new infections. The WHO drug resistance estimates are [based on](http://time.com/4865443/drug-resistant-hiv-world-health-organization/) new cases diagnosed in Argentina, Guatemala, Namibia, Nicaragua, Uganda, and Zimbabwe. A [2015 survey](http://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(16)30119-9/abstract) of newly infected Mexican patients found that 14 percent had drug-resistant viruses. A London School of Hygiene and Tropical Medicine [2016 analysis](https://www.eurekalert.org/pub_releases/2016-11/ucl-hps112916.php) of African patients whose treatment was failing found that 16 percent of them carried viruses that were multidrug-resistant, meaning they already needed third-line therapy.

8 countries reducing funding

Elizabeth Radin 2018 (technical director for the Population-based HIV Impact Assessment Program at ICAP at Columbia University) 26 July 2018 “The end of the AIDS epidemic is (almost) in reach” <https://www.cnn.com/2018/07/26/opinions/us-needed-combat-hiv-aids-epidemic-radin/index.html>

Already, analysis by the Kaiser Family Foundation has found that [eight of the 14 countries](https://www.kff.org/report-section/donor-government-funding-for-hiv-in-low-and-middle-income-countries-in-2017-report/) that provide international funding for AIDS decreased their support last year. These 8 countries include Australia, Denmark, Germany, Ireland, Japan, the Netherlands, Norway and Sweden. This may reflect the influence of inward-looking politics on development assistance overall. It may also reflect the resource pressures of the migration and refugee crises in Europe.

A/T “Let other countries fund it” - US leadership and funding needed – we have to act to influence others to donate

Sara Allinder 2016 (Sara M. Allinder is a senior fellow and deputy director of the Global Health Policy Center at the Center for Strategic and International Studies in Washington, D.C.) 1 December 2016 “This World AIDS Day Congress Remains Essential to Stopping Global HIV” <https://www.csis.org/analysis/world-aids-day-congress-remains-essential-stopping-global-hiv>

The U.S. government’s continued bipartisan leadership and diplomacy is needed now more than ever, as other donors have reduced or eliminated their bilateral HIV resources in recent years. The notable absence of heads of state and even ministers of health at the Durban AIDS conference was disheartening, but even more so was the news that [global HIV funding decreased by $1 billion in 2015](http://kff.org/global-health-policy/report/financing-the-response-to-hiv-in-low-and-middle-income-countries-international-assistance-from-donor-governments-in-2015/); 13 of 14 donors reduced their disbursements. The Global Fund was successful in raising $13 billion at its September 2016 replenishment conference, which demonstrated the collective determination of many, including the U.S. government and the Bill & Melinda Gates Foundation, to maintain commitments. The pledges were $1 billion more than at the previous replenishment conference in 2013, but that largely represents a flatline given the 2015 reduction. Donors must now come through on their pledges. There are opportunities to work even more closely with countries, such as South Africa, which are demonstrating their own political will and investing resources to work in partnership with the United States.

SIGNIFICANCE

Science of how HIV harms the human body. As of 2013 there were 60 million infected and 30 million dead

Catharine Paddock PhD 2013 (news and web content writer for 10 years; Ph.D. from Manchester Business School in the United Kingdom after completing her own research culminating in a thesis on psychosocial factors in small and medium enterprises; Bachelor of Science in Physics with Chemistry from Univ of Manchester ) 6 June 2013 “How HIV Makes Immune Cells Commit Suicide” <https://www.medicalnewstoday.com/articles/261597.php>

[HIV](https://www.medicalnewstoday.com/articles/17131.php) has infected more than 60 million and killed neary 30 million people around the world. Every day in an infected person the HIV destroys billions of infection-fighting CD4+ T cells, until the immune system is no longer able to regenerate or fight other infections. The virus does this in several ways. One way is by killing cells directly: it hijacks cells and uses their resources to make copies of itself. These copies emerge as buds that burst through the cell membrane, killing the cell in the process. Another way HIV kills the host cell directly is just by exhausting its resources.

Impact of HIV: 400 children infected each day, leading cause of death among children ages 10-19 in Africa

Charles Lyons and Richard Stearns 2017 (Lyons: president and CEO of the Elizabeth Glaser Pediatric AIDS Foundation. Stearns: president of World Vision United States, a Christian relief charity.) 17 April 2017 “The U.S. Should Continue Its Fight against AIDS in Children” <https://www.nationalreview.com/2017/04/aids-hiv-children-mothers-transmission-sub-saharan-africa-united-states-foreign-aid-pepfar/>

Even so, unfinished business remains. Today, 1.5 million HIV-positive women become pregnant each year, and 400 children are infected with HIV every day. Only about half of the 1.8 million children living with HIV have access to the medications they need, and AIDS remains the leading cause of death among adolescents ages ten to 19 in Africa. Sustained commitment, investment, and prioritization are critical to driving continued progress and overcoming these final hurdles.

Impact of HIV: 35 million dead. 2/3 of people currently infected live in Africa

World Health Organization copyright 2018 (directing and coordinating authority on international health within the United Nations’ system.) “HIV/AIDS” <http://www.who.int/gho/hiv/en/>

Since the beginning of the epidemic, more than 70 million people have been infected with the HIV virus and about 35 million people have died of HIV. Globally, 36.9 million [31.1–43.9 million] people were living with HIV at the end of 2017. An estimated 0.8% [0.6-0.9%] of adults aged 15–49 years worldwide are living with HIV, although the burden of the epidemic continues to vary considerably between countries and regions. The WHO African region remains most severely affected, with nearly 1 in every 25 adults (4.1%) living with HIV and accounting for nearly two-thirds of the people living with HIV worldwide.

Impact of HIV: 2-4% of Africa’s economic growth rate lost

Dr. Jeremy Barofsky, Dr. Neeraj Sood and Zachery Wagner 2015 (Barofsky Sc.D., M.A. is a non-resident Fellow in Governance Studies at the Brookings Institution and a Research Associate at Tulane University’s Commitment to Equity (CEQ) Institute; doctorate from Harvard Univ School of Public Health in Global Health and Population (Economics); M.A. in Economics from Boston Univ. Neeraj Sood, Ph.D., is the Vice Dean for Research at the USC Price School of Public Policy; a researcher at the Leonard D. Schaeffer Center for Health Policy & Economics, and Professor at the Price School’s Department of Health Policy and Management and the School of Pharmacy’s Department of Pharmaceutical and Health Economics. Wagner is a doctoral student in health economics at Univ. of California, Berkeley.) 9 June 2015 “PEPFAR Funding Associated With An Increase In Employment Among Males in Ten Sub-Saharan African Countries” <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2014.1006>

As of 2010, HIV/AIDS was the leading cause of death and disability among working-age adults in sub-Saharan Africa.  Along with its devastating health consequences, the epidemic has had severe economic effects. By some estimates, it has reduced average economic growth rates in sub-Saharan Africa by 2–4 percent. To combat the HIV/AIDs burden, the international community nearly tripled its total assistance for health in the 2000s.  The largest component of the increased funding came from the US President’s Emergency Plan for AIDS Relief (PEPFAR).

Need for funding: Costs a lot of money to develop better anti-HIV drugs

Laurie Garrett 2017 (Laurie Garrett is a former senior fellow for global health at the Council on Foreign Relations and a Pulitzer Prize winning science writer.) 26 July 2017 “The Next AIDS Pandemic” <https://foreignpolicy.com/2017/07/26/the-next-aids-pandemic/>

In addition to profit disincentives, the possibility of expanding drug production into other regions, such as sub-Saharan Africa, is [limited](https://www.intmedpress.com/serveFile.cfm?sUID=8ec8415d-d0d5-4bef-b068-234a82c889e1) by a paucity of technical and managerial personnel and scientific expertise. Combined global production capacity for affordably priced anti-HIV drugs hasn’t much improved since [2012](http://apps.who.int/iris/bitstream/10665/75172/1/9789241503778_eng.pdf?ua=1), though patent manufacturers enjoy a booming market and profits in the European and North American markets. California-based Gilead, the lead patent-based maker in the world, sold [$3.5 billion](http://www.gilead.com/news/press-releases/2016/2/gilead-sciences-announces-fourth-quarter-and-full-year-2015-financial-results) worth of its top anti-HIV drug, Truvada, in 2015, and sales growth has been steady ever since. But Paul Stoffels, the chief scientific officer for Johnson & Johnson, [warns](https://manchester2016.esof.eu/en/speakers/speakers-details/paul-stoffels.html) that with or without profit potentials the world’s manufacturers simply cannot sustain 40 or 50 years of manufacturing sufficient anti-HIV drugs to keep 35 million, much less more than 50 million, people alive. As individuals develop resistance to the cheap first-line drugs, [each new category of anti-HIV chemistry](http://www.sciencedirect.com/science/article/pii/S1198743X14624666) gets more difficult to make, more costly, and carries more risk of dangerous side effects that require expensive monitoring and care.

Need for funding: On the brink of a new epidemic due to drug resistance

Laurie Garrett 2017 (Laurie Garrett is a former senior fellow for global health at the Council on Foreign Relations and a Pulitzer Prize winning science writer.) 26 July 2017 “The Next AIDS Pandemic” <https://foreignpolicy.com/2017/07/26/the-next-aids-pandemic/>

The original pandemic started small in the 1980s, seemingly confined to marginalized communities — hemophiliacs, gay men living in key Western cities, and intravenous drug users — but it swelled to claim millions of lives. With 10 percent of newly infected cases involving drug resistance, and both R&D and drug production capacity hitting limits, a handful of cases could quickly become hundreds of thousands. Some of Africa’s largest HIV epidemics, such as in Swaziland, Tanzania, and South Africa, are only in 2017 managing to bring the numbers under treatment to sufficient scale to imagine controlling and reversing the AIDS scourge. This is a fragile moment.

SOLVENCY

10.5% reduction in HIV-related morality in PEPFAR countries

Daniel R. Kuritzkes and Rochelle P. Walensky 2010 (Kurtizkes: Division of Infectious Disease, Department of Medicine, Brigham and Women's Hospital; The Center for AIDS Research; Harvard Medical School. Walensky: Division of Infectious Disease; Division of General Medicine; The Center for Research; Department of Medicine, Massachusetts General Hospital; Division of Infectious Disease, Department of Medicine, Brigham and Women's Hospital; Harvard Medical School, 15 January 2010 “The Impact of The President's Emergency Plan for AIDS Relief (PEPfAR) beyond HIV and Why It Remains Essential” <https://academic.oup.com/cid/article/50/2/272/330845>

When initially established in 2003, PEPfAR I identified the following goals: to support care for 10 million people affected by HIV/AIDS, to support treatment for 2 million HIV-infected people, and to provide support for prevention of 7 million new infections. By these metrics, PEPfAR I has been a huge success. By October 2008, 110.1 million worldwide were receiving HIV/AIDS-related care and 2.1 million people were receiving life-saving treatment . AIDS-related mortality in PEPfAR countries decreased by 10.5% relative to non-PEPfAR countries, a difference that translates into 1.2 million lives saved. Though quantifying the impact of prevention interventions in terms of infections averted is more difficult, such interventions have reached 150 million people, and concurrently, UNAIDS reported a downward trend globally in new infections.

1% increase in funding per country GDP causes 0.355% less infections

Ceteris paribus: all other things being equal

Roger J. Chin, MA, MPA, Domrongphol Sangmanee, MA, and Lisa Piergallini, MA 2015 (Chin is a PhD student in Political Science and Information Systems at Claremont Graduate Univ. ; works as a Staff Research Associate at Univ of California, Irvine Center for Evidence-Based Corrections. Sangmanee: PhD student at Claremont Graduate Univ., Dept of Politics and Policy. Lisa J Piergallini: Claremont Graduate Univ., Political Science, Grad. Student.) 2015 “PEPFAR Funding and Reduction in HIV Infection Rates in 12 Focus Sub-Saharan African Countries: A Quantitative Analysis” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5005989/> (“ceteris paribus” means “all other things being equal”)

The results illustrate that on average, ceteris paribus, for every 1 percentage point increase in PEPFAR funding per GDP a country received, the country’s HIV infection rate decreased by 0.355 percentage points.

Univ. of Nebraska Study: Odds of AIDS death in a PEPFAR country are lower than countries without PEPFAR

Nicholas A Hein, Danstan S Bagenda, and Jiangtao Luo 2018 (Authors are from the University of Nebraska Medical Center. The International Initiative for Impact Evaluation (3ie) is an international grant-making NGO promoting evidence-informed development policies and programs) February 2018 “PEPFAR and adult mortality: A replication study of HIV development assistance effects in Sub-Saharan African countries” [http://www.3ieimpact.org/sites/default/files/](http://www.3ieimpact.org/sites/default/files/" \t "_blank)2018-12/rps15-pepfar-adult-mortality.pdf

Bendavid and colleagues found that in 2003, the age-adjusted adult mortality in PEPFAR countries was 8.3 per 1,000 adults (95% CI, 8.0–8.6) compared with 8.5 per 1,000 adults (95% CI, 8.3–8.7) in non-PEPFAR countries. In 2008, the age-adjusted adult mortality in PEPFAR countries was 4.1 per 1,000 adults (95% CI, 3.6–4.6), compared with 6.9 per 1,000 adults (95% CI, 6.3–7.5) in non-PEPFAR countries. Using a difference-in-difference adjusted analysis, the odds of adult mortality in a PEPFAR country between 2004 and 2008 was 0.84 (95% CI, 0.72–0.99; p=0.03), compared with a non-PEPFAR country. During the years of full PEPFAR implementation (2004 to 2008), the odds of adult mortality were lower in PEPFAR countries than non-PEPFAR countries.

PEPFAR Consistently linked to less mortality

Eran Bendavid, MD 2016 (MD MS, Division of General Medical Disciplines and Center for Health Policy and the Center for Primary Care and Outcomes Research, Stanford University) 13 October 2016 “Past and Future Performance: PEPFAR in the Landscape of Foreign Aid for Health”  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5035203/>

It is now commonly acknowledged that PEPFAR, viewed as a whole, has been a highly effective program. The 2013 Institute of Medicine evaluation noted that “PEPFAR has been globally transformative.” As early as 2007, a commissioned evaluation noted PEPFAR’s success in forging partnerships and establishing the procurement and supply chains needed to scale up the delivery of ART. Anecdotal evidence accumulated, of new hope for highly affected communities, of people rising from their deathbeds, the “Lazarus effect” of hundreds of thousands starting ART. Large-scale evaluations isolating outcomes in PEPFAR’s so-called “focus countries” have consistently linked PEPFAR’s implementation with population-level changes in HIV and all-cause mortality. That is, the implication was that PEPFAR was not a local or narrow program, with a localized impact; rather, its impact could be observed on a national scale.

PEPFAR provides ART

Dr. Jeremy Barofsky, Dr. Neeraj Sood and Zachery Wagner 2015 (Barofsky Sc.D., M.A. is a non-resident Fellow in Governance Studies at the Brookings Institution and a Research Associate at Tulane University’s Commitment to Equity (CEQ) Institute; doctorate from Harvard Univ School of Public Health in Global Health and Population (Economics); M.A. in Economics from Boston Univ. Neeraj Sood, Ph.D., is the Vice Dean for Research at the USC Price School of Public Policy; a researcher at the Leonard D. Schaeffer Center for Health Policy & Economics, and Professor at the Price School’s Department of Health Policy and Management and the School of Pharmacy’s Department of Pharmaceutical and Health Economics. Wagner is a doctoral student in health economics at Univ. of California, Berkeley.) 9 June 2015 “PEPFAR Funding Associated With An Increase In Employment Among Males in Ten Sub-Saharan African Countries” <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2014.1006>

PEPFAR was established in 2003 to provide funding for AIDS treatment, care, and prevention in countries devastated by the epidemic. From 2003 to 2013 Congress authorized $54 billion to fund programs in developing nations, mostly in sub-Saharan Africa.  The bulk of PEPFAR assistance was aimed at increasing access to antiretroviral therapy (ART), and by 2013 the program had provided treatment to 6.7 million people infected with HIV.

ART reduces HIV transmission by 96%

Chris Collins, Michael Isbell, Annette Sohn, and Kent Klindera 2012 (Collins is a vice president and director of public policy at amfAR, the Foundation for AIDS Research, in Washington. Isbell is an independent consultant for amfAR, specializing in public health policy, in New York. Sohn is a vice president and director of the Therapeutics Research, Education, and AIDS Training in Asia program at amfAR, in Bangkok, Thailand. Klindera is a director at amfAR, in New York City. Health Affairs is the leading journal of health policy thought and research. The peer-reviewed journal was founded in 1981) July 2012 “Four Principles For Expanding PEPFAR’s Role As A Vital Force In US Health Diplomacy Abroad” <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2012.0204>

These challenges to PEPFAR emerge at a moment when the opportunity to achieve lasting progress against AIDS has never been greater. In 2011 research found that antiretroviral treatment reduces the odds that an HIV-infected person will transmit the virus to an uninfected partner by 96 percent.  According to Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, the world now has the potential “to control and ultimately end the AIDS pandemic.”  With renewed confidence in the prospects for lasting progress against AIDS, Secretary of State Hillary Clinton announced in November 2011 that achieving an “AIDS-free generation” is now a policy priority for the United States.

How much does it cost to save a life with PEPFAR? $6 per month per person

Former Senators Tom Daschle and Bill Frist, M.D. 2018 (Staff contributors to report: Blaise Misztal: Director of National Security. Anand Parekh, M.D. Chief Medical Advisor. Hannah Martin: Senior Policy Analyst. Jessica Michek: Policy Analyst. Charles Holmes, M.D. Consultant. Matthew Kavanagh, Ph.D. Consultant. Nikki Smith: Intern. Tom Daschle, former Senate minority leader from 1995 to 2001 and from 2003 to 2005, and majority leader from 2001 to 2003. Bill Frist is a BPC senior fellow and co-chair of its Health Project and Supplemental Nutrition Assistance Program (SNAP) Task Force, was Senate majority leader from 2003 to 2007.) July 2018 “Building Prosperity, Stability, and Security Through Strategic Health Diplomacy: A Study of 15 Years of PEPFAR” <https://bipartisanpolicy.org/wp-content/uploads/2018/07/Building-Prosperity-Stability-and-Security-Through-Strategic-Health-Diplomacy-A-Study-of-15-Years-of-PEPFAR.pdf>

Critically, antiretroviral drugs have been made quickly available for use in the hardest hit countries in Africa—a paradigm-changing accomplishment as people in low-income countries once waited decades for innovative medicines. Most recently, in September 2017, PEPFAR and the Global Fund partnered with the governments of South Africa and Kenya and a range of public- and private-sector partners to announce a new initiative to make a cutting-edge combination of the antiretroviral drugs tenofovir, lamivudine and dolutegravir available at a reduced price. In 2003, PEPFAR was paying $125 per person for a month’s supply of lifesaving medicine. Today, newer and far better medicines are being distributed for just $6 a month per person.

PLAN-SPECIFIC SOLVENCY

Foreign investment would add even more. If other countries increase spending + US 10% increase = 1.9 million lives saved

Six researchers writing in AIDS, a peer-reviewed journal 2017 (Study conducted by Jessica B. McGillen, Alana Sharp, Brian Honermann, Gregorio Millett, Chris Collins, and Timothy B. Hallett. McGillen and Hallett: Department of Infectious Disease Epidemiology, Imperial College London. Timothy Hallett, PhD, is based at the Department of Infectious Disease Epidemiology in the School of Public Health at the Imperial College London. He does work with the Applied HIV Epidemiology research group. Jessica McGillen: Scientist, writer, reader. Disease modeler at Imperial College London, DPhil from Oxford. Sharp, Honermann, and Gregorio: amfAR, The Foundation for AIDS Research. Collins: Friends of the Global Fight Against AIDS, TB and Malaria. ​​​​​​​​​​​​​​​“AIDS” journal publishes research on HIV and AIDS; articles are peer-reviewed) 28 Nov 2017 “Consequences of a changing US strategy in the global HIV investment landscape” <https://journals.lww.com/aidsonline/fulltext/2017/11280/Consequences_of_a_changing_US_strategy_in_the.1.aspx>

Alternatively, the 10% increase in United States spending may be accompanied by governments of implementing countries increasing their own domestic HIV spending to meet an ambitious target developed by Resch et al. and based on the HIV share of the disease burden (Appendix pg. 10–11, <http://links.lww.com/QAD/B179>). In this case, the total HIV budget will be $146 billion, enabling 77% of adults living with HIV to be virally suppressed on treatment and averting 18 million HIV infections and 1.9 million AIDS deaths relative to no further program expansion. These are reductions of 67% in HIV infections and 82% in AIDS deaths compared with 2010 numbers. Thus, against a backdrop of increased US funding, governments of affected countries can avert 44% more infections and 26% more deaths by moving from status-quo to ambitious HIV spending.

10% funding increase + foreign country spending + resource optimization would save 2.3 million lives

Six researchers writing in AIDS, a peer-reviewed journal 2017 (Study conducted by Jessica B. McGillen, Alana Sharp, Brian Honermann, Gregorio Millett, Chris Collins, and Timothy B. Hallett. McGillen and Hallett: Department of Infectious Disease Epidemiology, Imperial College London. Timothy Hallett, PhD, is based at the Department of Infectious Disease Epidemiology in the School of Public Health at the Imperial College London. He does work with the Applied HIV Epidemiology research group. Jessica McGillen: Scientist, writer, reader. Disease modeler at Imperial College London, DPhil from Oxford. Sharp, Honermann, and Gregorio: amfAR, The Foundation for AIDS Research. Collins: Friends of the Global Fight Against AIDS, TB and Malaria. ​​​​​​​​​​​​​​​“AIDS” journal publishes research on HIV and AIDS; articles are peer-reviewed) 28 Nov 2017 “Consequences of a changing US strategy in the global HIV investment landscape” <https://journals.lww.com/aidsonline/fulltext/2017/11280/Consequences_of_a_changing_US_strategy_in_the.1.aspx>

We find that US funding has saved nearly five million adults in Sub-Saharan Africa from AIDS-related deaths. In the coming 15 years, if current numbers on antiretroviral treatment are maintained without further expansion of programs (the proposed US strategy), nearly 26 million new HIV infections and 4.4 million AIDS deaths may occur. A 10% increase in US funding, together with ambitious domestic spending and focused attention on optimizing resources, can avert up to 22 million HIV infections and save 2.3 million lives in Sub-Saharan Africa compared with the proposed strategy.

U.S. 10% increase + more foreign investment + resource targeting would save 2.3 million lives

Six researchers writing in AIDS, a peer-reviewed journal 2017 (Study conducted by Jessica B. McGillen, Alana Sharp, Brian Honermann, Gregorio Millett, Chris Collins, and Timothy B. Hallett. McGillen and Hallett: Department of Infectious Disease Epidemiology, Imperial College London. Timothy Hallett, PhD, is based at the Department of Infectious Disease Epidemiology in the School of Public Health at the Imperial College London. He does work with the Applied HIV Epidemiology research group. Jessica McGillen: Scientist, writer, reader. Disease modeler at Imperial College London, DPhil from Oxford. Sharp, Honermann, and Gregorio: amfAR, The Foundation for AIDS Research. Collins: Friends of the Global Fight Against AIDS, TB and Malaria. ​​​​​​​​​​​​​​​“AIDS” journal publishes research on HIV and AIDS; articles are peer-reviewed) 28 Nov 2017 “Consequences of a changing US strategy in the global HIV investment landscape” <https://journals.lww.com/aidsonline/fulltext/2017/11280/Consequences_of_a_changing_US_strategy_in_the.1.aspx>

Our final scenario explores an idealized HIV response whereby the United States both increases its present investment level by 10% and leads a concerted effort to optimize the channeling of prevention resources. In this case, funds are allocated to prevention portfolios that are optimized to subnational epidemiology (maximizing infections averted for the lowest cost) and specifically target key at-risk populations (Appendix pg. 11–12, <http://links.lww.com/QAD/B179>). This is in line with PEPFAR's ‘right things, right places, right time’ policy of making high-impact programs responsive to the people at greatest risk and in high-burden places [[19]](https://journals.lww.com/aidsonline/fulltext/2017/11280/Consequences_of_a_changing_US_strategy_in_the.1.aspx#R19-1). For a funding envelope of $146 billion, we find that this approach will enable 83% of adults living with HIV to be virally suppressed on treatment and avert 22 million HIV infections and 2.3 million AIDS deaths over the 15-year period, relative to no further program expansion. These are reductions on 2010 levels of 88% for HIV infections and 87% for AIDS deaths.

Benefit estimates are underestimates because there are other advantages not measured

Six researchers writing in AIDS, a peer-reviewed journal 2017 (Study conducted by Jessica B. McGillen, Alana Sharp, Brian Honermann, Gregorio Millett, Chris Collins, and Timothy B. Hallett. McGillen and Hallett: Department of Infectious Disease Epidemiology, Imperial College London. Timothy Hallett, PhD, is based at the Department of Infectious Disease Epidemiology in the School of Public Health at the Imperial College London. He does work with the Applied HIV Epidemiology research group. Jessica McGillen: Scientist, writer, reader. Disease modeler at Imperial College London, DPhil from Oxford. Sharp, Honermann, and Gregorio: amfAR, The Foundation for AIDS Research. Collins: Friends of the Global Fight Against AIDS, TB and Malaria. ​​​​​​​​​​​​​​​“AIDS” journal publishes research on HIV and AIDS; articles are peer-reviewed) 28 Nov 2017 “Consequences of a changing US strategy in the global HIV investment landscape” <https://journals.lww.com/aidsonline/fulltext/2017/11280/Consequences_of_a_changing_US_strategy_in_the.1.aspx>

These findings are supported by a large body of cost-effectiveness studies that indicate good returns on HIV investment in many settings (for example, [[20–22]](https://journals.lww.com/aidsonline/fulltext/2017/11280/Consequences_of_a_changing_US_strategy_in_the.1.aspx#R20-1)). Nevertheless, the numbers presented here should be interpreted with caution, as considerable uncertainty underlies our modeling assumptions (Appendix pg. 12, <http://links.lww.com/QAD/B179>), the data on which the model is based, estimates of intervention costs, how other countries might react to a changing US strategy, and unforeseen events that might affect future decisions of all countries. Furthermore, this model does not address the potential externalities of United States and other donor aid which are likely to produce impact beyond that achieved by HIV treatment and prevention interventions alone. These include poverty reduction, improvements in national stability and security, and health systems strengthening . We have, therefore, likely underestimated the impact of US investments in HIV. We also note that the impact described herein may be achieved by multiple donor countries and implementing governments, rather than by a unilateral increase in US investments.

Resource targeting in use

CDC post 2016 (Centers for Disease Control and Prevention, Division of Global HIV & TB (DGHT), working on the front lines in more than 50 countries.) “DATA AND INNOVATION: HOW CDC SUPPORTS COUNTRIES IN HIV CASE-FINDING” [HTS = HIV Testing Services] <https://www.cdc.gov/globalhivtb/who-we-are/resources/keyareafactsheets/data-and-innovation.pdf>

Building on these past achievements, CDC continues to help countries analyze their HTS program data – including information from required PEPFAR indicators, expenditure analysis, quality assurance monitoring, population-based surveys, and other sources – to target PEPFAR resources most effectively, improve the quality of PEPFAR-supported HTS, and maximize PEPFAR’s impact. Strategies for providing this assistance include quarterly monitoring calls with all 38 PEPFAR-supported countries and regional programs, as well as developing and disseminating partner management tools.

Definition of unobligated balances

Deroy Murdock 2011 (nationally syndicated columnist with the Scripps Howard News Service and a media fellow with the Hoover Institution on War, Revolution, and Peace at Stanford University.) 14 February 2011 “The Federal Government’s Unspent Billions” <https://www.nationalreview.com/2011/02/federal-governments-unspent-billions-deroy-murdock/>

That’s right. An arcane budgetary category called “unobligated funds” includes money that Congress has appropriated for agencies and programs in every corner of the federal government. When that money goes unspent, it just sits there — like an ancient wooden chest on a Caribbean island, just waiting to be pried open.

$921 billion in unobligated balances

Government Publishing Office 2017 (The United States Government Publishing Office (GPO) (formerly the Government Printing Office) is an agency of the [legislative branch](https://en.wikipedia.org/wiki/Legislature) of the [United States federal government](https://en.wikipedia.org/wiki/United_States_federal_government). The office prints and binds documents produced by and for the federal government.) “BALANCES OF BUDGET AUTHORITY Budget for Fiscal Year 2018 <https://www.govinfo.gov/content/pkg/BUDGET-2018-BALANCES/pdf/BUDGET-2018-BALANCES.pdf>

Total unexpended balances at the end of 2017 to be carried forward to 2018 is estimated to be $2,353 billion. Of this amount, 61% or $1,432 billion is estimated to be obligated, and 39% or $921 billion is estimated to be unobligated. This $921 billion in unobligated balances is similar to previous years. To provide more insight on the magnitude and composition of these balances, Table 9 groups unobligated balances into the following major program categories.

Billions are decades old

Deroy Murdock 2011 (New York commentator Deroy Murdock is a nationally syndicated columnist with the Scripps Howard News Service and a media fellow with the Hoover Institution on War, Revolution, and Peace at Stanford University.) 14 February 2011 “The Federal Government’s Unspent Billions” <https://www.nationalreview.com/2011/02/federal-governments-unspent-billions-deroy-murdock/>

In fact, Senator Coburn’s office estimates that $82.4 billion of these funds are between six and 20 years old! You read correctly: At this very second, the federal budget contains $82.4 billion that has hibernated in numerous accounts between FY 1991 and FY 2005. While agency chiefs and lobbyists might scream that these funds are sacred, such arguments become hilarious when applied to taxpayer dollars that have remained untouched for at least half a dozen years.

ADVOCACY

Joe Biden and Bill Frist: We need to step up investment in HIV/AIDS

Former Vice President Joe Biden and Dr. Bill Frist 2018 (Biden served from 2009 to 2017 as vice president of the United States and was the ranking Democrat on the Senate Foreign Relations Committee when PEPFAR was launched. He currently leads the Penn Biden Center for Diplomacy and Global Engagement at the University of Pennsylvania. Bill Frist M.D. was Senate majority leader at the advent of PEPFAR. He is a physician who advances global health as chairman of Hope Through Healing Hands.) 8 June 2018 “Biden & Frist: Now is not the time to cut off AIDS funding” <https://www.cnn.com/2018/06/08/opinions/pepfar-funding-fight-aids-biden-frist/index.html>

This is not the time to pull back. This is a moment for the United States to step up our investment in HIV/AIDS, rally other nations to join us and finish the work we started.

U.S. funding increases are needed to end the pandemic, and they’re also key to getting other countries to do more

David Fidler 2018 (Adjunct Senior Fellow for Cybersecurity and Global Health at the Council on Foreign Relations and is the James Louis Calamaras Professor of Law at the Indiana University Maurer School of Law; expert in international law, cybersecurity, national security, terrorism, counterinsurgency, international trade, biosecurity, and global health.) 13 May 2018 “PEPFAR’s Impact on Global Health Is Fading” <https://www.cfr.org/expert-brief/pepfars-impact-global-health-fading>

However, HIV/AIDS efforts need more investment to end the threat of the pandemic’s creeping resurgence. Other countries could answer this call, but adequate additional funding will not materialize if donor and recipient countries perceive the U.S. commitment to PEPFAR as wavering. Being too big to fail will not save it. The program is big enough that it is vulnerable to America First unilateralism metastasizing in a context of historic U.S. fiscal irresponsibility.

Despite successes, more needs to be done

Roger J. Chin, MA, MPA, Domrongphol Sangmanee, MA, and Lisa Piergallini, MA 2015 (Chin is a PhD student in Political Science and Information Systems at Claremont Graduate Univ. ; works as a Staff Research Associate at Univ of California, Irvine Center for Evidence-Based Corrections. Sangmanee: PhD student at Claremont Graduate Univ., Dept of Politics and Policy. Lisa J Piergallini: Claremont Graduate Univ., Political Science, Grad. Student.) 2015 “PEPFAR Funding and Reduction in HIV Infection Rates in 12 Focus Sub-Saharan African Countries: A Quantitative Analysis” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5005989/> (“ceteris paribus” means “all other things being equal”)

Even though HIV/AIDS cannot be cured as of yet, there is intrinsic value in preventing the rapid spread of this malady. Although the programs and allocated funding of PEPFAR accomplished most of the stated objectives, there remains even more that needs to be accomplished, for HIV/AIDS continues to persist as a global pandemic presenting significant challenges. Despite a few limitations, this study was able to analyze and illustrate the relative effectiveness of PEPFAR funding in lowering the HIV infection rates on the continent of Africa, and has hopefully provided valuable insight for future policy considerations.

JUSTIFICATIONS FOR U.S. INVOLVMENT

Improved U.S. image

Former Senators Tom Daschle and Dr. Bill Frist, M.D. 2015 (Daschle -Senate minority leader from 1995 to 2001 and from 2003 to 2005, majority leader from 2001 to 2003. Bill Frist M.D. is a BPC senior fellow and a member of BPC's Future of Health Care Initiative. he was Senate majority leader from 2003 to 2007. Staff contributors to report: Blaise Misztal: Director of National Security. Dr. Anand Parekh: Senior Advisor. Ayhan Üçok: Policy Analyst. Jessica Michek: Project Assistant.) November 2015 “The Case for Strategic Health Diplomacy: A Study of PEPFAR” <https://bipartisanpolicy.org/wp-content/uploads/2015/11/BPC_Strategic-Health-November-2015.pdf>

A 2007 Pew Global Attitudes project found that, of the 11 countries with the most positive opinions of the United States, nine were from Sub-Saharan Africa.40 Six of these nine were PEPFAR countries. Poll results further showed that, between 2007 and 2011, PEPFAR countries have had an average approval rating of 68 percent compared with the world average of 46 percent. Notably, PEPFAR countries saw a substantial uptick from 2009 to 2010 when global opinion of the United States had plunged, as shown in Figure 4.

HIV and child soldiers are linked

Former Senators Tom Daschle and Dr. Bill Frist, M.D. 2015 (Daschle -Senate minority leader from 1995 to 2001 and from 2003 to 2005, majority leader from 2001 to 2003. Bill Frist M.D. is a BPC senior fellow and a member of BPC's Future of Health Care Initiative. he was Senate majority leader from 2003 to 2007. Staff contributors to report: Blaise Misztal: Director of National Security. Dr. Anand Parekh: Senior Advisor. Ayhan Üçok: Policy Analyst. Jessica Michek: Project Assistant.) November 2015 “The Case for Strategic Health Diplomacy: A Study of PEPFAR” <https://bipartisanpolicy.org/wp-content/uploads/2015/11/BPC_Strategic-Health-November-2015.pdf>

A second, less obvious concern among the development community was the escalation of the number of HIV/AIDS-related orphans prior to PEPFAR. At the time of PEPFAR’s introduction in 2003, the number of orphans created by HIV/AIDS was on the rise. A high rate of orphaned children is considered a serious risk factor for state fragility, as they comprise a base of dispossessed and disaffected citizens who can be easily recruited and exploited for terrorist, criminal, and militant activities. One study, for example, found that “HIV/AIDS and child soldiering are thoroughly intertwined problems that exert reciprocal influences on each other.” Africa not only has the highest prevalence of HIV/AIDS in the world but also the largest number of child soldiers.

Impact: PEPFAR reduces orphans

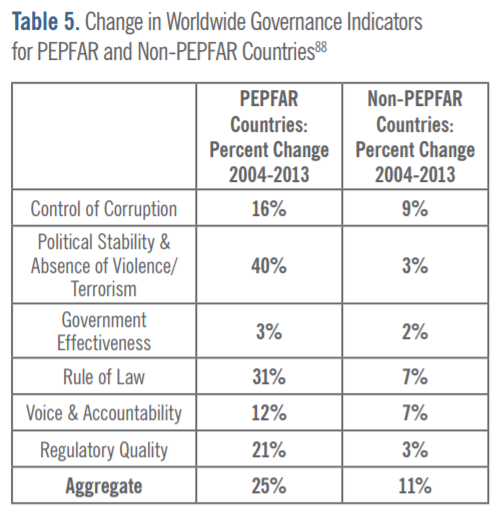
Former Senators Tom Daschle and Dr. Bill Frist, M.D. 2015 (Daschle -Senate minority leader from 1995 to 2001 and from 2003 to 2005, majority leader from 2001 to 2003. Bill Frist M.D. is a BPC senior fellow and a member of BPC's Future of Health Care Initiative. he was Senate majority leader from 2003 to 2007. Staff contributors to report: Blaise Misztal: Director of National Security. Dr. Anand Parekh: Senior Advisor. Ayhan Üçok: Policy Analyst. Jessica Michek: Project Assistant.) November 2015 “The Case for Strategic Health Diplomacy: A Study of PEPFAR” <https://bipartisanpolicy.org/wp-content/uploads/2015/11/BPC_Strategic-Health-November-2015.pdf>

Notably, Table 3 shows that eight of the 12 PEPFAR countries saw a drop in the number of orphans from 2004 to 2014, compared with only three of the 12 non-PEPFAR countries. All three non-PEPFAR countries that experienced a drop in HIV/AIDS-related orphans saw a decline of 25 percent or less, whereas in PEPFAR focus countries, many of the reductions were by more than 25 percent.

Good governance and less conflict

Former Senators Tom Daschle and Dr. Bill Frist, M.D. 2015 (Daschle -Senate minority leader from 1995 to 2001 and from 2003 to 2005, majority leader from 2001 to 2003. Bill Frist M.D. is a BPC senior fellow and a member of BPC's Future of Health Care Initiative. he was Senate majority leader from 2003 to 2007. Staff contributors to report: Blaise Misztal: Director of National Security. Dr. Anand Parekh: Senior Advisor. Ayhan Üçok: Policy Analyst. Jessica Michek: Project Assistant.) November 2015 “The Case for Strategic Health Diplomacy: A Study of PEPFAR” <https://bipartisanpolicy.org/wp-content/uploads/2015/11/BPC_Strategic-Health-November-2015.pdf>

Since 2004, PEPFAR countries also performed particularly well in the World Bank’s worldwide governance indicators,i shown in Table 5. Notably, PEPFAR countries in Sub-Saharan Africa reduced political instability and violent activity by 40 percent compared with just 3 percent among non-PEPFAR countries in the region.



Growing markets in Africa benefit U.S.

Dr. Jeremy Barofsky, Dr. Neeraj Sood and Zachery Wagner 2015 (Barofsky Sc.D., M.A. is a non-resident Fellow in Governance Studies at the Brookings Institution and a Research Associate at Tulane University’s Commitment to Equity (CEQ) Institute; doctorate from Harvard Univ School of Public Health in Global Health and Population (Economics); M.A. in Economics from Boston Univ. Neeraj Sood, Ph.D., is the Vice Dean for Research at the USC Price School of Public Policy; a researcher at the Leonard D. Schaeffer Center for Health Policy & Economics, and Professor at the Price School’s Department of Health Policy and Management and the School of Pharmacy’s Department of Pharmaceutical and Health Economics. Wagner is a doctoral student in health economics at Univ. of California, Berkeley.) 9 June 2015 “PEPFAR Funding Associated With An Increase In Employment Among Males in Ten Sub-Saharan African Countries” <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2014.1006>

Second, Africa represents a small but rapidly growing US export market, with US exports to sub-Saharan Africa increasing 250 percent in the past decade. [**11**](https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2014.1006#B11) This means that economic improvements in Africa can benefit the US economy indirectly.

Former aid recipients are U.S. export markets

Bill Gates 2017 (founder of Microsoft, Bill and Melinda Gates co-chair the charitable foundation bearing their names.) 17 March 2017 “How foreign aid helps Americans” <https://www.gatesnotes.com/Development/How-Foreign-Aid-Helps-Americans>

A more stable world is good for everyone. But there are other ways that aid benefits Americans in particular. It strengthens markets for U.S. goods: of our top 15 trade partners, 11 are former aid recipients. It is also visible proof of America’s global leadership. Popular support for the U.S. is high in Africa, where aid has such a dramatic impact. When you help a mother save her child’s life, she never forgets. Withdrawing now would not only cost lives, it would create a leadership vacuum that others would happily fill.

Life expectancy decreases war probability

Dr. Tyler Kustra 2016 (visiting fellow at the Weatherhead Center for International Affairs and the Institute for Quantitative Social Science at Harvard University. Ph.D. in politics from New York University.) Journal of Conflict Resolution (peer-reviewed and published eight times a year; journal is a member of the Committee on Publication Ethics) 28 February 2016 “HIV/AIDS, Life Expectancy, and the Opportunity Cost Model of Civil War” <http://journals.sagepub.com/doi/abs/10.1177/0022002716628281>

This article views death in battle as an opportunity cost whose size is determined by the number of years a rebel would have lived as a civilian. As civilian life expectancy declines, this opportunity cost does too, increasing the probability of rebellion. This theory is tested with a tragic natural experiment: the HIV/AIDS epidemic in sub-Saharan Africa. Using male circumcision rates as an instrument for life expectancy, the analysis shows that a one-year increase in life expectancy decreases the probability of civil war by 2.6 percentage points. This supports the theory that opportunity costs are important determinants of conflict onset and that nonpecuniary opportunity costs should be taken into account. This article concludes by noting that cost–benefit analyses of public health interventions should include decreases in the probability of civil war, and the attendant benefits in terms of lives saved and material damage prevented, in their calculations.

Other benefits of PEPFAR: addresses other diseases, builds health care systems, improves US image abroad

Anthony Fauci, M.D., and Robert Eisinger, Ph.D. 2018 (The authors are from the National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, MD. The article was published in the New England Journal of Medicine, the world’s leading medical journal and website.) 25 January 2018 “PEPFAR — 15 Years and Counting the Lives Saved” <https://www.nejm.org/doi/full/10.1056/NEJMp1714773>

PEPFAR has also provided some of the critical workforce, organizational, and physical infrastructure to address other concerns — such as malaria, tuberculosis, maternal and child health, immunizations, and unanticipated infectious disease outbreaks — that affect the geographic areas where patients with HIV are treated. Specifically, the program has contributed to building sustainable health system capacity in host countries by investing in the critical infrastructure of laboratories and training more than 220,000 health care workers. With regard to international public relations, PEPFAR has done as much as or more than any other program in enhancing the humanitarian image of the United States and has firmly established it as a key player in the response to a historic global public health crisis.

PEPFAR also helps prevent and respond to Ebola

Former Senators Tom Daschle and Bill Frist, M.D. 2018 (Staff contributors to report: Blaise Misztal: Director of National Security. Anand Parekh, M.D. Chief Medical Advisor. Hannah Martin: Senior Policy Analyst. Jessica Michek: Policy Analyst. Charles Holmes, M.D. Consultant. Matthew Kavanagh, Ph.D. Consultant. Nikki Smith: Intern. Tom Daschle, former Senate minority leader from 1995 to 2001 and from 2003 to 2005, and majority leader from 2001 to 2003. Bill Frist is a BPC senior fellow and co-chair of its Health Project and Supplemental Nutrition Assistance Program (SNAP) Task Force, was Senate majority leader from 2003 to 2007.) July 2018 “Building Prosperity, Stability, and Security Through Strategic Health Diplomacy: A Study of 15 Years of PEPFAR” <https://bipartisanpolicy.org/wp-content/uploads/2018/07/Building-Prosperity-Stability-and-Security-Through-Strategic-Health-Diplomacy-A-Study-of-15-Years-of-PEPFAR.pdf>

As an additional analysis, our report also explores PEPFAR’s role in the response to the 2014 Ebola outbreaks—a less-explored lens through which to view the broader impacts of the program. While the role of capacities developed through other development efforts have been well documented, the role of PEPFAR funding has received less attention. We find that long-term PEPFAR investment in laboratory capacity-building in Nigeria and Uganda has repeatedly worked to prevent and respond to Ebola, including in the 2014 West Africa outbreaks, in ways that were distinct from countries with little or no PEPFAR investment. Though PEPFAR was by no means the only investment in the fight against Ebola, the program played a critical role in building the foundation for epidemic outbreak response.

Additional benefits of PEPFAR: better governance in poor countries, increased foreign investment in HIV programs

Former Senators Tom Daschle and Bill Frist, M.D. 2018 (Staff contributors to report: Blaise Misztal: Director of National Security. Anand Parekh, M.D. Chief Medical Advisor. Hannah Martin: Senior Policy Analyst. Jessica Michek: Policy Analyst. Charles Holmes, M.D. Consultant. Matthew Kavanagh, Ph.D. Consultant. Nikki Smith: Intern. Tom Daschle, former Senate minority leader from 1995 to 2001 and from 2003 to 2005, and majority leader from 2001 to 2003. Bill Frist is a BPC senior fellow and co-chair of its Health Project and Supplemental Nutrition Assistance Program (SNAP) Task Force, was Senate majority leader from 2003 to 2007.) July 2018 “Building Prosperity, Stability, and Security Through Strategic Health Diplomacy: A Study of 15 Years of PEPFAR” <https://bipartisanpolicy.org/wp-content/uploads/2018/07/Building-Prosperity-Stability-and-Security-Through-Strategic-Health-Diplomacy-A-Study-of-15-Years-of-PEPFAR.pdf>

We conducted 15 in-depth interviews with U.S. ambassadors to deepen our understanding of PEPFAR’s effects on diplomacy. These interviews highlight the ways in which PEPFAR has supported this broader work. PEPFAR has, for example, enabled much greater U.S. engagement with more diverse and broader swaths of society in partner countries, helped to build and strengthen key relationships, and supported further development of governance and rule of law in partner countries. The program has also been successful in encouraging governments to invest much more substantially in their own HIV and broader health responses, which is key to long-term sustainability of the impacts of U.S. aid.

ADVANTAGES FOR AFFECTED COUTNRIES

Anti-Retroviral Therapy improves workforce productivity

Dr. Jeremy Barofsky, Dr. Neeraj Sood and Zachery Wagner 2015 (Barofsky Sc.D., M.A. is a non-resident Fellow in Governance Studies at the Brookings Institution and a Research Associate at Tulane University’s Commitment to Equity (CEQ) Institute; doctorate from Harvard Univ School of Public Health in Global Health and Population (Economics); M.A. in Economics from Boston Univ. Neeraj Sood, Ph.D., is the Vice Dean for Research at the USC Price School of Public Policy; a researcher at the Leonard D. Schaeffer Center for Health Policy & Economics, and Professor at the Price School’s Department of Health Policy and Management and the School of Pharmacy’s Department of Pharmaceutical and Health Economics. Wagner is a doctoral student in health economics at Univ. of California, Berkeley.) 9 June 2015 “PEPFAR Funding Associated With An Increase In Employment Among Males in Ten Sub-Saharan African Countries” <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2014.1006>

PEPFAR’s effect on population-level economic outcomes is ambiguous. On the one hand, there are several reasons why PEPFAR could improve economic outcomes. First, ART has been shown to create economic benefits for HIV-positive people and their families by increasing their productivity in the workforce.

PEPFAR produces employment gains among males in poor countries, generating economic benefits

Dr. Jeremy Barofsky, Dr. Neeraj Sood and Zachery Wagner 2015 (Barofsky Sc.D., M.A. is a non-resident Fellow in Governance Studies at the Brookings Institution and a Research Associate at Tulane University’s Commitment to Equity (CEQ) Institute; doctorate from Harvard Univ School of Public Health in Global Health and Population (Economics); M.A. in Economics from Boston Univ. Neeraj Sood, Ph.D., is the Vice Dean for Research at the USC Price School of Public Policy; a researcher at the Leonard D. Schaeffer Center for Health Policy & Economics, and Professor at the Price School’s Department of Health Policy and Management and the School of Pharmacy’s Department of Pharmaceutical and Health Economics. Wagner is a doctoral student in health economics at Univ. of California, Berkeley.) 9 June 2015 “PEPFAR Funding Associated With An Increase In Employment Among Males in Ten Sub-Saharan African Countries” <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2014.1006>

The President’s Emergency Plan for AIDS Relief (PEPFAR) has provided billions of US tax dollars to expand HIV treatment, care, and prevention programs in sub-Saharan Africa. This investment has generated significant health gains, but much less is known about PEPFAR’s population-level economic effects. We used a difference-in-differences approach to compare employment trends between ten countries that received a large amount of PEPFAR funding (focus countries) and eleven countries that received little or no funding (control countries). We found that PEPFAR was associated with a 13 percent differential increase in employment among males in focus countries, compared to control countries. However, we observed no change in employment among females. In addition, we found that increasing PEPFAR per capita funding by $100 was associated with a 9.1-percentage-point increase in employment among males. This rise in employment generates economic benefits equal to half of PEPFAR’s cost. These findings suggest that PEPFAR’s economic impact should be taken into account when making aid allocation decisions.

Impact: Terrorism averted

Gertrude Ansaaku 2017 (Gertrude Adwoa Offeibea Ansaaku is a PhD student in international affairs at LECIAD, University of Ghana, Legon, and a Yale Fox International Fellow, 2016-2017.) 15 August 2017 “YOUTH UNEMPLOYMENT AND THE FIGHT AGAINST TERRORISM IN WEST AFRICA” <https://worldpolicy.org/2017/08/15/youth-unemployment-and-the-fight-against-terrorism-in-west-africa/>

Youth unemployment is a major driver of terrorism. An African Development Bank [study](https://www.afdb.org/fileadmin/uploads/afdb/Documents/Publications/Working_Paper_171_-_Youth_Unemployment_and_Political_Instability_in_Selected_Developing_Countries.pdf" \t "_blank)examining youth unemployment in 24 developing countries over 30 years concludes that this economic factor plays a significant role in a nation’s risk of political instability. Insecure environments, then, become ripe for terrorism. The [2006 U.N. Global Counter-terrorism Strategy](https://www.un.org/counterterrorism/ctitf/en/un-global-counter-terrorism-strategy) and the [2015 Plan of Action to Prevent Violent Extremism](http://www.un.org/en/ga/search/view_doc.asp?symbol=A/70/674) both acknowledge that poverty and youth unemployment make the spread of violent extremism easier. Without jobs, violent extremist organizations can be an attractive source of income, and countries that fail to create employment opportunities for young people witness more incidents perpetrated by these groups. To counter this trend, the U.N. plan prescribes youth empowerment through involvement in decision-making, mentorship programs, and entrepreneurial support, as well as improved education, skills development, and employment facilitation.

Not just saving lives: ART treatment also gives 0.87-2.87 economic return ratio

Chris Collins, Michael Isbell, Annette Sohn, and Kent Klindera 2012 (Collins is a vice president and director of public policy at amfAR, the Foundation for AIDS Research, in Washington, D.C. Isbell is an independent consultant for amfAR, specializing in public health policy, in New York City. Annette Sohn is a vice president and director of the Therapeutics Research, Education, and AIDS Training in Asia program at amfAR, in Bangkok, Thailand. Klindera is a director at amfAR, in New York City. Health Affairs is the leading journal of health policy thought and research. The peer-reviewed journal was founded in 1981.) July 2012 “Four Principles For Expanding PEPFAR’s Role As A Vital Force In US Health Diplomacy Abroad” <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2012.0204>

Expanding effective interventions would also minimize future cost burdens. According to modeling exercises, rapid expansion of core interventions, such as antiretroviral treatment, prevention of mother-to-child transmission, and voluntary medical male circumcision, would enable total AIDS costs to begin to decline by 2016.  Indeed, every dollar spent on antiretroviral treatment yields $0.87–$2.87 in economic returns.

PEPFAR = Spillover health benefits (reduces other diseases and lengthens life)

Robert Cohen, MD, Yuanzhang Li, PhD, Russell Giese, MD, and James Mancuso, MD, DrPH, MPH 2013 (Cohen, Li, and Mancuso: Preventive Medicine Program, Walter Reed Army Institute of Research. Giese: Military HIV Research Program, Walter Reed Army Institute of Research) 1 April 2013 “An evaluation of the President's Emergency Plan for AIDS Relief effect on health systems strengthening in sub-Saharan Africa.” <https://www.ghdonline.org/uploads/cohen_jaids_2013.pdf>

PEPFAR activities showed strong and statistically significant associations with improvements in proximal indicators of health systems strengthening, those related directly to HIV, specifically life expectancy (P = 0.003) and tuberculosis incidence, prevalence, and mortality (P < 0.0001). There were nonsignificant associations between PEPFAR and improvements in distal indicators of health systems strengthening, namely infant mortality and under 5 child mortality.

DISADVANTAGE RESPONSES

A/T “Dependency” – PEPFAR supports self-reliance

Dr. Mark Dybul, MD 2017 (*Professor at Georgetown University School of Medicine and a Board Member at Friends of the Global Fight Against AIDS, Tuberculosis and Malaria. He led PEPFAR from 2006 to 2009 and the Global Fund from 2013 to 2017.) 29 November 2017 “US can't be the only one to shoulder the financial responsibility of AIDS”* <http://thehill.com/opinion/healthcare/362270-us-cant-shoulder-the-financial-or-programmatic-responsibility-of-aids>

It is also noteworthy that PEPFAR and the Global Fund have worked with UNAIDS to press countries to increase their own financing for shared responsibility. Malawi now provides 25 percent of funding for its national program and Swaziland more than 50 percent including nearly all funding for first line treatment for adults.

A/T “Dependency” – US money brings in other donors and cash to Global Fund

Todd Summers 2017 (senior adviser to the Global Health Policy Center at the Center for Strategic and International Studies (CSIS). This paper grew out of a CSIS Global Health Policy Center working group on HIV and the work of one of its sub-groups on the Global Fund and its partnership with PEPFAR. The members of the sub-group included the following (organizations listed for identification purposes only): Jennifer Kates, Kaiser Family Foundation; Lisa Carty, UNAIDS; Chris Collins, Friends of the Global Fight; Michael Johnson, Bill and Melinda Gates Foundation; Ambassador (ret.) Jimmy Kolker; Ron MacInnis, Palladium; and John Monahan, Georgetown University.) August 2017 “The Global Fund and PEPFAR: Complementary, Successful, and Under Threat” <https://csis-prod.s3.amazonaws.com/s3fs-public/publication/170901_Summers_GlobalFundPEPFAR_Web.pdf?UBiziVD1cRv.RggPn3gIi5Q0isqOgSUR>

The United States remains the largest single donor to the global HIV response, and contributes one-third of Global Fund resources. For the current three-year Global Fund funding cycle (2017–2019), the United States has pledged a total of $4.3 billion out of total $12.9 billion committed.8 Cumulatively (as of December 31, 2016), it has provided over $12.5 billion to the Global Fund. With its strict 2:1 matching requirement (whereby every U.S. dollar contributed must be matched by two dollars from other donors), the U.S. investment has leveraged an additional $25 billion from other donors. Perhaps even more important are the significant and growing coinvestments required by the Global Fund of countries receiving grants. Indeed, a recent analysis found that “African countries committed $10.9 billion to health programs for 2015–2017, marking the first time Africa has mobilized more domestic than foreign funding for health.”

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