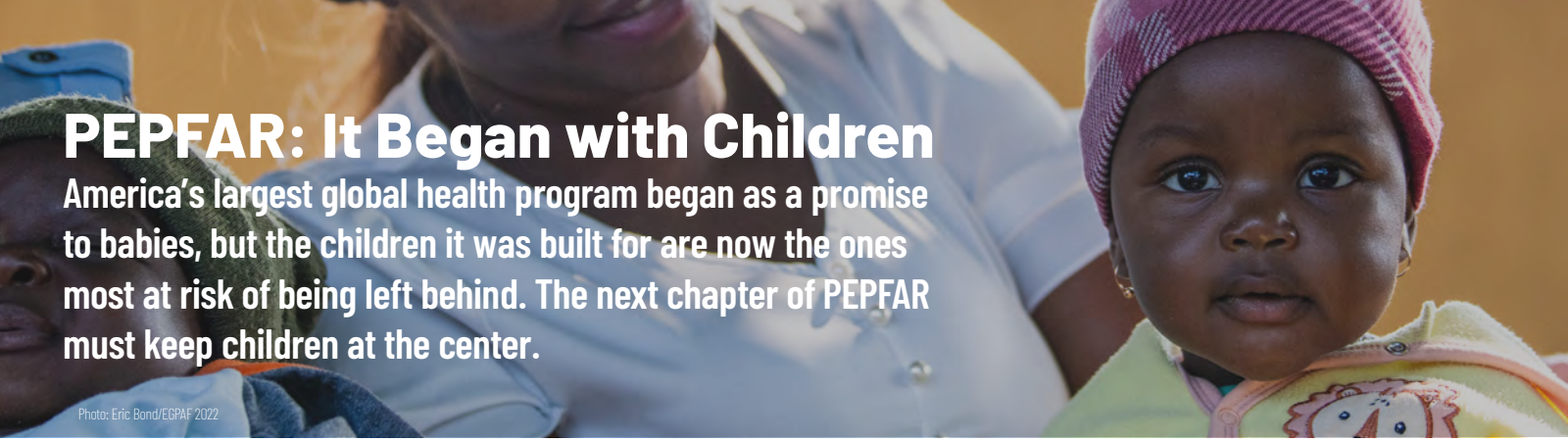


PEPFAR: It Began with Children

America's largest global health program began as a promise to babies, but the children it was built for are now the ones most at risk of being left behind. The next chapter of PEPFAR must keep children at the center.

Photo: Eric Bond/EGPAF 2022

26 million lives PEPFAR is credited with saving[1]	**7.8 million** babies born HIV-free to mothers living with HIV[1]	**55% vs. 79%** children vs. adults with HIV on treatment in 2025[2]	**93,000** children acquired HIV in 2025, about 250 new cases a day[2]

HOW IT STARTED: PROTECTING MOTHERS AND BABIES

In 2002, about 720,000 babies acquired HIV during pregnancy, delivery, or breastfeeding, which is known as mother-to-child or vertical transmission.[3] The consequences were deadly: without treatment, half of children living with HIV died before their second birthday.[3] Providing antiretroviral therapy (ART) and access to support services to women living with HIV has since sharply reduced new childhood infections and is central to prevention of mother-to-child transmission (PMTCT) strategies.

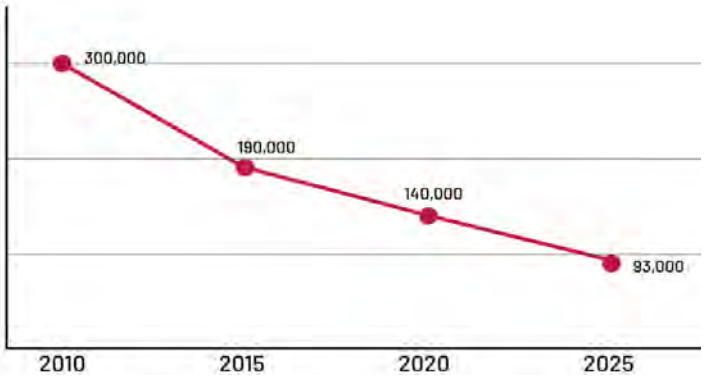
The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) proved PMTCT could work at scale. In 1999, its privately funded Call to Action project opened programs in Africa and Thailand and went on to reach nearly 4 million pregnant women in 14 countries.[4,5]

In 2002, with bipartisan backing led by Senators Frist and Helms, President Bush announced the $500 million International Mother and Child HIV Prevention Initiative, the first effort of its scale by any government.[6] Seven months later he proposed going further: $15 billion to treat adults and children. That proposal led to the creation of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

FROM PMTCT TO PEPFAR

- **1999** EGPAF opens its first programs to stop vertical transmission of HIV from mother to baby
- **June 2002** $500 million Mother and Child HIV Prevention Initiative
- **January 2003** PEPFAR proposed in the State of the Union by President George W. Bush
- **May 2003** Congress passes the Leadership Act, creating PEPFAR
- **Today** 7.8 million babies born HIV-free; 26 million lives saved

New HIV acquisitions among children have fallen 69% since 2010, but progress has stalled



New HIV Cases for Children (0-14)
Source: UNAIDS

THE UNFINISHED JOB: CHILDREN ARE FALLING BEHIND

About 1.3 million children under 15 live with HIV, and they trail adults at every step of care.[2]

- **Finding them:** only 65% of children with HIV are diagnosed, vs. 88% of all people with HIV. Infants need special lab tests until about 18 months old.[2]
- **Treating them:** 55% of children with HIV are receiving treatment, vs. 79% of adults.[2]
- **Where the gap is:** 83% of new child HIV cases occur in PEPFAR's core African regions.[7] Many children acquire HIV during pregnancy, delivery, or breastfeeding.

Elizabeth Glaser Pediatric AIDS Foundation | common ground for global health

THE EVOLUTION OF HOW PEPFAR REACHED CHILDREN

PEPFAR was built as a humanitarian, public health program run by many partners.[9] Funds flowed through USAID, the Centers for Disease Control and Prevention (CDC) and the Department of Defense.[10] Local and international nonprofits, faith groups, and clinics delivered care.

- **Treatment:** daily HIV medicine (antiretroviral therapy, or ART) that keeps people healthy and, when taken by pregnant women, also protects the baby.
- **Wraparound support:** testing, prevention, and support for orphans and vulnerable children to help families stay in care.
- **Hard-to-reach groups:** outreach to people who have difficulty accessing public clinics due to cost, travel, stigma, family obligations, or other challenges.[9]
- **Public data:** results by age, sex, and district, historically posted four times a year, allowing Congress, implementors, and advocates to spot a stalled program or a clinic out of medicine.[11]

A NEW COUNTRY-LED MODEL

The America First Global Health Strategy (Sept. 2025) shifts PEPFAR and the U.S. global health portfolio toward five-year Memorandum of Understanding (MOU) agreements, in which partner governments co-invest and take more responsibility, building on PEPFAR's long-standing goal of country ownership. [1,9] Congress has kept funding near prior levels; $4.8 billion in FY 2026.[1] Currently, 36 MOUs have been signed (as of November 9).[12] We need to ensure that money keeps reaching children.

	Then (2003–2024)	Now	What to watch for children
Who runs it	USAID, CDC, and Defense Dept., coordinated by State	State Dept. leads; USAID dissolved in 2025	USAID managed 60% of PEPFAR's country funding, including much of its maternal/newborn health work,[1] carrying USAID's maternal/newborn expertise into the new structure is key.
Who delivers care	Grants to local and international nonprofits and clinics	Five-year agreements with partner governments that co-invest; full transition planned by 2030[13]	More than 1,700 HIV service sites closed after payments stopped; PMTCT services were also disrupted.[1] MOU implementation plans are a chance to restore PMTCT services.
What it pays for	Treatment plus prevention, testing and family support	Mainly clinical care; many prevention and support programs not continued14	Non-clinical help for orphans and vulnerable children was not covered under the 2025 waiver.[1]
How plans are made	Open yearly country plans with public input	Country plans now set through MOU negotiations; some delayed or redacted[13]	Harder to check if pediatric targets are funded; publishing pediatric targets would help Congress confirm funding.
What the public can see	Results by age, sex and district, four times a year	Public release calendar schedule not yet set; first three quarters of FY 2025 never published; host-country data vary, loss of disaggregated data[15]	A drop in infant testing or child treatment can go unnoticed.

RECOMMENDATIONS FOR CONGRESS

Congress put children at the heart of PEPFAR and continues to fund that commitment. Three steps would keep children at the center:

1. **Build age-based data into the new model.** Make quarterly public reporting on infant testing, child treatment and PMTCT a standard part of MOU implementation and publish the missing FY 2025 data.
2. **Make children visible in the implementation of every MOU.** Ask the State Department to show PMTCT and pediatric targets, the U.S. funds behind them, and each country's co-investment.
3. **Set countries up to succeed for children by 2030.** Include pediatric and PMTCT benchmarks among the milestones for full country ownership, so countries take over programs that are working for children.

About EGPAF: EGPAF is a proven leader in the fight for an AIDS-free generation and has reached over 35 million pregnant women with services to prevent transmission of HIV to their babies. Contact: Kara Saleeby, Director, Public Policy & Advocacy, EGPAF: ksaleeby@pedaids.org
Sources: 1. KFF, Status of PEPFAR (Aug. 2026) 2. UNAIDS 2026 Global HIV Fact Sheet 3. White House fact sheet, June 19, 2002 4. AJPH (2009), EGPAF PMTCT program 5. EGPAF, Call to Action report (2010) 6. President Bush remarks, June 19, 2002 7. EGPAF, Research Review: AIDS 2026 8. Bush Center, "PEPFAR gave us freedom to live" 9. Brookings, America First Global Health Strategy 10. State Dept., About PEPFAR (archive) 11. CGD, Impact data helped save PEPFAR 12. KFF, MOU tracker 13. Bush Center, Global Health Update (May 2026) 14. KFF, PEPFAR FY 2025 Q4 results 15. CGD, PEPFAR's missing data