Red Ribbon or White Flag?

The Future of the U.S. Global AIDS Response

ONE

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Executive Summary

America's leadership in the global response to the AIDS epidemic has been without parallel in human history, measured not only in dollars but in lives saved. The combination of PEPFAR – the U.S. President's Emergency Plan for AIDS Relief – and strong U.S. support to the Global Fund to Fight AIDS, Tuberculosis and Malaria has mobilized a worldwide response unprecedented in its scope and success, and has created a sense of hope that was unimaginable just 20 years ago.

Through PEPFAR over the past 15 years, the United States has saved 11 million lives.[1] For the first time ever, more than half of the people living with HIV around the world are receiving life-saving treatment, and the number of people dying from AIDS has been cut by half since its peak in 2005.[2]

The leadership shown by the U.S. has been irreplaceably catalytic. The creation of PEPFAR in 2003 immediately slowed the quickly growing pandemic. Early U.S. support for the Global Fund created worldwide momentum that has won commitments from 37 national governments, seven philanthropic organizations, 44 corporations, and millions of individuals who have joined the fight with their own contributions. The countries most affected by AIDS are contributing more to the fight than ever before, and, year after year, expertise has grown, efficiency has improved, and progress has accelerated.

We are finally getting ahead of this deadly disease, but the progress made may soon start to unravel.

For the first time in 15 years, the U.S. government is showing signs of retreat from this fight, which would squander the incredible progress that has been made. The Trump administration appears ready to unilaterally trade the iconic red ribbon for a white flag of surrender in the global fight against AIDS.

The White House's proposed $800 million cut to bilateral HIV/AIDS efforts – including PEPFAR – and $225 million cut to the Global Fund would force PEPFAR to implement a strategy that could result in nearly 300,000 deaths and more than 1.75 million new infections each year.[3] **This strategy could effectively reduce the number of people added to treatment each year by a third, and mean that we would reverse course in a successful drive to end this epidemic.**[4]

This ONE Campaign report reveals how cutting U.S.-supported treatment and prevention efforts through PEPFAR and the Global Fund now could squander 15 years' worth of investment and could trigger a massive resurgence of the global epidemic.

It is critical that Congress continues to fund PEPFAR and the Global Fund to – at least – the same level as in 2017. It is critical for Congress to insist that the administration fulfills U.S. commitments to the Global Fund, and it is also critical that Congress conducts aggressive oversight to ensure that the administration does not unilaterally surrender in this fight. PEPFAR must be allowed to pursue a strategy ambitious enough to help the world reach impending global targets for getting 30 million people onto treatment and reducing the number of new infections to 500,000 by 2020.[5] Failure to reach these targets could mean abandoning the historic opportunity to end the AIDS epidemic as a global health threat by 2030.

This is not an open-ended commitment. The world is turning the tide on AIDS, and sustained U.S. leadership in the fight will see a day when the disease is defeated. Slowing down now would not simply lengthen the time it takes to do this, but would push it out of reach as the disease resurges.

America must continue to play its historic leadership role in the global fight against AIDS. Anything less will mean surrendering the fight.

Progress against the AIDS epidemic is profound, but fragile

The world has the momentum and the tools needed to end AIDS as a public health threat by 2030, thanks to an unprecedented and unwavering global response. For the first time ever, more than half of the people living with HIV globally are receiving life-saving treatment.[6] AIDS-related deaths have been cut by half since their peak in 2005 and – because of the massive increase in the accessibility of treatment – 9.6 million lives have been saved in the same time span.[7]

Antiretroviral therapy (ART) has now also proven to be a powerful tool for preventing new HIV infections. When properly adhered to, ART reduces the amount of human immunodeficiency virus in a person's body to levels low enough that they are no longer infectious. **We know with certainty that getting and keeping people on treatment can prevent the spread of HIV/AIDS.**[8, 9, 10]

The reduction in cases of mother-to-child transmission of HIV/AIDS is proof that treatment reduces the spread of the disease. Increasing the coverage of treatment for pregnant and breastfeeding mothers from roughly half of women in 2011 to three-quarters in 2016 has helped to cut the number of new infections among children by almost half in the last six years alone.[11, 12]

History has taught us the benefits of scaling-up the availability of HIV treatment. Early in the pandemic, when treatment was not widely available, there was no incentive for people to be tested for HIV, only to receive a death sentence and the stigma associated with the diease. Untested, people living with HIV spread the disease further. As treatment became more readily available, however, HIV testing increased, saving lives and accelerating disease prevention.

Innovation and partnerships continue to steadily quicken the rate at which people are accessing treatment. In 2016, 2.4 million people started AIDS treatment (well over half of whom were supported by PEPFAR), compared with just 1.5 million in 2010.[13, 14] If this pace of scale-up is maintained and new efficiencies are found, the world will be on track to meet the UNAIDS target of 30 million people on treatment by 2020.[15]

Furthermore, a breakthrough pricing agreement was announced in September 2017 for the new HIV drug, Dolutegravir, which suppresses viral load more quickly than other products on the market. In 2000, first-line AIDS drugs cost $10,000 per patient per year;[16] this agreement set the price at $75 per patient per year[17] – an all-time low for what is also a more effective product.

The countries most affected by AIDS are contributing more to the fight than ever before, and many high-burden countries are making notable progress in addressing their own HIV epidemics. South Africa, for example, quickly adopted and scaled-up World Health Organization (WHO) treatment guidelines for pregnant and breastfeeding women. The country has since reached a global milestone in providing treatment to more than 95 percent of pregnant and breastfeeding women. As a result, it has reduced the mother-to-child transmission rate to below 5 percent.[18]

In June 2016, Lesotho became the first country in sub-Saharan Africa to implement the WHO "treat all" guidelines, which recommend that anyone infected with HIV should begin receiving treatment immediately to suppress viral load and prevent the disease from spreading.[19] In 2016, Lesotho increased the number of people on treatment from the year before by 36 percent – more than double its increase from 2014 to 2015.[20]

While it is remarkable, this progress is fragile and should not mask the massive challenges that remain. **Any regression at this point risks a global resurgence of the epidemic.**

Globally, 17 million people are living with HIV but not receiving treatment.[21] Last year alone, 1 million people died from AIDS, and AIDS-related illnesses are still the leading cause of death for women of reproductive age globally, claiming more lives than

breast cancer and strokes combined.[22] AIDS is the second largest cause of death for young women aged 15–24 in Africa,[23] and globally, 16.5 million children are orphans because of this deadly disease.[24]

Worse, the epidemic is still growing at an alarming pace. **Three people are infected with HIV every minute.**[25] The number of new HIV infections among adults has remained steady for three years in a row, and last year, 1.8 million people were infected with the disease.[26] Young women are at a disproportionately high risk of being infected, particularly in sub-Saharan Africa, where new HIV infections among young women aged 15–24 were 106 percent higher than among young men in the same age group.[27] We are still far off track for reaching the global target of preventing 500,000 new HIV infections a year by 2020.[28]

The AIDS epidemic remains a global crisis with an uncertain outlook. Progress to date has been dramatic, though fragile. **But thanks to more than a decade of American leadership, and unprecedented and sustained international support, millions of people and indeed entire nations have been brought back from the brink of catastrophe.**

The U.S. plays an irreplaceable role in the global AIDS response

The United States has been a catalytic and stalwart leader in the global AIDS response. When President George W. Bush launched PEPFAR in 2003, more than 5,000 people were dying from AIDS every day and another 7,000 were being infected with the disease.[29] Treatment options were limited and prohibitively expensive, and the stability of entire nations was threatened by the economic strain and fear caused by the pandemic.

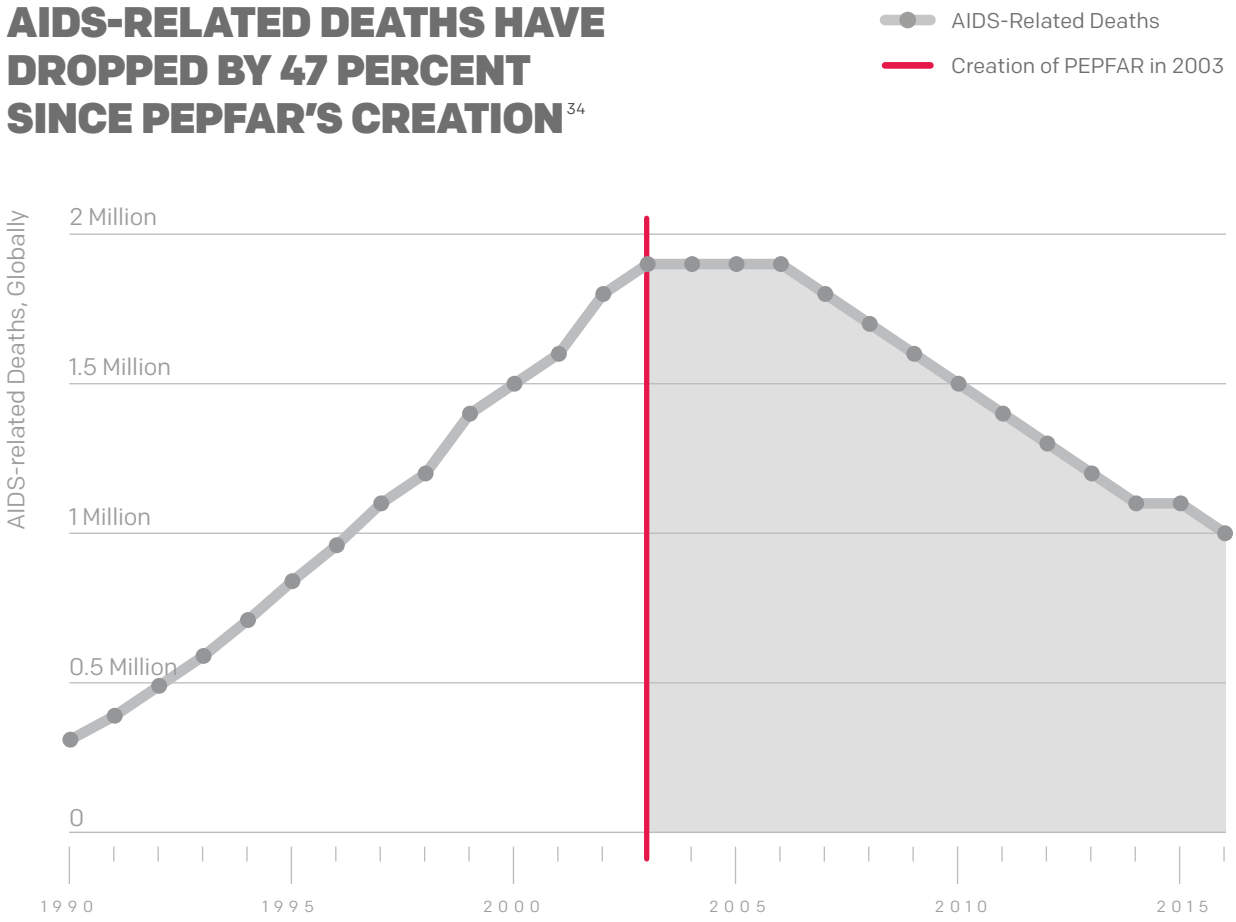
PEPFAR ushered in a new era that started to change all of this by supporting life-saving services to treat and prevent HIV/AIDS in the hardest-hit countries. Building on the program's initial success, President Barack Obama expanded PEPFAR's impact by scaling-up access to treatment and prevention services in the hardest-hit countries. Cumulatively since 2004, the U.S. has invested nearly $80 billion in the global AIDS response through PEPFAR – the largest commitment by any nation to address a single disease in history – and it continues to achieve results that match the magnitude of its contribution.[30]

In 2016, PEPFAR supported 11.5 million men, women, and children on AIDS treatment.[31] That marked an increase of nearly 2,300 percent over the number of people receiving treatment in 2003 and accounted for more than half the total number of people on treatment worldwide. As a direct result of PEPFAR support, over 2 million babies who otherwise would have been infected have been born HIV-free, and their mothers have been kept alive and healthy.[32] Globally, PEPFAR support has contributed to a 47 percent decrease in AIDS-related deaths since 2003.[33]

> *Leadership in the global AIDS response is unquestionably one of the U.S.'s most important global legacies in the past 20 years.*

FIGURE 1.

AIDS-RELATED DEATHS HAVE DROPPED BY 47 PERCENT SINCE PEPFAR'S CREATION[34]



Sources: UNAIDS (2017), AIDSinfo Database.

While PEPFAR is the largest bilateral effort to combat HIV/AIDS, it is not the only international effort taking on this global challenge. The Global Fund to Fight AIDS, Tuberculosis and Malaria is a complementary international financing organization that mobilizes and invests nearly $4 billion a year to support programs run by local experts in countries and communities most in need. In partnership with other donors, the private sector, and the investments made by countries themselves, support from the Global Fund has to date saved 22 million lives.[35] The U.S. leverages significant resources for the global AIDS response from other governments, with the U.S. contributing $1 for every $2 contributed by other donor countries and philanthropies.

This international effort led by PEPFAR and the Global Fund supports national governments and local leaders in their efforts to control the AIDS epidemic in the hardest-hit countries and communities. Without this three-pronged approach, anchored by U.S. leadership, the global AIDS epidemic would have continued to spread uncontrollably in the early years of this century.

Leadership in the global AIDS response is unquestionably one of the U.S.'s most visible and most important global legacies in the past 20 years. This success is attributable to bold presidential leadership and unprecedented bipartisan support from Congress, without which such an impact would not have been possible.

However, the global AIDS response has a long arc and an uncertain outlook. As we celebrate PEPFAR's 15th anniversary, it will be just as critical for Congress to step up to lead the fight in 2018 as it was in 2003. **The imperative to protect the gains of the past 15 years and to safeguard the future rests with today's leaders.**

The Trump administration appears ready to surrender the global fight against AIDS

For 15 years, PEPFAR's success has been built on strong backing from both the executive and legislative branches of the U.S. government. The two branches have worked in partnership and across party lines to ensure that PEPFAR saves as many lives as possible. That partnership may now be coming apart at the seams.

President Trump's "skinny" budget proposal for Fiscal Year 2018, released in March 2017, indicated that his full budget proposal would provide "sufficient resources to maintain current commitments and all current patient levels on HIV/AIDS treatment under PEPFAR" and "[meet] U.S. commitments to the Global Fund".[36] In May, the full budget proposal explained that the administration would "continue to support ongoing commitments to global health programs, including [...] continuing treatment for all current HIV/AIDS patients" under PEPFAR.[37] However, these characterizations masked a proposed cut of nearly $800 million for bilateral HIV/AIDS support and a $225 million cut for the Global Fund – unprecedented reductions for the two programs.[38]

The administration revealed how such a cut would be implemented in a new strategy for PEPFAR released by Secretary of State Rex Tillerson in September.[39] Under the new plan, PEPFAR's efforts would be focused on achieving control of the epidemic in 13 "priority" countries, while maintaining life-saving treatment in over 50 other countries in which it operates.

Reaching epidemic control in a country is an exciting proposition and an essential milestone on the road to ending the HIV/AIDS epidemic. When a country reaches epidemic control – the point at which the number of new infections falls below the number of deaths among HIV-infected individuals – the number of people living with HIV will gradually begin to decline, making the national HIV/AIDS response easier to manage and more affordable over the long term. According to PEPFAR, five high-burden African countries are already approaching epidemic control and could reach this milestone as soon as 2020.[40]

Even when epidemic control is achieved, however, it will not mark victory. Gains will need to be sustained over time, which will require continued support from the U.S. and other international partners, as well as increased domestic resources. Without vigilance and sustained treatment and prevention efforts to hold new infections below the number of deaths in these countries, the humanitarian and fiscal burden of HIV will surge upwards again. Current levels of investment would need to be maintained to support epidemic-control efforts in all high-burden countries – and not merely a sub-set of countries – to control the global AIDS pandemic.

While both the House and Senate restored full funding to the two programs in their appropriations bills this year, the Trump administration's new direction indicates an alarming and unprecedented step

> *The administration's budget proposal forced a new strategy for PEPFAR that is a commendable attempt to make the best of a bad situation.*

back on U.S. engagement in the global AIDS fight. The administration's budget proposal has forced a new strategy for PEPFAR that is a commendable attempt to make the best of a bad situation, but, if implemented, the budget proposal could see the U.S. unilaterally surrender in the global fight against AIDS.

Signs point to the administration proposing another deadly cut to PEPFAR and the Global Fund for FY 2019. Congress should again reject any proposed cut. Below are six reasons why.

1. DRAMATIC CUTS TO U.S. HIV/AIDS FUNDING WILL IMMEDIATELY REDUCE THE NUMBER OF PEOPLE WHO ARE ABLE TO ACCESS TREATMENT.

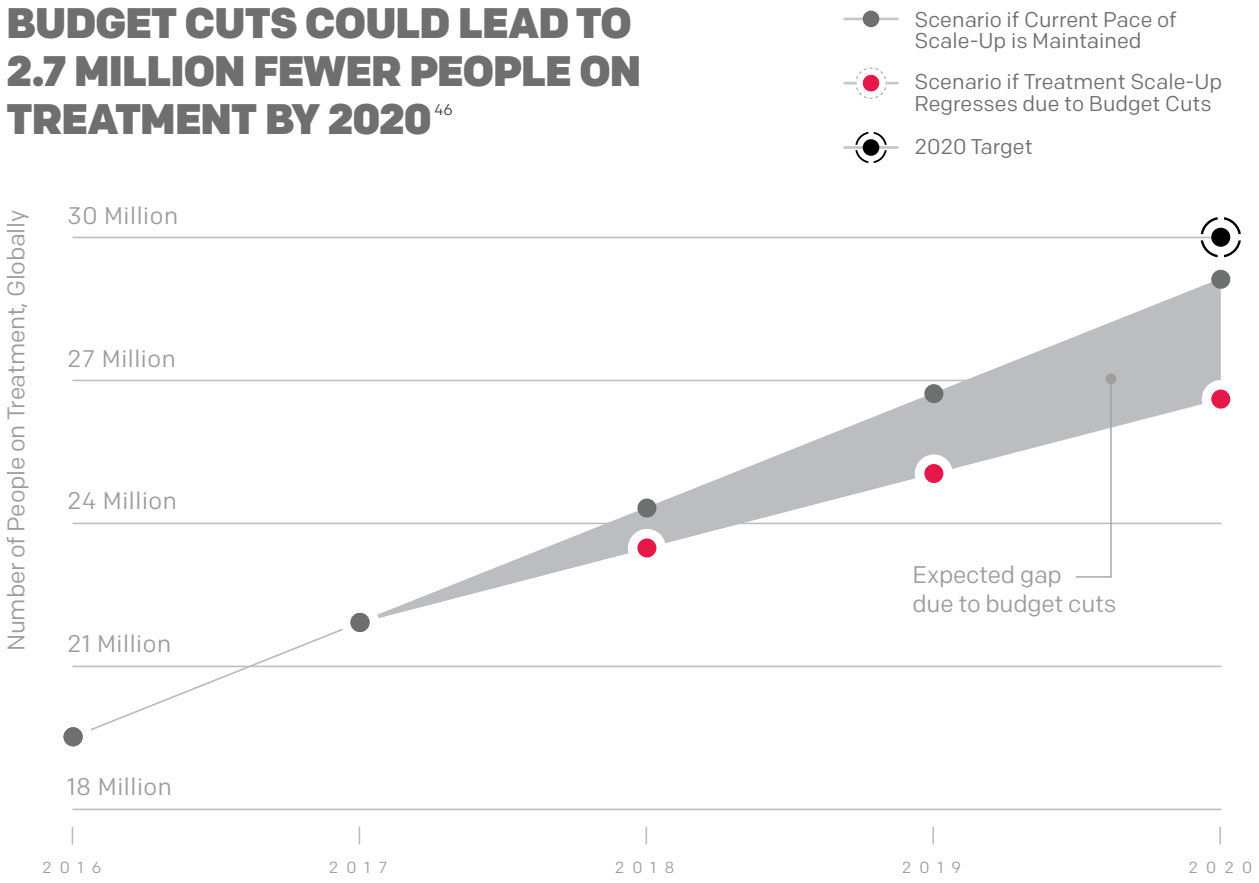
Ramping up the number of people living with HIV who are added to treatment each year is one of the most critical components in long-term control of the global epidemic. As more people are newly infected with HIV globally each year, the number of those in need of treatment in any given year increases, all at a time when the population most at risk of being infected with HIV – young people in sub-Saharan Africa – is growing exponentially. By 2050, the population of young people (aged 15–24) in the region is set to double.[41]

It is simply not possible to end the spread of the disease without increasing the number of those added to treatment each year and scaling up prevention.

On the current trajectory, which reflects the consistent addition of an average of 2.4 million people to treatment each year, the world will nearly reach the UNAIDS target of 30 million people on treatment by 2020. This milestone is critical for bending the arc of the epidemic ahead of Africa's anticipated population boom. While improved efficiencies could help to accelerate efforts and help reach the 2020 target, any reduction in the number of people added to treatment annually would halt global progress.

FIGURE 2.

BUDGET CUTS COULD LEAD TO 2.7 MILLION FEWER PEOPLE ON TREATMENT BY 2020[46]



Sources: Kaiser Family Foundation (2017) and UNAIDS (2017). AIDSinfo Database.

In 2016, U.S. investments through PEPFAR supported well over half of the 2.4 million people added to treatment, making America's continued leadership critical for global control of the disease.[42, 43] **According to conservative estimates, implementation of the President's FY 2018 budget proposal would result in 838,000 fewer people being placed on treatment in the first year.**[44] If that funding level was maintained in subsequent years, 2.7 million fewer people would gain access to treatment by 2020 than would be the case had PEPFAR's current pace of scale-up been maintained.[45]

From an epidemiological point of view, the reduction in the number of people added to treatment necessitated by the Trump administration's proposed budget cut would short-circuit momentum and would all but guarantee that the world misses the 2020 treatment target. Therefore, **the administration's policy of maintaining current levels of treatment in some of the hardest-hit countries but not adding new people to treatment there could simply mean losing the fight.**

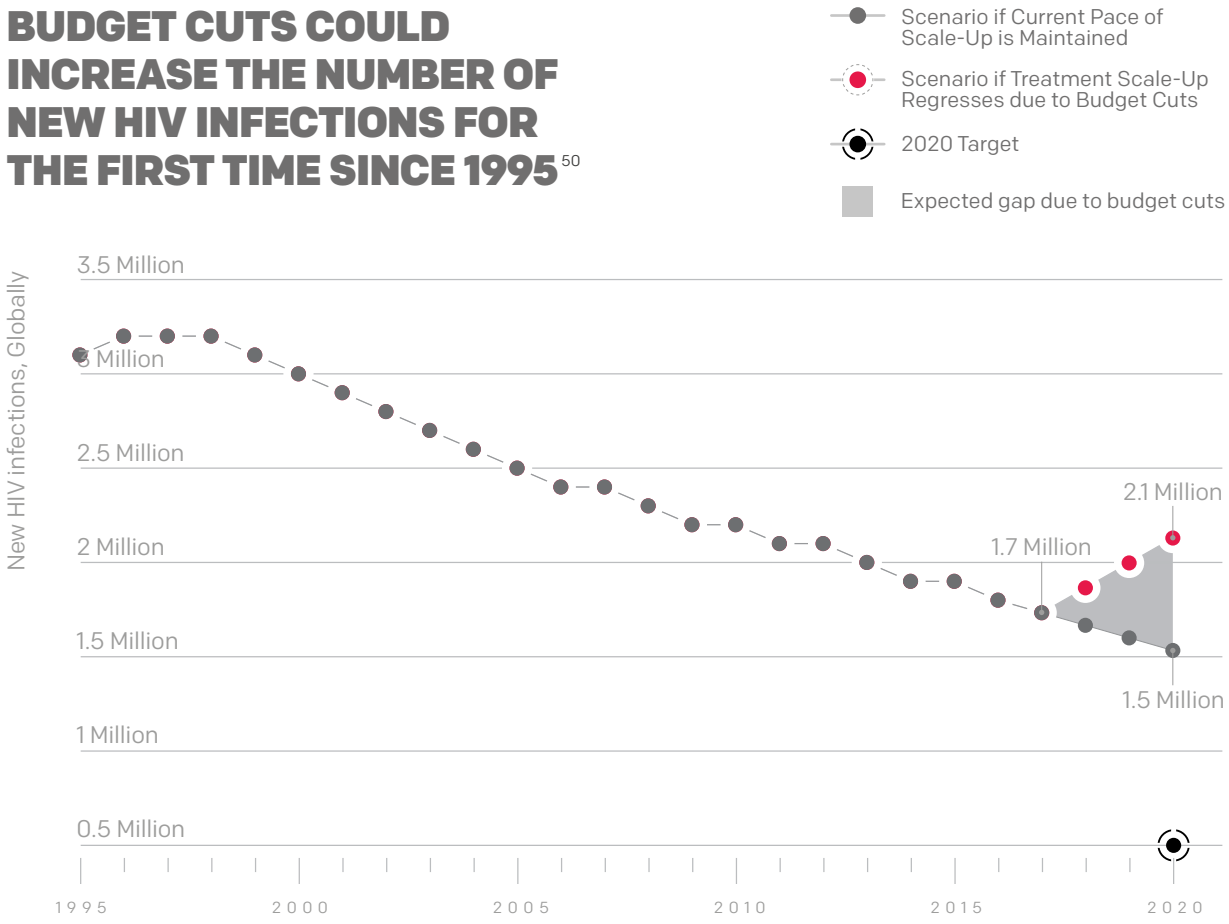
2. STEEP BUDGET CUTS WOULD FORCE PEPFAR TO IMPLEMENT A STRATEGY THAT HALTS TREATMENT SCALE-UP AND COULD LEAD TO 4 MILLION PREVENTABLE DEATHS IN SUB-SAHARAN AFRICA OVER THE NEXT 15 YEARS

Just as more people would be infected if access to treatment was reduced by a Trump administration spending cut, the number of people who would eventually die from lack of treatment would increase markedly.

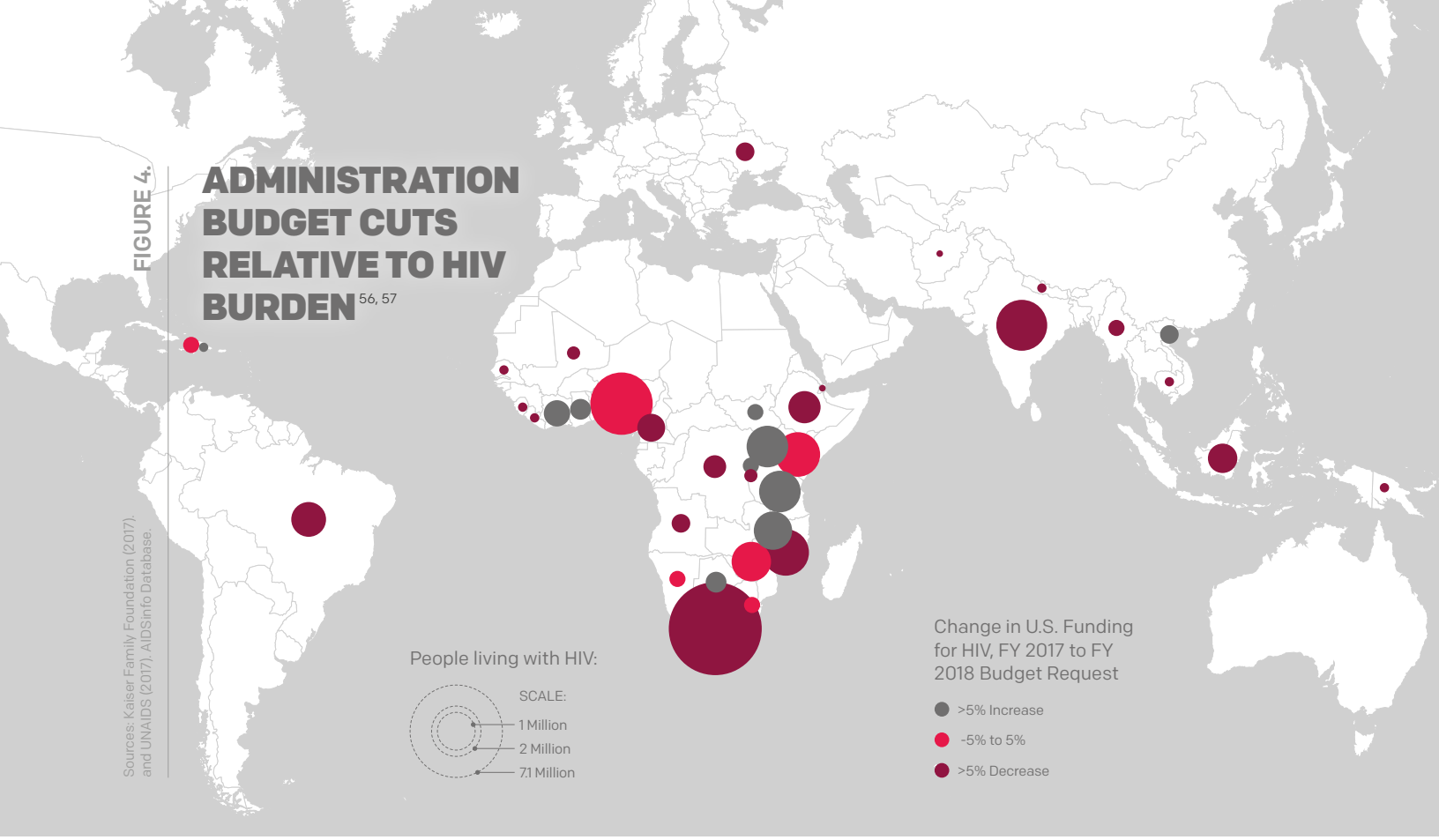
The $800 million cut to U.S. bilateral AIDS spending included in President Trump's FY 2018 budget proposal would force PEPFAR to implement a strategy that slows treatment scale-up. New estimates have found that this could lead to over

FIGURE 3.

BUDGET CUTS COULD INCREASE THE NUMBER OF NEW HIV INFECTIONS FOR THE FIRST TIME SINCE 1995[50]



Sources: Kaiser Family Foundation (2017) and UNAIDS (2017). AIDSinfo Database.



4 million deaths and 26 million new HIV infections in sub-Saharan Africa over the next 15 years.[47] That works out to more than 790 deaths and 4,800 new infections every day in the hardest-hit region.

3. THE BILLIONS OF DOLLARS THAT CONGRESS HAS ALREADY INVESTED IN FIGHTING AIDS WOULD BE SQUANDERED AT THE VERY MOMENT WHEN CONTROL OF THE DISEASE IS IN SIGHT.

Over the past 15 years, Congress has invested billions of dollars in the epidemiological infrastructure – the supply chains, scientific expertise, and professional training – and treatment levels necessary to bring within reach the real opportunity to control the global AIDS epidemic. And it has been just that – an investment. Reducing funding for PEPFAR in the way that the Trump administration has proposed would mean abandoning that investment just as it is paying off.

If PEPFAR does not receive the funding necessary to continue the scale-up of treatment and prevention efforts in the hardest-hit countries, global progress against AIDS will immediately start moving in reverse. Conservative estimates project that implementing the FY 2018 budget proposal would have led to the first global increase in new HIV infections since 1995, with nearly 200,000 additional HIV infections in the first year. If these cuts were maintained, nearly 600,000 additional people could be infected by 2020, dragging the world back to levels of new infections last seen in 2011.[48]

Slowing U.S. efforts to fight HIV/AIDS for three years could set the global response back nine years and squander much of the $64 billion that the U.S. has invested over that time.[49]

4. THE TRUMP ADMINISTRATION'S APPROACH WOULD CUT ASSISTANCE TO MANY OF THE COUNTRIES CARRYING THE WORLD'S HIGHEST AIDS BURDENS.

Whether looking at the White House's FY 2018 budget request or the new strategy for PEPFAR released by the State Department in September, it appears that the desired policy of the Trump administration is to reduce the investments used to fight AIDS in some of the world's highest-burden countries.

Compared with FY 2017 levels, the President's FY 2018 budget request proposes a budget cut of over 30 percent for three countries with some of the highest HIV/AIDS disease burdens in the world – South Africa, India, and Mozambique.[51]

In all, the President's budget request eliminates funding for seven PEPFAR partner countries (Brazil, Djibouti, Liberia, Mali, Nepal, Senegal, and Sierra Leone) and reduces funding for 17 others (Afghanistan, Angola, Barbados and Eastern Caribbean, Burma, Burundi, Cambodia, Cameroon, Democratic Republic of the Congo, Ethiopia, India, Indonesia, Mozambique, Namibia, Papua New Guinea, South Africa, Ukraine, and Zimbabwe).[52] Federal agencies have been instructed to make even deeper cuts in their FY 2019 proposals, which can only make matters worse.[53]

Nearly half of all people living with HIV who do not have access to treatment live in countries whose bilateral AIDS assistance would be cut under the Trump administration's budget proposal.[54] South Africa – which has the world's highest AIDS burden – is among them. Neither South Africa nor Nigeria – which bears the second-highest AIDS burden – is a "priority" country in the State Department's new strategy for PEPFAR, despite these two countries being home to more than one in every four people living with HIV globally (see figure 4).[55]

5. CUTTING SUPPORT IN THE HARDEST-HIT COUNTRIES, PARTICULARLY IN AFRICA, WILL SQUANDER GAINS IN NEIGHBORING COUNTRIES.

Diseases don't respect borders. From the early days of the AIDS pandemic, patterns of HIV transmission were heaviest in places that attracted migrant labor and among populations that moved.[58] In fact, the virus traveled from high- to low-burden areas along the same routes that trucks traveled; people living and working along these routes were among the first in developing countries to be affected by HIV.[59]

We could expect to see similar patterns today in the highest-burden countries if the Trump administration's proposed budget cuts are implemented. For example, Johannesburg and Lagos – both major cities in countries where U.S. HIV/AIDS investments would be deprioritized – are regional economic hubs. Because of the way that people travel from these population centers, a reduction in the number of people able to access treatment there could have immediate and devastating impacts and far-reaching effects (see figure 5).

Treatment and prevention efforts must continue to be scaled-up in all high-burden countries to truly control the epidemic regionally.

6. CUTTING THE U.S. CONTRIBUTION TO THE GLOBAL FUND NOW WOULD MAKE IT HARDER FOR HIGH-BURDEN COUNTRIES TO TAKE MORE RESPONSIBILITY FOR THEIR OWN EPIDEMICS.

Both the Global Fund and PEPFAR partner with developing countries to boost their domestic spending on health programs. The Global Fund has a co-financing requirement which incentivizes countries to invest domestic resources into their national health systems. Between 2015 and 2017, Global Fund recipient countries committed an additional $6 billion for their health programs, with a 41 percent increase in domestic financing from 2012 to 2014.[60]

One-third of Global Fund investments go toward building sustainable systems for health – strengthening supply chains and expanding the health work-

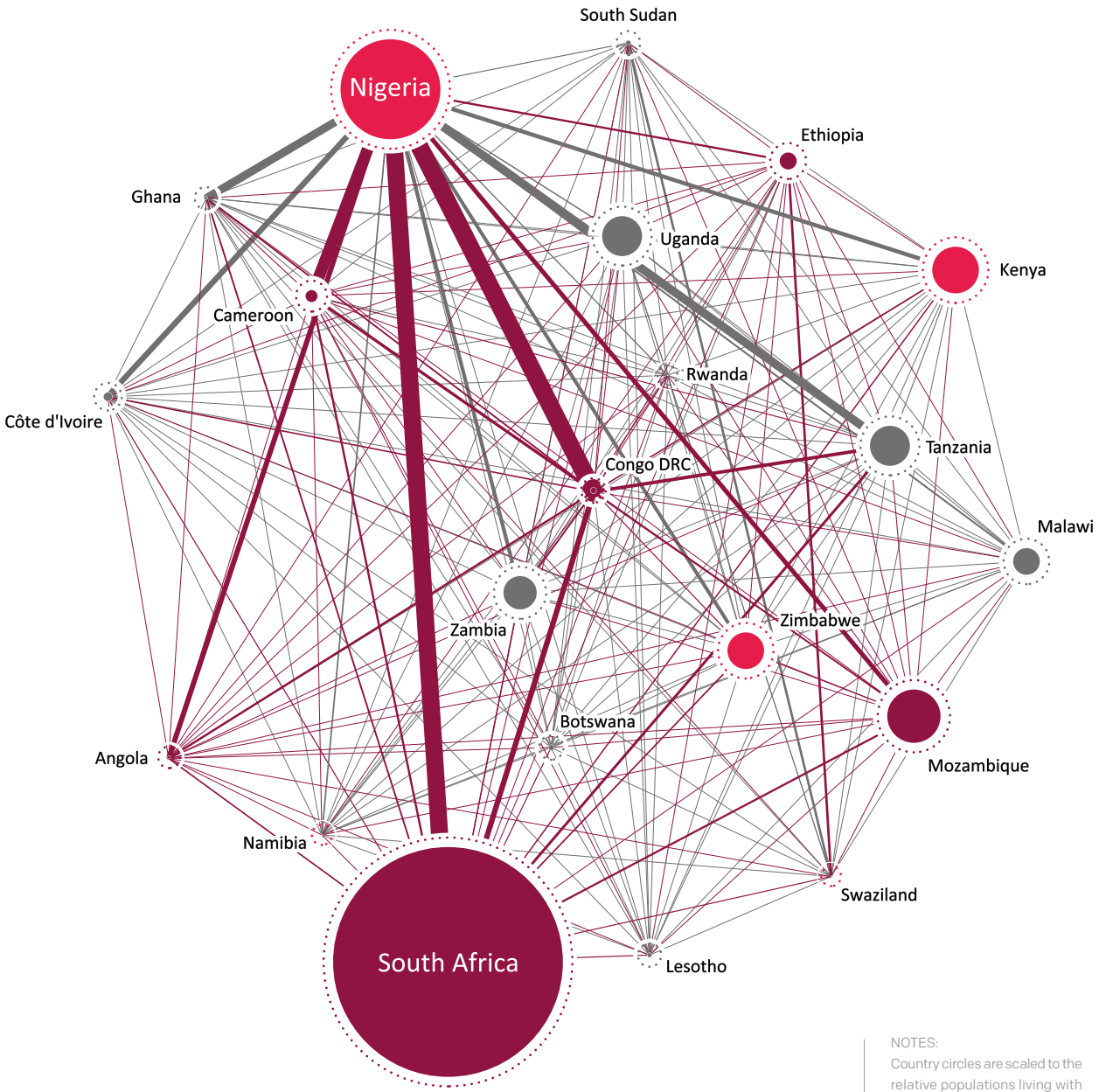
> *The imperative to protect the gains of the past 15 years and to safeguard the future rests with today's leaders.*

FIGURE 5.

REDUCING HIV/AIDS INVESTMENTS IN HIGH-BURDEN COUNTRIES WILL AFFECT NEIGHBORING COUNTRIES DUE TO THEIR STRONG ECONOMIC LINKS

Change in US Funding for HIV, FY 2018 Budget Request:

- >5% Increase
- -5% to 5%
- >5% Decrease



NOTES:
Country circles are scaled to the relative populations living with HIV. Connections are scaled to the Fraym Connectivity Index, which models economic flows by size (GDP and population), geography (distance and common border), and other factors (common language, history, ethnicity, and customs union).

Sources: Fraym

fraym

force.[61] In Mozambique, whose bilateral AIDS funding would be cut by over $102 million (31 percent) under the Trump administration plan,[62] the Global Fund is training warehouse employees in supply chain management, outsourcing transportation in order to deliver medicines more efficiently, and repairing dilapidated storage facilities.[63]

Reducing funding to the Global Fund, and thus shrinking the amount of financing that it is able to provide to partner countries, has a doubly negative impact, reducing both donor and domestic investments in health systems. The relatively small investment that the U.S. makes in the Global Fund is a force multiplier: it mobilizes commitments from other donor countries. In tandem, all of these resources then increase domestic investment in country health systems. As a result, if the U.S. cuts its contribution to the Global Fund, the consequences will go far beyond that $225 million reduction.

Will the iconic red ribbon be replaced by a white flag of surrender?

For the past 15 years, the U.S. has been a stalwart and essential leader in the global AIDS response, but President Trump's proposed budget and the strategy it has forced are, for the first time, calling that leadership into question. Tens of millions of lives are at stake, and we cannot afford to cede the remarkable progress that we've made.

Congress must continue to stand up and provide full funding – at least at FY 2017 enacted levels – for both PEPFAR and the Global Fund.

With a fully funded budget, PEPFAR can build-out its existing strategy and continue to lead global efforts to meet the global target of 30 million people on treatment and fewer than 500,000 new infections annually by 2020.

This is not an open-ended commitment. The world is turning the tide on AIDS, and sustained U.S. leadership in the fight will see a day when the disease is defeated. Slowing down now would not simply lengthen the time it takes to do this, but would push it out of reach as the disease resurges.

The ONE Campaign believes that there are several things that Congress and the administration together can do to accelerate the end of AIDS:

→ **MAINTAIN FULL FUNDING** for U.S. bilateral HIV/AIDS programs and honor U.S. commitments to the Global Fund;

→ **EXPAND THE SCOPE OF THE CURRENT STRATEGY TO REACH EPIDEMIC CONTROL** in the 20 highest-burden countries with realistic, time-bound plans to scale up treatment and prevention efforts across all 20 countries;

→ **SUPPORT THE DEVELOPMENT OF EPIDEMIC-CONTROL STRATEGIES** in all high-burden countries that incentivize meaningful increases in domestic resources for health in all high-burdened countries by increasing assistance to partner countries' finance ministries, aligning PEPFAR more closely with the Global Fund's transition and co-financing requirements, and creating transparent multi-year strategies with clear benchmarks for progress and support; and

→ **CONTINUE TO CONCENTRATE ON PREVENTING HIV IN THE POPULATIONS MOST AT RISK,** including by reaching adolescent girls and young women, and their 15- to 35-year-old male partners with treatment and HIV prevention services.

Failing to take these steps will mean nothing short of the U.S. government waving the white flag of surrender.

Methodology

→ For the "If the Current Pace of Scale-Up is Maintained" scenario, using UNAIDS data ONE applied the increase in the number of people on treatment globally between 2015 and 2016 (2.4 million people) annually through to 2020. For the "Sustained HIV Budget Cuts" scenario, ONE multiplied the number of people who would no longer be treated under the Trump administration's budget proposal (according to analysis done by the Kaiser Family Foundation (KFF)[64]) to the number of years in which the scenario could be implemented (where 1 = 2018). It then subtracted this number from the "Current Pace of Scale-Up" each year to obtain the annual number of people on treatment.

→ For the "If the Current Pace of Scale-Up is Maintained" scenario, using UNAIDS data ONE applied the rate of change in new infections globally from 2010–16 through to 2020. For the "Sustained HIV Budget Cuts" scenario, ONE multiplied the number of people who would be newly infected under the administration's budget proposal (according to analysis done by the KFF) to the number of years in which the scenario could be implemented (where 1 = 2018). It then added this number to the "Maintain Current Rate" number each year to obtain the annual number of new HIV infections.

→ Data cited in this report were up to date at the time of printing on November 15, 2017.

Note: On page 5, an earlier version of this report incorrectly credited President Obama with having worked to increase PEPFAR's funding. The report has been updated to correctly reflect that President Obama increased PEPFAR's impact by scaling-up treatment and prevention services in the countries hardest hit by the disease.

End notes

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