

PEPFAR: U.S. GLOBAL LEADERSHIP AT ITS BEST

We can meet the goal of ending AIDS as a global health threat by 2030.

We have the tools and knowledge at our disposal. However, more than 40 years into the epidemic, HIV continues to exact an unacceptable cost. In 2022:



39 million people were living with HIV (PLWHIV)



53% of all people living with HIV are women and girls



1.3 million people became newly infected



Almost 660,000 children living with HIV were not on treatment; without it, half will die before their second birthday



630,000 people died from AIDS-related illnesses



Key populations continued to be disproportionately impacted

Key populations are impacted with a prevalence higher by:

11x

for men who have sex with men

4x

among sex workers

7x

among people who inject drugs

14x

among transgender people

These costs have been exacerbated by global crises:



The COVID-19 Pandemic

- Overwhelmed health systems, disrupted HIV treatment & prevention programs, and diverted resources
- Disproportionately impacted the same populations most affected by HIV and AIDS



The war in Ukraine

- The war in Ukraine has intensified the vulnerabilities of PLWHIV & those most at risk for HIV
- Ukraine has the second-largest AIDS epidemic in the Eastern Europe & Central Asia region
- ~250,000 PLWHIV reside in Ukraine
- 156,000 are on antiretroviral therapy

PEPFAR's Impact

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has saved over 25 million lives and fundamentally changed the course of the HIV epidemic since its inception in 2003. This bipartisan program constitutes the most successful global health effort in history while also strengthening foreign relations and helping to stabilize nations through health infrastructure investments.



Enabling more than
20 million
people to access lifesaving
antiretroviral treatment



Ensuring
5.5 million
babies have been born
HIV-free



Connecting over
7.1 million
orphans, vulnerable children,
and their caregivers with
critical care and support
services

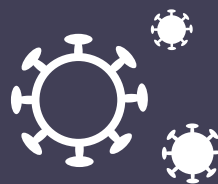


Reaching
2.9 million
adolescent girls and young
women with comprehensive
HIV prevention and
treatment services

PEPFAR has proven itself an invaluable asset in fighting today's public health emergencies while also preparing for those we will face in the future:



Addressing the COVID-19 pandemic by helping countries prepare for effective vaccine delivery, strengthening surveillance and case finding systems, and providing critical laboratory and supply chain management capacity



Serving as the backbone of the Ebola response in recipient countries



Helping to control tuberculosis and prevent cervical cancer



Rapidly procuring and delivering HIV medicines to Ukraine after the Russian invasion

THE 2030 GOAL OF ENDING AIDS AS A PUBLIC HEALTH THREAT IS STILL ACHIEVABLE — BUT ONLY BY MAINTAINING PEPFAR FUNDING.

Funding for PEPFAR has remained flat for over a decade, effectively decreasing its purchasing power by \$1.5 billion from 2009 to 2021. The cost of this life-saving program is a tiny fraction of the U.S. budget. At \$4.395 billion, it comprises just one part of the foreign aid line item (\$59.7 billion) which, itself, is only 1% of the total U.S. budget.

Even a 10% cut to the program would cause extreme harm:



18,166
more AIDS-related
deaths, annually ¹



3,762
more infants born
with HIV



41,782
children orphaned



Loss of HIV
Treatment for:

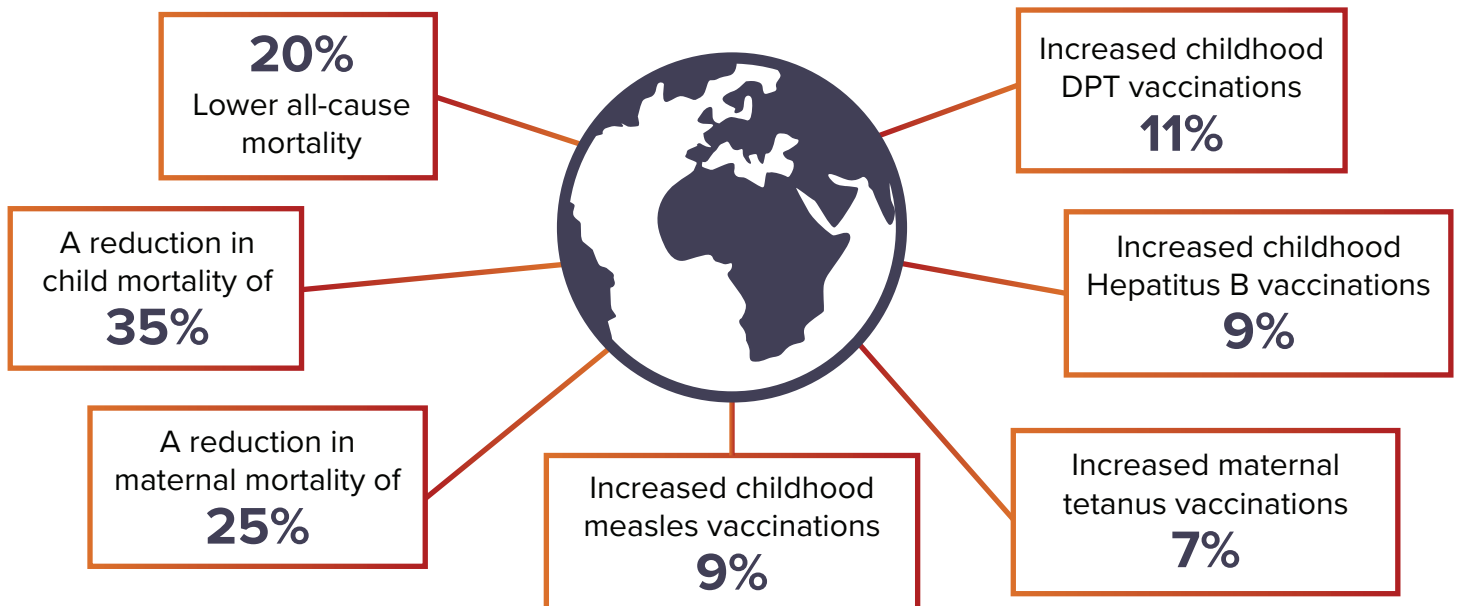


708,485
adults



20,226
pregnant women

PEPFAR's impact on broader health outcomes has been well documented and includes:



Recent analyses have found that PEPFAR has positive outcomes beyond health, as well. For example, countries with PEPFAR funded programs experienced:



42.4% increase in the share of girls and **43.1%** increase in the share of boys in school ²



Increased **positive perceptions of the U.S.**, stronger foreign relations and trade partnerships



Per capita GDP growth of **2.1%** more ³



Augmented the U.S.'s ability to **lead in health and global development** ⁴

With two decades of experience and success behind it, PEPFAR is uniquely placed to both accelerate the end of AIDS and bolster other global health efforts.

But this is only possible if it has sufficient, predictable resources to pursue its life-saving mission.

The Global AIDS Policy Partnership (GAPP) is a diverse coalition of over 70 organizations—including advocates, civil society and faith-based organizations, philanthropy, implementers, professional membership organizations, and NGOs—committed to expanding and improving U.S. global HIV/AIDS programming.

Visit www.GlobalAIDSPolicy.org to learn more.

¹ These calculations are an annual estimate based on reduced financial capacity to maintain individuals on treatment and subsequent reduced “person-time on treatment”. However, not all deaths would occur within a one-year timeframe. Rather, they would accelerate and accumulate for as long as the cuts are maintained.

² <https://www.kff.org/global-health-policy/issue-brief/assessing-pepfars-impact-analysis-of-economic-and-educational-spillover-effects-in-pepfar-countries/>

³ <https://www.kff.org/global-health-policy/issue-brief/assessing-pepfars-impact-analysis-of-economic-and-educational-spillover-effects-in-pepfar-countries/>

⁴ <https://bipartisanpolicy.org/report/building-prosperity-stability-and-security-through-strategic-health-diplomacy-a-study-of-15-years-of-pepfar/>