Negative Brief: PEPFAR Funding

By Naomi Mathew

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

Summary: The Affirmative plan increases funding to the Presidents Emergency Plan for Aids Relief. Its past success and humanitarian goals can make it sound intimidating, but don’t worry: there are plenty of good reasons to oppose this plan.

First, PEPFAR doesn’t need the extra funding. Its budget is not being cut, but even if it is, it doesn’t matter because it needs less money. Advances in technology mean that PEPFAR can reach more people with fewer resources. Also, don’t let Affirmative claim any far-fetched advantages from PEPFAR like government stability. The research on this issue is faulty.

For solvency: PEPFAR may seem effective, but it has problems with transparency. PEPFAR’s shipping company has been having issues, and it fails to deliver almost all health packages on time and in full. Until these issues have been solved, we shouldn’t increase funding to this program Finally, PEPFAR has historically been exempt from the Mexico City Policy (MCP), which bans US aid from organizations that are even only loosely connected to abortion. The Trump admin has decided to apply the MCP to PEPFAR. This is problematic because many of the non-governmental organizations that distribute PEPFAR aid would be harmed. Countries lack other reliable organizations that can distribute these funds. Because of this, PEPFAR’s past success will not continue.

The plan has the disadvantages of encouraging developing countries to rely on US aid instead of becoming self-sufficient, and the HIV/AIDS funding distracts countries from other, more pressing issues.

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Negative: PEPFAR Funding

MINOR REPAIR: Partner country spending guidelines

Harvard study: If PEPFAR’s partner countries met spending guidelines, they would cover most of their needs and US funds could be reallocated

Sam P.K. Collins 2015. (Sam Collins is a grassroots journalist & educator with a Master’s degree in Public Policy from George Washington University.) Think Progress, January 9, 2015. “Why Africa Could Lead Its Own Fight Against AIDS” <https://thinkprogress.org/why-africa-could-lead-its-own-fight-against-aids-4283fcfbb20d/> [brackets added]

“This is going to cost more money over the next few years, but the question of where the funding will come from is complicated,” Dr. Robert Hecht, an author of a Harvard School of Public Health and the Results for Development Institute study that explores this issue, told Voice of America. In the study, researchers test the capacity of more than one dozen African countries with a high prevalence of HIV/AIDS — including Botswana, Namibia, South Africa, and Ethiopia — to increase domestic HIV/AIDS spending.

**END QUOTE. He goes on later in the same article to say QUOTE:**

The Harvard University study, published in the January issue of the Lancet Global Health, found that if PEPFAR’s 12 partner countries met proposed spending benchmarks, domestic HIV/AIDS spending would cover 64 percent of estimated future spending — ultimately reallocating funding from PEPFAR and the Global Fund to meet other needs.”

If PEPFAR’s partner countries met their guidelines it would help them become independent

Sam P.K. Collins 2015. (Sam Collins is a grassroots journalist & educator with a Master’s degree in Public Policy from George Washington University.) Think Progress, January 9, 2015. “Why Africa Could Lead Its Own Fight Against AIDS” <https://thinkprogress.org/why-africa-could-lead-its-own-fight-against-aids-4283fcfbb20d/>

The increase in shared responsibility could benefit the Motherland in ways that go well beyond the global HIV/AIDS epidemic. Africans have long wanted to shift away from a dependence on international aid, especially as the growth of some of the countries’ economies outpace that of the continent. In 2005, a group of analysts criticized the effectiveness of perpetual Western aid in the decades after African countries found their independence from European countries.

INHERENCY

1. Budget already increased recently

PEPFAR received $800 million more than its budget request in 2018

Rachel Silverman 2018. (senior policy analyst and assistant director of global health policy at the Center for Global Development, focusing on global health financing and incentive structures; Master of Philosophy with distinction in public health from the University of Cambridge.) Center for Global Development, July 2, 2018. “Will PEPFAR “Acceleration” Put Its Money Where Its Mouth Is?” <https://www.cgdev.org/blog/will-pepfar-acceleration-put-its-money-where-its-mouth> [brackets added]

As already discussed, the FY2017 funding levels are estimated actuals, while the FY2018 and FY2019 figures are just requests. PEPFAR ultimately received an additional $800 million (21 percent) above its budget request in the FY[Fiscal Year]2018 Omnibus; much will depend on how PEPFAR distributes this additional funding across countries. Will it use the extra money to double down on its acceleration strategy, channeling even more additional funding toward the 13 priority countries? Will it reverse proposed cuts to the Global Fund or central programs? Or will it instead plug the holes in the bilateral country programs that would otherwise see cuts? Notably, although the overall PEPFAR budget request would represent a cut from FY2017 levels, the request for bilateral country programs is just barely budget positive, representing an increase of $11.8 million from the 2017 baseline. Even if the proposed PEPFAR cuts go unrealized (as most expect), the reallocation between countries might still take place.

2. PEPFAR will never be cut

Even when presidents try to cut PEPFAR, Congress refuses to cut it

Adva Saldinger 2018. (Associate Editor at Devex, where she covers the intersection of business and international development, as well as U.S. foreign aid policy. A journalist with more than 10 years of experience, she has worked at several newspapers in the U.S. and lived in both Ghana and South Africa.) Devex, July 23, 2018. “Ambassador Birx on PEPFAR's budget, country ownership, and how to tackle the epidemic” <https://www.devex.com/news/ambassador-birx-on-pepfar-s-budget-country-ownership-and-how-to-tackle-the-epidemic-93031>

Birx called the proposed cuts helpful in pushing PEPFAR to make the right choices and to spend on things that will have great, rather than just good outcomes. Congress has been a strong supporter of PEPFAR, even when previous administrations tried to cut spending, Congress rejected it. It’s not as if these issues, or this back and forth on budget are new, Birx said.

3. New Technology solves

New technology means PEPFAR can do more with less funding in Status Quo

Adva Saldinger 2018. (Associate Editor at Devex; journalist with more than 10 years of experience, she has worked at several newspapers in the U.S. and lived in both Ghana and South Africa) Devex, July 23, 2018. “Ambassador Birx on PEPFAR's budget, country ownership, and how to tackle the epidemic” <https://www.devex.com/news/ambassador-birx-on-pepfar-s-budget-country-ownership-and-how-to-tackle-the-epidemic-93031>

Moreover, PEPFAR has been able to double the number of people on treatment, triple the number of circumcisions, launch a new program accelerating children’s treatment, and start one targeting adolescent girls — all with a flat budget, she said. The money for those programs came from improvements in data collection and how it was used, allowing PEPFAR to create “greater and greater impact for the dollars we had,” she said.

4. Tight budget actually solves better

US Global AIDS coordinator: PEPFAR’s tight budget is good because it ensures the program runs effectively

Adva Saldinger 2018. (Associate Editor at Devex, where she covers the intersection of business and international development, as well as U.S. foreign aid policy. A journalist with more than 10 years of experience, she has worked at several newspapers in the U.S. and lived in both Ghana and South Africa.) Devex, July 23, 2018. “Ambassador Birx on PEPFAR's budget, country ownership, and how to tackle the epidemic” <https://www.devex.com/news/ambassador-birx-on-pepfar-s-budget-country-ownership-and-how-to-tackle-the-epidemic-93031> [brackets added]

While many PEPFAR advocates have criticized the Trump administration’s proposed budget cuts to PEPFAR, [U.S. global AIDS coordinator Deborah] Birx looks at it a bit differently.“Our job as program managers is to take the dollars that we have and make the best use of them,” she said. “I think the president's budget to foreign assistance in general is really a wakeup call to all of us to look precisely where our dollars are going and what we're achieving,” she said. If Donald Trump didn’t want the program to continue, he would have eliminated its budget, so Birx interpreted the cuts as pushing the program to do better due diligence to ensure each taxpayer dollar is spent as effectively as possible — from headquarters down to local clinics.

PEPFAR cuts would actually help PEPFAR become more efficient

Adva Saldinger 2018. (Associate Editor at Devex, where she covers the intersection of business and international development, as well as U.S. foreign aid policy. A journalist with more than 10 years of experience, she has worked at several newspapers in the U.S. and lived in both Ghana and South Africa.) Devex, July 23, 2018. “Ambassador Birx on PEPFAR's budget, country ownership, and how to tackle the epidemic” <https://www.devex.com/news/ambassador-birx-on-pepfar-s-budget-country-ownership-and-how-to-tackle-the-epidemic-93031> [brackets added]

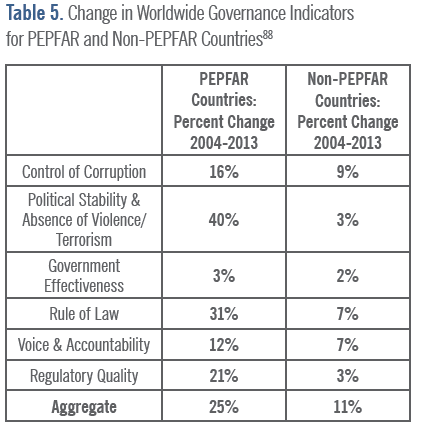
[US Global AIDS coordinator] Birx called the proposed cuts helpful in pushing PEPFAR to make the right choices and to spend on things that will have great, rather than just good outcomes. Congress has been a strong supporter of PEPFAR, even when previous administrations tried to cut spending, Congress rejected it. It’s not as if these issues, or this back and forth on budget are new, Birx said. “I think that kind of constraint allows us to be tough on ourselves in a different way than you can be when your budget is always going up,” she said. “We always default to more resources instead of really asking the hard things because then it's change and change is hard because you have to give up something to do the thing that's better. That is very hard to do.”

SOLVENCY

1. PEPFAR doesn’t solve for government stability or violence

Issue 1: doubts about the Bipartisan Policy Center study claiming PEPFAR helps African countries

Jon Greenberg 2016. (staff writer with PolitiFact. He has twice won awards from the Society of Professional Journalists for investigative reporting.) PolitiFact, March 4, 2016. “Do U.S. global AIDS dollars build stability, less violence? Hard to prove” <https://www.politifact.com/truth-o-meter/statements/2016/mar/04/tom-daschle/do-us-global-aids-dollars-build-stability-less-vio/>

The report Daschle cited used World Bank data to make some comparisons. It included the table below to show how 12 PEPFAR countries in Africa made more gains than 12 other African nations. The methodology behind this comparison is murky, if only because it’s unclear precisely how certain African countries were picked to contrast with the PEPFAR ones. We duplicated the study’s selection criteria and came up with a slightly different list of nations. That could alter the results in the table above.

Issue 2: correlation doesn’t mean causation

Jon Greenberg 2016. (staff writer with PolitiFact. He has twice won awards from the Society of Professional Journalists for investigative reporting.) PolitiFact, March 4, 2016. “Do U.S. global AIDS dollars build stability, less violence? Hard to prove” <https://www.politifact.com/truth-o-meter/statements/2016/mar/04/tom-daschle/do-us-global-aids-dollars-build-stability-less-vio/>

That aside, there’s a bigger issue. It’s one thing to say that two changes overlapped (corellation) and quite another to say that one thing caused the other (causation). Along those lines, the report offered some significant caveats. It noted that "a multitude of factors influence the quality of governance, making it impossible to assign causation."

It’s not reasonable to conclude that reducing AIDS will reduce violence

Jon Greenberg 2016. (Jon Greenberg is a staff writer with PolitiFact. He has twice won awards from the Society of Professional Journalists for investigative reporting.) PolitiFact, March 4, 2016. “Do U.S. global AIDS dollars build stability, less violence? Hard to prove” <https://www.politifact.com/truth-o-meter/statements/2016/mar/04/tom-daschle/do-us-global-aids-dollars-build-stability-less-vio/> [brackets added]

"There was a lot of rhetoric from the academic, policy, and NGO sectors on how AIDS could pose a security risk to countries in sub-Saharan Africa, but this turned out to be vastly overstated and largely false," Roberts [a senior lecturer at the London School of Hygiene] said. "The claim that reducing AIDS is linked to greater stability seems equally incorrect." Roberts questioned the fundamental logic behind Daschle’s claim. "From an epidemiological perspective, it is not reasonable to conclude that reducing AIDS is causally linked to greater stability and less violence," he said. "There are so many other, far stronger and more plausible reasons why political instability and violence decline."

2. No transparency – no way to know how effective PEPFAR really is

2014: PEPFAR ranked as one of the worst aid organizations worldwide in terms of transparency

Matthew M Kavanagh and Professor of Law Brook K Baker 2014. (Kavanagh - Doctoral Fellow in Political Science at the Univ of Pennsylvania and a fellow at Penn’s Center for Public Health Initiatives as well as a senior policy analyst for Health Global Access Project. Baker -- teaches a Global HIV/AIDS Policy seminar, disability discrimination law, negotiations and an analytical skills workshop. His recent scholarship has focused on the legal, economic and policy response to the global HIV/AIDS pandemics.) The Lancet (peer-reviewed journal), February 20, 2014.“Governance and transparency at PEPFAR” <https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(13)70152-9/fulltext>

However, transparency has declined rather than improved. A recent analysis in the Aid Transparency Index ranked PEPFAR as very poor—50th of 67 aid agencies worldwide. The report noted that, “PEPFAR does not disclose information on contracts to prime partners and sub-partners in a machine-readable and open format consistent with the US Open Data Policy.”

When PEPFAR releases data, it is not done in a timely matter and much is redacted

Matthew M Kavanagh and Professor of Law Brook K Baker 2014. (Kavanagh - Doctoral Fellow in Political Science at the Univ of Pennsylvania and a fellow at Penn’s Center for Public Health Initiatives as well as a senior policy analyst for Health Global Access Project. Baker -- teaches a Global HIV/AIDS Policy seminar, disability discrimination law, negotiations and an analytical skills workshop. His recent scholarship has focused on the legal, economic and policy response to the global HIV/AIDS pandemics.) The Lancet (peer-reviewed journal), February 20, 2014.“Governance and transparency at PEPFAR” <https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(13)70152-9/fulltext>

However, PEPFAR refuses to make data fully public in a timely manner. Country Operational Plans are published only many months after the year's programming has already finished, and then with unexplained redactions of nearly all relevant data. Programmatic goals and targets for each country are inexplicably missing, making the published plans largely useless to increase understanding of the successes or failures of the programme. In a departure from the early years of the programme, the most recent reports to the US Congress do not contain even the most basic data about how programme funds are allocated to programmatic areas.

2018: PEPFAR reports lack basic information

Publish What You Fund 2018. (global campaign for aid transparency. It advocates for the disclosure of timely, accessible and comparable information on aid by aid agencies and organizations. Its main funders are the Hewlett Foundation and the Open Society Foundation.)“US – President's Emergency Plan for AIDS Relief (PEPFAR)” <http://www.publishwhatyoufund.org/the-index/2018/us-pepfar/>

Information on all project attributes indicator is made available, mostly on the IATI Registry. However, some of the basics are missing. The titles provided use many acronyms and the descriptions tend to be incomplete. Sub-national location is also one of the lowest scoring indicators.

PEPFAR inconsistently publishes its reviews/evaluations, and other documents aren’t released at all

Publish What You Fund 2018. (global campaign for aid transparency. It advocates for the disclosure of timely, accessible and comparable information on aid by aid agencies and organizations. Its main funders are the Hewlett Foundation and the Open Society Foundation.)“US – President's Emergency Plan for AIDS Relief (PEPFAR)” <http://www.publishwhatyoufund.org/the-index/2018/us-pepfar/>

Within the good category, US-PEPFAR is one of two organisations to receive zero points for the performance component. While reviews and evaluations as well as results are sometimes published on the organisation’s website, objectives and pre-project impact appraisals are not published at all.

Knowledge about where PEPFAR money goes would make it more efficient

Matthew M Kavanagh and Professor of Law Brook K Baker 2014. (Kavanagh - Doctoral Fellow in Political Science at the Univ of Pennsylvania and a fellow at Penn’s Center for Public Health Initiatives as well as a senior policy analyst for Health Global Access Project. Baker -- teaches a Global HIV/AIDS Policy seminar, disability discrimination law, negotiations and an analytical skills workshop. His recent scholarship has focused on the legal, economic and policy response to the global HIV/AIDS pandemics.) The Lancet (peer-reviewed journal), February 20, 2014.“Governance and transparency at PEPFAR” <https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(13)70152-9/fulltext>

It is time for PEPFAR to become a leader in transparency, to share its data in the service of its mission to end the AIDS crisis, and to expand real country ownership. If published as soon as they are approved for the coming year, with details about the interventions funded, geographic areas of activity, and specific goals and targets, then Country Operational Plans could be important instruments for partner governments and civil society. Knowledge of exactly what PEFPAR-funded non-governmental organisation are doing, what gaps they are filling, and what outcomes they are expected to achieve should be central to the planning of the AIDS response in these countries. Civil society in countries that receive PEPFAR funding could be mobilised to help to monitor the effectiveness of PEPFAR programmes, as well as their own government's efforts alongside donor-funded efforts. Meanwhile, PEPFAR costing studies could be crucial for national programme planners—how much the delivery of antiretroviral therapy costs in a given region should be essential information to be shared with the world. A bill recently passed by US Congress will require greater PEPFAR reporting,8 but is unlikely to change practice for the Country Operational Plans, which is a missed opportunity.

3. Problems with the supply chain must be dealt with – funding alone will not solve

PEPFAR’s supplier only delivers 7 percent of aid shipments “on time and in full”

Michael Igoe 2017. (Senior Reporter with Devex, based in Washington, D.C. He covers U.S. foreign aid, global health, climate change, and development finance.) Devex, August 25, 2017.“Exclusive: Documents reveal largest USAID health project in trouble” <https://www.devex.com/news/exclusive-documents-reveal-largest-usaid-health-project-in-trouble-90933>

The Global Health Supply Chain – Procurement and Supply Management project is a $9.5 billion effort, implemented by Chemonics International, that supports the U.S. government’s most important health initiatives, including the President’s Emergency Plan for AIDS Relief, the President’s Malaria Initiative, and population and reproductive health programs. The project coordinates a complex international supply chain of global health commodities to ensure that items ranging from condoms, to HIV tests and treatments, to high-tech lab equipment are delivered to warehouses and health clinics at the right time and in the right quantities, effectively impacting health outcomes for tens of millions of people in dozens of countries. According to the most recent quarterly reports, obtained and reviewed by Devex, that simply isn’t happening. Between Jan. 1 and March 31, 2017, only 7 percent of the health commodity shipments delivered through the GHSC-PSM project arrived at their destination “on time and in full” — a common metric for measuring the performance of a supply chain.

93 percent of shipments done by PEPFAR’s supplier are incomplete or late

Michael Igoe 2017. (Senior Reporter with Devex, based in Washington; covers U.S. foreign aid, global health, climate change, and development finance.) Devex, August 25, 2017.“Exclusive: Documents reveal largest USAID health project in trouble” <https://www.devex.com/news/exclusive-documents-reveal-largest-usaid-health-project-in-trouble-90933>

The GHSC-PSM project’s 7 percent OTIF rate means that 93 percent of the 389 shipments delivered during the last reported quarter were either incomplete, or failed to arrive within a 21-day window agreed to by the buyer and deliverer, which the project specifies as its definition of on-time delivery. An acceptable OTIF rate is typically considered to be 80 percent, and the private sector’s average OTIF was 89 percent in 2013, according to a survey from PricewaterhouseCoopers. The same survey categorized organizations performing under 80 percent as “laggards.”

4. Mexico City Policy blocks further effectiveness

Link: AFF doesn’t change the Mexico City Policy

It’s a policy that restricts US foreign aid money from being spent by any organization that also does abortions on the side with their own money elsewhere. No matter how much more money AFF gives PEPFAR, most of it won’t get spent, as we’ll see in the evidence that follows. [If AFF claims they’re fiating away the Mexico City Policy, then we critique the AFF mindset for renouncing a policy that opposes abortion. We should get a NEG ballot just for our opposition to abortion.]

Background: Mexico City Policy - PEPFAR was formerly exempt from MCP restriction on foreign aid

American Foundation for AIDS Research 2018. (amfAR, The Foundation for AIDS Research, is an international nonprofit organization dedicated to the support of AIDS research, HIV prevention, treatment education, and the advocacy of AIDS-related public policy.) July 2018.“Impact of Mexico City Policy on PEPFAR” <http://www.amfar.org/uploadedFiles/_amfarorg/Articles/On_The_Hill/2017/IB-Mexico-City-Policy-PEP-B-071818.pdf>

Per the Helms Amendment to the Foreign Assistance Act (1973), U.S. government funding cannot be used to pay for abortion services even when MCP is not in effect. The Mexico City Policy places further restrictions on U.S. funding, stating that all non-U.S.-based NGOs receiving U.S. funds cannot advocate for or promote access to abortion, even if the organization uses its own funds for this work. Exceptions are made in the cases of rape, incest, or when the life of the mother would be endangered. This includes restricting health care providers from even mentioning the existence of abortion or referring patients for abortion services. Under previous administrations, MCP has only applied to U.S. foreign assistance for family planning programs, totaling approximately $600 million per year. President Bush specifically exempted the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) from MCP when it was created in 2003.

Recent Change: Trump in 2018 expanded the Mexico City policy. Now it blocks a lot of usage of PEPFAR’s funding

American Foundation for AIDS Research 2018. (amfAR, The Foundation for AIDS Research, is an international nonprofit organization dedicated to the support of AIDS research, HIV prevention, treatment education, and the advocacy of AIDS-related public policy.) July 2018.“Impact of Mexico City Policy on PEPFAR” <http://www.amfar.org/uploadedFiles/_amfarorg/Articles/On_The_Hill/2017/IB-Mexico-City-Policy-PEP-B-071818.pdf> [brackets added]

However, in his Memorandum reinstating MCP [Mexico City Policy], President Trump directed the Secretaries of State and Health and Human Services to develop a plan to extend MCP to all global health assistance from the U.S. government. This is a significant expansion of the Mexico City Policy and will impact a total of $8.8 billion in foreign aid funding, more than 14 times more than that restricted under President George W. Bush. Nearly 70% of newly implicated foreign aid funding is earmarked for PEPFAR. On May 15, 2017, the State Department formally announced the extension to include PEPFAR. This assessment evaluates the potential impact of the extension of MCP on PEPFAR and the global response to HIV.

Impact: Effectiveness reduced / Solvency blocked. Foreign organizations working on PEPFAR have their effectiveness greatly reduced by Mexico City Policy

American Foundation for AIDS Research 2018. (amfAR, The Foundation for AIDS Research, is an international nonprofit organization dedicated to the support of AIDS research, HIV prevention, treatment education, and the advocacy of AIDS-related public policy.) July 2018.“Impact of Mexico City Policy on PEPFAR” <http://www.amfar.org/uploadedFiles/_amfarorg/Articles/On_The_Hill/2017/IB-Mexico-City-Policy-PEP-B-071818.pdf> [brackets added]

While MCP[Mexico City Policy], does not directly affect overall funding levels in a given country, it may greatly impact the continuity of services that are being provided, particularly given PEPFAR’s efforts to integrate programs with domestic infrastructure and to partner with local implementers. Local capacity to implement programs is essential to the long-term sustainability, efficiency, and effectiveness of programs, and such capacity takes years to develop through strong partnerships and established relationships between, in many cases, U.S.-based NGOs and local counterparts.

Impact: Lost effectiveness. All PEPFAR programs will end up being less efficient and effective

American Foundation for AIDS Research 2018. (amfAR, The Foundation for AIDS Research, is an international nonprofit organization dedicated to the support of AIDS research, HIV prevention, treatment education, and the advocacy of AIDS-related public policy.) July 2018.“Impact of Mexico City Policy on PEPFAR” <http://www.amfar.org/uploadedFiles/_amfarorg/Articles/On_The_Hill/2017/IB-Mexico-City-Policy-PEP-B-071818.pdf> [brackets added]

All PEPFAR programs would end up being more expensive, less efficient, and less effective. In circumstances where local implementing partners cannot agree to MCP terms, subjecting PEPFAR funding to MCP will effectively dismantle many of those relationships and leave U.S.-based implementing partners without significant local capacity to implement their programs, as most countries lack alternative organizations that can absorb funding and implement effective programs. This analysis does not consider the complementarity of services provided by both U.S. and non-U.S. organizations. In practice, relatively few individuals interacting with the health system in a country would be reached only by a U.S.-based implementing partner.

DISADVANTAGES

1. PEPFAR encourages dependency

Example: PEPFAR creased donor dependency syndrome in Nigeria

Florence Femi Odekunle and Raphael Oluseun Odekunle 2016. (Florence Femi Odekunle is associated with Queen Margaret University, Institute for Global Health and Development, Edinburgh, UK. Raphael Oluseun Odekunle is a medical doctor at Bronx-Lebanon Hospital, Bronxville with expertise in Public Health, Epidemiology, Infectious Diseases.) The Pan African Medical Journal, November 11, 2016. “The impact of the US president’s emergency plan for AIDS relief (PEPFAR) HIV and AIDS program on the Nigerian health system” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5326074/>

USAID clearly states that considerable resources have been brought into Nigeria for scaled-up HIV/AIDS treatment by PEPFAR [2]. For instance, in fiscal year 2009, Nigeria received four hundred and thirty-eight million US dollars from PEPFAR. However, AVERT notes that this has contributed to the development of donor dependency syndrome by Nigerian government and this is often reflected in its financial contribution which is only five percent of the funds for the ART program.

Aid fails and creates dependence, and African leaders acknowledge this

Thompson Ayodele, Franklin Cudjoe, Temba A. Nolutshungu, & Charles K. Sunwabe 2005. (Thompson Ayodele is director of the Institute of Public Policy Analysis (Nigeria); Franklin Cudjoe is director of Imani: The Centre for Humane Education (Ghana); Temba A. Nolutshungu is director of the Free Market Foundation (South Africa); and Charles K. Sunwabe is director of the Freedom & International Justice Foundation (United States).)The Cato Institute, September 14, 2015.“African Perspectives on Aid: Foreign Assistance Will Not Pull Africa Out of Poverty” <https://www.cato.org/publications/economic-development-bulletin/african-perspectives-aid-foreign-assistance-will-not-pull-africa-out-poverty>

Helping Africa is a noble cause, but the campaign has become a theater of the absurd - the blind leading the clueless. The record of Western aid to Africa is one of abysmal failure. More than $500 billion in foreign aid - the equivalent of four Marshall Aid Plans - was pumped into Africa between 1960 and 1997. Instead of increasing development, aid has created dependence. The budgets of Ghana and Uganda, for example, are more than 50 percent aid dependent. Said President Aboulaye Wade of Senegal: “I’ve never seen a country develop itself through aid or credit. Countries that have developed - in Europe, America, Japan, Asian countries like Taiwan, Korea and Singapore - have all believed in free markets. There is no mystery there. Africa took the wrong road after independence.

Dependency takes power away from local people

Sam P.K. Collins 2015. (journalist & educator with a Master’s degree in Public Policy from George Washington Univ.) Think Progress, January 9, 2015. “Why Africa Could Lead Its Own Fight Against AIDS” <https://thinkprogress.org/why-africa-could-lead-its-own-fight-against-aids-4283fcfbb20d/>

But that hasn’t stopped some nations from attempting to do so while strengthening infrastructure and maintaining autonomy over domestic policy. Dependence on aid in low-income countries has fallen by one-third since 2000, according to United Kingdom-based organization ActionAid. That change has come amid an increasing realization that taking foreign money takes power away from the people in holding their government accountable in matters of education and health.

Link: Foreign aid encourages reliance on hand-outs by the people and government in poor countries

Jonathan Lea 2016 (British attorney with over 13 years of experience at both large international firms and smaller practices. For the last five years he’s worked on a self-employed basis with a network of other independent lawyers focused on serving the needs of entrepreneur-led businesses and startups around the UK and further afield) 19 May 2015 **updated** 7 Jun 2016, “Why foreign aid is harmful,” <https://www.jonathanlea.net/2015/why-foreign-aid-is-harmful/>

The dependence on foreign aid means that it becomes the opiate of the Third World. In a similar way to how the development of the welfare state in the UK and other developed countries has completely undermined and destroyed society by removing the need for communities to develop themselves through cooperation and exchange and by instead supporting and facilitating anti-social and irresponsible behaviour, foreign aid has largely encouraged Third World governments and their populations to rely on hand-outs instead of on themselves for development.

Impact: Net harm to Africa. Aid lets those out of touch with local African reality control development

Thompson Ayodele, Franklin Cudjoe, Temba A. Nolutshungu, & Charles K. Sunwabe 2005. (Thompson Ayodele is director of the Institute of Public Policy Analysis (Nigeria); Franklin Cudjoe is director of Imani: The Centre for Humane Education (Ghana); Temba A. Nolutshungu is director of the Free Market Foundation (South Africa); and Charles K. Sunwabe is director of the Freedom & International Justice Foundation (United States).)The Cato Institute, September 14, 2015.“African Perspectives on Aid: Foreign Assistance Will Not Pull Africa Out of Poverty” <https://www.cato.org/publications/economic-development-bulletin/african-perspectives-aid-foreign-assistance-will-not-pull-africa-out-poverty>

Africans themselves have realized that Western aid has not been effective. David Karanja, a former Kenyan member of parliament, for example, said: “Foreign aid has done more harm to Africa than we care to admit. It has led to a situation where Africa has failed to set its own pace and direction of development free of external interference. Today, Africa’s development plans are drawn thousands of miles away in the corridors of the IMF and World Bank. What is sad is that the IMF and World Bank experts who draw these development plans are people completely out of touch with the local African reality.

Impact: Trapped in poverty. They can’t pull themselves out of poverty if their governments fail to deliver

Daron Acemoglu and James A. Robinson 2014 (authors of Why Nations Fail; **Acemoglu**—Turkish-American economist from the Massachusetts Institute of Technology; **Robinson**—British political scientist from the University of Chicago) 25 Jan 2014, “Why foreign aid fails - and how to really help Africa,” <https://www.spectator.co.uk/2014/01/why-aid-fails/>

The people in poor countries have the same aspirations as those in rich countries — to have the same chances and opportunities, good health care, clean running water in their homes and high-quality schools for their children. The problem is that their aspirations are blocked today — as the aspirations of black people were in apartheid South Africa — by extractive institutions. The poor don’t pull themselves out of poverty, because the basic ability to do so is denied them. You could see this in the protests behind the Arab Spring: those in Cairo’s Tahrir Square spoke in one voice about the corruption of the government, its inability to deliver public services and the lack of equality of opportunity.

1. Loss of life from other diseases

Focus on AIDS has caused governments to ignore other, equally pressing health problems

Florence Femi Odekunle and Raphael Oluseun Odekunle 2016. (Florence Femi Odekunle is associated with Queen Margaret University, Institute for Global Health and Development, Edinburgh, UK. Raphael Oluseun Odekunle is a medical doctor at Bronx-Lebanon Hospital, Bronxville with expertise in Public Health, Epidemiology, Infectious Diseases.) The Pan African Medical Journal, November 11, 2016. “The impact of the US president’s emergency plan for AIDS relief (PEPFAR) HIV and AIDS program on the Nigerian health system” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5326074/>

There is a non-alignment between PEPFAR HIV/AIDS program and the recipient country’s health system. Attention to maternal mortality and other reproductive health services has suffered as NGOs pursue AIDS money and local governments receive signals from the political center to prioritize HIV/AIDS over other problems that are just as serious [13]. The planning activities of the PEPFAR HIV/AIDS initiative remain top-down. It does not draw on stakeholders’ knowledge in programme development before designing. Funds are disbursed directly from Washington DC, through existing US agencies, to the country [14]. There is little policy discussion on strategy at the country level as all the directives on how to operate are designed by the US.

3. Loss of life from HIV/AIDS – due promoting treatment over prevention

Link: PEPFAR only allows for narrow investments and places treatment over prevention

World Health Organization 2008. (agency of the United Nations that is concerned with international public health.) 2008.“Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health : Commission on Social Determinants of Health Final Report” <https://books.google.com/books?id=zc_VfH7wfV8C&pg=PA122&dq=pepfar+overinvestment&hl=en&sa=X&ved=0ahUKEwj5p8apifDcAhUq4YMKHW4tDUYQ6AEIKDAA#v=onepage&q=pepfar%20overinvestment&f=false>

The part of total global aid allocated to action of health (DAH) tends to be confined largely to financing action within the health sector period. Much aid for health remains locked within a range for narrowly defined health interventions, privileging treatment over investment in prevention. The large (US $15 billion) allocation of action of finance for action on HIV/AIDS under the Presidential Emergency Plan for Aids Relief (PEPFAR) is a good example of this (Fig. 11.3, Box 11.4).

Impact: Net loss of life. Valuing HIV treatment above prevention means more lives will be lost

Prof. Dan Brock & Prof. Daniel Wikler 2009.(Brock - Professor of Legal Medicine in the Department of Global Health and Social Medicine at Harvard Medical School. Wikler - Professor of Ethics and Population Health at the Harvard School of Public Health. ) Nov/Dec 2009 „Ethical Challenges In Long-Term Funding For HIV/AIDS” HEALTH AFFAIRS Vol 28 No. 6 https://www.healthaffairs.org/doi/10.1377/hlthaff.28.6.1666

Even on optimistic assumptions about donors’ willingness and capability to sustain and increase funding for AIDS-related interventions, resources will remain inadequate for many years—and possibly forever. The world will not be able to fund full-scale prevention and high-intensity treatment for all patients who could benefit. In all probability, we will have to choose.  
POTENTIAL TO SAVE LIVES.   
Given a fixed budget for interventions, prevention can save more lives. This is the conclusion of numerous analyses.  Although prevention may be harder to achieve if completely divorced from treatment, according to these analyses, the programs that enable the most people to live will nevertheless strongly favor prevention.

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