

A Moment of Reckoning for U.S. Leadership on Global HIV

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The Trump administration's proposed \$2 billion-plus in cuts to global health in its FY 2018 budget includes \$1.1 billion from international HIV/AIDS programs. This 18 percent reduction to the President's Emergency Plan for AIDS Relief (PEPFAR) and its companion financing institution, the Global Fund to Fight AIDS, Tuberculosis and Malaria, would put millions of lives at risk and raise the possibility that the pandemic will reignite, threatening U.S. and global health security.

Over the past 15 years, U.S. leadership on global HIV/AIDS has generated remarkable achievements. **U.S. INVESTMENTS ARE DELIVERING LIFE-SUSTAINING TREATMENT TO 11.5 MILLION PEOPLE LIVING WITH HIV**, and have brought at least three low-income countries with high HIV burdens close to epidemic control.²

PEPFAR has doubled the number of people receiving treatment under flatlined funding over the past five years, but its capacity to continue to do so without major tradeoffs is limited. With sufficient resources, PEPFAR can accelerate prevention and treatment efforts even further.

However, U.S. leadership on HIV/AIDS is in jeopardy. There is momentum to achieve epidemic control, but only with sustained funding levels, which may or may not be possible. It is critically important to put this moment in context, be realistic, and lay out a constructive, forward-looking strategy.

Three key considerations should guide the administration, Congress, and others in this period of significant change and heightened uncertainty:

1 **U.S. LEADERSHIP ON HIV ADVANCES U.S. NATIONAL INTERESTS.** When President Bush supported the creation of the Global Fund and launched PEPFAR, the United States made its profound historic commitment to control global HIV/AIDS, based on U.S. national interests, international security, and American compassion. Fundamentally, PEPFAR was designed to protect Americans at home by answering dangerous health security threats abroad. This remains relevant today—U.S. commitment successfully confronts head-on the genuine threat that a runaway HIV epidemic in eastern and southern Africa will gut these societies and economies and spread instability. With 18.5 million people living with HIV worldwide still in need of treatment and 2 million more infected each year, **HIV/AIDS remains a worldwide health security threat that requires sustained U.S. engagement.**

2 **U.S. LEADERSHIP CENTERS ON A PROVEN FORMULA FOR SUCCESS.** The United States achieved success by relying on sustained leadership by Presidents Bush and Obama, relatively stable multiyear funding, the requirement that U.S. investments in the Global Fund result in double that level from other donors, a centralized decisionmaking structure, technical expertise of multiple U.S. government agencies, and clear, concrete, measurable goals. Since the beginning,

the United States has insisted on evidence-based programmatic and scientific rigor, bureaucratic accountability, strong partnerships with host governments, combined with the steady achievement of efficiencies, lower commodity prices, and scale. It drew systematically from American innovation, public health expertise, and research and development (R&D). U.S. engagement rested on an exceptional bipartisan base of support in Congress, backed by a diverse coalition of the faith community, the private sector, security experts, foundations, universities, NGO implementers, civil society groups, and advocates. Deft diplomacy brought forward financial investments from partner governments, other donors, and private corporations. **This formula for success remains as valid today as it was in 2003.**

3 **WE KNOW WHAT NEEDS TO HAPPEN NEXT.** A strong consensus exists in the United States on the management priorities of HIV/AIDS programs for the next four years: deploying new testing approaches to identify those who are not yet diagnosed and get them on treatment, while working to prevent new infections. These measures will require financial and political investment, but they are feasible and affordable and will deliver concrete results. As we move ahead, further refinement of concrete goals, timelines, and metrics will be required.

The Trump administration and Congress should focus their global HIV/AIDS efforts on the following priority, future-oriented goals. *Across these four goals is the emerging challenge of how the U.S. government can manage a static or declining resource base while continuing successful implementation, which will require disciplined managerial capacities and innovative program execution.*

ACHIEVE EPIDEMIC CONTROL: The key priority should be the achievement of epidemic control in at least 10 partner countries in sub-Saharan Africa where it is possible based on PEPFAR data. We have the tools to reach that goal, but accomplishing it will require sustained U.S. commitment and investment.

ADDRESS THE NEEDS OF ADOLESCENT GIRLS/YOUNG WOMEN: In many parts of east and southern Africa, areas that continue to have the highest HIV rates, adolescent girls and young women face substantially higher risk of HIV infection than males their age. This stems from social and economic factors and is exacerbated by the historically rising youth population. To be successful, the United States should continue to concentrate on preventing HIV in adolescent girls and young women while reaching their 15- to 35-year-old male partners with treatment and prevention HIV services.

STIMULATE PARTNER COUNTRY SELF-RELIANCE: The United States should consider how to 1) accelerate the orderly transition of several middle-income partner countries to self-reliance, aided by continued U.S. technical expertise, and 2) support countries to increase domestic resources for health in settings that continue to have large U.S. service delivery investments. This will require a transparent strategy with strong benchmarks; focused high-level diplomatic outreach to heads of state and finance ministers, regional banks, the private sector, and others; and clear metrics to monitor continued progress and avoid backsliding. Transitions must be managed in a way that protects those most vulnerable in the HIV epidemic and includes them in decisionmaking.

DEVELOP A VACCINE AND/OR CURE: U.S. scientific and research institutions have been instrumental in developing many of the tools that have led to success in fighting HIV. While continued investment toward epidemic control is essential, the United States should also continue its research toward identifying a vaccine and cure. ■

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2. Epidemic control is achieved when the number of new infections in a year is less than the number of HIV-related deaths.