



## PODCAST TRANSCRIPT

### PEPFAR At 20: Keeping the promise

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**Jeanne Baron:** 2023 is a big year for PEPFAR. PEPFAR's considered one of the greatest US foreign policy and global development achievements of the century, the program has saved upwards of 25 million lives since it launched in 2003. But PEPFAR is marking its 20th anniversary while fighting for its future. Its authorization expires Sept. 30th. Until a couple of months ago, most expected smooth sailing for a five-year reauthorization of the program, which has enjoyed deep and broad bipartisan support since its founding. Evangelical Christians, staunch conservatives, DC Democrats and progressive HIV activists, and public health leaders have championed PEPFAR year in and year out. But a handful of Republicans, including past PEPFAR allies, are pulling reauthorization into American abortion politics— despite US laws on the books that prohibit PEPFAR dollars from funding abortions. Supporters across the political spectrum, including many Christian conservatives, are now rallying to ensure this uniquely effective program continues.

In this episode, Px Pulse talks to some of the people who put PEPFAR dollars into action, bringing life-saving medicines, prevention and healthcare to people living with HIV, orphans and other vulnerable communities. And we talk to health leaders who explain why PEPFAR's approach represents a gold standard in advancing global health, and what's at stake in this debate.

First up, we have the voices of two leaders based in two different countries from two organizations that have saved many lives with PEPFAR dollars. This is Ilda Kuleba, based in Cape Town South Africa, from Mothers 2 Mothers. M2M trains and employs HIV positive mothers as peer healthcare workers; And Dr. James Mukabi, based in Nairobi Kenya, from World Vision— a Christian relief organization that works with orphans and other populations who are vulnerable to HIV.



**Ilda Kuleba:** So Mothers2Mothers is an African primary health care organization that brings health care to families who need it most, delivered by women who know them best

**James Mukabi:** World Vision supports children to live life to their fullest. We call it Tu Mikia Mtoto. Tu Mikia Mtoto is a Swahili word meaning to work for the child. PEPFAR mobilizes the resources that are provided to us to reach out to these orphans and vulnerable children and adolescent girls and young women.

**Ilda Kuleba:** We were founded in 2001 in South Africa when the HIV infections were near their peak. What our founder at the time looked at is how stigma, fear and misinformation left pregnant women who tested HIV positive, too frightened to actually access the treatment that they needed. And so what we did was employ local women living with HIV as community health care workers, and their employment allows women to feel welcome and comfortable enough to access the health care that they need to keep mothers alive and prevent mother to child transmission.

**James Mukabi:** So currently World Vision supports 93,450 orphans and vulnerable children who are aged between zero and 17 years, and, cumulatively, we have supported over 180,000 orphans and vulnerable children in the two counties since the start of the project. The program also supports prevention of HIV in adolescent girls and young women. And currently in the two counties where we are working, that's Nairobi and Kiambu County, we are supporting 60,375 adolescent girls and young women. A cornerstone of what we are doing is to ensure that for every child whom we are working with, we know their HIV status. So that those who are HIV positive are put on treatment. That's really the starting point. So that we don't miss out on any child who is HIV positive and is not on treatment. And PEPFAR has significantly strengthened the health care system in Kenya. Through the PEPFAR dollars, for example, community health volunteers have been trained on how to use information on HIV and other health conditions. Not just HIV alone, the other common conditions, malaria, TB and all the others. And they educate community members on the signs and symptoms to check out and where to seek help in case they think they are infected. It's very encouraging. It's the way to go and it can make a very big difference in management of HIV and other primary health conditions.

**Ilda Kuleba:** So for us, PEPFAR has been incredibly crucial in the work that we've done in sub-Saharan Africa. It's allowed us to employ 1200 women across ten countries. PEPFAR's been able to prevent 2.8 million babies, who otherwise would have been infected, from being born with HIV.

We've reached more than 15 million individuals across sub-Saharan Africa with critical health services, education and support. And we're incredibly proud that among our cohort, we've seen, in eight consecutive years, the HIV transmission from mother to child, less than 5%, virtual elimination. And for us, that's really how we've helped a new generation start life HIV free.

**James Mukabi:** I used to see a lot of mothers used to lose their babies. But once we started the program, started putting the mothers who were HIV positive on medication during pregnancy, and then following up the children, testing them at 18 months, and then following them up, up to two years. And after two years, if the children are HIV negative, then we graduate them from the follow-up. And we call it 'an HIV-exposed infants graduation ceremony.' We normally hold a ceremony to celebrate the children who have gone through the follow-up and they are negative. So I remember that time in 2012, a women who was there. She was one of those whose children were graduating and they certified as HIV negative. I looked at her and she was so happy. She told me this is her only surviving child. She had lost three of them before. The last one she had lost the child at 11 months of age, due to multiple infections, most likely as a result of HIV infection that child got from the mother. But this time, she had a baby now who was two years old, whom she could and say 'this is my baby who is HIV negative. She was so happy. And thanking the PEPFAR program for what they are calling magic. That one for me has remained in my memory. I will never forget it.

**Ilda Kuleba:** As a professional, oh my God, I've seen so many different life transformational results, within our mentor mothers, but also from the people that we serve every single day. I think of Adelina and her team working as paid professionals, health workers, and it's important to stress that they're paid and that we truly value their job. They can prevent and treat HIV with transformative

results for their communities and themselves. We've seen babies that looked like they had no more hope, but because the mentor mother stepped in, it was a transformation.

**Jeanne Baron:** The work of World Vision and Mothers2Mothers starts with HIV prevention and treatment, which then leads the programs to take on other healthcare-related needs, to help their clients stay healthy. World Vision supplies young women with hard-to-afford sanitary napkins because otherwise their menstrual cycles prevent them from attending school. The program will pay school fees, train teachers on how to detect if children have been exposed to violence, ensure so-called child-headed households receive economic support, and obtain missing birth certificates.

Mothers2Mothers not only employs 1,200 mentor mothers, but trains them to intervene when they identify other health threats such as TB and malaria—improving community health. World Vision and other PEPFAR programs similarly invest in community health workers, as well as infrastructure, testing and data collection, strengthening health systems across the continent. Ilda and James say PEPFAR has been key to impressive gains against HIV and other threats, gains that could ultimately vanquish these threats...or be lost. They say PEPFAR's continuing support is essential.

**Ilda Kuleba:** Sub-Saharan Africa is still very much the epicenter of the HIV epidemic. The continent's still critically under-resourced. Health systems have significant challenges. We also know that women and girls are still disproportionately impacted by HIV. We also know that children are still being left behind in the response. If we take away such a support that has helped bring down a lot of these numbers, what that will do to the whole ecosystem, there's real dire consequences by having either year-to-year or flatlined funding to our capability of reaching the populations that need it most.

**James Mukabi:** Despite all the successes of PEPFAR, we are still worried that we're still seeing new infections coming up. New cases of HIV. And what's even more worrying is that about 52% of all new infections are occurring amongst adolescents and young adults, aged between 15 and 29. That is really a worrying. I talked about the mother to child transmission of HIV. We are working toward, having less than 5% of children born from HIV positive women, getting HIV infected. But right now in Kenya, we are at about 8.4% of the cases. That is still worrying. We should actually move to zero

transmission. We will have achieved a real goal. And we still have challenges in terms of those who are in treatment attaining viral suppression. Now, we still find we are far from the UNAIDS target of 95% of those on treatment to be virally suppressed. In Kenya, we are at about 73%. That's still way below that 95% target. But what's even more worrying is that viral suppression is still lower in children under 15 years of age. It's just at 64%.

**Ilda Kuleba:** PEPFAR's most significant achievement has been to prevent 2.8 million babies from being infected from HIV. And it's critical for M2M, or Mothers2Mothers to have PEPFAR as a stable, consistent partner. Since 2001 M2M's female-led model has kept alive over a million women and almost a million children who may otherwise would have been at risk of maternal or child mortality. PEPFAR funding can ensure that we create these opportunities to keep seeing these results. PEPFAR is a lifesaving program.

**Jeanne Baron:** These leaders, we have just been hearing from, know the impact of PEPFAR from the ground up. Tom Hart is here to share a global snapshot of PEPFAR, what it's done and why it's different. Tom is President of the One Campaign— which was founded by the rock star Bono, to be an early champion of PEPFAR and other poverty fighting efforts. I started by asking Tom what he thinks PEPFAR has accomplished.

**Tom Hart:** PEPFAR's impacts over 20 years has been nothing short of miraculous. Just look at the numbers of lives saved. You know, most eras of history have been marked by lives lost, whether it's wars or pandemic or famine. This era is marked by lives saved. It's just an extraordinary number of people and their families and communities touched by this program. It, in many ways, changed the way we do development—focused on the outcomes, focused on measurable people treated and people cared for. I know it sounds strange, but 20 years ago that was less common than it is now, and it really did lead and show how those results can drive performance, and frankly, the political support and funding that that came from that. I would say, secondly, it changed the politics of development. Before this time, development programs, foreign aid was largely the purview of Democrats, and Republicans were largely skeptical. It was part of the cold war. And it brought Republicans and Democrats together. And it was a joint project, which was tremendous and led to things like Feed the Future and Electrify Africa and the Malaria Program and other programs that over the last 20 years,

Republicans and Democrats have come together to do something great. So it's exciting to see how it has changed the politics. The last thing I'll say is, the sort of technological change that helped inspire— you know, we remember a course of antiretrovirals in the West was \$10,000 a year, and it was multiple pills, different times a day. Some with food, some without. And there was no hope of delivering those in resource-poor areas, like villages in sub-Saharan Africa. PEPFAR created the incentives, created a market where there wasn't one before, and drove technological and operational changes in the way we deliver these medicines. You know, now it's one pill a day and it's like 100 bucks a year. That might have happened otherwise. But I, I think it's questionable whether it would have. So PEPFAR really has been revolutionary in many respects.

**Jeanne Baron:** I understand that PEPFAR investments strengthened not just the delivery of HIV services but the delivery of healthcare at large in the countries where PEPFAR has programs. How did this happen?

**Tom Hart:** In order to deliver these complex medicines and to test, do the blood testing, and delivery, systems had to be strengthened. People had to be trained. And while one of PEPFAR's strengths has been its focus on the care, prevention and treatment of HIV, it has had knock-on effects that have been really, really beneficial.

**Jeanne Baron:** So what are the ingredients for PEPFAR's success? What is it doing that was so unique and so innovative that made it a leader in this way?

**Tom Hart:** Well, it's gone through phases, right? The initial response, we bought medicines, and we shipped them, and worked with communities and countries' health ministries quickly. And it was messy and it was fast and it was transformative. Through that process over the years, it also has developed real expertise in a number of respects. One is data collection. You see tremendous data collection across our programs. And I think also being driven by the outcomes. It's very clear when we're able to put people on antiretrovirals and track their progress and to care for those impacted- and I think that that focus on results remains a real strength.

**Jeanne Baron:** I want to talk about the partnerships. We've just been hearing from some of these partners, and the impact they see. But it's national governments and local communities too, who

work as co-leaders, so to speak, in decisions about PEPFAR programs. I have heard you call it a true partnership, and a core strength behind PEPFAR's success. Why is this so important?

**Tom Hart:** Well. It's a partnership. It's not going to work unless there's that government and local ownership. We know in development, if you foist outside priorities on a community, you're not going to achieve the results. The results of PEPFAR show that that partnership is good, and a healthy one. It would not have happened without the US and frankly, President Bush and the Congress saying, 'here's what we want to do.' So I don't want to say this was just a locally driven thing, but the partnership and the collaboration is what I think is the recipe for success and a real model for other programs.

**Jeanne Baron:** Hearing that brings me back to the bipartisanship, you were talking about earlier. It seems to be part of the foundation story of PEPFAR and another key to its success. Is that right? What is that history?

**Tom Hart:** I don't think we can overstate how important that bipartisanship has been. It really was born out of a partnership around debt cancellation, the Jubilee 2000 movement, where particularly faith communities, right and left, came together around this biblical notion of canceling debts around the turn of the millennium. And it brought left-leaning progressive politicians together around the table with more conservative right-leaning politicians, around canceling debts. Some of those relationships forged, directly translated into the development of and ultimately support for PEPFAR. I think that bipartisanship has first allowed an initiative at a scale no one expected. President Bush picked the biggest option given to him by his team. The spade work on debt relief and early versions of a global AIDS response by Senator Frist and Senator Kerry, as well as Barbara Lee and Jim Colby in the House— that bipartisan well in the Congress gave the White House the confidence that they could do this and go big. And it has been the backbone of the support for this program then and growing massively over time to the program that it is today. It has given confidence to our partners on the ground that the United States is in for this fight, no matter who's president or who's in the majority of the Congress. It has provided stable and consistent funding, and stable and consistent policy. Several of the reasons we are worried if reauthorization goes away, is it will shake that stability, in terms of the policy and the funding.

**Jeanne Baron:** PEPFAR is getting dragged into partisan conflicts, particularly around the question of abortion. What's your assessment of what's going on?

**Tom Hart:** Abortion plays no role in the prevention, care and treatment of HIV AIDS, and never has. The allegations are unsubstantiated. What we are seeing is a trust gap that, by the way, has existed. This is not the first time PEPFAR has had an abortion fight, but there was always a well of goodwill and working relationships to work through these hard negotiations. And that well is just run, it's just pretty dry. And the trust gap pretty wide, wider than it's been. I mean, it's really a difficult moment. We've gotten through this previously with a lot of education about the program. You know, there are a lot of new members of Congress. I think a third of the House is new since the last reauthorization just five years ago, right. So there's a lot of education to talk about what is different about this program, to talk about its bipartisan legacy, its transparency, its data collection, its strengths. If you're a relatively new member and you don't particularly like foreign aid and you hear a concern from the pro-life community, you're going to go, 'wah, wait a minute, that doesn't feel right.' So there's a lot of education to do there. There's practical ideas to try to help reinforce that the law is implemented in the way it was intended through oversight, through hearings, but it's also done through relationships. Right. So when there's a good and healthy, active relationship between the Congress and the administration on a particular program, as there is in a lot of quarters on PEPFAR, I don't want to suggest that it is broken. I mean, you have the Republican leads of both foreign affairs and foreign relations support a clean five-year reauthorization. And in January, this was going to be an easy project. As they say, the four corners and the White House, the Republicans and Democrats of the authorizing committees and the White House were all ready to move forward. So those who know the program and who are familiar with its safeguards and its focus were ready to move. We're just in a very difficult political environment. I don't want to impugn any outside groups motives, but there are, you know, there are concerns about why certain things are being raised that are not substantiated and unproven. But serious-minded legislators are asking serious questions and they need to be addressed in order for this to move forward. I think there's wide support from Congress for the program, and we're pretty confident that that will happen.

**Jeanne Baron:** PEPFAR's track record stands on its own, as a groundbreaking, field changing, lifesaving, innovating example of healthcare, policy and international cooperation at its best. Among



those who know the program, and those who have witnessed the history of HIV around the world, there's a unified call to keep PEPFAR strong. Right now, PEPFAR's supporters have a job to do, to make sure everyone understands that the world has a lot to lose if PEPFAR is weakened and so much to gain if US policymakers unite in their support.