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PEPFAR



**20 YEARS OF PROGRESS,
PARTNERSHIP, AND IMPACT**

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PEPFAR'S Evolution and Impact

The President's Emergency Plan for AIDS Relief (PEPFAR), which President George W. Bush proposed as part of his State of the Union Address, Congress enacted with near-unanimous support in 2003, and program implementation began in 2004, is arguably one of history's most successful global health programs—[investing](#) more than \$100 billion in the global HIV/AIDS campaign, saving 25 million lives, and preventing millions of infections over the past 20 years. It is, according to the State Department, the largest commitment by any nation to address a single disease.

When President Bush announced the program, [5 million people](#) around the world were contracting HIV annually, and the virus was costing vulnerable countries, particularly across Africa, a generation of their people. Two decades later, through the extraordinary commitment of the United States' leaders and people—and through partnerships with such multilateral institutions as the World Health Organization and the Global Fund to Fight AIDS, Tuberculosis, and Malaria—PEPFAR has changed the course of the HIV pandemic, turning despair into hope across the globe.

The Bipartisan Policy Center has extensively studied the impact of PEPFAR, issuing reports in [2015](#) and [2018](#) that demonstrated the rippling effects of the program that go beyond improved HIV/AIDS health outcomes. Our most recent analysis indicates that by reauthorizing this program, members of Congress will further PEPFAR's impact on the HIV pandemic, while also nourishing even more goodwill for the United States.

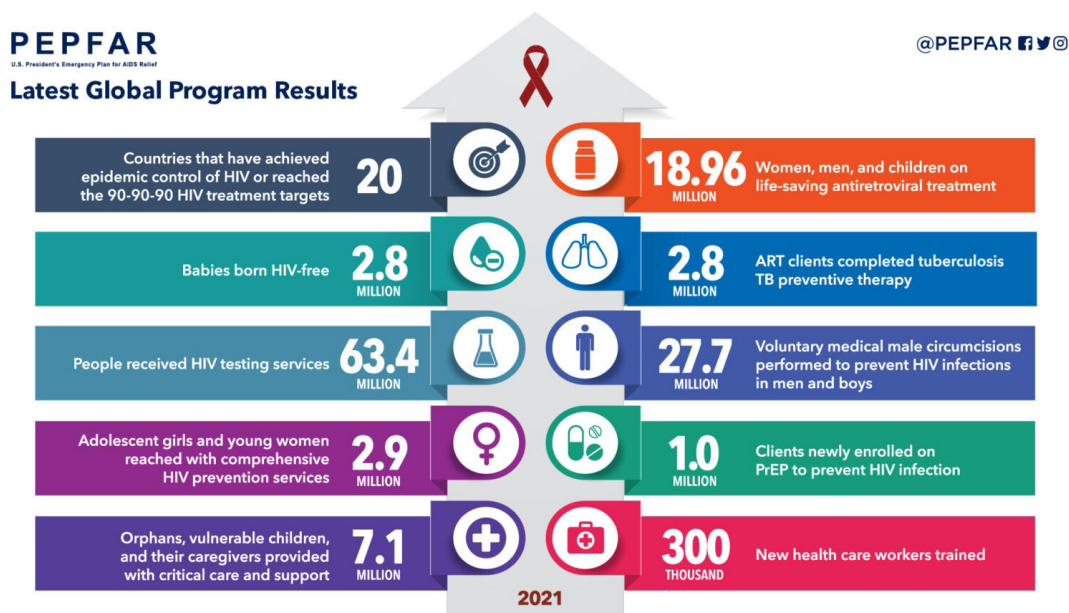
PEPFAR [has supported](#) life-saving HIV treatment for more than 20 million people in more than 50 countries across the Americas, Africa, Europe, and Asia. It has provided HIV testing to some 65 million people and other services to millions more. In addition, the program has spurred other public, private, and multinational efforts, helping to significantly drive down new infections. PEPFAR is nimble, enabling the program to respond to changing conditions and emerging challenges. Even amid the COVID-19 pandemic, PEPFAR continued to operate at a high level.

Presidents and Congress have reauthorized PEPFAR three times with strong bipartisan support since 2003^a enabling the program to plan for the future. In January 2023, the Biden administration released its five-year strategy for PEPFAR: [Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030](#). Under that strategy, PEPFAR will focus on:

- Developing strong public health systems;
- Focusing on a data-driven, science-based implementation;
- Ensuring a sustainable response;
- Ensuring the development of partnerships (with the faith-based community, local organizations, philanthropic entities, and the private sector); and
- Addressing health equity gaps.

The Biden administration's new PEPFAR strategy provides a clear road forward to continue building the capacity and sustainability of PEPFAR-supported HIV responses, which will drive long-term health and development benefits for our partner countries and continue to offer a host of other benefits for the United States.

Figure 1. PEPFAR's Global Program Results, 2021



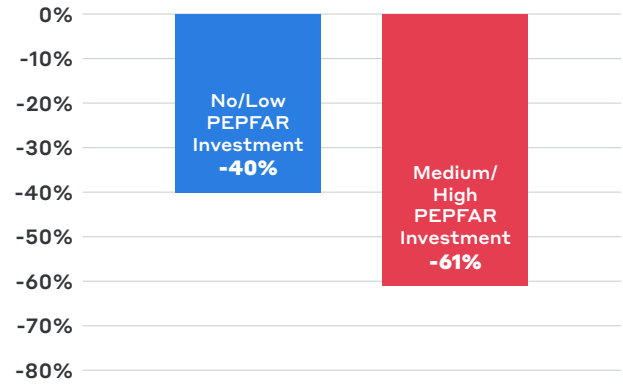
Source: U.S. Department of State

^a The United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 ([P.L. 108-25](#)) passed the House in a [375-41 vote](#), cleared the Senate by voice vote, and was signed by President George W. Bush. The first reauthorization—the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 ([P.L. 110-293](#))—passed the House by a vote of [308-116](#), passed the Senate by [80-16](#), and was signed by President Bush. The second reauthorization—the PEPFAR Stewardship and Oversight Act of 2013 ([P.L. 113-56](#)) passed the Senate by unanimous consent and the House by voice vote, and was signed by President Obama. The third reauthorization—the PEPFAR Extension Act of 2018 ([P.L. 115-305](#))—passed the House by voice vote and the Senate by unanimous consent. President Trump signed it.

To better understand PEPFAR’s impact, we compared countries that received “medium” or “high” levels of PEPFAR investment with similarly situated countries that received “no” or “low” cumulative investments. The analysis weighted the results by the nations’ populations. (See Appendix for the methodology.)

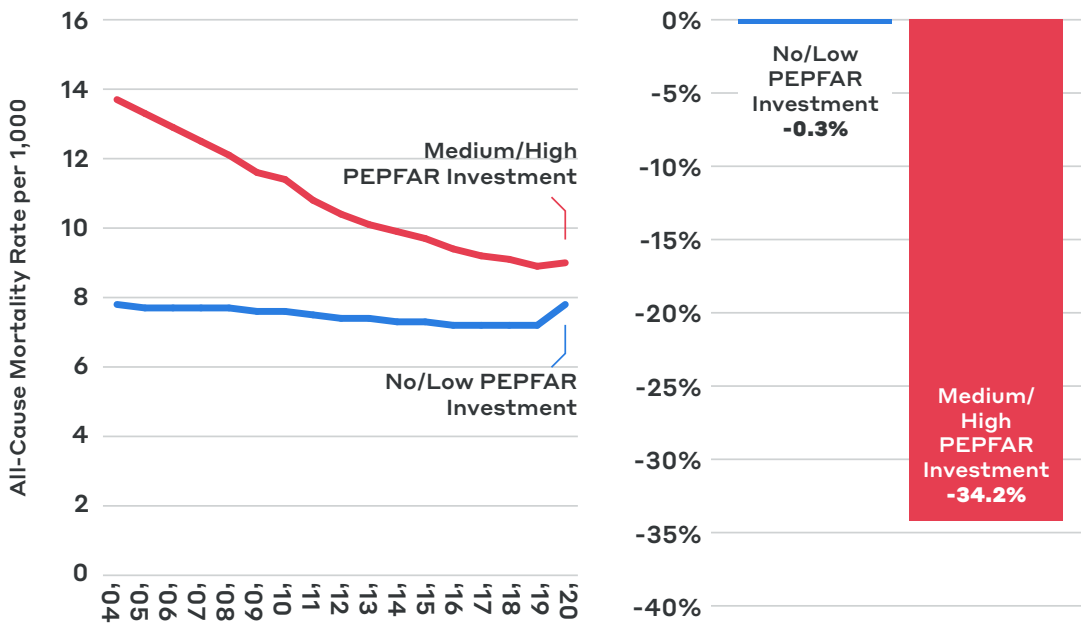
Thanks, in part, to sustained public health efforts, countries with greater PEPFAR resources have better health outcomes. BPC’s analysis concluded that new HIV infections fell 21 percentage points more in medium- and high-investment countries from 2004 to 2020 than in no- and low-investment countries (Figure 2). Similarly, rates of mortality for all causes (not just HIV-related) fell an additional 34 percentage points in medium- and high-investment countries over the same period (Figure 3). Moreover, increases in all-cause mortality in 2020 that were likely due to COVID-19 were more pronounced in no- and low-investment countries.

Figure 2. Change in HIV Incidence Rate 2004-2020



Source: UNAIDS

Figure 3. Trend in All-Cause Mortality Rate



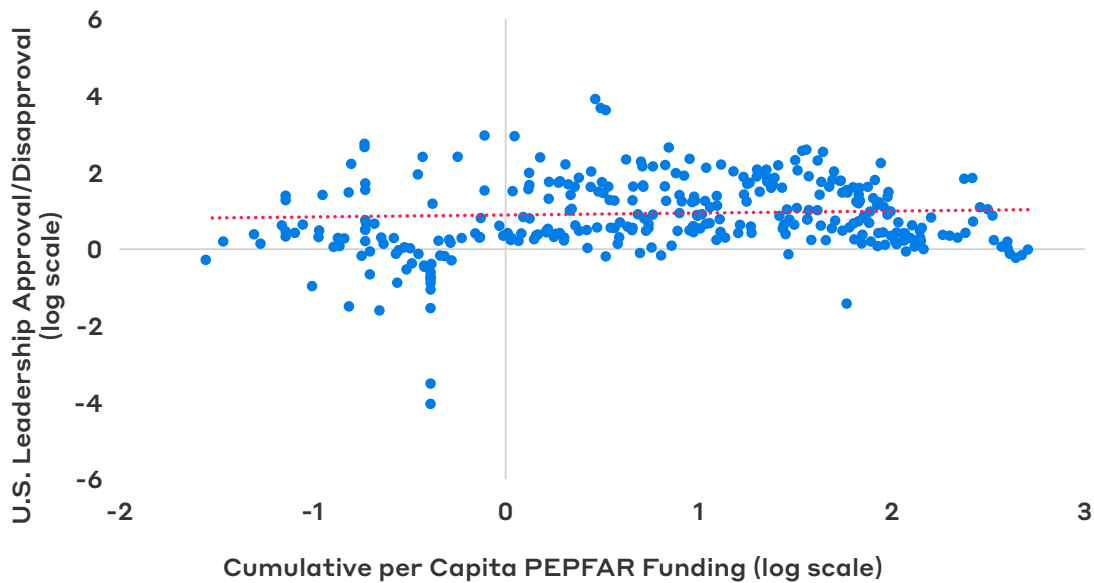
Source: World Bank – World Development Indicators

PEPFAR has an impact beyond improved health. A healthier country will likely be one with a more productive workforce and stronger economy. Other research has confirmed the economic benefits of antiretroviral treatment. In a study examining the HIV-related, population-wide employment trends in South Africa, researchers found a 38% relative decline in employment as individuals experienced severe immunosuppression and grew ill with the disease. After

initiating antiretroviral therapy, nearly all patients (90%) were able to return to employment.

BPC previously identified the ways in which PEPFAR funding had strengthened U.S. diplomatic relations and improved foreign perceptions of U.S. leadership, which remains true and important to this day. As Figure 4 denotes, with additional PEPFAR funding, overall approval of U.S. leadership rises.

Figure 4. PEPFAR funding and foreign opinions of U.S. leadership



Source: Gallup – Rating World Leaders & Data

America’s leaders and people, therefore, must remain committed to investing in PEPFAR (along with the Global Fund) to end HIV as a public health threat by 2030. Such a commitment will ensure the long-term success of this historic, 20-year initiative.

Appendix: Methodologies

QUANTITATIVE ANALYSES

For several analyses in this report, we leveraged publicly available information to gain inference on the health, economic, and diplomacy benefits of PEPFAR support. Throughout the report analyses we compare groups of countries with “medium or high PEPFAR support” to those with “low or no PEPFAR support”.

To establish this list of countries, we first excluded high-income nations, and then selected only those countries that had an HIV incidence of 1 per 1,000 in 2004. Using [cumulative financial management information](#) from 2004 to 2023, along with population estimates from the World Bank in 2021, we calculated the cumulative per capita funding level for each country.

Those receiving at least \$125 are categorized as “high;” those that received less than \$125 but at least \$30 are categorized as “medium;” those receiving more than zero and less than \$30 per capita are categorized as “low;” and those receiving \$0 per capita were categorized as “no.” The “high” and “medium” categories were collapsed into “medium and high,” and “low” and “no” categories were collapsed into “low and no” PEPFAR investment countries. The country lists are included in Figure 5 below.

Figure 5. Country List Related to High, Medium, Low, or No PEPFAR funding, 2004-23

Categories of PEPFAR Recipients Based on Total Cumulative Funding, 2004-23						
High PEPFAR	Medium PEPFAR	Low or No PEPFAR				
(\$120 and over per capita)	(from \$30 per capita to under \$120)	(from \$0 per capita to \$30)				
Botswana	Ethiopia	Angola	Costa Rica	Honduras	Mexico	Sierra Leone
Guyana	Ivory Coast	Argentina	Cuba	India	Micronesia	Solomon Islands
Haiti	Malawi	Armenia	Djibouti	Indonesia	Moldova	South Sudan
Lesotho	Nigeria	Belarus	Dominica	Iraq	Nauru	St. Lucia
Mozambique	Zimbabwe	Bhutan	Dominican Republic	Jamaica	Nepal	St. Vincent & Grenadines
Namibia	Tanzania	Bolivia	DRC	Kazakhstan	Nicaragua	Sudan
Rwanda	South Sudan	Bosnia and Herzegovina	East Timor	Kiribati	Niger	Suriname
South Africa		Brazil	Ecuador	Kosovo	Palau	Tajikistan
Swaziland		Burkina Faso	El Salvador	Laos	Panama	Thailand
Uganda		Burundi	Eritrea	Latvia	Papa New Guinea	Togo
Zambia		Cambodia	Fiji	Liberia	Paraguay	Turkey
		Cameroon	Gabon	Libya	Peru	Turkmenistan
		Cape Verde	Gambia	Madagascar	Poland	Tuvalu
		Central African Republic	Georgia	Malaysia	Russia	Ukraine
		Chad	Ghana	Maldives	Samoa	Uruguay
		Chile	Grenada	Mali	Sao Tome & Principe	Uzbekistan
		China	Guatemala	Marshall Islands	Senegal	Vanuatu
		Colombia	Guinea	Mauritania	Seychelles	Venezuela
		Congo	Guinea-Bissau	Mauritius		Vietnam

Our analyses were weighted by either population size or the number of people living with HIV (PLHIV), depending on the metric, with relative changes estimated between the earliest and latest available years of data, starting with 2004 when the PEPFAR program began after being formally authorized.

Finally, we drew upon Gallup's Rating World Leaders polling to extract data on public perception of approval of the U.S. government from 2007 to 2021. This was compared to per capita PEPFAR funding for each country for each year data were available and plotted jointly. Each figure is assessed on a log scale with a trend line for interpretation.



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