



## Reform and Renewal: Five Recommendations for PEPFAR

By Jirair Ratevosian, Dorothy Dow, Osondu Ogbuoji, Lance Okeke, Gavin Yamey, and Chris Beyrer

### Executive Summary

Since 2003, the President's Emergency Plan for AIDS Relief (PEPFAR) has been a cornerstone of U.S. global health efforts, saving 26 million lives and providing life-saving treatment to over 20 million people.<sup>1</sup> These investments have curbed the HIV epidemic, strengthened health diplomacy, and reduced the threat of global disease outbreaks.<sup>2</sup> Today, PEPFAR faces an existential threat, driven by greater political polarization in the U.S. Congress, increased scrutiny on foreign aid spending, and rising HIV infections in underserved regions and populations. Without bold reforms, the program risks losing the momentum that has defined its success over the past two decades. To secure its lasting impact, PEPFAR must work with governments and

implementing partners to accelerate the sustainability of its health investments, while realigning with broader U.S. economic and diplomatic priorities.

In 2024, PEPFAR faced an unprecedented challenge, receiving only a one-year reauthorization set to expire on March 25, 2025.<sup>3</sup> On January 20, 2025, President Trump signed Executive Order 14169, initiating a 90-day pause on all U.S. foreign development assistance programs to conduct a comprehensive review.<sup>4</sup> Although a process to consider waivers was later issued to allow the resumption of some critical health services, the situation remains fluid, and many programs continue to face uncertainty.<sup>5</sup>

Discussions around reforming PEPFAR have been ongoing for years, with calls for sustainability and structural changes emerging soon after the program was launched. The program was originally designed as an emergency response, but experts have long argued for a shift toward long-term planning and country-led implementation. Global health leaders and organizations have increasingly recognized these shifting dynamics in recent years, emphasizing the urgent need for strategic adaptation.<sup>6 7 8 9</sup> Some have called for the establishment of binding compacts with national governments to link funding to validated results through national ownership and accountability.<sup>10</sup> Others have sounded the alarm that the global HIV response is significantly off course, as rates of new HIV infections remain disturbingly high across low-, middle-, and high-income populations, despite progress in both treatment and prevention efforts.<sup>11</sup>

Efforts to address these concerns have been evident in initiatives like "Reimagining PEPFAR's Strategic Direction,"<sup>12</sup> which sought to strengthen government, civil society, and local leadership in managing HIV programs. The National Academies of Science convened a meeting focused on long-term sustainability planning, producing key recommendations for new financing models and reform measures.<sup>13</sup> Now, Congress should support PEPFAR to modernize and embrace reforms, ensuring its continued effectiveness and sustainability in the evolving global health landscape.

Secretary of State Marco Rubio has emphasized a strategic approach to foreign assistance, stating, "Every dollar we spend, every program we fund, and every policy we pursue must be justified with the answer to three simple questions: Does it make America safer? Does it make America stronger? Does it make America more prosperous?"<sup>14</sup> At the same time, Rubio has clarified that PEPFAR will not be stopped, and noted that "PEPFAR is a program that over time shrinks, not expands," signaling a vision in which its role evolves as countries become more self-sufficient.

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Taken together, these trends signal a pivotal moment for PEPFAR's mission and sustainability. We offer five recommendations to reform and renew PEPFAR over the next five years:

**1. Optimize headquarters and interagency operations to reduce administrative and operational costs by 20% over five years.** Reduce operating costs by 20% by consolidating U.S. government agency operating budgets and mechanisms, transitioning to direct partnerships, and using technology to improve logistics, data processing, and program monitoring.

**2. Implement a “2-3-5 Graduation Plan” for PEPFAR countries to transition to at least 50% co-financing over a five-year period.** PEPFAR can adopt a structured graduation framework that categorizes countries based on HIV outcomes performance, economic capacity, and stability of health systems. The plan includes three tiers to ensure adequate and sustainable transitions over two, three, and five years. This transition emphasizes collaboration with ministries of health and global partners to sustain services like HIV testing, PrEP access, and treatment.

**3. Strategically bridge PEPFAR's reach in targeted geographies to advance global epidemic control.** While existing programs graduate, PEPFAR can repurpose some of the cost savings into strategic investments with partners in Eastern Europe, Central Asia, Southeast Asia, and Latin America. By allocating limited budget to new regions, the Trump Administration can foster new partnerships in locations of geopolitical interest and further suppress the spread of new HIV infections.

**4. Prioritize prevention, reduce new infections, and achieve cost savings through innovations.** Prevention programs remain critical to addressing rising HIV infections globally. By partnering directly with the U.S. private sector, PEPFAR can facilitate access to long-acting PrEP for 5 million new users by 2030 and scale up community-driven models to insure impact.

**5. Leverage digital technologies and the private sector for sustainability.** PEPFAR can leverage artificial intelligence (AI) and data automation to optimize resources, enhance service monitoring, and predict disease trends.

Together, these reforms would revitalize and further strengthen PEPFAR as a powerful driver of U.S. diplomatic and humanitarian goodwill. Congress should reauthorize PEPFAR in 2025 for a minimum of five years, empowering the program to implement essential reforms that enhance its effectiveness and sustainability. To sustain its impact, the program must prioritize reforms, strengthen strategic partnerships, and embrace new innovations for greater impact. Through strategic investments in health diplomacy, PEPFAR can continue saving lives, strengthening America's global leadership, and advancing U.S. strategic interests. By reinforcing its core epidemic control mission, the program helps protect Americans from future health crises, while fostering economic prosperity and stability through healthier, more resilient global communities.

**Recommendation One:**

**Optimize Headquarters and Interagency Operations to Reduce Administrative and Operational Costs by 20% Over Five Years**

Recent actions by the Trump Administration to reorganize U.S. foreign aid and public health agencies present challenges and opportunities for PEPFAR's future. As USAID is integrated further into the State Department, and as discussions continue regarding potential changes to the CDC's structure, PEPFAR must rethink its operational model. A shift toward greater localization—empowering national governments and community-based and faith-led organizations to lead program implementation—will be critical.

For PEPFAR to adopt a leaner, more strategic operational model that prioritizes efficiency while maintaining its original mission, it requires moving away from a traditional U.S. interagency-driven approach and toward a more streamlined initiative implemented primarily through the State Department. By consolidating operations and reducing reliance on multiple implementing agencies, PEPFAR can lower operating costs, minimize partner redundancies, and ensure that resources reach partner countries more directly and efficiently. This shift would enable more focused oversight, faster decision-making, and enhanced alignment with foreign policy objectives, ultimately ensuring that resources are maximized for impactful HIV programs.

The administration should set a target of reducing administrative and operational costs by 20% over five years, generating \$1 billion in savings. This goal can be achieved by eliminating redundant U.S.-based management layers, reducing headquarter initiatives and other non-direct service delivery initiatives, shifting resources to country-led programs, and leveraging local expertise to enhance efficiency.

The new approach must prioritize higher-impact partnerships, ensuring that only organizations delivering measurable outcomes—such as increased viral suppression and a decline in new infections—continue to receive funding. These organizations must demonstrate how their programs have directly contributed to improved viral suppression rates or reduced HIV incidence, ensuring accountability and maximizing the impact of PEPFAR's investments.

Additional savings can be achieved through AI-powered data automation, reducing costs associated with manual data entry and allowing greater focus on direct service delivery. While PEPFAR's historic emphasis on short-term metrics has ensured accountability, it has also limited investment in sustainable systems, with a significant portion of its budget allocated to data processing and human resources. PEPFAR must adopt a long-term vision that balances its data-driven approach with systemic capacity-building and integration, leveraging technologies to enhance efficiency without compromising accountability. Countries should be empowered to develop their own monitoring and evaluation frameworks, supported by robust data-sharing agreements with multilateral partners.

Finally, as part of the administration's review of international organizations, a closer examination of those with significant operations in specific countries—such as the Joint UN Programme on HIV/AIDS—could enhance the efficiency and effectiveness of U.S. contributions, ensuring greater impact and value for investment.<sup>15</sup>

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**Recommendation Two:**

**Implement a “2-3-5 Graduation Plan” for PEPFAR Countries to Transition at Least 50% Co-Financing Over a Five-Year Period**

Congress should support PEPFAR to adopt a structured graduation framework to transition to at least 50% co-financing with recipient countries over a five-year period. We recommend tailored graduation timelines of two, three, or five years, with phased co-financing requirements and coordination with other bilateral and multilateral donors to ensure sustainable transitions.

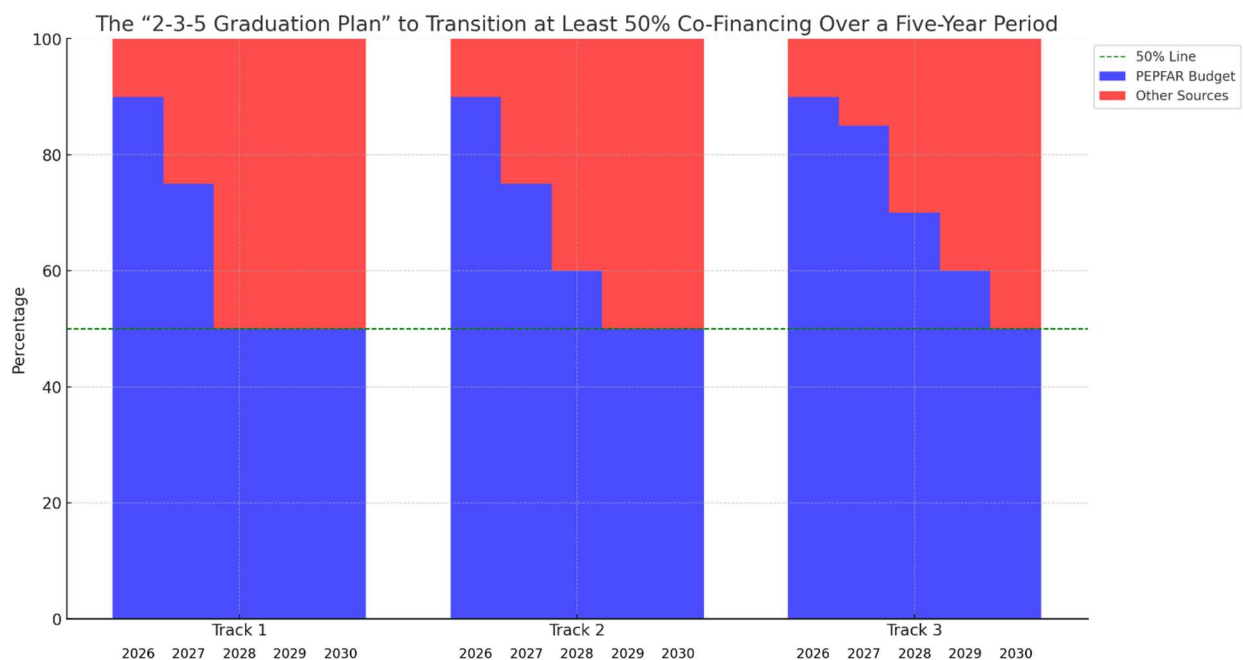
PEPFAR can enhance long-term sustainability by organizing countries into a tiered system based on their progress toward global HIV metrics, health system capacity, economic capability, partnership potential, and the presence of other donors. While this framework provides a general approach, the specific criteria and timing for each track will require further refinement. The ultimate goal is to transition a majority of PEPFAR-supported countries off direct PEPFAR funding within a five-year horizon, ensuring that most recipient countries take on a majority of the costs associated with their HIV programs within this timeframe. This shift is expected to transition approximately \$4 billion in direct support to countries over five years.<sup>16</sup>

The Tier 1 Track applies to countries performing well in reaching global HIV targets. These countries follow a two-year transition plan, during which funding decreases by 50%, while program leadership transitions to national governments. Governments co-finance 25% of program costs in the first year and 50% by the second year, covering HIV treatment, PrEP access, and community outreach. Coordination with global partners such as the Global Fund ensures continued access to essential services, particularly diagnostics and commodities, development, and service provision. Across all programs, targeted technical support should focus on domestic

resource mobilizations and public financial management, reinforcing data systems, workforce capacity, and sustainable service delivery. This would ensure governments take greater ownership of health data and workforce development.

The Tier 2 Track applies to countries close to achieving HIV targets but requiring additional support. These countries may follow a three-year transition plan, with governments co-financing 25% of program costs by the first year, 40% by the second year, and 50% by the third year. This co-financing model ensures that countries assume greater financial responsibility while still receiving targeted technical assistance and capacity-building. PEPFAR support during this period focuses on strengthening national financing mechanisms, health infrastructure, and service delivery systems. Donor coordination aligns investments with the Global Fund, bilateral donors, and development finance institutions to minimize redundancy and ensure service continuity.

The Tier 3 Track applies to countries needing more time, focused support, and capacity-building to reach global HIV targets. These countries may follow a five-year transition plan, with governments co-financing 15% of program costs by the second year, 30% by the third year, 40% by the fourth year, and 50% by the fifth year. This phased approach allows for intensive investments in workforce training, national data systems, and partnerships with local organizations. With Tier 3 countries, PEPFAR collaboration with donors such as the World Bank and regional development banks could secure complementary investments in health systems to sustain national programs while ensuring continued access to essential HIV services.



*Chart 1. The 2-3-5 Graduation transition of PEPFAR funding across three tracks. Tier 1 countries undergo a two-year transition, with PEPFAR support decreasing from 75% to 50%. Tier 2 countries follow a three-year path, with funding reducing from 75% to 50% by year three. Tier 3 countries have a five-year transition, starting at 85% and gradually decreasing to 50%.*

While this tiered framework provides a roadmap for long-term sustainability, the exact details of implementation, including the pace and structure of transition, will require careful analysis and flexibility based on country-specific contexts.<sup>17</sup> In some settings, countries may advance the transition more rapidly, driven by their income levels and the strength of their health systems. Moving toward a country-led HIV response model ensures that national governments progressively take on greater responsibility for financing and managing HIV programs, ultimately making the response more sustainable and freeing up resources to address emerging global health threats.

Lessons from past health and HIV transition efforts should guide future strategies. Research on donor transitions in middle-income countries (MICs) highlights five key factors for success, defined as MIC governments taking ownership without disease resurgence: (i) effective planning, preparation, and political leadership; (ii) use of transition readiness and planning tools; (iii) social contracting with civil-society organizations for key

population services before donor exits; (iv) strengthening health systems before transition; and (v) support from multiple donors rather than dependence on a few. (See Box 1, below)

Throughout the graduation process, partnerships with local community organizations will be essential to overcoming structural barriers and sustaining access to care. By coordinating with other global partners and implementing phased co-financing requirements, PEPFAR can achieve a majority transition to national ownership by 2030. Beyond 2030, PEPFAR support is expected to continue—with further reductions—in targeted and complementary ways to national efforts and with multilateral coordination.

Across graduation planning scenarios, PEPFAR can work with national governments and global partners, including the Global Fund, Development Finance Corporation, the World Bank, and others to design financing arrangements suitable to a country's specific context. Joint planning can help align resources, reduce redundancy, and design financing mechanisms to reduce shock on national

budgets. By aligning with multilateral programs, PEPFAR can leverage investments to support commodity procurement and HIV diagnostics, ensuring that critical supplies are sustained even after direct funding decreases. To effectively

support these transitions, Congress may need to appropriate additional funding for multilateral efforts like the Global Fund, ensuring sustainable impact and continued progress in the fight against HIV/AIDS.

### **Box 1: Best Practices from Donor Transition**

Previous research on donor transitions from health and HIV programs points to five factors that make transition more successful, where success is defined as government taking ownership of the program with no disease resurgence or backsliding. These transitions typically take 8-10 years to accomplish and are highly context-dependent. However, by applying lessons learned, we can mitigate risks and support countries to achieve sustainable program ownership and resilience.

**Planning, preparation, and political leadership.** Successful transition requires the donor and MIC government to work in close partnership on developing a transition timeline with key steps and phases. The transition planning should start early. Political leadership by the MIC government in taking increasing ownership over the health program is key. Sudden, unplanned donor exits, with no plan put in place for the MIC government to fund or take over HIV prevention and treatment services, are likely to lead to HIV resurgence.<sup>18</sup>

**The use of transition readiness assessment tools and transition planning tools.** Many donors, including PEPFAR and the Global Fund, have developed tools to support planning and preparedness for sustainable transition to domestically funded health programs. These tools assess factors such as a country's financial readiness to transition, its epidemiological situation, the strength of the national health system, and how donor funds can be used in a targeted way to bring the country to being transition-ready.<sup>19</sup>

**Social contracting with civil-society organizations (CSOs).** MICs that successfully transitioned their HIV programs out of Global Fund support, such as China and Mexico, contracted with CSOs to provide prevention and treatment services to key populations (known as social contracting). Such contracting mechanisms should be put in place prior to donor exits, and monitoring and evaluation systems should be established to ensure service delivery targets are met. Successful social contracting also requires strong managerial and technical leadership.<sup>20</sup>

**Strengthening the health system prior to transition.** The stronger the building blocks of the national health system—especially financing, leadership, and governance—the more likely that there will be a successful transition with no backsliding after a donor exits. One study of the role of health system strengthening in transition, led by the Duke Global Health Institute (DGHI), concluded that “pre-transition investments in a country's financial, technical, and logistical capacity are vital to ensuring smooth transition.”<sup>21</sup>

**Support from multiple donors rather than reliance on one or very few donors.** When the funding of an MIC's health or HIV program is highly dependent on a single donor or very few donors, the country is more vulnerable to backsliding after a donor exits. Having multiple sources of external financing for the health or HIV program can help absorb the financial shock of a donor exit.<sup>22</sup>

**Recommendation Three:**

**Strategically Bridge PEPFAR’s Reach in Targeted Geographies to Advance Global Epidemic Control**

In 2023, approximately 1.3 million individuals contracted HIV, exceeding the 2025 goal of fewer than 370,000 new infections.<sup>23</sup> Notably, for the first time, over half of these cases occurred outside sub-Saharan Africa. While sub-Saharan Africa has made significant progress, other regions are facing increasing infection rates.<sup>24</sup>

As PEPFAR implements a structured graduation program for its current country programs, it can repurpose some of the cost savings to stabilize HIV control in regions of the world where PEPFAR has not been active, and where new HIV infections threaten global progress. By targeting regions experiencing rising new infections, such as Eastern Europe, Central Asia, Southeast Asia, and Latin America, PEPFAR can provide critical support to areas facing emerging HIV crises. This bridge—deploying the above-mentioned graduation criteria—should focus on building HIV response systems, fostering public-private partnerships, and investing in key populations often excluded from care.

This approach involves transitioning up to 50% of PEPFAR’s existing and planned budget allocation to other strategic regions with rising infections, such as Ukraine, the Philippines, Indonesia, Mexico, Peru, Kazakhstan, and Morocco, while

continuing to provide essential technical support. By collaborating with existing donors, the goal is to leverage PEPFAR's technical expertise and purchasing power without creating new dependencies on PEPFAR funding. This strategic shift enables PEPFAR to intensify HIV mitigation efforts in regions with growing unmet needs, enhancing global epidemic control while expanding U.S. influence.

Leveraging lessons from successful programs, PEPFAR can collaborate with governments, community organizations, faith-based efforts, and multilateral stakeholders to scale up prevention and treatment efforts. This includes promoting innovative approaches like long-acting HIV prevention technologies and differentiated service delivery models that respond to the specific needs of vulnerable populations.

Through these efforts, PEPFAR can sustain global progress against HIV while addressing gaps in regions where rising infections pose a threat to epidemic control. By bridging PEPFAR to new strategic regions, the U.S. can build alliances, strengthen regional stability, and promote health security, fostering goodwill through targeted, results-driven health initiatives.

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**Recommendation Four:**

**Prioritize Prevention, Reduce New Infections, and Achieve Cost Savings Through Innovations**

Prevention is a critical component of a comprehensive approach to ending HIV. To achieve epidemic control, prevention efforts must be scaled up alongside treatment and care programs. Despite advancements in PrEP access, there are concerns about the limited scope of PEPFAR's waiver, which currently focuses only on PrEP for pregnant and breastfeeding women.<sup>25</sup> This narrow focus risks excluding other people who can benefit from PrEP, undermining broader prevention efforts. At the same time, UNAIDS reports an alarming rise in new infections across 28 countries, highlighting the urgent need for expanded access to effective prevention tools.<sup>26</sup>

To curb rising infection rates and sustain progress toward ending the HIV epidemic, PEPFAR must prioritize HIV prevention programs as a key component of an evidence-based strategy. Tailored prevention programs are critical to reducing transmission rates. Public-private partnerships like DREAMS—designed to support adolescent girls and young women—provide scalable models that integrate education, violence prevention, economic empowerment, and healthcare. Supporting targeted prevention initiatives over the next five years will help safeguard the gains of two decades of PEPFAR investments while lowering new infection rates.

Emerging HIV prevention tools like long-acting injectable cabotegravir and lenacapavir offer promising advancements due to their convenience, high efficacy, and potential to be cost-effective solutions for controlling HIV. These long-acting options require less frequent dosing, enhancing adherence and making them more suitable for diverse populations. By reducing the need for daily pills, they minimize stigma and improve user experience. Their affordability and scalability,

especially through coordinated efforts like the Global Fund and PEPFAR partnership, make them powerful tools to curb HIV transmission rates globally.

In December 2024, the Global Fund and PEPFAR, alongside the Children's Investment Fund Foundation and the Bill & Melinda Gates Foundation, launched an initiative to provide affordable access to lenacapavir, aiming to reach 2 million people over three years in PEPFAR and Global Fund-supported countries.<sup>27</sup>

The Trump Administration has an historic opportunity to achieve a bold victory in the fight against HIV by setting an ambitious target of reaching 5 million new users with long-acting PrEP by 2030.<sup>28</sup> With the global supply chain ready and PEPFAR's proven partnerships demonstrating feasibility, this goal is within reach. By investing in community-led, country-driven initiatives that prioritize prevention, the administration can secure sustainable impact, protect global health gains, and cement its legacy as a champion in the fight to end the HIV epidemic—building on Trump's first-term initiative to end HIV.

PEPFAR must also accelerate innovative prevention delivery strategies. These include expanding digital health platforms, differentiated service delivery models like telehealth programs, and community-driven approaches to prevention. Strengthening partnerships with governments, grassroots organizations, faith-based leaders, and private sector stakeholders will enhance the reach and effectiveness of these efforts. By fostering sustainable, culturally responsive, and equitable programs, the Trump Administration can position PEPFAR to meet global HIV prevention targets by 2030.

## **Recommendation Five:**

### **Leverage Digital Technologies and the Private Sector for Sustainability**

Technological innovation and private sector partnerships offer significant opportunities to enhance PEPFAR's impact on global health. Artificial intelligence can play a transformative role to enhance program quality improvements by optimizing resource allocation, improving decision-making, predicting disease trends, and identifying service gaps in the HIV response.<sup>29</sup>

Studies have demonstrated that electronic medical record (EMR)-based machine learning models can accurately predict likelihood of HIV acquisition, retention in care, and viral suppression. These models have been effectively utilized as clinical decision support tools to improve outcomes across the HIV care continuum.<sup>30</sup> These insights enable governments and partners to allocate resources more efficiently, improving the timeliness and effectiveness of interventions, while also reducing costs associated with cycling in and out of care and health system costs linked to missed HIV diagnoses. AI-driven data models can also help identify at-risk populations, enabling the efficient, targeted deployment of HIV prevention modalities preventing lifelong reliance on treatment.

AI-driven solutions can empower national governments to enhance real-time, population-level monitoring of HIV program outcomes to quickly identify the most efficacious interventions, enabling faster identification of trends, disparities, and gaps in care. By automating data collection, analysis, and reporting, AI reduces reliance on manual data processing, leading to significant cost savings and allowing resources to be redirected toward direct service delivery and patient-centered interventions. Additionally, collaborations with healthcare innovators and pharmaceutical companies can leverage AI-powered digital health platforms to expand access to life-saving tools, such as long-acting HIV prevention and treatment

technologies. These platforms streamline patient management, enhance telehealth services, and ensure continuity of care, particularly in remote or underserved regions where skilled human resources are even more scarce.

While AI-driven models have yet to demonstrate definitive cost efficacy at scale, they are rapidly evolving as promising tools for optimizing HIV program implementation. When integrated with PEPFAR's large-scale funding and infrastructure, these technologies have the potential to enhance efficiency, reduce administrative burdens, and drive measurable impact across the HIV care continuum.

Private sector mobilization must be central to sustaining global health efforts by unlocking new funding sources and driving innovation to accelerate the HIV response. Strategic investments from development finance institutions, social impact funds, and technology partners are critical to scaling key interventions. PEPFAR can catalyze a robust private sector role, empowering countries to build resilient health systems that sustain HIV prevention and treatment gains long after direct funding ends.

The private sector plays a crucial role in driving innovation and sustaining global health progress. Its involvement is essential for accelerating HIV prevention and treatment advancements, particularly through emerging technologies like artificial intelligence and digital health platforms. Looking ahead, private sector leadership will be vital in developing next-generation solutions, including future vaccines. The success of Operation Warp Speed demonstrates how public-private partnerships can fast-track vaccine development. A similar initiative for HIV could revolutionize prevention and treatment, ensuring rapid innovation and broad access worldwide.

## Conclusion

PEPFAR has proven to be one of the most successful and transformative U.S. global health initiatives, saving millions of lives, building resilient health systems, and fostering stability across regions. Rising HIV infections in certain regions, shifting geopolitical dynamics, and increased competition from foreign powers demand a more strategic, adaptive approach. For this program to remain effective in a rapidly changing global landscape, Congress must support PEPFAR to evolve.

Secretary of State Marco Rubio's approach to foreign assistance—ensuring that every dollar spent makes America safer, stronger, and more prosperous—aligns with what PEPFAR has done for over two decades. By reinforcing global health security, advancing economic stability, and strengthening diplomatic ties, PEPFAR has consistently served U.S. strategic interests while saving lives. With thoughtful reforms, it can continue this tradition, ensuring that as countries become more self-sufficient in managing their HIV/AIDS responses, the program remains a model of effective, high-impact American leadership.

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