

PEPFAR REAUTHORIZATION PRINCIPLES

The President's Emergency Plan for AIDS Relief (PEPFAR) is, without a doubt, the most successful global health and development initiative by any nation in history. The program, and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), which is also authorized through PEPFAR legislation, continues to be a smart investment for the American people; one that delivers a high level of return with results that reverberate far beyond the disease on which it is focused. PEPFAR and the Global Fund have always benefited from strong bipartisan support and were carefully constructed for success through legislation, process, focus, and coordination across the U.S. interagency space. As the global health landscape evolves PEPFAR has matured and is uniquely placed to both accelerate the end of AIDS while bolstering other global health efforts, if additional resources are made available.

The Global AIDS Policy Partnership, a coalition of diverse HIV and AIDS partners and stakeholders, urges continued bipartisan Congressional support for PEPFAR and the Global Fund by reauthorizing the programs in the same spirit they were created, through cooperation, mutual respect and with the understanding that U.S. investments and programming are imperative to saving lives.

The GAPP asks Congress to reauthorize the PEPFAR and Global Fund programs as simply and expeditiously as possible, ensuring the PEPFAR program remains the cornerstone U.S. global health program that bipartisan members of Congress are proud to support.

THE GAPP ALSO LAYS OUT BELOW KEY CONSIDERATIONS FOR CONGRESS AS IT CONTEMPLATES ANY PEPFAR LEGISLATION:



PEPFAR must maintain a whole-of-government approach based at the Department of State, utilizing the best that the United States Government has to offer as it works towards the end of AIDS. This includes a Presidentially nominated, Senate-confirmed ambassador-level Global AIDS Coordinator who reports to the Secretary of State. Programmatic and budget authority for PEPFAR must remain expressly controlled by the U.S. Global AIDS Coordinator. Centralized approval mechanisms enable PEPFAR to set priorities, ensure those priorities are implemented in programming, guard against mission creep, and coordinate a harmonized and focused plan across the U.S. inter-agency collaboration. USAID and CDC, as well as other partner agencies, should continue their roles as implementing agencies of the program.



PEPFAR should continue to be a comprehensive response to HIV that includes investments and strategies around sustaining current treatment levels, enrolling new people living with HIV on HIV treatment, prevention of new HIV infections, and well-being of children and young people impacted by the epidemic. Success in HIV treatment, prevention, morbidity, and mortality varies by country and context; therefore, PEPFAR must develop programming based on epidemic and community needs.



PEPFAR should establish distinct targets for disparately impacted and underserved populations, such as children, adolescent girls and young women, and key populations, that can be “hidden” within aggregated, high-level measures of country progress. In the PEPFAR countries that have achieved or are nearing epidemic control, HIV/AIDS health results vary significantly across populations, with children, adolescent girls and young women, and key populations facing worse outcomes across the continuum of care. For example, in four countries that have achieved epidemic control, less than half of children living with HIV are accessing lifesaving treatment. Epidemic control must be reached for all populations and must be sustained. Epidemic control cannot be an “end point” or an arbitrary reason to pull back country support. Rather, it should be considered a milestone on a path towards the end of AIDS.



Civil society, community, and local input should play a greater role in PEPFAR programming and decision making. A locally-led response should ensure that all communities and affected populations have a meaningful seat at the table, especially as the program is planning for sustainability.



PEPFAR should continue to follow evidence and human rights based programming. It must look towards innovation as the science and understanding around HIV and HIV programming evolves. This includes investments in the next generation of HIV prevention products and supporting programs that ensure equitable access to those who are most affected. PEPFAR should continue to prioritize large-scale roll-out of new options such as long-acting antiretrovirals for prevention and treatment, and timely implementation of innovative delivery methods such as differentiated service delivery, while also working closely with countries to prepare for introduction.



PEPFAR should create a strategic, holistic sustainability plan that takes into account different contexts in terms of capacity and specific characteristics of a country’s epidemic. This sustainability plan should recognize that diverse partners — such as host governments, implementing partners, community organizations, faith based organizations, U.S. based, international and local NGOs, multilateral institutions, and civil society — are crucial to ensure that all populations receive services.



PEPFAR investments should be smartly leveraged with additional resources to address other global health issues without diluting existing programming. There are synergies between other health platforms that are ripe for the common sense leveraging of the program if additional resources are provided and political will exists. Evidence shows that HIV programming further strengthens health systems. Therefore, PEPFAR should consider the broader health system of a country when making investments. It must, however, also keep an HIV focus and remain committed to the mission of PEPFAR: ending the global HIV pandemic.



There should continue to be a commitment to transparency around programmatic target achievement and budget data within PEPFAR to ensure accountability for saving lives and delivering results with U.S. government funds.



PEPFAR should acknowledge and leverage its soft regulatory power to compel the review and timely introduction of new and emerging treatment and prevention products to market, by in-country regulators. This includes expanding the successful PEPFAR-FDA pathway to prevention and other related products enabling access and scale-up at the country-level.



Throughout its 20 year history, PEPFAR has worked in close partnership with the Global Fund, helping leverage U.S. and international investments to end these epidemics and save millions of lives. U.S. investment and participation in the Global Fund is critical to ending the HIV epidemic. The statutory match requirement for funding should be maintained to leverage contributions from other donors to the Global Fund. The Global AIDS Coordinator should remain the lead representative to the Board of the Global Fund.