

# Structured for Success: Legislative Purpose, Targets, and Focus under PEPFAR vs. International Pandemic Preparedness

Under the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (Leadership Act—as amended), Congress has played a distinct and important role concentrating the focus of the U.S. government’s global HIV/AIDS response for over 20 years and across four presidential administrations from both parties, while providing it with the flexibility necessary to adapt to changes in the epidemic over time. The Presidential five-year strategies that have been adopted through each administration are constrained to respond to the targets, activities, funding priorities, and objectives established in the Leadership Act. Doing so has provided PEPFAR with a consistency of focus and purpose that is unlike many other U.S. global health programs—even while specifics of implementation and approaches are allowed to evolve and change with new administrations and PEPFAR leadership. Maintaining that focused direction of the program has helped guard against mission-creep and sudden changes in focus that undermine long-term programmatic investments.

Through the Global Health Security and International Pandemic Prevention, Preparedness and Response Act of 2022 (GHS Act), Congress has recognized the importance of U.S. leadership in global health security and the need for U.S. agencies to strengthen intra-

agency coordination of their relevant activities. However, unlike with PEPFAR, Congress has done little through the legislation to concentrate the focus and objectives of U.S. agencies—namely USAID and HHS/CDC—on the expected outcomes of investments in global health security. Rather, the strategy to be developed—including the very metrics, benchmarks, targets, and timelines by which the strategy will be judged—are left to the President to develop, with only limited and vague guidance on the strategic elements that must be incorporated. While providing the Administration with significant flexibility in developing and defining the strategy, it also makes it less clear what precisely Congress expects the U.S. government to achieve with its investments, and which elements of the global health security agenda should be maximally prioritized. This leaves U.S. strategy open to the potential for significant changes in focus and priority between administrations and leadership that may undermine long-term investments and sustainability of programs.

The table below provides side-by-side comparisons of the statutory direction, requirements, and targets established under the Leadership Act for PEPFAR and the GHS Act for International Pandemic Prevention, Preparedness, and Response.

Strategy Focus, Targets, and Accountability	Leadership Act Statutory Direction for PEPFAR	GHS Act Statutory Direction for International Pandemic Prevention, Preparedness, and Response
<b>Statutory Authority and Direction for Presidential Strategy</b>	President required to establish 5-year strategy to expand and improve efforts to combat HIV/AIDS	President required to develop, update, maintain, and advance comprehensive strategy to advance United States global health security and diplomacy for pandemic prevention, preparedness, and response
	<b>Statutory Strategy Elements</b>	<b>Statutory Strategy Elements</b>
	Strengthen U.S. leadership of the international response combatting HIV/AIDS	Articulate U.S. policy goals related to pandemic prevention, preparedness, and response, including through diplomatic leadership
	Maintain flexibility to changes in the epidemic, challenges of partner countries, and evidence-based improvements and innovations	Establish specific and measurable goals, benchmarks, timetables, performance metrics, and monitoring and evaluation plans for U.S. policy
	Prevent 12,000,000 new HIV infections worldwide	Establish transparent mechanisms to improve coordination and avoid duplication among relevant federal departments and agencies, partner countries, donor countries, private sector, multilateral organizations, and other key stakeholders
Support international efforts to increase number of people living with HIV/AIDS receiving treatment	Prioritize working with countries with demonstrated need and commitment to transparency, including budget and global health data transparency	

Strategy Focus, Targets, and Accountability	Leadership Act Statutory Direction for PEPFAR	GHS Act Statutory Direction for International Pandemic Prevention, Preparedness, and Response
<b>Statutory Authority and Direction for Presidential Strategy (contd.)</b>	Support care for 12,000,000 individuals affected by HIV	Reduce long-term reliance on U.S. foreign assistance by: ensuring strategic planning and coordination to deliver immediate impact and enduring results; and ensuring partner country ownership of global health security strategies, data, programs, and outcomes
	Support care for 5,000,000 orphans and children affected by HIV	Assist partner countries in building technical capacity of ministries, systems, and networks to prepare, execute, monitor, and evaluate national action plans
	Support countries to achieve 80% access to counseling, testing, and treatment to prevent mother-to-child transmission of HIV	Support and align U.S. foreign assistance with national plans
	Support countries to treat children with HIV proportionate to their burden	Facilitate communication and collaboration to identify and prevent zoonotic disease
	Support training of health professionals	Build capacity of local organizations and institutions in target countries
	Equip teachers with skills needed for HIV/AIDS education	Develop community resilience to infectious disease threats
	Train and retain at least 140,000 new health care workers toward goal of health staffing levels of at least 2.3 doctors, nurses, and midwives per 1,000 population	Support global health budget and workforce planning
	Include multisectoral approach	Strengthen linkage between complementary bilateral and multilateral foreign assistance programs
	Establish timetable with annual global treatment targets and country-level benchmarks for people living with HIV on treatment	Support innovation and partnerships with private sector, health organizations, civil society, NGOs, FBOs, and health research and academic institutions
	Expand integration of research for prevention and treatment of HIV	
	Include program monitoring, operations research, and impact evaluation	
	Expand and accelerate research on HIV/AIDS prevention for women	
	Consult with local leaders and officials to develop prevention strategies tailored to unique needs of each country and community	
Reduce behavioral risks for HIV by promoting: Abstinence, monogamy, and faithfulness; correct and consistent condom usage; delay of sexual debut and reduction of multiple concurrent partners; promote education; promote voluntary testing and counseling; support country efforts to address social, economic, and cultural factors that contribute to HIV transmission; promote elimination of and prosecution of rape and sexual assault crimes.		

Strategy Focus, Targets, and Accountability	Leadership Act Statutory Direction for PEPFAR	GHS Act Statutory Direction for International Pandemic Prevention, Preparedness, and Response
<b>Statutory Authority and Direction for Presidential Strategy (contd.)</b>	Include programs to reduce HIV transmission among women and girls	
	Support: Medical male circumcision; safe blood supply; promote universal precautions in health care settings; educate public to reduce risk of blood contact; investigate nosocomial infections	
	Increase support to prevent mother-to-child transmission	
	Build capacity of health systems and public health infrastructure and develop indicators to measure changes in broader public health sector capabilities	
	Increase coordination of HIV/AIDS programs with development programs	
	Determine factors that put men and boys at elevated risk of HIV; address male norms and behaviors to reduce risk; promote responsible male behavior; promote male participation and leadership	
<b>Bilateral Program Budgetary Control and Focus</b>	50% or more of bilateral HIV/AIDS funding must be spent on: <ul style="list-style-type: none"> <li>- Treatment for PLHIV;</li> <li>- Clinical monitoring of PLHIV;</li> <li>- Care for PLHIV with opportunistic infections;</li> <li>- Nutrition and food support for PLHIV;</li> <li>- Other essential medical care for PLHIV.</li> </ul>	Authorization to expand activities utilizing existing foreign assistance funds for Population and Health for: <ul style="list-style-type: none"> <li>- Strengthening vaccine readiness;</li> <li>- Reducing vaccine hesitancy;</li> <li>- Delivery and administration of vaccines;</li> <li>- Strengthening health systems and global supply chains;</li> <li>- Supporting global health workforce planning, training, and management;</li> <li>- Enhancing transparency, quality, and reliability of public health data;</li> <li>- Increasing testing and screening;</li> <li>- Building laboratory capacity.</li> </ul>
	10% or more of bilateral HIV/AIDS funding must be spent on assistance for orphans and vulnerable children—50% of which must be with non-profit, non-governmental organizations at the community level	
	PEPFAR Ambassador has full budget authority of all bilateral HIV/AIDS funding, including to: <ul style="list-style-type: none"> <li>- Transfer and allocate funds to federal agencies (USAID, HHS/CDC, etc).</li> <li>- Directly fund NGOs and partner country ministries to carry out activities</li> </ul>	

Strategy Focus, Targets, and Accountability	Leadership Act Statutory Direction for PEPFAR	GHS Act Statutory Direction for International Pandemic Prevention, Preparedness, and Response
<b>Bilateral Program Budgetary Control and Focus (contd.)</b>	<p>Funds shall be used to the maximum extent possible for:</p> <ul style="list-style-type: none"> <li>- HIV Prevention: including education on behavioral risks for HIV, HIV testing and counseling, prevention of mother-to-child transmission, ensuring safe blood supplies and sterile medical equipment, assisting to avoid substance abuse, and improving economic opportunities for women;</li> <li>- HIV Treatment: including antiretroviral treatment programs, hospice and palliative care programs, and treatment of opportunistic infections;</li> <li>- HIV Prevention Technologies: including post-exposure prophylaxis, HIV testing, condoms, and microbicides (if proven effective) and bulk procurement of all necessary commodities;</li> <li>- Programmatic Monitoring: including ensuring treatment reaches economically disadvantaged, evaluation and surveillance, sustainability of pharmaceutical response (including drug resistance), anti-counterfeiting measures;</li> <li>- Pharmaceutical Program: including bulk procurement, mechanisms for quality assurance and sustainability, and distribution through local actors;</li> <li>- Related Activities: including care and support of children orphaned by HIV/AIDS, improving infrastructure and institutional capacity for the HIV response, and vaccine research and development;</li> <li>- Public-Private Partnerships: to support national HIV/AIDS strategies, emphasize efficiency, accountability, and results-driven programming, engage local actors, provide technical assistance, establish local human resource capacity.</li> </ul>	
<b>Statutory Targets and Objectives</b>	<p>Assist partner countries to:</p> <ul style="list-style-type: none"> <li>- Prevent 12,000,000 new HIV infections worldwide;</li> <li>- Increase PLHIV receiving treatment above 2,000,000 by at least proportional increase relative to funding increases against 2008</li> <li>- Support additional PLHIV in accessing treatment through multilateral efforts;</li> <li>- Support care for 12,000,000 PLHIV, including 5,000,000 orphans and vulnerable children</li> <li>- Provide PMTCT services to at least 80% of those in need;</li> <li>- Provide care and ARV treatment to children in proportion to their percentage of the HIV-positive population in each country;</li> <li>- Train and retain at least 140,000 new health care workers;</li> <li>- Strengthen primary health care systems</li> <li>- Support achievement of staffing levels of at least 2.3 doctors, nurses, and midwives per 1,000 population</li> <li>- Help countries develop independent, sustainable HIV/AIDS programs.</li> </ul>	<p>(No equivalent targets or objectives)</p>