

CONGRESSIONAL ACTIONS TO ENSURE CONTINUED IMPACT OF PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR)

PEPFAR was established in 2003 under President George W. Bush to address a global AIDS crisis in which an estimated 40 million people were living with AIDS. It transformed the response by establishing integrated community health services for prevention and treatment, especially for vulnerable populations.

PEPFAR'S REACH — AND THE SCALE OF RECENT DISRUPTION

26M+ LIVES SAVED since PEPFAR began	20.6M+ ON ANTIRETROVIRAL TREATMENT In FY24	7.8M+ BABIES BORN HIV-FREE In FY24	342,000+ HEALTHCARE WORKERS In FY24	83.8M TESTS ADMINISTERED In FY24
-24% FRONTLINE WORKFORCE LOST across 54 PEPFAR countries	-1,200 FACILITIES EXITED at least 1,700 access points closed	-33% PrEP PROGRAM DECLINES 2024 → 2025	-93% CONDOM EXPENDITURES 2024 → 2025	-59% TESTING DECLINES 2024 → 2025

WHAT CHANGED IN 2025–2026

- In 2025, the Trump Administration re-organized HIV/AIDS activities supported by PEPFAR, dramatically affecting service delivery to patients. The majority of PEPFAR programs had been implemented by USAID and CDC.
- HIV prevention services were largely defunded and deprogrammed. Data collection ceased for sexual violence prevention programming and voluntary medical male circumcision programming.
- Since September 2025, after release of the America First Global Health Strategy, the Administration signed MOUs with 34 countries establishing U.S. assistance and country co-financing commitments for HIV/AIDS over 3–5 years. Overall PEPFAR spending under the MOUs is reduced by 29%, with the goal of transitioning some countries to full ownership of HIV/AIDS resource delivery.
- The Administration is ending CDC's role as a PEPFAR implementing agency, which could affect millions receiving care, reduce surveillance and disease detection/response capacity, and undermine oversight and independent accountability frameworks that have made PEPFAR more effective.
- Programs have been terminated or targeted for wind-down, including the largest PEPFAR program in South Africa (serving more than 17% of South Africa's HIV population) and global health programs in Zimbabwe following tensions in MOU negotiations.
- Public OMB SF133 data show FY25 bilateral PEPFAR obligations through June 30, 2026, were \$2.5 billion short of obligations at the same point two years earlier — 68% less than what was obligated at that point in 2024.
- The Administration has emphasized treatment over prevention, reducing opportunities to reach vulnerable populations with preventative services, undermining long-term objectives, increasing costs, and enabling HIV to resurge in the medium-term. HIV testing, diagnoses, and treatment declines already risk permanent backsliding.
- Success monitoring has been reduced through less data collection, less frequent public data release, and removal of critical data showing success among populations most vulnerable to HIV.
- The Administration has invested in innovations such as lenacapavir and made HIV/AIDS a key focus of global health assistance through the MOUs, but the draft argues these steps do not make up for the past year's cuts.

EVIDENCE OF SERVICE DECLINES: amfAR PULSE data found 59% of implementing partners had reduced or permanently stopped HIV testing services. PEPFAR data show treatment initiations down 16–38%; Clinton Health Access Initiative analyses of Ministry of Health data show initiations down 9% overall and 15% for pediatric cases.

CONGRESSIONAL IMPERATIVE

Congress must take actions now to ensure the U.S. remains a steadfast leader in ending the AIDS epidemic. These actions allow Congress to maintain transparency and accountability over government actions related to PEPFAR, ensure government spending in line with appropriations law, and guard progress on HIV, modifying transition timelines as necessary to avoid disease resurgence.

10 CONGRESSIONAL ACTIONS

Transparency • Timely obligation of funds • Data and oversight • Sustainable country transitions

1 Request detailed information from the State Department on plans to revise or end PEPFAR programs, including justifications for why these revisions or closures are necessary to the safety and security of Americans.	6 Include language in authorizing or appropriations bills to increase the level of staffing required to support PEPFAR and Global Health program obligations, reporting requirements, and implementation in Washington bureaus and at post.
2 Request information from the State Department on justifications for reduced and slow obligations of PEPFAR funding, including an accounting of all remaining PEPFAR balances per fiscal year, any changes to allocations or new proposed use of unobligated funds, information on why funds have not yet been obligated in line with historic levels, and a benchmarked plan to ensure remaining funds are obligated in a timely manner.	7 Include language in future appropriations measures requiring the Department of State to release a public report of PEPFAR outcomes, progress, and challenges to course correct as needed, including key metrics and benchmarks, within six months of legislative enactment. Require clear indicators or benchmarks of disease resurgence, system fragility, and fiscal constraint that trigger a pause, slowing, or reversal of funding reductions and other transition elements.
3 Require PEPFAR to publish publicly-available data for every quarter between Q1 2025 and Q2 2026, representing missing information related to the impact of the Trump Administration’s termination of PEPFAR awards and resulting services to beneficiary nations. Further, the State Department should commit to quarterly review and publication of PEPFAR data.	8 Require congressional and publicly-available reporting related to decisions to withhold, suspend, reduce, or terminate HIV-related funding to any country, including Zambia, Ghana, South Africa, and Zimbabwe, as well as related analyses of anticipated effects on HIV infections and deaths, PEPFAR operations, disease surveillance, outbreak detection, and U.S. health security.
4 Include language and funding in future appropriations legislation requiring robust data collection, tracking, and disaggregation by age, sex, location, vulnerability, and other factors.	9 In future appropriations bills, require the Secretary of State to submit a detailed report on progress implementing the Global Health MOUs and on implementing PEPFAR programs in countries that did not sign MOUs. For example, understanding U.S. progress on helping governments strengthen data systems or increase training for frontline health workers would help the USG and partner nations achieve MOU goals and transition sustainable health systems to partner governments. Reports should include key metrics and benchmarks for country-specific success and be made publicly-available.
5 Include funding for the Centers for Disease Control in appropriations measures to support necessary disease surveillance, tracking, and implementation of services that strengthen PEPFAR resource delivery and care in beneficiary nations.	10 Include language in appropriations bills requiring protection of community services and helping partners strengthen community response (including through social contracting rules) so governments can maintain this support. Also provide language ensuring directed services for the most vulnerable.

WHY THESE ACTIONS NOW

Sweeping changes are already affecting beneficiary nations. The draft argues that congressional action is needed to maintain transparency and accountability over PEPFAR-related government actions, ensure spending is consistent with appropriations law, protect progress against HIV, and adjust transition timelines when indicators show a risk of disease resurgence, system fragility, or fiscal constraint.

REFERENCES AND ADDITIONAL DATA

EGPAF’s Analysis of PEPFAR Data Reveals a Pediatric HIV Crisis Hiding in Plain Sight	Analysis of U.S. and Global Fund Funding Reductions in MOU Countries KFF
Taking the Pulse of PEPFAR - amfAR, The Foundation for AIDS Research	The Impact of the United States Foreign Aid Freeze on HIV Service Delivery in PEPFAR-Supported Countries: A Facility-Level Analysis of 2024–2025 Programme Data – JIAS
HIV Market Impact Memo - CHAI	Effective Implementation of the America First Global Health Strategy - ONE.org US
NEXT STEPS FOR ENSURING THE SUCCESS OF THE AMERICA FIRST GLOBAL HEALTH STRATEGY – Bush Center	Tracking the “America First” Bilateral Health Agreements
U.S. Global Health Spending Watch	Approaches for Transitioning to Integrated, Country-Led Health Care: A Rapid Expert Consultation
Abandoning Data And Science: PEPFAR’s Systematic Dismantling of Key Population Programs and What PEPFAR’s New Direction Means for Key Populations	Projected Impact of U.S. PEPFAR Withdrawal on Zimbabwe