



PRINCIPLES FOR A RESPONSIBLE TRANSITION OF AMERICAN LEADERSHIP TO END AIDS

Strategic Transition or Pandemic Resurgence?

JUNE 2025



FRIENDS
OF THE GLOBAL FIGHT

AGAINST AIDS,
TUBERCULOSIS
AND MALARIA

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“I’m a supporter of PEPFAR. I have been in Congress. I am now as Secretary of State. It is a program we want to continue.”

Secretary of State **Marco Rubio**, February 2025

“... the goal here [with PEPFAR] is to... end the transmission of the disease, which is critical, and also to improve our partner capacity, basically, the nation-state’s ability to deal with it themselves... we want to build on the program [PEPFAR] and improve it, because it’s one that has strong bipartisan commitment and has been successful.”

Secretary of State **Marco Rubio**, May 2025

“Failure to continue [PEPFAR] in my view would mean ceding that leadership to adversaries like China ...”

Senator **John Cornyn**, January 2025

“The PEPFAR program, through the extreme generosity of the American people, has saved a generation of people.”

Rep. **Mario Díaz-Balart**, April 2015

“PEPFAR is the epitome of soft power. It is a Republican initiative, it is pro-life, pro-America and the most popular U.S. program in Africa.”

Senator **Bill Cassidy**, February 2025

“For two decades, PEPFAR has represented the best of American leadership and compassion, saving more than 26 million lives and transforming global health systems.”

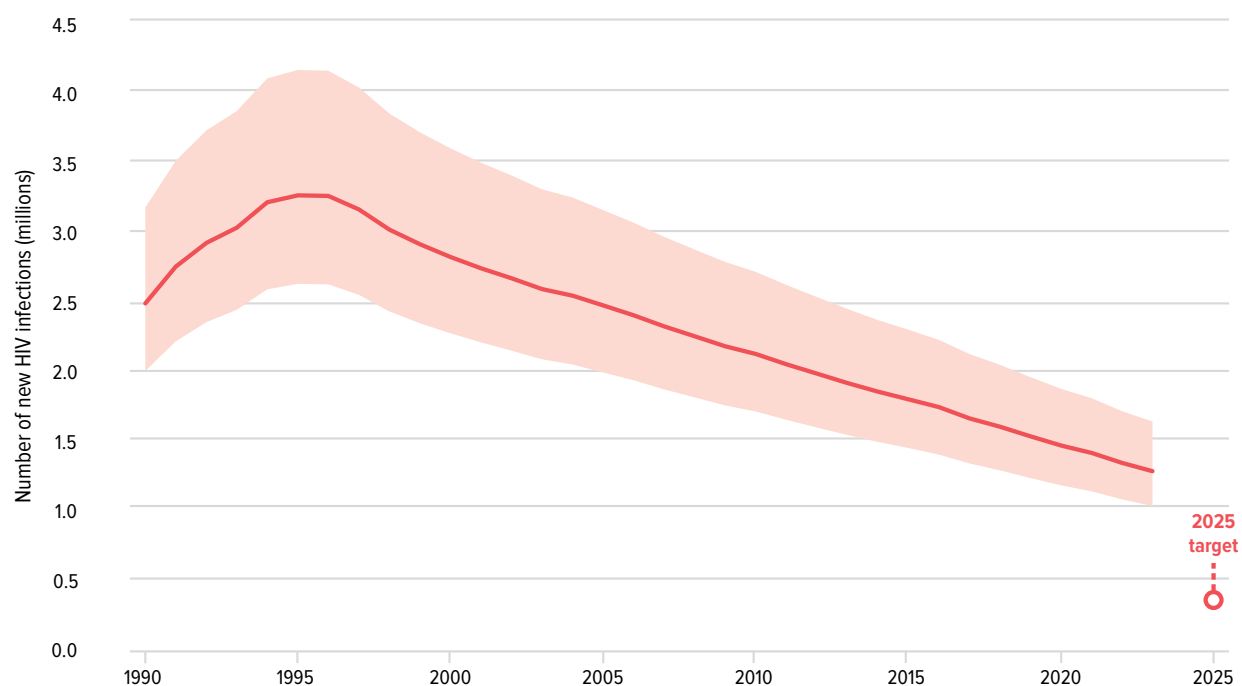
Rep. **Rosa DeLauro** and Rep. **Lois Frankel**, January 2025

Executive Summary

Thanks to historic American leadership, we now have the chance to end AIDS as a public health threat. For more than two decades, the U.S. has led the fight against HIV/AIDS through investments in the President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). Compared to the epidemic's peak, new HIV infections were 60% lower in 2023 and the number of AIDS related deaths had fallen by 69%.^{1,2} As of December 2023, at least 35 countries were within reach of the 2025 target of 86% of people living with HIV being virally suppressed.³

Major progress has been made in helping countries stand on their own in financing and managing their HIV responses. Domestic sources accounted for 59% of all HIV-related spending in 2023,⁴ and domestic financing for health has increased faster in PEPFAR countries compared to non-PEPFAR countries.⁵ PEPFAR and UNAIDS are currently assisting more than 30 priority countries in developing concrete HIV sustainability plans.⁶ There is a groundswell of commitment among leaders across Africa to accelerate country leadership and financing on HIV/AIDS. Already, PEPFAR has reduced its financing for a number of countries that are on the road to epidemic control. **U.S. leadership on HIV/AIDS now confronts a critical choice.** Towards the goal of ensuring that all countries can finance and manage their HIV response on their own, it is clear that PEPFAR must continue to evolve. The time is now to begin the transition to a new phase of PEPFAR that prioritizes sustainability and gradually draws down U.S. assistance after fiscal year 2026.

Number of new HIV infections and 2025 target (global, 1990-2023)



Source: UNAIDS epidemiological estimates, 2024 (<http://aidsinfo.unaids.org/>).

At this juncture, **there are two options for U.S. policy in fiscal year 2026** and thereafter:

- **Option 1:** *Introduce reforms designed to accelerate transition and sustain progress — responsibly ramping down and reallocating PEPFAR assistance over time, while ensuring the most vulnerable, including children, are served.*
- **Option 2:** *Rapidly reduce PEPFAR assistance, effectively abandoning partners before they have planned and prepared to assume financial and managerial responsibility for HIV programs, likely leading to disease resurgence.*



A mother and her child wait for consultation at Muhoza Health Center, a PEPFAR and Global Fund funded-facility in Musanze, Rwanda. *Global Fund / Vincent Baker*

An abrupt reduction of PEPFAR resources will cause immense harm — to global health and to U.S. interests abroad.

PEPFAR is keeping over 20 million people alive with antiretroviral therapy,⁷ which also prevents further transmission of HIV to others. Modeling suggests the anticipated international aid reductions alongside an abrupt pause in U.S. funding for PEPFAR would result in an additional 4.43 million to 10.75 million new HIV infections through 2030 as well as an additional 770,000 to 2.93 million AIDS-related deaths across 26 countries, thereby erasing PEPFAR's historic progress. In addition, it would do irreparable damage to the reputation of the U.S. in strategic countries and regions, where General Langley, head of the U.S. Africa Command, testified recently that China is already seeking to “replicate PEPFAR.”⁹

The first option — reconfiguring PEPFAR to rapidly accelerate its focus on sustainable transition while gradually reducing U.S. investments — is by far the most strategic and efficient choice, and the one consistent with U.S. national security priorities. By moving more deliberately to accelerate country transitions, we can build a bridge to a future when AIDS is no longer a crisis and when the need for international HIV assistance is dramatically reduced.

Key principles for an accelerated, responsible transition for U.S. HIV assistance:

- 1 Develop clear, enforceable, timebound transition compacts with partner countries.** Some countries have the means to transition fully to country ownership relatively quickly, many others can do so over the next several years. The poorest and most fragile countries will require help for longer. PEPFAR should develop graduation policies based on successful models¹⁰ and benchmarks that gauge country readiness. Building on the collaboration between PEPFAR and the Global Fund can help sustain impact as U.S. bilateral assistance gradually declines and domestic finance takes over.
- 2 Drive increased domestic investments in HIV programs.** Policies should enable countries to assume greater financial responsibility by strengthening budgetary and taxation systems, debt relief and fully leveraging the Development Finance Corporation, multilateral development banks and the private sector. The Global Fund — the public-private partnership arm of PEPFAR — is one of the best tools for sustainability as it requires partner countries to increase their own health investments and mandates that other donors match U.S. funding two to one.

By moving more deliberately to accelerate country transitions, we can build a bridge to a future...when the need for international HIV assistance is dramatically reduced.

3 Fully embed HIV services in inclusive national health systems.

Learning from countries that have begun this transition can help other countries integrate HIV services in national systems, although dedicated service channels for some particularly vulnerable populations will likely still be needed.

4 Make a strategic investment to leverage HIV prevention breakthroughs to reduce the HIV infection burden and speed transition.

PEPFAR and the Global Fund should commit to deliver long-acting injectable PrEP to at least 5.4 million people by 2030, in addition to the approximately 3.5 million people who would be choosing oral PrEP, and should commit resources towards strategic investments that address settings and populations where new HIV infections are on the rise or not keeping pace with targets.¹¹

5 Protect children and the most vulnerable.

Transitions should be planned and managed so that communities are engaged at every step, the treatment deficit for children is resolved and services for vulnerable populations, including orphans, are protected.

As PEPFAR programs are stabilized, transitions are accelerated and long-acting HIV prevention is scaled, **in fiscal year 2026 the U.S. should sustain, refocus and leverage PEPFAR funding and increase support to the Global Fund for its eighth replenishment**, gradually drawing down PEPFAR funding thereafter.

PEPFAR, which accounts for less than 0.09% of federal spending, is a high-impact investment, but not a forever investment. Now — when ending AIDS is within reach — is the time for a responsible transition that builds on gains while preserving the extraordinary goodwill the U.S. has reaped by aiding partner countries in their time of need.

Yalfal was living in the streets of Addis Ababa, Ethiopia, when a community health worker found her. She was brought to a local health center where she was found to be pregnant. But she also tested positive for HIV. She was guided by the community health workers at a local health center, put on treatment to prevent transmitting HIV to her baby and received support in getting a home. She was also put in touch with a mother support group which helps women in the community to prevent transmission of HIV to their babies. The baby called Yhim — which means “this time will pass” — is now 8 months old and still HIV-negative. “This baby gave hope, he gave me lot — many people around me, a home, a community, a family.” *The Global Fund / Petterik Wiggers / Panos*



Introduction

In 2003 President George W. Bush called on the U.S. Congress to establish an ambitious new program to “turn the tide against AIDS” in Africa and other regions.¹² Twenty-two years after Congress heeded the President’s call, bipartisan American leadership has had a profound impact: HIV incidence and mortality have fallen dramatically, partner countries have stepped up their leadership and investments and tens of millions of lives have been saved. America’s investments on global HIV/AIDS have primarily been channeled through two programs that have become paradigms of what works in international assistance: the President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

As Congress and the administration consider the future shape of U.S. leadership on HIV and AIDS, this paper demonstrates the remarkable progress made through PEPFAR and the Global Fund in driving the sustainability agenda, leveraging domestic resources and political commitments across partner countries. Given the evolving nature of the HIV response, the paper then sets out key principles for a responsible PEPFAR transition.

I The transformative impact of American leadership in the fight against HIV/AIDS

When U.S. taxpayers began investing in PEPFAR and the Global Fund, the HIV pandemic was spiraling out of control, cutting life expectancy in sub-Saharan Africa by a quarter,¹³ decimating the region’s productive workforce and overwhelming health systems across the world.¹⁴ At the time, there were questions whether some countries in Africa could even survive the loss of one third or more of their working population. The decision to lead the global fight against HIV/AIDS drew on American values of compassion, faith and duty, with evangelical Christians¹⁵ and other faith-based groups, the Congressional Black Caucus,¹⁶ HIV advocates and other concerned communities playing especially important roles in the creation of PEPFAR.

Today, though, thanks in large measure to American generosity, ingenuity and partnership, we are within reach of winning our long fight against HIV/AIDS:

- New HIV infections are 60% below the epidemic peak in the mid-1990s, while AIDS related deaths have declined by 69% since 2004.¹⁷
- All-cause mortality in 90 countries receiving PEPFAR assistance was 21% lower in 2004-2018 than it would have been in the absence of PEPFAR support, helping preserve the productive workforce and fostering a healthier and more stable environment for economic growth and development.¹⁸
- The Global Fund partnership, which includes the U.S. as its leading donor, has saved 65 million lives, reducing new HIV infections by 58% in countries that have received assistance and increasing nearly four-fold the number of people receiving HIV treatment since 2010.¹⁹ The Global Fund leverages funding from other donors: by law the U.S. cannot provide more than 33% of Global Fund resources, thus requiring a two to one match from others to draw down U.S. funding.

Reducing the global burden of HIV/AIDS is only one of the many benefits of U.S. support for HIV programs. PEPFAR support is associated with 2.1% greater GDP growth and 8-9% reduction in the number of children who are out of school.²⁰ U.S. investments in PEPFAR and the Global Fund are also strengthening health systems in low- and middle-income countries, which in turn is making countries better equipped to prevent and respond to future pandemics.²¹

PEPFAR RESULTS FY 2024

20.6 million people on life-saving antiretroviral treatment	2.5 million people newly enrolled on PrEP to prevent HIV infection
2.3 million adolescent girls and young women reached with comprehensive HIV prevention services	83.8 million people provided with HIV testing services
6.6 million orphans, vulnerable children and their caregivers received critical care and support	342,000 health workers directly supported by PEPFAR

Leadership in the global HIV/AIDS fight is in America's health and economic interest

American support for the fight against HIV/AIDS not only reflects American generosity but also advances our own national interests. In 2022, more than 80 million Americans traveled overseas,²² marking a 61% increase from the previous year and including a year-on-year increase in American travel to both Africa²³ and Asia.²⁴ By reducing the global burden of HIV/AIDS, U.S. investments make the world safer for American travelers. This, in turn, generates health and financial benefits here at home, as every new HIV infection in the U.S. is associated with lifetime medical costs of \$420,285 — most of which are likely to be borne by U.S. taxpayers through Medicaid and Medicare payments.²⁵

The U.S. has also reaped considerable diplomatic and reputational benefits from its leadership on HIV/AIDS.²⁶ These diplomatic benefits have the potential to translate into long-term economic gains for the U.S. For example, Africa, the primary beneficiary of U.S. HIV assistance, is home to the fastest growing national economies on earth.²⁷ Poised in the coming decades to become an economic powerhouse, Africa has the potential to serve as an essential market for American products and services in future years, helping secure and strengthen American prosperity in the 21st century.

Continuing America's leadership to get the job done on HIV/AIDS also aligns with bipartisan public opinion, as 82% of voters polled by the Bipartisan Policy Center said it is important for the U.S. to “take the lead on global health efforts.”²⁸ Experience with COVID-19, when Operation Warp Speed laid the foundation for the roll-out of vaccines both here and abroad, underscores why American leadership on global health advances the health and well-being of Americans as well as the entire world.²⁹

The private sector in America is also the driving force for the biomedical innovations that are the foundation of HIV prevention and treatment programs in low- and middle-income countries. They include the first HIV test, produced by Illinois-based Abbott Laboratories; one of the first Highly Active Antiretroviral Therapies (HAART), produced by New Jersey-based Merck & Co, which transformed the treatment of HIV, giving hope to millions at a time when more than 40,000 people were dying of AIDS each year in America;³⁰ and, more recently, lenacapavir, an enormously promising long-acting HIV prevention medication, from Gilead Sciences. Continued support for the HIV research portfolio at the National Institutes of Health promotes economic growth, job creation and public health in the U.S.

The U.S. has achieved these historic outcomes in large part because of the wisdom of the authorizing legislation for PEPFAR, which mandated regular reporting to Congress on program results and impact and used funding earmarks to further congressional priorities (e.g. HIV treatment, services for orphans and vulnerable children). The PEPFAR process for developing operating plans in recipient countries and regions³¹ is arguably one of the most rigorous foreign assistance processes in the world, building in integrated planning with governments and civil society — and exemplary use of data — to ensure that investments generate results, avoid waste and duplication and are guided by local governments, implementers and civil society. Reauthorization of PEPFAR in 2013 introduced an array of more stringent reporting requirements.³² The Global Fund uses its own data-driven and consultative process for developing and approving its HIV/AIDS grants, through Country Coordinating Mechanisms³³ that develop national funding proposals, and an independent technical review to align grant-funded activities with evidence on what works best to reduce new HIV infections and AIDS-related deaths.



Chisomo, a 20-year-old old mother, with her baby at Baylor College of Medicine Children's Foundation, a PEPFAR and Global Fund partner in Malawi. Chisomo has been receiving ART treatment for HIV since 2016. *The Global Fund/Kondwani Jere.*

PEPFAR and the Global Fund plan together, country-by-country, to maximize synergies and minimize duplication. This coordinated approach will be more important than ever as efforts focus on ensuring the long-term sustainability of national HIV responses.

PEPFAR is a high-impact strategic investment, but it is not a forever investment. A review of available evidence, including from ongoing sustainability planning processes in more than 30 countries, indicates that some countries have the means to assume financial and management oversight of their HIV programs in the near term. Others, however, will need focused assistance to prepare for assuming responsibility for HIV programs over the next several years. The poorest and most fragile countries are likely to need support somewhat longer, possibly through the Global Fund as U.S. bilateral assistance declines over time. Each country's epidemiological, programmatic and financial situation is different, which is why individualized country compacts are needed that outline clear, enforceable transition metrics and timelines.

By continuing U.S. investments in the near-term, America can build a bridge to a world where AIDS is no longer a public health threat and where countries are equipped to sustain HIV programs over the long run. This, in turn, will allow the U.S. to ramp down its HIV assistance responsibly. Building this bridge to a sustainable HIV response will require increasing the capacity of countries to assume responsibility for managing and financing their HIV programs.^{34,35} A recent analysis by leading global health experts confirmed the feasibility of ramping down PEPFAR responsibly over the coming years and transitioning to country responsibility in a rational manner that preserves service access.³⁶

In examining how best to position American leadership on global health moving forward, it is worth placing global HIV funding in context. At \$6 billion a year, the U.S. investment in PEPFAR and the Global Fund represents less than 0.09% of the federal budget. For such a comparatively small investment, the American people are having a profound impact on the health and well-being of our world and giving tangible form to American values of compassion and common sense.

Without a cure and a vaccine, progress is only possible if the response to HIV is sustainable for the long term. This report explores choices and opportunities for U.S. decision-makers in accelerating progress towards long-term sustainability. Following an initial discussion defining what is meant by HIV sustainability, the report examines the substantial progress that has already been made in laying the foundation to end AIDS as a public health threat. A final section recommends principles to build a secure bridge to sustainable national HIV responses. Case studies (which are available in the appendix to this report) highlight progress made towards sustainability in different contexts and identify how PEPFAR might tailor its assistance to further accelerate progress.

II Sustainability: What it means in practice

National responses are sustainable when treatment and prevention efforts are sufficiently robust to shrink the size of the epidemic over time, and they are financed and managed increasingly by national stakeholders. HIV treatment programs will need to continue for the 40 million people living with HIV, and countries will need to remain vigilant to identify disease outbreaks and prevent a resurgence of HIV infection.³⁷ Therefore, sustainability requires achieving very high levels of HIV viral suppression, bringing new HIV infections down to very low levels, and having in place programs and structures that preserve HIV treatment access and prevent new HIV infections. Sustainability will also demand further efforts to improve the efficiency and impact of HIV investments.

Sustainability has financing, programmatic and policy components — all of which need to be addressed and all of which will benefit from PEPFAR's longstanding partnerships with national governments, program implementers, affected communities and the private sector. As countries need healthy, growing economies to help them assume greater financial responsibility for their HIV responses, PEPFAR support should ideally work synergistically with other American initiatives to encourage economic growth, investment and good governance in partner countries. Continuing the longstanding collaboration and partnership between PEPFAR and the Global Fund will be critical for laying the foundation for long-term sustainability of HIV programs.

American support for efforts to end AIDS isn't charity. While at the outset America responded to HIV/AIDS as a global emergency, it has in more recent years focused on helping countries stand on their own to respond to their national epidemics — through nationally-owned policies and priorities, and by aiding countries to progressively cover a larger share of their HIV-related costs. In the next phase of America's decades-long leadership in the fight against HIV/AIDS, we must take this focus to the next level.

As this report shows, the vision of a fully sustainable HIV response is becoming a reality in many countries. It focuses specifically on two key aspects of sustainability — achieving epidemic control by 2030 and increasing domestic financing for HIV toward the ultimate goal of domestic self-financing. The report also explores how continued progress along these two dimensions of sustainability might affect the future of U.S. financial assistance in the fight against HIV/AIDS.

TOWARD SUSTAINABILITY: KEY MILESTONES

U.S. and global partners have developed targets to guide efforts to achieve long-term sustainability of the HIV response:

95-95-95 testing and treatment targets and viral suppression:

The UNAIDS 95-95-95 targets* provide that by 2025: 95% of people living with HIV will know their HIV status; 95% of people with an HIV diagnosis will receive antiretroviral therapy; and 95% of people on HIV treatment will achieve viral suppression. Achievement of 95-95-95 would mean that at least 86% of all people living with HIV are virally suppressed. *New UNAIDS targets call for 90% of all people living with HIV to have achieved viral suppression by 2030.*

95% coverage for combination HIV prevention:

Combination HIV prevention ensures that the prevention benefits of antiretroviral therapy are coupled with near-universal access to primary HIV prevention among people at risk. This goal also includes 95% coverage for services to prevent mother-to-child HIV transmission.

* UNAIDS, AIDS Targets 2025, accessed March 3, 2025, <https://aidstargets2025.unaids.org/>.
Source: <https://www.unaids.org/en/Global-AIDS-Strategy-2021-2026>.

III The choice we face

The U.S. can choose one of two paths on its historic leadership on global HIV. The first path would build on progress made to date, reorient PEPFAR even more firmly as a catalyst for sustainability, and work to draw down U.S. support responsibly and gradually. This approach would preserve the gains we have achieved, avoid disruption to lifesaving services and give sufficient time for PEPFAR to work with countries to develop and implement tailored national sustainability plans.

In many countries with heavy HIV burdens, HIV services are often the most developed and rigorously monitored component of the health system. Achieving sustainability will require that these HIV systems built in large measure through donor support are fully embedded in the health system. This will necessitate not only ensuring the availability of sufficient domestic resources to sustain essential services but also the mainstreaming of key elements of HIV services (e.g. monitoring and evaluation as well as robust laboratory and diagnostic services) across the breadth of national health systems.

The second path — rapidly and abruptly reducing U.S. HIV assistance — risks erasing the historic gains made in reducing new HIV infections and AIDS-related deaths. A recent modeling study found that rapid withdrawal of PEPFAR support, combined with other expected cuts to HIV services, would result in an additional 4.43 million to 10.75 million new HIV infections through 2030, as well as an additional 770,000 to 2.93 million AIDS related deaths across 26 countries.³⁸

Unless needed steps are taken to put in place a strong foundation for sustainability in PEPFAR countries, the swift reduction of HIV assistance would most likely result in a global resurgence of HIV/AIDS,³⁹ undermining the economies and security of affected countries and potentially contributing to political instability. While this second path might save the U.S. money in the short run, America will experience long-term costs — including diplomatic damage associated with prematurely abandoning our partners, and the practical dangers of living in an interconnected world with a higher burden of infectious and potentially drug-resistant diseases.

Unless needed steps are taken to put in place a strong foundation for sustainability in PEPFAR countries, the swift reduction of HIV assistance would most likely result in a global resurgence of HIV/AIDS.

IV Progress toward sustainability

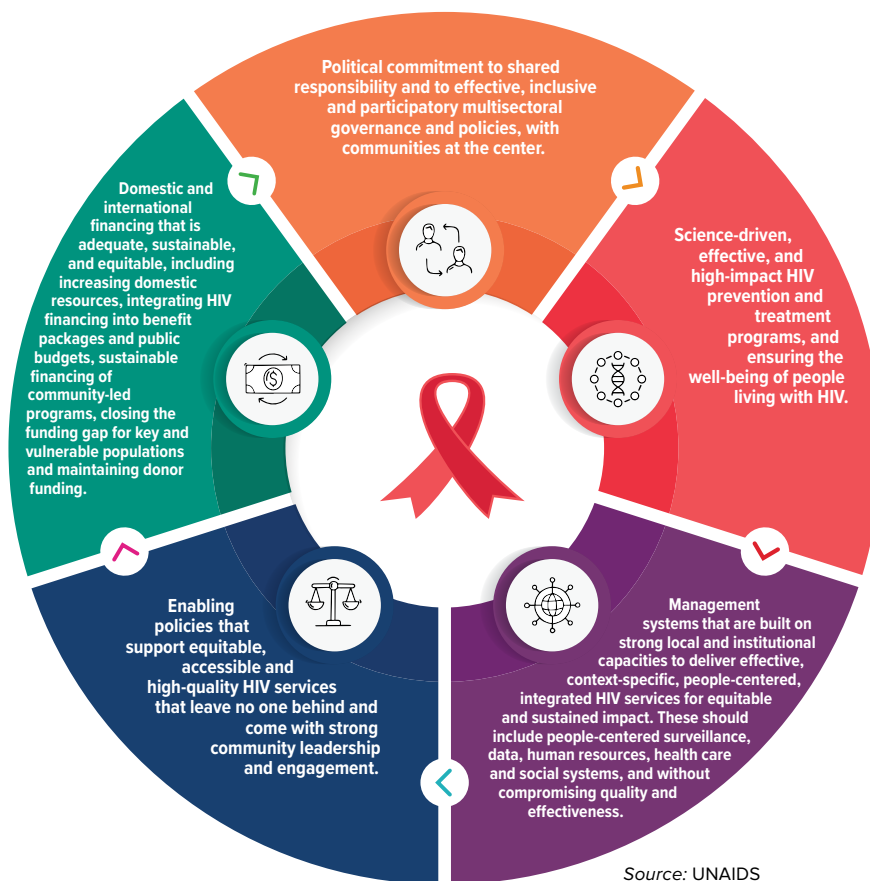
Stars are beginning to align towards long-term sustainability of the response. More countries are within reach of epidemic control, more are financing a greater share of HIV spending with domestic resources and political support is increasing to securely embed HIV services in national systems.

Growing political commitment for sustainability

PEPFAR partner countries are showing strong commitment to the sustainability agenda. As of December 2024, PEPFAR has initiated sustainability planning with more than 30 countries, with expectations that all countries will have sustainability roadmaps in place in 2025-2026. These sustainability roadmaps aim to clarify the steps needed to ensure political commitment to a sustainable HIV response, scaled-up and sustainable HIV prevention and treatment programs, sound systems for managing the long-term national HIV response, a robust policy framework and adequate, sustainable and equitable financing. In 2025 and 2026, all participating countries are expected to advance beyond preliminary roadmaps to focus on financial planning for increased country ownership of national HIV responses.

“We are highly grateful to the U.S. government for this partnership that has changed the fortunes of our nation. Such strong show of solidarity is highly appreciated and we do not take the friendship and support for granted,” said President of Kenya, William Ruto.⁴⁰

HIV response sustainability approach



“Together, let us stay the course, strengthen partnerships and accelerate our efforts to make this vision a reality. With determination and collective action, we will end AIDS as a public health threat by 2030,” said President of Nigeria, Bola Tinubu.⁴¹

At a regional level, the African Union pledged in 2023 to increase domestic funding for HIV and health and to transition away from reliance on donor funding.⁴² The African Union’s flagship Agenda 2063, which sets out the blueprint for the continent’s development in the coming decades, commits African governments to cutting HIV-related deaths by half and making antiretroviral therapy ‘automatically’ accessible.⁴³ In February 2025, the African Union approved a framework for creation of an African Epidemics Fund.⁴⁴ In May 2025, African academics and health leaders called for African leaders to “reject the status quo and embrace a future of health sovereignty and resilience”⁴⁵ and for African nations to, “seize this moment to build self-sustaining, locally led health systems.”⁴⁶ Likewise, countries of the Association of Southeast Asian Nations (ASEAN) committed in 2022 to “increase financing and adopt innovative financing mechanisms for the HIV response” and improve the efficiency of national HIV responses.⁴⁷

“To attract grant funding for health, we will have to make a very strong case, and that means contributing more from our own resources, and relentlessly focusing on value for money...The work to build our continent, including our health, cannot be outsourced to anyone else,” said President of Rwanda, Paul Kagame.⁴⁸

Support for an intensified focus on sustainability is also evident within the HIV field. A September 2024 National Academy of Medicine convening on sustainability of the global HIV response concluded that PEPFAR must evolve, “shifting the focus to country ownership and leadership of HIV programs, integrating services into broader health systems, and fostering local accountability.”⁴⁹ Leading HIV policy experts have argued that “countries must increasingly take the reins of their own HIV/AIDS programs.”⁵⁰ Proposals for PEPFAR to more directly drive sustainability include:

- Learn lessons from past transitions; identify transition functions of HIV programs; consider progressive co-financing requirements and income thresholds that gradually reduce eligibility for support over time; and identify how PEPFAR’s unique strengths, such as data analysis, can advance transition.^{51,52}

- Adopt a reform agenda that includes reducing operating costs by 20%; establish a structured graduation framework that categorizes countries based on performance, capacity and stability of health systems; and enhance prevention programming.⁵³
- Develop a framework to transition a majority of U.S.-supported HIV programs to country-led systems with progressive co-financing mechanisms and intensify coordination between PEPFAR, Global Fund and African regional bodies to enhance co-financing efforts and promote complementary programming.⁵⁴

Sustainability through epidemic control

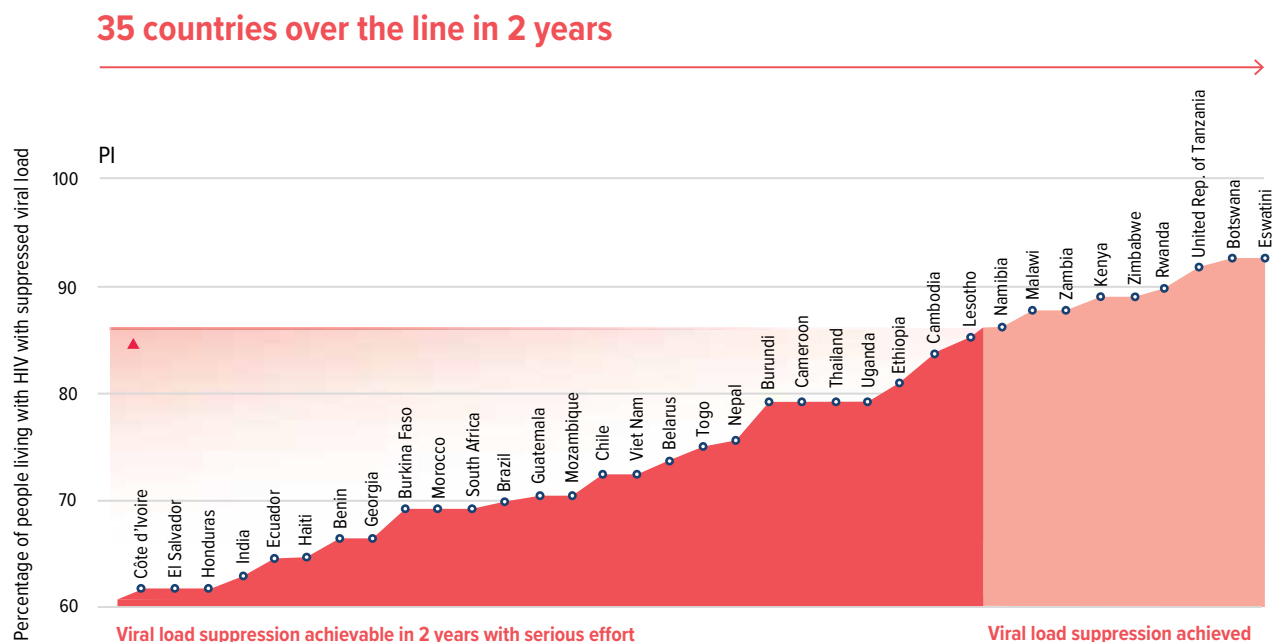
Although it was hard to imagine this outcome when PEPFAR and the Global Fund were created two decades ago, at least 20 countries receiving PEPFAR assistance have made substantial progress in reducing new HIV infections and AIDS-related deaths.⁵⁵

A key reason for optimism in the fight against HIV/AIDS is the steady progress countries have made, with U.S. support, in improving outcomes along the HIV testing and treatment cascade. As a result of improvements in rates of knowledge of HIV status and treatment initiation and retention, UNAIDS projects as of December 2023, 35 countries were within the 2025 target of 86% of people living with HIV being virally suppressed.⁵⁶

National HIV responses won't end when countries achieve the 95-95-95 targets for both HIV treatment and prevention, but responses will become less costly as epidemics shrink over time and as HIV prevention efforts can be more narrowly targeted. That epidemics can be controlled through effective public health action is demonstrated by this report's case study of Malawi, where national HIV prevalence has been cut by more than half. Similarly, as the Cambodia case study shows, a rapidly escalating national epidemic was brought under control by a combination of strong national leadership and focused financial and technical support from PEPFAR and the Global Fund. Mr. Pierre Dimba Minister of Health of Côte d'Ivoire, Public Hygiene and Universal Health Coverage:

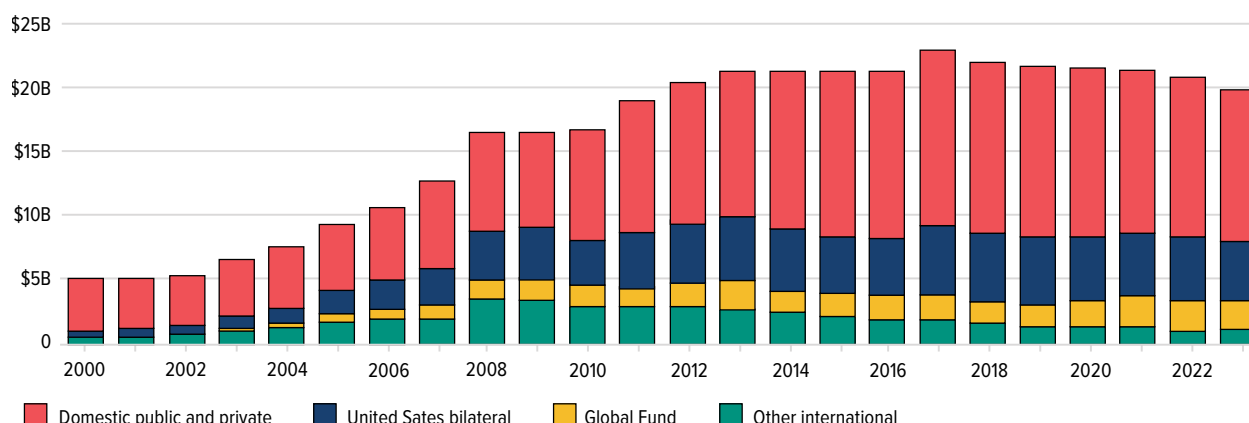
"We have put in place a plan, including a financing plan, and have strengthened our surveillance systems and integrated health services which allows us to work more globally in our approach to HIV prevention, testing and treatment. But we need support from partners to strengthen our capacities and to allow us to benefit from new innovations so that our country isn't left behind."

Countries that could achieve viral load suppression in the next 2 years



Source: https://www.unaids.org/sites/default/files/media_asset/2024-2025-appeal_en.pdf.

Trends in resource availability for HIV by funding source (constant 2019 US\$ BN)



Source: UNAIDS Financial estimates, July 2024. UNAIDS Global Report.

Progress towards domestic self-financing of HIV responses

International HIV assistance, especially from the U.S., effectively jump-started the global HIV response. PEPFAR has leveraged its more than \$120 billion in assistance to massively increase domestic HIV financing. Domestic sources in 2023 covered 59% of HIV program costs in low- and middle-income countries.⁵⁷ In Botswana⁵⁸ and South Africa⁵⁹ — the countries with the third and fourth highest HIV prevalence respectively — HIV responses are now largely financed through domestic resources. In March 2025, Nigeria's government allocated the equivalent of \$437 million to support HIV, tuberculosis and malaria services.⁶⁰

Increased domestic financing for the national response enables PEPFAR to progressively reduce its country-specific investments over time, which in turn allows PEPFAR to reallocate resources where they are most needed. This is evident in the country case studies of Kenya, South Africa and Vietnam, where growing domestic financial commitments have allowed PEPFAR to reduce its assistance over time. Buttressing domestic financing in future years also helps ensure that the health gains from the billions of dollars America has invested in the global AIDS fight are not lost and that a potentially costly resurgence of HIV is avoided.

Both PEPFAR and the Global Fund have acknowledged the importance of driving greater domestic financing of national HIV responses, which can ease the long-term burden on donors. PEPFAR, in its draft 2025 Country and Regional Operational Plan (COP) Guidance, elevated its focus on sustainability to the same level of priority as epidemic control,⁶¹ and established a co-investment policy to incentivize partner governments to commit to policy and financial reforms that will materially advance the impact and sustainability of their national HIV programs.⁶²

Co-financing requirements by the Global Fund mandate that countries that receive Global Fund grants steadily increase and improve their investments in HIV and health.⁶³ Changes to the Global Fund's Sustainability, Transition and Co-Financing policy approved at its November 2024 board meeting strengthen the rigor and specificity of co-financing requirements and enable better preparations for transition. This includes concentrating a larger share of resources in the lowest income countries and renewing its focus on supporting countries to transition.

Countries are pursuing different paths to increase domestic investments in HIV/AIDS. Some, such as Botswana, Kenya and South Africa, are using normal budgetary channels to increase domestic HIV-related spending. Others, such as Vietnam and Thailand, have folded the costs of HIV services into their national health insurance packages.

Meanwhile several countries have developed innovative financing mechanisms for HIV to overcome fiscal constraints and weak inward investment. These include a dedicated AIDS tax levy in Zimbabwe, debt swaps by Côte d'Ivoire and innovative use of concessional multilateral development financing by a number of countries.⁶⁴

Countries are increasingly demonstrating their political commitment to financing their own HIV response and to reducing their dependence on external donors, despite a challenging fiscal environment. All countries that have completed their HIV sustainability roadmaps have committed to increasing the share of their HIV response covered through domestic resources. Several of these national roadmaps include financing milestones:

- A 33% increase in domestic HIV investments in Botswana by 2026 and a 75% increase in domestic spending by 2030,

- A commitment by Tanzania to use domestic resources (including both public and private sectors) to cover at least 50% of its HIV response, and
- A goal by Togo to increase the share of its HIV response financed through domestic resources from 15% currently to 50% by 2030.⁶⁵

V Driving sustainability and advancing American interests: Principles for successful transition

As countries move toward sustainability — achieving and maintaining control of their epidemic, as well as financing and managing a greater share of national HIV responses — the U.S. can gradually decrease its investments in these national programs. In some countries, including those that are approaching epidemic control and having increased domestic financing, this transition can occur relatively quickly. For countries that are not on track to reach sustainability, intensified U.S. support and engagement may be required to close HIV service gaps, increase domestic investments and begin to shrink the size of national epidemics. In the near term, U.S. support should focus on creating a bridge to a future where AIDS has been ended as a public health threat and where the costs associated with national HIV responses are more easily managed in the long run. As the timebound milestones embraced by the growing number of countries with HIV sustainability roadmaps show, sustainability is achievable — through strategic investments, improved efficiencies, an intensified focus on domestic investments, a whole-of-government approach and prioritizing leaving no one behind.

U.S. decisions on when and how to draw down its HIV assistance to different countries should recognize that progress to date remains uneven. In 2023, for the first time ever, the number of new HIV infections outside sub-Saharan Africa was greater than the number in African countries.⁶⁶ For example, the Philippines, which was largely spared the devastating wave of new HIV infections that affected countries in sub-Saharan Africa in the 1980s and 1990s, is now, decades later, experiencing a surge in new HIV infections, which increased more than five-fold from 2010 to 2023.⁶⁷ In sub-Saharan Africa, where overall progress against HIV/AIDS has been most pronounced, countries such as Mozambique, Nigeria and South Africa need to improve HIV service outcomes to get on track and control their epidemics by 2030.

To achieve sustainability, concerted efforts must focus on closing disparities in HIV service access and outcomes and reaching marginalized groups who are being left behind. Children living with HIV are markedly less likely than their adult counterparts to receive HIV treatment; adolescents and young adults are less likely to obtain antiretroviral therapy than older adults; and HIV treatment coverage is lower among HIV-positive marginalized populations than among people living with HIV generally.⁶⁸ Longitudinal monitoring of HIV outcomes in PEPFAR countries has shown that these gaps, while real, have actually narrowed over time, demonstrating the potential of U.S. assistance to reduce HIV disparities and help ensure that lifesaving HIV services reach all communities that need them.⁶⁹

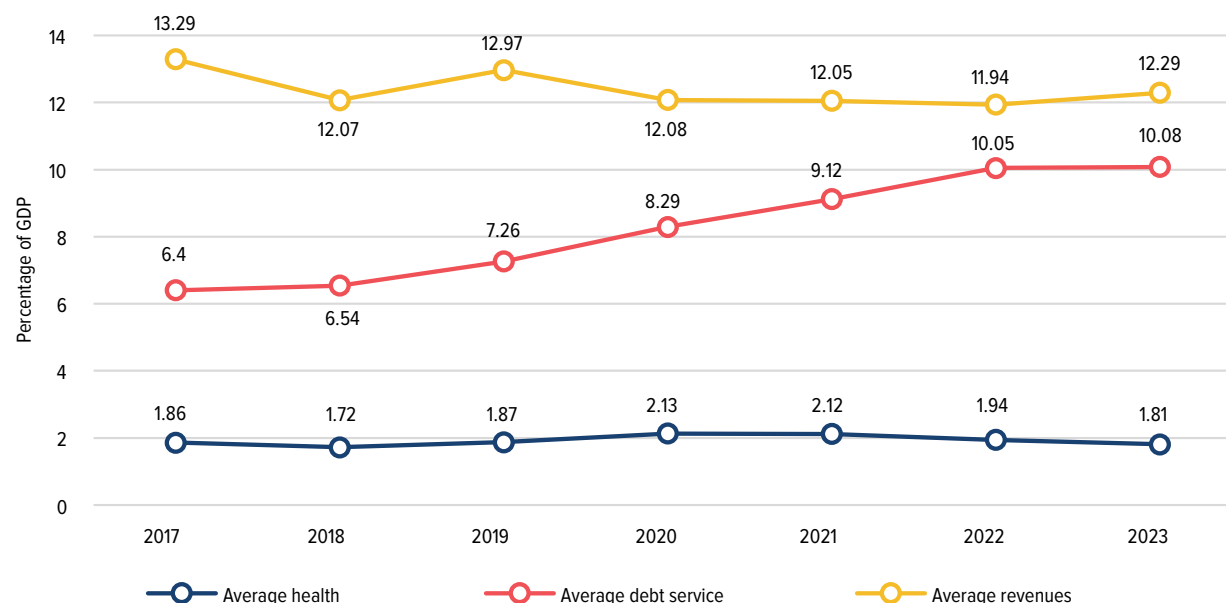
The good news is that we know from experience that countries that have fallen behind can rapidly accelerate progress towards ending AIDS. For example, Haiti, a PEPFAR country, not long ago was struggling to contain what was the most serious national epidemic in the Western Hemisphere. With U.S. support, Haiti managed increase HIV treatment coverage from 12% in 2010 to 84% in 2023 and has made steady progress reducing new HIV infections and AIDS-related deaths.⁷⁰ Yet Haiti is also an example of how other factors, including political instability, can complicate HIV responses.

Some countries also experience particular challenges in increasing domestic resources for HIV. Low-income countries, which account

HAITI TREND IN ACHIEVEMENT TOWARDS 95-95-95 GOALS

	Percent of PLHIV who know their status	Percent of people who know their status	Percent of people on ART who achieve viral suppression	Percent of all PLHIV who have achieved viral suppression
2022	81%	95%	83%	64%
2021	79%	95%	80%	60%
2020	77%	97%	83%	62%
2019	69%	88%	79%	48%
2018	66%	73%	77%	37%

Domestic revenues versus debt service and domestic health expenditures in western and central African countries



Source: https://www.unaids.org/sites/default/files/media_asset/domestic-revenues-debt-relief-development-aid-wca_en.pdf.

for only 0.5% of global economic output but are home to almost 40% of the world's poor,⁷¹ are likely to need donor assistance longer than middle-income countries. In addition, debt burdens in many low- and middle-income countries are crowding out essential domestic investments in health and human services, as at least 45 countries currently spend more on debt service than health.⁷² Yet, here too, there are opportunities to help countries overcome these challenges. As the case study of Zambia shows, debt relief measures can open up fiscal space to allow for needed domestic investments in HIV and other health programs.

Here are five principles for consideration by U.S. policymakers:

1 Develop clear, enforceable, timebound transition compacts for each country receiving its assistance.

Clear, transparent metrics are needed to guide transitions towards reduced PEPFAR funding in specific countries. Both the U.S. and the countries it supports should have advance notice of how, when and on what basis U.S. assistance would be reduced or withdrawn. These timebound metrics should be embedded in individual country compacts for transition of their national HIV response. PEPFAR and the Global Fund should continue to work with state-of-the-art data compiled by UNAIDS to guide national transitions and monitor progress towards sustainability.

Country compacts should build on and align with the ongoing process of developing country-specific sustainability roadmaps. "Deep dive" assessments are needed in a sample of countries to understand and address barriers and accelerants to sustainability, support country-owned processes to clarify where countries stand in their efforts to achieve sustainability, and develop clear, transparent metrics to catalyze and monitor country progress.

These assessments can be especially helpful in identifying strategic steps to close HIV service disparities, especially those affecting children, young people and marginalized populations. In Eswatini and Kenya, for example, the LISTEN approach was used to undertake an inclusive, systematic, evidence-guided process to engage communities on the national HIV response.⁷³ Deep dive assessments can help shape future PEPFAR and Global Fund financing strategies, including focused support for practical measures to address impediments to the scale-up of strategic interventions and to accelerate national self-reliance. Exploring how best to leverage private sector contributions to HIV service delivery should be prioritized in these sustainability planning exercises.

Advancing towards the sustainability of national HIV responses will require continued, vital leadership by both PEPFAR and the Global Fund, especially in supporting partner countries to accelerate implementation of their sustainability plans. Likewise, U.S. support will continue to be needed for UNAIDS, which serves as the primary custodian of essential epidemiological and financing data on HIV.

2 Drive increased domestic investments in HIV programs.

Countries are already taking steps to strengthen their own investments in HIV services, including several that have rolled HIV services into their national health insurance schemes. But a more concerted effort is required to ensure sufficient financing for a sustainable HIV response and to limit the need for U.S. assistance in future decades.

PEPFAR's new co-financing strategy and the Global Fund's sustainability, transition and co-financing policy can help drive progress, conditioning future assistance on increases and improvements in domestic resource mobilization. Operationalizing the PEPFAR co-financing policy should be supported by a whole-of-government approach that leverages America's broader diplomatic footprint to assist countries in their quest to achieve sustainability, including through focused technical support on improving the efficiency of existing resources, strengthening national taxation systems and forging robust public-private partnerships for HIV services.

In some countries, progress toward greater domestic investment would be assisted by tailored debt relief packages that have health investment requirements. Indeed, the Global Fund's Debt2Health policy already promotes the use of debt relief and other innovative financing for HIV, TB and malaria, yet creditor government engagement in this initiative, so far, has been confined to Germany, Australia and Spain.⁷⁴ To date just five PEPFAR countries have benefitted from this initiative.⁷⁵ U.S. leverage can also be useful in unlocking additional resources for health investments from multilateral development banks and in encouraging an all-of-society response that includes contributions from the private companies that benefit from a healthy workforce.

While improvements in domestic public financing and donor support remain critical priorities, there are, beyond debt swaps, other innovative and blended financing mechanisms which are still underutilized for tackling HIV. PEPFAR should be tasked with scaling up such products, which help countries address systemic weaknesses in the HIV response — especially in prevention. Social impact bonds, loan guarantees, risk-based financing, diaspora bonds and remittances as well as sovereign wealth funds are all products that PEPFAR expertise and convening power could help adapt to boost the sustainability transition.

PEPFAR should interpret its new co-financing policy in a manner that remains anchored to the congressional intent that established the program, ensuring that no approach undermines efforts to achieve control of the global HIV epidemic. Flexibility will be needed to take into account the different economic and fiscal environments of recipient countries. As appropriate, exceptions or waivers should be allowed. In working to shore up domestic financing for HIV/AIDS, the U.S. should use its diplomatic leverage and continued financial engagement to ensure that community-led responses are adequately resourced, as community responses play critical roles in expanding and sustaining service access for marginalized communities.⁷⁶

3 Fully embed HIV services in inclusive national health systems.

One of the key reasons the U.S. should move with caution in charting the future of its global HIV/AIDS assistance is that further work is needed to fully embed HIV services in national health systems. Supporting countries in making this transition will necessitate both financing and technical assistance.

PEPFAR and the Global Fund have prioritized the integration of HIV services with other health services that people living with HIV need, including services for tuberculosis (TB), viral hepatitis (HCV) and cervical cancer. Integrated services enable holistic, coordinated and people-centered care. Many countries are building out from their HIV services to reach the wider community with a broader array of health services.⁷⁷ A recent review found that the integration of HIV with related diseases reduces disparities in service access and outcomes.⁷⁸

More and more countries are now absorbing HIV services into broader national health systems. As of 2023, according to UNAIDS, 70 countries organize and finance HIV treatment services as part of overall health systems, including through primary health care. PEPFAR can support further progress towards HIV service integration by focusing technical support on helping countries assume responsibility for managing and financing key health system elements currently supported by U.S. assistance, such as laboratory systems, procurement and supply chain mechanisms, and monitoring and evaluation. Given that HIV services tend to do a better job of reaching vulnerable populations than mainstream health systems,⁷⁹ efforts to fully absorb HIV into health systems should be carefully monitored for quality and non-discrimination in access and outcomes.⁸⁰

PEPFAR's new co-financing strategy and the Global Fund's sustainability, transition and cofinancing policy can help drive progress, conditioning future assistance on increases and improvements in domestic resource mobilization.

The global population of people living with HIV is steadily aging.⁸¹ Among older people, those living with HIV are more likely to experience multiple co-morbid conditions than people without HIV infection.⁸² Sustaining HIV responses to ensure their capacity to promote the health and well-being of aging people living with HIV requires close coordination of services for HIV and those for non-communicable diseases, such as cancer, cardiovascular disease and diabetes. The linkages between HIV and non-communicable diseases underscore the importance of strengthening broader health systems while we preserve and adapt HIV service systems.

For vulnerable populations, integration into broader health systems may not be appropriate in the near term in some settings, particularly in light of the persistent barriers posed by stigma, discrimination and punitive laws and policies. Dedicated services specifically tailored to marginalized populations are likely to continue to be needed in many settings, although there are opportunities for service integration in these population-dedicated platforms as well. In some places, especially those with laws that criminalize HIV transmission or discriminate against key populations, U.S. financial support for services dedicated to vulnerable communities may be necessary until laws and guidelines are changed to make accessing healthcare safer for those in need. Across all settings, technical assistance should focus on building the capacity of mainstream health systems to provide good-quality, non-discriminatory care to key populations as an urgent priority, as many members of these populations lack access to population-dedicated service channels and rely on existing public sector service delivery.

4 Make a strategic investment to leverage HIV prevention breakthroughs to reduce the HIV burden and speed transition.

While U.S. assistance should continue to prioritize HIV treatment services, the global HIV epidemic will be brought fully under control much more quickly if the U.S. also prioritizes HIV prevention — especially at a moment when a transformative, new and long-acting prevention option is ready to be rolled out.

The remarkably strong results from the efficacy trials of long-acting HIV prevention cabotegravir and lenacapavir suggest that these interventions could, in the words of one global health expert, “rewrite the trajectory of the pandemic, and, together with successful treatment efforts, end HIV as a public health threat by 2030.”⁸³ Trials of injectable lenacapavir have demonstrated almost 100% efficacy across different populations.^{84,85} Lenacapavir, developed by an American biopharma company, is one of several new HIV prevention methods, including the dapivirine vaginal ring and long-acting injectable cabotegravir, that could significantly accelerate the reduction of new infections. In South Africa, it is projected that the roll-out of injectable lenacapavir could help the country effectively eliminate HIV transmission by 2032 (by reducing annual HIV incidence to 0.1%).⁸⁶

Long-acting prevention medicines are particularly important in countries with weaker health systems because they reduce the need for attendance at clinics that are often remote. They also improve adherence, which can vary across different sub-populations as patients struggle to take daily pills to prevent an infection they may not feel highly exposed to. Every day in 2023, 570 young women and girls aged between 15 and 24 acquired HIV.⁸⁷

There is no time to waste if the world is to translate exciting clinical trial results on cabotegravir and lenacapavir into public health impact and expand the toolkit of HIV prevention choices and drive down new infections.

Robust investments in the roll-out of lenacapavir and cabotegravir should heed tough lessons learned from the slow rollout of oral pre-exposure prophylaxis (PrEP), as inadequate prioritization of this oral formulation has limited its effect on epidemic trajectories in most countries. In light of the slow response to earlier oral PrEP innovations, there is no time to waste if the world is to translate exciting clinical trial results on cabotegravir and lenacapavir into public health impact and expand the toolkit of HIV prevention choices and drive down new infections.

There are a number of concurrent actions that are needed now: drug developers, lawmakers, normative agencies, international donors, healthcare providers, researchers, generic drug manufacturers, civil society, advocates and communities each have critical roles to play in the coming months and years. Drawing on its market-shaping leadership on antiretroviral medicines, the U.S. should leverage its influence to help shape and strengthen the market for affordable long-acting injectable PrEP as an important facilitator for long-term sustainability.

Ideally, PEPFAR and the Global Fund, in collaboration with a number of ministries of health in countries in which they work, would jointly design a program to provide injectable PrEP to at least 5.4 million people by 2030, assuming continued growth of the overall PrEP market by 20% annually and that approximately 60% of the market chooses injectable PrEP beginning in 2026.⁸⁸ In December 2024, PEPFAR and the Global Fund took an important, initial step towards this goal by announcing a coordinated effort to deliver lenacapavir for PrEP to at least 2 million people in three years.⁸⁹ The overriding aim and focus must be to move

faster, more strategically and in a more coordinated approach than the field did with previous PrEP options.

This major global push for scaling up injectable PrEP should be one component of a broader, strategic re-set that increases the priority given to primary HIV prevention. As our country case studies demonstrate, particular focus is needed on increasing young people's awareness of HIV and enhancing their capacity to take measures to reduce their risk. Increasing investments in primary HIV prevention will be critical to achieving long-term sustainability of national HIV responses.

5 Protect children and the most vulnerable.

Within the countries that need U.S. HIV assistance, HIV vulnerability is highly variable. In sub-Saharan Africa, for example, women and girls account for 62% of all new HIV infections.⁹⁰ Across all types of national epidemics, the populations most vulnerable to HIV are from seven to 23 times more likely to acquire HIV than the general population.⁹¹

HIV service access is also greater for some populations than others. For example, while 77% of adults living with HIV worldwide obtained HIV treatment in 2023, treatment coverage was only 57% among children.⁹² As a result of these disparities, children accounted for only 3% of all people living with HIV in 2023 but for 12% of all AIDS-related deaths globally.⁹³

In addition, key population groups face heightened discrimination and barriers to health service access in many countries. Transitions must be managed in a way that does not compromise effective services for the most marginalized populations.

AIDS cannot be ended unless it is ended for all, especially those who are most vulnerable. Transitions in US HIV assistance should simultaneously address the treatment deficit for children, protect services for vulnerable populations and keep communities engaged in decision making and service delivery.

VI Conclusion

The best path for transitioning U.S. HIV assistance — one that preserves and honors America's longstanding leadership while preparing countries to assume responsibility for their national programs over time — is to invest now to accelerate progress towards ending AIDS once and for all. To accelerate the transition of U.S. assistance and to scale up long-acting HIV prevention, in fiscal year 2026 the U.S. should sustain, refocus and leverage PEPFAR funding and increase support to the Global Fund for its eighth replenishment. These investments will set the stage for gradually drawing down PEPFAR funding in future years.

U.S. leadership on the global HIV pandemic has changed the world, markedly improving life expectancy and accelerating economic development in some of the world's poorest countries, while also strengthening U.S. national security interests by building a network of committed partners. As U.S. engagement in the global HIV/AIDS fight moves to the next phase, now is the time to work with partners to plan an approach to sustainability that realizes the promise and intent of partner governments and communities, PEPFAR and the Global Fund to end the pandemic once and for all.

Any transition in U.S. support should be calibrated to local conditions, governed by clear and transparent metrics and take account of the ongoing but evolving need for U.S. expertise and engagement. While the scope and nature of U.S. leadership on the HIV/AIDS response will continue to change, it is critical that we do no harm and remember that partners do not abruptly abandon partners. In the face of China's full-court press in Africa, the U.S. should take care not to squander the goodwill and significant progress it has achieved through its leadership on HIV/AIDS. Working with partners, the U.S., through PEPFAR and the Global Fund, can help end the HIV pandemic, advancing U.S. interests while making all of us more secure.

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The populations most vulnerable to HIV are from 7 to 23 times more likely to acquire HIV than the general population.

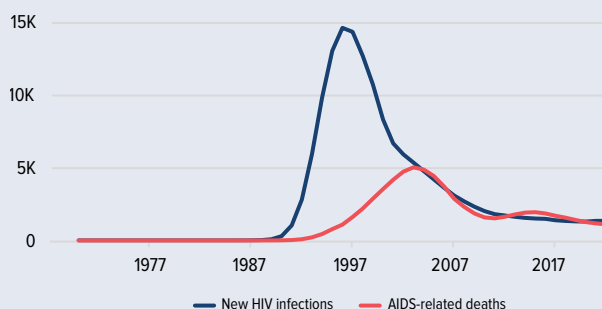
Appendix: Country case studies

CAMBODIA

When HIV emerged in Cambodia in the 1980s, the country was working to overcome the end of a brutal civil war which killed roughly 300,000 people and displaced a quarter of the population. Yet, even in the face of these challenges, Cambodia became one of the leaders of the global HIV response. Today, Cambodia appears to be on track to control its national HIV epidemic.⁹⁴

PEPFAR and the Global Fund have supported the HIV response in Cambodia for more than 20 years. The Global Fund has disbursed nearly \$600 million for programs for HIV and TB.⁹⁵ PEPFAR assistance has aided Cambodia in using high-yield methods to diagnose new HIV infections, re-engage people who have fallen out of HIV care, and strengthen laboratory systems.⁹⁶ In close collaboration with PEPFAR, Cambodia supplies a notable share of financing for HIV services, although these amounts vary from year to year and will need to increase further over time.⁹⁷

Cambodia HIV epidemic control trend: AIDS info 2023



Source: <https://sustainability.unaids.org>.

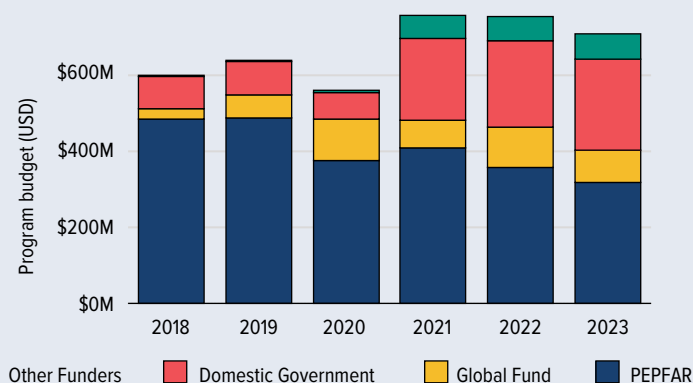
Among people living with HIV in Cambodia, 89% knew their HIV status in 2023, 89% were receiving antiretroviral therapy, and 87% were virally suppressed.⁹⁸ These figures are impressive, but further improvement will be needed to achieve the 95-95-95 benchmarks. Like Malawi, Cambodia displayed early national leadership in responding to its HIV epidemic. Cambodia has also been open to innovation, working with PEPFAR to implement same-day initiation of antiretroviral therapy for all people who test HIV-positive, which increases linkage to care and accelerates uptake of HIV treatment services.⁹⁹ To ensure long-term sustainability of Cambodia's HIV response, further efforts are needed to encourage increased domestic investment in HIV programs and to strengthen the ability of the national HIV program to manage resources.

KENYA

Kenya has been heavily affected by HIV/AIDS. During the 1990s, 1 in 10 Kenyans were living with HIV and more than 100,000 people were dying annually of AIDS-related causes.¹⁰⁰ The U.S. government, through both PEPFAR and the Global Fund, has partnered with Kenya to reverse its HIV epidemic. Kenya has achieved the 95-95-95 targets and is on track to reduce new HIV infections by at least 90% by 2030.¹⁰¹

Kenya has also moved from almost total dependence on external donors toward self-financing of its national HIV response. In recent years, Kenya has progressively increased its domestic investments in HIV programs, which in turn has allowed PEPFAR to begin to draw down its investments in Kenya.¹⁰² Currently, Kenya self-finances roughly half of its national HIV program.

Kenya trend in total budget by funder, 2018-2023



Source: <https://sustainability.unaids.org>.

This progress is remarkable, especially for a lower middle-income country, but these gains are also fragile. Kenya, traditionally an important source of stability in East Africa, is presently experiencing considerable political unrest. Vigilance will be required to ensure that Kenya can

continue along the path toward self-financing of its HIV response. Another potential threat to Kenya's efforts to achieve a sustainable HIV response is public debt, as the country is currently ranked as having "high" debt risk.¹⁰³ In 2022, total health spending (2.0% of GDP) was less than half the amounts spent on debt servicing (4.4% of GDP).¹⁰⁴

MALAWI

The U.S. government has aided Malawi's response to HIV since 2003, including \$182 million in PEPFAR assistance in 2024 alone.¹⁰⁵ The Global Fund in 2023-2025 is providing more than \$525 million to support programs for HIV, TB and malaria in Malawi.¹⁰⁶

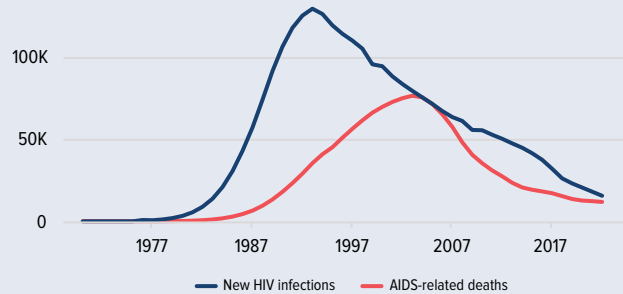
When U.S. support to the country began in 2003, more than 1 in 7 adults in Malawi (14.9%) were living with HIV.¹⁰⁷ In 2023, by contrast, adult HIV prevalence had fallen to 6.7%.¹⁰⁸ Malawi is one of four countries in the world that are on track to reduce new HIV infections by 90% by 2030 (2010 baseline).¹⁰⁹

With the active financial and technical support of the U.S. government, Malawi has achieved remarkable results in scaling up life-saving HIV services. Malawi is one of only nine countries that had reached the 95-95-95 testing and treatment targets by 2023.¹¹⁰ The number of children newly infected with HIV has fallen by more than 90% since 2003, in part due to near-universal coverage (96% in 2023) of antiretroviral therapy among pregnant and breastfeeding women.¹¹¹ These accomplishments would be noteworthy for any country, but especially for a country that ranks 175th in per capita GDP among 182 countries with available data.¹¹²

Financing has been only one of the essential ingredients of success in the U.S. government's partnership with Malawi. Unlike many countries, Malawi displayed early political leadership on HIV, recognizing the threat posed by the pandemic and taking timely steps to respond. PEPFAR has actively worked with the government of Malawi to implement careful, ongoing monitoring of HIV services to ensure accountability for results, including an innovative system for remote supervision of clinic adherence to viral load testing mandates.¹¹³

While Malawi is well on its way to controlling its HIV epidemic, it is, as one of the world's least developed countries, likely to need continued U.S. support for some time to sustain its response in the coming years. In addition to its limited national resources, Malawi is also in debt distress, with spending on debt servicing nearly four times greater than its public sector investments in health.¹¹⁴ Ideally, as Malawi continues on the road towards controlling its HIV epidemic, the size of its epidemic and associated costs of responding to it will decline.

Malawi HIV epidemic control trend: AIDS info 2023



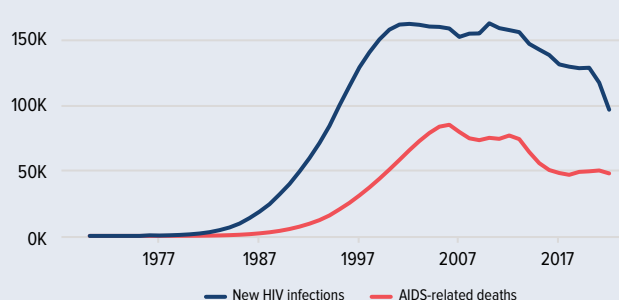
Source: <https://sustainability.unaids.org>.

MOZAMBIQUE

In Mozambique, 11.5% of adults were living with HIV in 2023, making it one of only six countries globally with HIV prevalence above 10%.^{115,116} PEPFAR has supported Mozambique's fight against HIV for the last 20 years, investing more than \$5 billion and in 2023 providing antiretroviral therapy to more than 2 million people.¹¹⁷ In 2022, American taxpayers invested more than \$363 million in PEPFAR programs in Mozambique. Since 2002, the Global Fund has signed grants of at least \$2.2 billion for HIV, TB and malaria programs in Mozambique.¹¹⁸

A low-income country, Mozambique has made minimal domestic investments in HIV programs, relying on external donors, primarily PEPFAR and the Global Fund. In 2019, the last year for which domestic spending information is

Mozambique HIV epidemic control trend: AIDS info 2023



Source: <https://sustainability.unaids.org>.

available, domestic investments in HIV programs amounted to around \$29 million — less than one-tenth of PEPFAR investments and less than one-quarter of Global Fund investments.¹¹⁹

After seeing stagnating progress for several years, Mozambique is now making steady advances in reducing new HIV infections and AIDS-related deaths.¹²⁰ However, Mozambique is not presently on track to end its national HIV epidemic by 2030.

Mozambique's capacity to spend substantial new sums on HIV and other health services is limited by the fact that the country is currently in debt distress.¹²¹ Mozambique is also one of the countries most vulnerable to climate change, meaning that health investments must compete with strategic investments on other national priorities.¹²² While Mozambique is doing a good job of providing HIV treatment to people who are diagnosed with HIV, the country is lagging behind with respect to knowledge of HIV status and ensuring that all who received HIV treatment achieve viral suppression.¹²³ These gaps are especially pronounced for adolescents and young adults. Further investments in the near term are needed to help Mozambique close gaps in the HIV response, increase domestic investments and join the growing roster of countries in eastern and southern Africa that are on pace to control their national HIV epidemics.

VIETNAM

Like its neighbors Cambodia and Thailand, Vietnam experienced an alarming growth of new HIV infections in the 1990s.¹²⁴ In 2004, Vietnam became one of the first 15 focus countries for PEPFAR and the only one at the time in Asia.¹²⁵ The Global Fund has also provided longstanding support to Vietnam, including \$114.8 million for HIV/AIDS and TB services in 2023-2025.¹²⁶

This support from PEPFAR and the Global Fund coincided with a turning point in Vietnam's fight against HIV/AIDS, with marked declines in new HIV infections and AIDS-related deaths achieved over the last two decades.¹²⁷ Since 2010, the number of people newly infected with HIV has fallen by 58% in Vietnam and AIDS-related deaths have declined by 36%.¹²⁸

As Vietnam has made major epidemiological progress towards ending its national HIV epidemic, it has also assumed a growing share of HIV funding, in part due to its decision to incorporate HIV services into its national health insurance system.¹²⁹ This, in turn, has enabled PEPFAR to reduce its investments in HIV programs in Vietnam — from \$98 million in 2010 to \$37 million in 2024.¹³⁰

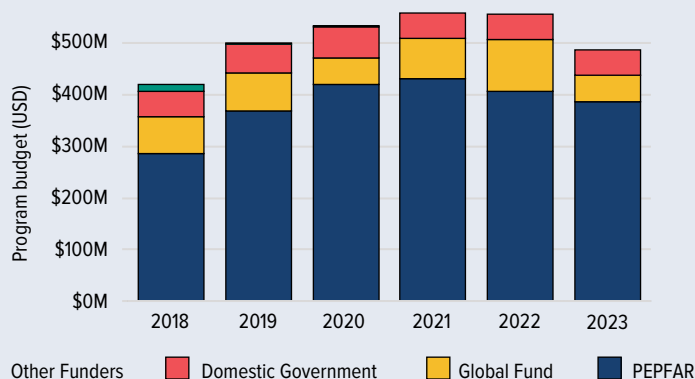
ZAMBIA

Zambia is a lower middle-income country with adult HIV prevalence of 9.8% in 2023.¹³¹ Zambia has achieved the 95-95-95 targets and has seen a 64% reduction in new HIV infections from 2010 to 2023.¹³² Continued progress will be needed for Zambia to reach the goal of reducing new infections by 90% by 2030.

Zambia remains overwhelmingly dependent on PEPFAR for its HIV program, with PEPFAR accounting for roughly 80% of HIV-related costs.¹³³ Zambia in recent years has contributed only modest amounts to its HIV/AIDS budgets, which poses potential challenges for long-term sustainability.

One factor constraining Zambia's fiscal space to invest more domestic resources is its onerous debt burden. Zambia's debt burden markedly increased from 2013 to 2023.¹³⁴ In 2020, Zambia defaulted on its debt. Facing rapid increases in debt servicing costs, Zambia has been limited in recent years with respect to its capacity to invest domestic resources in health and human services.

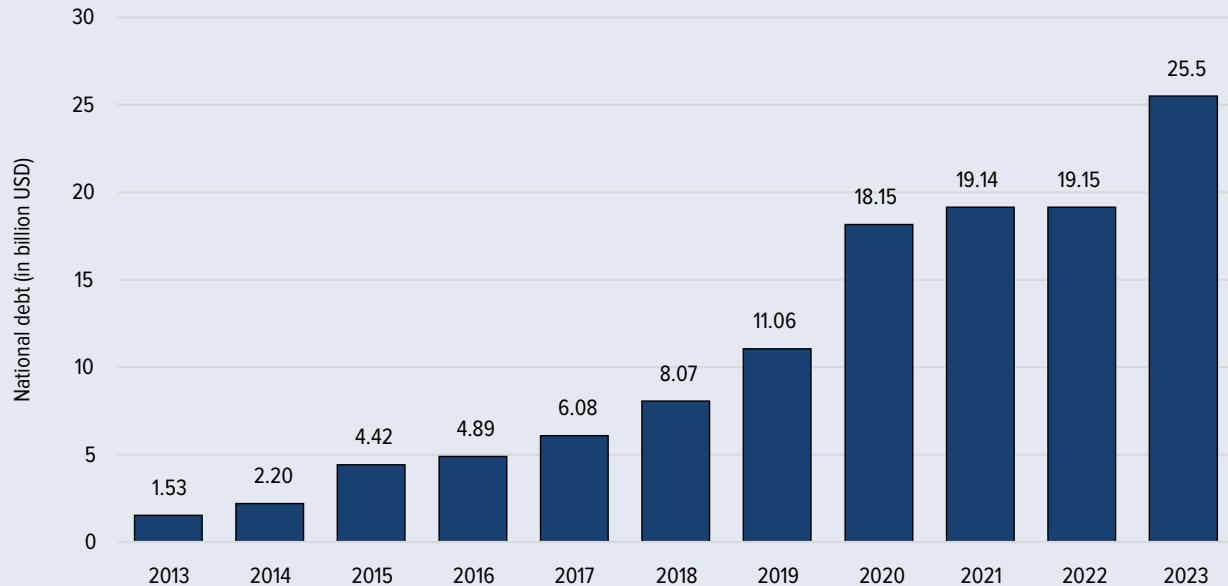
Zambia trend in total budget by funder, 2018-2023



Source: <https://sustainability.unaids.org>.

Prospects for further domestic investments in health improved in 2023 and 2024, as Zambia reached agreements with bilateral lenders and with bondholders.¹³⁵ The agreement, which postpones maturities and lowers interest rates, has created new fiscal space to allow for greater domestic health investments. A key step in the near term is to fully leverage U.S. diplomatic influence to encourage the country to increase its domestic investments in HIV and other health services.

Zambia: National debt from 2013 to 2023



Source: <https://www.statista.com/statistics/532531/national-debt-of-zambia/>.

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AGAINST AIDS,
TUBERCULOSIS
AND MALARIA