

PEPFAR Reauthorization: Side-by-Side of Legislation Over Time

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Overview

The President’s Emergency Plan for AIDS Relief (PEPFAR) is the U.S. government’s global effort to combat HIV and the largest global health program in the world devoted to a single disease (for more information, see [PEPFAR](#)). First proposed by President George W. Bush in 2003, PEPFAR was authorized that same year and has been reauthorized three times since (see Table 1). PEPFAR’s authorizing legislation governs the U.S. bilateral HIV response, as well as participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and bilateral assistance for tuberculosis (TB) and malaria programs. These legislative vehicles have permanently authorized most of the program within U.S. law but have also created some time-bound provisions. PEPFAR’s current authorizing legislation (The PEPFAR Extension Act, P.L. 115-305) became law on December 11, 2018, and extended these expiring provisions for an additional five years.

Table 1: PEPFAR Legislation			
Full Title	Common Title	Public Law #	Years
<i>United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003</i>	“The Leadership Act”	P.L. 108-25	FY 2004 - FY 2008
<i>Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008</i>	“The Lantos-Hyde Act”	P.L. 110-293	FY 2009 - FY 2013
<i>PEPFAR Stewardship and Oversight Act of 2013</i>	“The PEPFAR Stewardship Act”	P.L. 113-56	FY 2014 - FY 2018
<i>PEPFAR Extension Act of 2018</i>	“The PEPFAR Extension Act”	P.L. 115-305	FY 2019 - FY 2023

This brief provides a detailed comparison of PEPFAR’s authorizing legislation over time and highlights those authorities that are time-bound (see Tables 2 and 3).

Legislative Changes to PEPFAR Over Time

After first setting the broad parameters for PEPFAR and creating its main structures in 2003, PEPFAR’s subsequent authorizing legislation has made several key changes to the program, as the HIV response has evolved and as PEPFAR has moved from an emergency response to one supporting longer-term sustainability and epidemic control. These include changes to funding authorization levels and spending directives, as well as requirements for reporting and oversight. Among the major changes over time are:

- *Funding authorization levels:* The Leadership Act authorized \$15 billion during PEPFAR’s first five-year period (FY 2004 – FY 2008), which marked a significant increase in funding for HIV by the U.S. government. The Lantos-Hyde Act authorized even more, with \$48 billion over the next five-year period (FY 2009 – FY 2013). The Stewardship Act did not specify authorization of funding for the next five-year period (FY 2014 – FY 2018), and the PEPFAR Extension Act did not specify authorization of funding for the current five-year period (FY 2019 – FY 2023).
- *Spending directives:* Congress has provided several spending directives to PEPFAR through its authorizing legislation, although these have generally been relaxed over time. For example, in the Leadership Act, Congress required that at least 33% of prevention funds be spent on abstinence-until-marriage programs during the FY 2004 – FY 2009 period. This was relaxed in the Lantos-Hyde Act, which removed the 33% directive and replaced it with a requirement of “balanced funding” for prevention, to be accompanied by a report to Congress if less than half of prevention funds were spent on abstinence, delay of sexual debut, monogamy, fidelity, and partner reduction activities in any host country with a generalized epidemic.
- *Reporting, monitoring, and transparency:* Each of the authorizing bills has included reporting requirements to provide Congress and others with data and information about the program and to support oversight and evaluation. For example, the Leadership Act and the Lantos-Hyde Act required the Institute of Medicine to conduct evaluations of PEPFAR; however, this was not included in the PEPFAR Stewardship Act and the PEPFAR Extension Act. The Lantos-Hyde Act, the PEPFAR Stewardship Act, and the PEPFAR Extension Act require the Inspectors General of several U.S. agencies (the Department of State, the Department of Health and Human Services, and the U.S. Agency for International Development) to jointly develop coordinated annual plans for overseeing U.S. government global HIV, TB, and malaria programs.

It is important to note that Congress has also made changes to PEPFAR through other legislative vehicles. For example, Congress has used appropriations legislation in certain years to change the amount of withholding required from the annual U.S. contribution to the Global Fund, pending certification of certain benchmarks by the Secretary of State. Still, by the time of the Stewardship Act in 2013, a decade after PEPFAR’s creation, most changes were relatively minor, focused on adding new or refining existing reporting requirements.

Permanent and Time-Bound Authorities

PEPFAR operates largely under permanent authorities of U.S. law that allow for ongoing funding and the continuation of the major structures of the program, such as the Office of the Global AIDS Coordinator at the Department of State as well as the position of Global AIDS Coordinator, U.S. participation in the Global Fund, and annual reporting on PEPFAR efforts. Absent a reauthorization, the PEPFAR program would continue, provided funds are appropriated. At the same time, a subset of PEPFAR’s congressionally-mandated requirements are time-bound and currently go through the end of FY 2023 (one requirement expires at the end of FY 2024). Of these, two relate to how HIV funding is allocated, four specify requirements related to the U.S. contribution to the Global Fund, and two address reporting or oversight (see Table 2).

Table 2: PEPFAR Legislation - Time-Bound Provisions

Topic of Provision	Description
HIV Bilateral Funding Allocation: Treatment, Care, Nutrition and Food Support	Requires that more than half of funds appropriated or otherwise made available for bilateral HIV be expended for treatment, care, and nutrition and food support for people living with HIV (through FY 2023)
HIV Bilateral Funding Allocation: Orphans and Vulnerable Children (OVC)	Requires that not less than 10% of funds appropriated or otherwise made available for bilateral HIV be expended for programs targeting orphans and other children affected by, of vulnerable to, HIV (through FY 2023)
Global Fund Contribution: 1/3 Cap	Limits U.S. contributions to the Global Fund to not exceed 33% of all funds donated to the Global Fund during a specified period ("1/3 cap") (through FY 2023, calculated from FY 2004)
Global Fund Contribution: Use of Funds Withheld Due to 1/3 Cap	Authorizes that any of the U.S. contribution to the Global Fund withheld due to the 1/3 cap may be used for bilateral HIV, TB, and malaria programs (through FY 2023)
Global Fund Contribution: Withholding Obligation of 20% Pending Certification	Requires withholding 20% of annual U.S. contribution to the Global Fund pending certification of certain accountability and transparency benchmarks by the Secretary of State* (through FY 2023)
Global Fund Contribution: Withholding Portion if Funds Expended to Certain Governments	Requires withholding a portion of the U.S. contribution to the Global Fund, the next fiscal year, equal to the amount expended by the Global Fund to country governments determined by the Secretary of State to have "repeatedly provided support for acts of international terrorism" (through FY 2023)
Annual Treatment Providers Study	Directs the Global AIDS Coordinator to annually complete a study of treatment providers for HIV programs, including spending by the Global Fund and partner countries (through FY 2024)
Oversight Plans of Inspectors General	Directs various agencies' inspectors general to jointly develop coordinated annual plans for overseeing HIV, malaria, and TB programs (through FY 2023)

NOTES: * In certain years, Congress directed the withholding to be 10%, rather than 20%.
 SOURCES: KFF analysis of: U.S. Congress, *United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003* (P.L. 108-25), May 27, 2003; U.S. Congress, *Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008* (P.L. 110-293), July 30, 2008; U.S. Congress, *PEPFAR Stewardship and Oversight Act of 2013* (P.L. 113-56), Dec. 2, 2013; U.S. Congress, *PEPFAR Extension Act of 2018* (P.L. 115-305), Dec. 11, 2018; U.S. Code, Title 22: Foreign Relations and Intercourse, Chapter 83 (UNITED STATES LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS, AND MALARIA) and Chapter 32 (FOREIGN ASSISTANCE), Sections 2151b - 2151b-4; appropriations legislation; Congressional Research Service, *International HIV/AIDS, Tuberculosis, and Malaria: Key Changes to U.S. Programs and Funding*, RL34569, July 14, 2008. Congressional Research Service, *The President's Emergency Plan for AIDS Relief (PEPFAR), U.S. Global HIV/AIDS, Tuberculosis, and Malaria Programs: A Description of Permanent and Expiring Authorities*, R43232, September 27, 2013; Congressional Research Service, "PEPFAR Stewardship and Oversight Act: Expiring Authorities," IF10797, May 18, 2018.

Detailed Comparison

Table 3 provides a detailed comparison of PEPFAR's authorizing legislation over time, by key topic. Time-bound provisions are indicated in red.

Table 3: PEPFAR Legislation - Side-by-Side of Key Topics

Common Title	THE LEADERSHIP ACT	THE LANTOS-HYDE ACT	THE PEPFAR STEWARDSHIP ACT	THE PEPFAR EXTENSION ACT
OVERVIEW				
Full Title	United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003	Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008	PEPFAR Stewardship and Oversight Act of 2013	PEPFAR Extension Act of 2018
Date Enacted	May 27, 2003	July 30, 2008	December 2, 2013	December 11, 2018
Public Law #	P.L. 108-25	P.L. 110-293	P.L. 113-56	P.L. 115-305
Authorization of Programs	Authorizes U.S. global HIV, TB and malaria efforts Authorizes U.S. participation in the Global Fund to Fight AIDS, TB, and Malaria	Maintains current law	Maintains current law	Maintains current law
Authorization of Funding	FY04 – FY08: Authorizes \$15 billion (\$3 billion/year), of which: <ul style="list-style-type: none"> • Up to \$1 billion for Global Fund in FY04; such sums as necessary in FY05 – FY08 • Such sums as necessary for HIV • Such sums as necessary for TB • Such sums as necessary for malaria 	FY09 – FY13: Authorizes \$48 billion (in total ^a), of which: <ul style="list-style-type: none"> • Up to \$2 billion for Global Fund in FY09; such sums as necessary in FY10 – FY13 • Such sums as necessary for HIV • \$4 billion for TB (in total) • \$5 billion for malaria (in total) 	FY14 – FY18: Does not specify authorization for funding for HIV, TB, or malaria (however, Congress effectively authorizes funding when it appropriates funding for a purpose)	FY19 – FY23: Does not specify authorization for funding for HIV, TB, or malaria (however, Congress effectively authorizes funding when it appropriates funding for a purpose)
Program Coordinator/ Office	Establishes Office of the Global HIV/AIDS Coordinator and Global HIV/AIDS Coordinator at Department of State	Maintains current law regarding Global HIV/AIDS Coordinator Establishes Malaria Coordinator at USAID	Maintains current law	Maintains current law
HIV				
Major Objective	Providing assistance for the prevention, treatment, and control of HIV/AIDS is a “major objective of the foreign assistance program of the United States”	Providing assistance for the prevention and treatment of HIV/AIDS and the care of those affected by the disease is a “major objective of the foreign assistance program of the United States”	Maintains current law	Maintains current law

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Common Title	THE LEADERSHIP ACT	THE LANTOS-HYDE ACT	THE PEPFAR STEWARDSHIP ACT	THE PEPFAR EXTENSION ACT
<p>5-Year Strategy, Reports, Targets/Goals</p>	<p>Requires:</p> <ul style="list-style-type: none"> • 5-year HIV/AIDS strategy • Annual report on U.S. global HIV efforts • Annual report on PMTCT for 5 years <p>Recommends (Sense of Congress) an urgent priority be the rapid increase in distribution of antiretroviral treatment so that U.S. assistance provides treatment for:</p> <ul style="list-style-type: none"> • At least 500,000 individuals with HIV/AIDS by end of FY04 • At least 1 million individuals with HIV/AIDS by end of FY05 • At least 2 million individuals with HIV/AIDS by end of FY06 <p>Recommends (as U.S. policy):</p> <ul style="list-style-type: none"> • Placing high priority on prevention of mother-to-child transmission (PMTCT) of HIV, the care and treatment of family members and caregivers, and the care of children orphaned by AIDS <p>Requires HIV/AIDS strategy to:</p> <ul style="list-style-type: none"> • Provide for meeting or exceeding the goal to reduce the rate of mother-to-child transmission of HIV by 20 percent by 2005 and by 50 percent by 2010 	<p>Requires:</p> <ul style="list-style-type: none"> • Updated 5-year HIV/AIDS strategy <ul style="list-style-type: none"> ○ Include a longer-term estimate of projected resource needs and anticipated role of the U.S. in global HIV efforts during the 10-year period beginning FY13 • Annual report on U.S. global HIV efforts • Annual report on PMTCT for 10 years (from FY04) • Submission of one-time report by PMTCT expert panel • Annual report on Best Practices • Treatment Providers Study (with treatment cost data) annually through FY13 <p>Includes U.S. policy objective to, by FY13, assist partner countries to:</p> <ul style="list-style-type: none"> • Prevent 12 million new HIV infections (requires this goal to be increased consistent with epidemiological evidence and available resources for FY09 – FY13) • Provide treatment to more than 2 million people with HIV/AIDS <ul style="list-style-type: none"> ○ To be increased by at least the percentage increase in the amount appropriated for bilateral global HIV/AIDS assistance in any FY as compared to FY08, for FY09 – FY13 ○ To be increased above this calculated number in proportion to the decrease in per patient cost to the U.S. Government of providing treatment in countries 	<p>Maintains current law regarding annual report on Best Practices</p> <p>Requires:</p> <ul style="list-style-type: none"> • Annual report on U.S. global HIV efforts • Treatment Providers Study annually through FY19^b <p>Maintains current law regarding targets/goals specified in the Lantos-Hyde Act</p> <p>Requires annual report to include:</p> <ul style="list-style-type: none"> • PEPFAR targets in partner countries^b • National targets established by partner countries or, when not available, a description of progress towards developing them • Description of how partner country targets are designed to: <ul style="list-style-type: none"> ○ ensure that the annual increase in new patients on treatment exceeds the number of annual new HIV infections ○ reduce the number of new HIV infections below the number of deaths among persons infected with HIV ○ achieve an AIDS-free generation 	<p>Maintains current law regarding annual report on Best Practices and annual report on U.S. global HIV efforts</p> <p>Requires:</p> <ul style="list-style-type: none"> • Treatment Providers Study annually through FY24^b <p>Maintains current law regarding targets/goals specified in the Lantos-Hyde Act</p> <p>Maintains current law regarding annual report requirements</p>

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Common Title	THE LEADERSHIP ACT	THE LANTOS-HYDE ACT	THE PEPFAR STEWARDSHIP ACT	THE PEPFAR EXTENSION ACT
		<p>receiving bilateral global HIV/AIDS assistance, as compared with FY08, for FY09 – FY13</p> <ul style="list-style-type: none"> • Support additional treatment through coordinated multilateral efforts • Support care for 12 million, including 5 million orphans and vulnerable children • Provide at least 80% of pregnant women with PMTCT coverage (requires this goal to be increased consistent with epidemiological evidence and available resources for FY09 – FY13) • Provide care and treatment to children with HIV/AIDS in proportion to their share of the HIV-infected population in a given country • Train at least 140,000 new health workers 		
<p>Authorization of Funding and Spending Directives</p>	<p>FY04 – FY08: Authorizes \$15 billion (\$3 billion/year), of which:</p> <ul style="list-style-type: none"> • Such sums as necessary for HIV <p>Recommends (Sense of Congress on funding distribution):</p> <ul style="list-style-type: none"> • 15% of funds be spent on palliative care • 20% of funds be spent on prevention <ul style="list-style-type: none"> ○ At least 33% of prevention funds be spent on abstinence-until-marriage programs • 55% be spent on treatment • 10% be spent on orphans and vulnerable children 	<p>FY09 – FY13: Authorizes \$48 billion (in total), of which:</p> <ul style="list-style-type: none"> • Such sums as necessary for HIV <p>Removes Sense of Congress on funding distribution that was in the Leadership Act</p> <p>Requires for FY09 – FY13:</p> <ul style="list-style-type: none"> • More than half of bilateral aid be spent on treatment, care, and nutrition and food support for people living with HIV • Not less than 10% be spent on orphans and vulnerable children 	<p>FY14 - FY18: Does not specify authorization for funding for HIV (however, Congress effectively authorizes funding when it appropriates funding for a purpose)</p> <p>Requires for FY09 – FY18:</p> <ul style="list-style-type: none"> • More than half of bilateral aid be spent on treatment, care, and nutrition and food support for people living with HIV • Not less than 10% of bilateral aid be spent on orphans and vulnerable children <p>Maintains current law regarding balanced funding for prevention requirement and no funds used to</p>	<p>FY19 – FY23: Does not specify authorization for funding for HIV (however, Congress effectively authorizes funding when it appropriates funding for a purpose)</p> <p>Requires for FY09 – FY23:</p> <ul style="list-style-type: none"> • More than half of bilateral aid be spent on treatment, care, and nutrition and food support for people living with HIV • Not less than 10% of bilateral aid be spent on orphans and vulnerable children <p>Maintains current law regarding balanced funding for prevention requirement and no funds used to</p>

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Common Title	THE LEADERSHIP ACT	THE LANTOS-HYDE ACT	THE PEPFAR STEWARDSHIP ACT	THE PEPFAR EXTENSION ACT
	<p>Requires for FY06 – FY08:</p> <ul style="list-style-type: none"> • Not less than 33% of prevention funds be spent on abstinence-until-marriage programs • Not less than 55% be spent on treatment • Not less than 10% be spent on orphans and vulnerable children <p>States that no funds may be used to promote or advocate the legalization or practice of prostitution</p>	<p>Requires the Global AIDS Coordinator provide balanced funding for prevention activities for sexual transmission of HIV/AIDS and:</p> <ul style="list-style-type: none"> • Ensure “activities promoting abstinence, delay of sexual debut, monogamy, fidelity, and partner reduction are implemented and funded in a meaningful and equitable way in the strategy for each host country based on objective epidemiological evidence as to the source of infections and in consultation with the government of each host county involved in HIV/AIDS prevention activities” • Establish an HIV sexual transmission prevention strategy to govern prevention funding in any host country with a generalized epidemic • Provide a report to Congress with a justification of the decision if this strategy provides less than half of prevention funds for abstinence, delay of sexual debut, monogamy, fidelity, and partner reduction in each such host country (funds used for new prevention technologies/modalities excluded from determining compliance) <p>Maintains current law regarding no funds used to promote or advocate the legalization or practice of prostitution</p>	<p>promote or advocate the legalization or practice of prostitution</p>	<p>promote or advocate the legalization or practice of prostitution</p>
Organizations’ Eligibility for Funding	<p>States that no funds may be made available to provide assistance “to any group or organization that does not have a policy explicitly opposing</p>	<p>Maintains current law regarding “prostitution pledge”</p>	<p>Maintains current law</p>	<p>Maintains current law</p>

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Common Title	THE LEADERSHIP ACT	THE LANTOS-HYDE ACT	THE PEPFAR STEWARDSHIP ACT	THE PEPFAR EXTENSION ACT
	<p>prostitution and sex trafficking” (often called the “prostitution pledge”¹)</p> <p>States that an organization that is otherwise eligible to receive HIV assistance shall not be required, as a condition of receiving the assistance, to endorse or utilize a multisectoral approach to combatting HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the organization has a religious or moral objection (often called the “conscience clause”)</p>	<p>Regarding the conscience clause:</p> <ul style="list-style-type: none"> • Explicitly states that “an organization” includes faith-based organizations • Expands language by broadening the conditions that organizations cannot be required to meet as a condition for funding, including a “multisectoral or <i>comprehensive</i> approach” and “to endorse, utilize, <i>make a referral to, become integrated with, or otherwise participate in any program or activity</i>” (<i>italics indicate changes</i>) • Adds that organizations are not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements under such provisions of law for refusing to meet any requirement described above 		
<p>Focus Countries/ Regions and Partnership Frameworks</p>	<p>Requires the HIV/AIDS Coordinator to directly approve all U.S. activities and funding related to HIV/AIDS in certain countries (often referred to as “PEPFAR focus countries”):</p> <ul style="list-style-type: none"> • 14 countries (Botswana, Cote d’Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Zambia) and • Other countries designated by the President (Vietnam was later so designated) • Also states that assistance should be provided to countries in sub-Saharan Africa and the Caribbean, and to other countries and areas 	<p>Adds:</p> <ul style="list-style-type: none"> • Vietnam as 15th focus country • Central Asia, Eastern Europe, and Latin America as specific regions where assistance should be provided • With regard to designating additional focus countries, requires the President give priority to those countries in which there is a high prevalence of HIV or risk of significantly increasing incidence of HIV within the general population and inadequate financial means within the country <p>Authorizes “compacts” and “framework agreements” with recipient countries in order to</p>	<p>Maintains current law</p> <p>Requires annual report to describe what has been learned in advancing partnership framework agreements and implications for how to further strengthen these agreements (previously called “compacts” and “framework agreements”)</p>	<p>Maintains current law</p>

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Common Title	THE LEADERSHIP ACT	THE LANTOS-HYDE ACT	THE PEPFAR STEWARDSHIP ACT	THE PEPFAR EXTENSION ACT
		<p>promote host government commitment to deeper integration of HIV/AIDS services into health systems, contribute to health systems overall, enhance sustainability</p> <p>Requires annual report to describe compacts or framework agreements reached or negotiated with countries</p>		
Prevention	<p>Requires that funding be used to carry out:</p> <ul style="list-style-type: none"> Prevention activities that “are designed or intended to impart knowledge with the exclusive purpose of helping individuals avoid behaviors that place them at risk of HIV infection, including integration of such programs into health programs and the inclusion in counseling programs of information on methods of avoiding infection of HIV, including delaying sexual debut, abstinence, fidelity and monogamy, reduction of casual sexual partnering, reducing sexual violence and coercion, including child marriage, widow inheritance, and polygamy, and where appropriate, use of condoms” With particular emphasis on high risk populations, preventative intervention education and technologies activities, including support for: bulk purchases of test kits, condoms, and, when proven effective, microbicides; for the introduction and distribution of these commodities; and education and training on the use of the technologies 	<p>Maintains existing funding requirements under the Leadership Act, and adds requirement funding also be used to carry out the following prevention activities:</p> <ul style="list-style-type: none"> Addressing multiple concurrent sexual partnering Male circumcision Female and male condoms (change from “condoms”) <p>Expresses Sense of Congress recognizing need and urgency to expand range of female-controlled HIV prevention methods</p> <p>Requires microbicides research at the National Institutes of Health and “strongly encourage[s]” the Centers for Disease Control and Prevention to fully implement its microbicide agenda</p>	<p>Maintains current law (amends some annual reporting requirements)</p>	<p>Maintains current law</p>

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Common Title	THE LEADERSHIP ACT	THE LANTOS-HYDE ACT	THE PEPFAR STEWARDSHIP ACT	THE PEPFAR EXTENSION ACT
Women & Girls / Gender	<p>Recommends significant funding, of FY04 – FY08 funding directed to a pilot program for care and treatment of orphans and other children and young people affected by HIV, be directed to activities ensuring the importance of inheritance rights of women, in light of the impact of the epidemic</p> <p>Requires:</p> <ul style="list-style-type: none"> • HIV/AIDS strategy to address needs of women and girls and include programs to make available testing and treatment to HIV-positive women and their family members • Annual report to include reporting on indicators related to reaching women and girls 	<p>Adds greater, more explicit emphasis on women and girls, particularly related to PMTCT and families, and language about gender and gender-related vulnerabilities to HIV</p> <p>Requires:</p> <ul style="list-style-type: none"> • Funding be used to carry out activities improving accountability through more detailed measures regarding reaching women and girls, as well as gender- and age-specific measures • HIV/AIDS strategy to address vulnerabilities of women and youth to HIV infection in prevention strategy and seek to reduce factors that lead to gender disparities in HIV • Annual report to describe programs serving women and girls • Establishment of PMTCT expert panel and submission of one-time report by panel 	<p>Maintains current law (amends some annual reporting requirements)</p>	<p>Maintains current law</p>
Nutrition & Food Support	<p>Requires, as appropriate:</p> <ul style="list-style-type: none"> • support for nutrition and food for people living with and affected by HIV, including children affected by HIV • integration of nutrition programs with HIV activities, generally <p>Expresses “Sense of Congress” that U.S. food assistance should be accepted by countries with large populations of people living with HIV to help feed such individuals</p>	<p>Strengthens support for nutrition and food assistance:</p> <ul style="list-style-type: none"> • Authorizes use of such sums as necessary of assistance (of overall \$48 billion authorization) for purchase of food as a component of treatment for FY09 – FY13 • Requires nutritional assessments in all HIV programs 	<p>Maintains current law (amends some annual reporting requirements); does not include specific funding authorization (however, Congress effectively authorizes funding when it appropriates funding for a purpose)</p>	<p>Maintains current law; does not include specific funding authorization (however, Congress effectively authorizes funding when it appropriates funding for a purpose)</p>

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Common Title	THE LEADERSHIP ACT	THE LANTOS-HYDE ACT	THE PEPFAR STEWARDSHIP ACT	THE PEPFAR EXTENSION ACT
Immigration and Travel Ban of HIV Positive Individuals	No mention ^c	Ends statutory prohibition against HIV-positive visitors and immigrants by amending <i>Immigration & Nationality Act</i> ^f	Maintains current law	Maintains current law
GLOBAL FUND				
Global Fund to Fight AIDS, TB, and Malaria	<p>FY04 – FY08: Authorizes \$15 billion (\$3 billion/year), of which:</p> <ul style="list-style-type: none"> • Up to \$1 billion for Global Fund in FY04 • Such sums as necessary for Global Fund FY05 - FY08 <p>“1/3 cap”: Limits U.S. contributions to Global Fund to 1/3 (cannot exceed 33%) of contributions from all sources for FY04 – FY08</p> <ul style="list-style-type: none"> • Requires any amount not contributed due to 1/3 cap to be contributed as soon as practicable, after other sources have made additional contributions to the Global Fund • However, after July 31 of each FY, for FY04 – FY08, any amount still withheld due to the cap is authorized to be made available for bilateral HIV, TB, and malaria (amendment made in 2004 via other legislation^e) <p>Requires, for FY04 – FY08, that if the President determines the Global Fund has provided assistance to a country the government of which the Secretary of State has determined has “repeatedly provided support for acts of international terrorism,” then the U.S. shall withhold from the U.S. contribution for the next fiscal year an amount equaling the amount of funding expended by the Global</p>	<p>FY09 – FY13: Authorizes \$48 billion (in total), of which:</p> <ul style="list-style-type: none"> • Up to \$2 billion for Global Fund in FY09 • Such sums as necessary for Global Fund in FY10 – FY13 <p>“1/3 cap”: Limits U.S. contributions to 1/3 for FY09 – FY13</p> <ul style="list-style-type: none"> • Requires amount not contributed due to cap to be contributed as soon as practicable • Authorizes, after July 31 of each FY, for FY09 – FY13, any amount still withheld due to cap to be made available for bilateral HIV, TB, and malaria <p>Requires, for FY09 – FY13, withholding portion of U.S. contribution to the Global Fund equal to any amount expended by the Global Fund to country governments that have “repeatedly provided support for acts of international terrorism”</p> <p>Maintains authorization for amounts withheld for this and other reasons^f to be made available for bilateral HIV</p> <p>Requires withholding 20% of annual contribution from obligation for each year during FY10 – FY13 pending certification of certain accountability and transparency</p>	<p>FY14 - FY18: Does not specify authorization for funding for Global Fund (however, Congress effectively authorizes funding when it appropriates funding for a purpose)</p> <p>“1/3 cap”: Limits U.S. contributions to 1/3 for FY09 – FY18^h</p> <ul style="list-style-type: none"> • Requires amount not contributed due to cap to be contributed as soon as practicable • Authorizes, after July 31 of each FY, for FY09 – FY18, any amount still withheld due to cap to be made available for bilateral HIV, TB, and malaria <p>Requires, for FY09 – FY18, withholding portion of U.S. contribution to the Global Fund equal to any amount expended by the Global Fund to country governments that have “repeatedly provided support for acts of international terrorism”</p> <p>Maintains authorization for amounts withheld for this and other reasons^f to be made available for bilateral HIV</p> <p>Requires withholding 20% of annual contribution from obligation for each year during FY10 – FY18 pending certification of certain accountability and transparency benchmarks by the Secretary of State^g</p>	<p>FY19 – FY23: Does not specify authorization for funding for Global Fund (however, Congress effectively authorizes funding when it appropriates funding for a purpose)</p> <p>“1/3 cap”: Limits U.S. contributions to 1/3 for FY04 – FY23</p> <ul style="list-style-type: none"> • Requires amount not contributed due to cap to be contributed as soon as practicable • Authorizes, after July 31 of each FY, for FY09 – FY23, any amount still withheld due to cap to be made available for bilateral HIV, TB, and malaria <p>Requires, for FY09 – FY23, withholding portion of U.S. contribution to the Global Fund equal to any amount expended by the Global Fund to country governments that have “repeatedly provided support for acts of international terrorism”</p> <p>Authorizes amounts withheld for this and other reasons^f to be made available for bilateral HIV, TB, and malaria</p> <p>Requires withholding 20% of annual contribution from obligation for each year during FY10 – FY23 pending certification of certain accountability and transparency benchmarks by the Secretary of State^g</p>

Table 3: PEPFAR Legislation - Side-by-Side of Key Topics

Common Title	THE LEADERSHIP ACT	THE LANTOS-HYDE ACT	THE PEPFAR STEWARDSHIP ACT	THE PEPFAR EXTENSION ACT
	<p>Fund to the government of each such country</p> <p>Authorizes amounts withheld for this and other reasons¹ to be made available for bilateral HIV</p>	<p>benchmarks by the Secretary of State⁹</p> <p>Finds the Global Fund represents the multilateral component of U.S. global HIV, TB, and malaria efforts and that the Global Fund and U.S. bilateral efforts in these areas “are demonstrating increasingly effective coordination, with each possessing certain comparative advantages” and “often work most effectively in concert with each other”; says the U.S. Government is “fully committed to the success of the Global Fund as a multilateral public-private partnership”</p>	<p>Maintains current law regarding Global Fund and U.S. bilateral efforts</p>	<p>Maintains current law regarding Global Fund and U.S. bilateral efforts</p>
TB				
Tuberculosis Programs	<p>Control of tuberculosis (TB) is a “major objective of the foreign assistance program of the United States”</p> <p><u>FY04 – FY08:</u> Authorizes \$15 billion (\$3 billion/year), of which:</p> <ul style="list-style-type: none"> • Such sums as necessary for TB <p>Requires funding priority be given to activities that increase Directly Observed Treatment Short-course (DOTS) coverage and MDR-TB treatment</p> <p>Recommends that at least 75 percent of the amount made available for TB each year be spent on drugs, supplies, direct patient services, DOTS training, and treatment of multi-drug resistant tuberculosis using DOTS-Plus, including substantially increased</p>	<p>Maintains current law regarding major objective</p> <p><u>FY09 – FY13:</u> Authorizes \$48 billion (in total), of which:</p> <ul style="list-style-type: none"> • \$4 billion for TB (in total) <p>Requires funding priority be given to direct services described in the Stop TB Strategy, including DOTS coverage, treatment for individuals co-infected with TB/HIV, and MDR-TB treatment; as well as to funding for the Global TB Drug Facility, the Stop TB Partnership, and the Global Alliance for TB Drug Development</p> <p>Significantly strengthens and elevates focus on TB:</p> <ul style="list-style-type: none"> • Requires a 5-year TB strategy • Requires annual report on U.S. TB efforts <p>Adds specific TB goals/targets:</p>	<p>Maintains current law</p> <p><u>FY14 – FY18:</u> Does not specify authorization for funding for TB (however, Congress effectively authorizes funding when it appropriates funding for a purpose)</p>	<p>Maintains current law</p> <p><u>FY19 – FY23:</u> Does not specify authorization for funding for TB (however, Congress effectively authorizes funding when it appropriates funding for a purpose)</p>

Table 3: PEPFAR Legislation - Side-by-Side of Key Topics

Common Title	THE LEADERSHIP ACT	THE LANTOS-HYDE ACT	THE PEPFAR STEWARDSHIP ACT	THE PEPFAR EXTENSION ACT
	funding for the Global Tuberculosis Drug Facility	<ul style="list-style-type: none"> • Recommends achieving goals of 1) reducing by half the TB death and disease burden from the 1990 baseline and 2) sustaining or exceeding the detection of at least 70 percent of sputum smear-positive cases of TB and the successful treatment of at least 85 percent of the cases detected in countries with established USAID TB programs • Requires TB strategy to include plan to support 1) the successful treatment of 4.5 million new sputum smear TB patients under DOTS programs by 2013, primarily through direct support for needed services, commodities, health workers, and training and additional treatment through coordinated multilateral efforts; and 2) the diagnosis and treatment of 90,000 new MDR-TB cases by 2013, and additional treatment through coordinated multilateral efforts 		

Table 3: PEPFAR Legislation - Side-by-Side of Key Topics

Common Title	THE LEADERSHIP ACT	THE LANTOS-HYDE ACT	THE PEPFAR STEWARDSHIP ACT	THE PEPFAR EXTENSION ACT
MALARIA				
Malaria Programs	<p>Providing assistance for the prevention, control, and cure of malaria is a “major objective of the foreign assistance program of the United States”</p> <p>FY04 – FY08: Authorizes \$15 billion (\$3 billion/year), of which:</p> <ul style="list-style-type: none"> • Such sums as necessary for malaria 	<p>Adds providing assistance for treatment to major objective</p> <p>Strengthens, embraces President’s Malaria Initiative:</p> <ul style="list-style-type: none"> • Requires a 5-year malaria strategy • Requires annual report on U.S. malaria efforts • Establishes Malaria Coordinator at USAID, with primary responsibility for the oversight and coordination of all resources and international activities of the U.S. Government relating to efforts to combat malaria <p>FY09 – FY13: Authorizes \$48 billion (in total), of which:</p> <ul style="list-style-type: none"> • \$5 billion for malaria (in total) 	<p>Maintains current law</p> <p>FY14 – FY18: Does not specify authorization for funding for malaria (however, Congress effectively authorizes funding when it appropriates funding for a purpose)</p>	<p>Maintains current law</p> <p>FY19 – FY23: Does not specify authorization for funding for malaria (however, Congress effectively authorizes funding when it appropriates funding for a purpose)</p>
EVALUATION AND OVERSIGHT				
Evaluation and Oversight	<p>Requires IOM study comparing the success rates of the various programs and methods used under the first 5-year strategy for combatting HIV, as well as TB and malaria</p> <p>Requires U.S. Comptroller General to monitor and evaluate projects funded by the Global Fund and, every two years, prepare a report on its results</p>	<p>Requires IOM studies for: data evaluation plan; performance assessment; impact evaluation</p> <ul style="list-style-type: none"> • IOM to include assessment of efforts to address gender-specific aspects of HIV/AIDS, including gender-related constraints to accessing services and addressing underlying social and economic vulnerabilities of women and men, in its evaluation <p>Maintains current law regarding U.S. Comptroller General and the Global Fund</p> <p>Requires the Inspectors General of the Department of State and</p>	<p>Does not require IOM (now the National Academy of Medicine, or NAM) study</p> <p>Maintains current law regarding U.S. Comptroller General and the Global Fund</p> <p>Requires Inspectors General of the Department of State and Broadcasting Board of Governors, the Department of Health and Human Services (HHS), and USAID jointly develop annual oversight plans through FY18</p>	<p>Does not require IOM (now the National Academy of Medicine, or NAM) study</p> <p>Maintains current law regarding U.S. Comptroller General and the Global Fund</p> <p>Requires Inspectors General of the Department of State and Broadcasting Board of Governors, the Department of Health and Human Services (HHS), and USAID jointly develop annual oversight plans through FY23</p>

Table 3: PEPFAR Legislation - Side-by-Side of Key Topics

Common Title	THE LEADERSHIP ACT	THE LANTOS-HYDE ACT	THE PEPFAR STEWARDSHIP ACT	THE PEPFAR EXTENSION ACT
		<p>Broadcasting Board of Governors, the Department of Health and Human Services (HHS), and USAID to jointly develop five coordinated annual plans for overseeing U.S. Government global HIV, TB, and malaria programs from FY09 – FY13</p> <p>Requires U.S. Comptroller General to submit a one-time report on U.S. global HIV/AIDS programs no later than 3 years after enactment of Lantos-Hyde Act</p>		

NOTES: Provisions expiring at the end of FY 2023 or FY 2024 are in red. Existing law remains in force unless it was limited to a specific period (expiring at a particular point, such as funding that was authorized through the end of a certain fiscal year) or amended.

a: Also authorizes an additional \$2 billion over five years for Emergency Fund for Indian Health and Safety and requires establishment of an emergency plan for Indian safety and health.

b: Defines (or maintains definition of) partner country as a country that receives a minimum of \$5 million in HIV/AIDS assistance from the U.S. Government in the previous fiscal year, for the purposes of the annual report and the Treatment Provider Study.

c: Governed by Immigration & Nationality Act, which prohibits HIV-positive individuals from visiting or immigrating to the United States (except if a waiver is granted). HIV is only health condition specifically named as inadmissible in the law; for all others, the Secretary of Health and Human Services is given the authority to decide what conditions pose public health threats.

d: Returns decision about whether HIV should be considered a threat to public health to the Secretary of Health & Human Services, as is the case for all other health conditions.

e: This amendment to the Leadership Act was made in the Consolidated Appropriations Act of 2004 (P.L. 108-199).

f: Specifically, amounts withheld from the U.S. contribution 1) equaling the amount of funding, if any, expended by the Global Fund in the prior year to any governments that have "repeatedly provided support for acts of international terrorism" and 2) equaling the average annual amount of funding, if any, spent on certain administrative expenses in excess of 10% of the total expenditures of the Global Fund for any 2-year period.

g: In certain years, Congress directed 10% withholding, rather than 20%.

h: For U.S. contributions from FY 2015 through FY 2018, Congress directed that the basis for calculating the limitation of the overall U.S. contribution to not exceed 33% of total Global Fund contributions would be U.S. contributions relative to all contributions to the Global Fund from FY 2004 rather than FY 2009, as was directed in the 2013 PEPFAR Stewardship Act.

SOURCES: KFF analysis of: U.S. Congress, *United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003* (P.L. 108-25), May 27, 2003; U.S. Congress, *Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008* (P.L. 110-293), July 30, 2008; U.S. Congress, *PEPFAR Stewardship and Oversight Act of 2013* (P.L. 113-56), Dec. 2, 2013; U.S. Congress, *PEPFAR Extension Act of 2018* (P.L. 115-305), Dec. 11, 2018; U.S. Code, Title 22: Foreign Relations and Intercourse, Chapter 83 (UNITED STATES LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS, AND MALARIA) and Chapter 32 (FOREIGN ASSISTANCE), Sections 2151b - 2151b-4; appropriations legislation; Congressional Research Service, *International HIV/AIDS, Tuberculosis, and Malaria: Key Changes to U.S. Programs and Funding*, RL34569, July 14, 2008. Congressional Research Service, *The President's Emergency Plan for AIDS Relief (PEPFAR), U.S. Global HIV/AIDS, Tuberculosis, and Malaria Programs: A Description of Permanent and Expiring Authorities*, R43232, September 27, 2013; Congressional Research Service, "PEPFAR Stewardship and Oversight Act: Expiring Authorities," IF10797, May 18, 2018.