

March 7, 2016

The Honorable Lindsey Graham
Chairman
Appropriations Subcommittee for
State and Foreign Operations
U.S. Senate
Washington, DC 20510

The Honorable Patrick Leahy
Ranking Member
Appropriations Subcommittee for
State and Foreign Operations
U.S. Senate
Washington, DC 20510

Dear Chairman Graham and Ranking Member Leahy:

We, the undersigned members of the Global AIDS Policy Partnership (GAPP), write today to request that you set robust funding levels for global HIV/AIDS programs in your Fiscal Year (FY) 2017 State, Foreign Operations and Related Programs Appropriations bill. GAPP is a coalition of advocacy, research and implementing organizations committed to ending AIDS for the next generation by expanding and improving global HIV/AIDS programming. We recognize that you face tough decisions for FY 2017, and we ask that you please prioritize these critical U.S. leadership efforts to accelerate the end of AIDS.

As your Subcommittee begins drafting FY 2017 funding legislation for the State Department and related agencies, we urge you to protect and expand funding for the President's Emergency Plan for AIDS Relief (PEPFAR) to \$4.845 billion and provide \$1.35 billion for the U.S. contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and \$350 million for the USAID HIV/AIDS program.

PEPFAR and the Global Fund are an unmitigated success story. The results speak for themselves, not only saving millions of lives but also preventing millions of new HIV infections. As of September 20, 2015, PEPFAR was supporting 9.5 million people on antiretroviral treatment, and in FY 2015, 267,000 infections in children were averted because of prevention of mother-to-child transmission (PMTCT) programs funded by PEPFAR. The Global Fund continues to impress with scale-up of its HIV/AIDS programs. In the first half of 2015, an additional 500,000 people were put on treatment for HIV in programs supported by the Global Fund, bringing the total to 8.6 million people, which represents a 17 percent increase over the prior year.

However, these successes do not mean this is a time for U.S. leadership and support to waiver. According to UNAIDS only 41 percent of adults are receiving the medicines they need to survive and only 32 percent of eligible HIV-positive children are accessing treatment. There are still 2 million new HIV infections each year, and additional prevention efforts are needed to target geographic areas and populations – like adolescent girls and young women – in which new HIV infections are still on the rise. In many countries, people living with and affected by HIV still face stigma, discrimination and injustice. Significant gaps in even basic knowledge about HIV and its transmission remain. Women and girls are still at higher risk because of gender inequity and sexual violence.

Investments in global HIV/AIDS are as critical now as ever. The World Health Organization (WHO) recently updated guidelines for treating HIV in response to scientific advancements in understanding treating the disease. These guidelines recommend immediate initiation of treatment, meaning millions of additional individuals are now eligible for treatment – 35 million people, up from 26 million under previous guidelines. Programs will also be expected to provide newly recommended first and second-line drug regimens for adults and children that may not be available under current national policies. Offering treatment immediately to all people living with HIV is a momentous shift in normative standards, and PEPFAR will need ample financial resources to help countries implement the new guidelines, ensure quality and access, and maximize the impact of the new treatment paradigm.

In 2015 PEPFAR also announced new programmatic targets around prevention and treatment of HIV. PEPFAR and the Global Fund intend to support 18.5 million men, women and children on treatment by the end of 2017, in line with UNAIDS “fast-track” initiative. This approach – which includes ambitious global goals on prevention, treatment and combating discrimination by 2020 and 2030 – also aims to avert 28 million infections and 21 million AIDS deaths between now and 2030. But these goals will not be met with flat funding. In fact, evidence suggests that in the absence of proactive programmatic scale up, the world will reach its 100 millionth HIV infection by 2030.

U.S.-funded global HIV/AIDS programs reach far beyond HIV care by strengthening health infrastructure and ensuring partner countries are equipped to respond to a range of health challenges and threats. PEPFAR is also the cornerstone of U.S. health diplomacy. A recent report by former Senators Bill Frist and Tom Daschle noted PEPFAR is a “potential example of strategic health diplomacy – and a model for smart, effective and bi-partisan foreign policy.”

Providing \$4.845 billion for bilateral PEPFAR funding in FY 2017 will allow PEPFAR to not only maintain and strengthen its own programmatic efforts but to also solidify its political and fiscal commitment to controlling the AIDS epidemic once and for all. PEPFAR currently represents approximately 20 percent of the \$20 billion available for combating HIV and AIDS around the world. However, it is estimated that \$32 billion in global bilateral, multilateral and national AIDS contributions will be needed by 2020 for UNAIDS’ “fast-tracking” approach to work. Increasing PEPFAR funding by just \$500 million dollars in FY 2017 represents a small but important down payment on the additional \$12 billion needed from the global community over the next five years to reach these treatment and prevention goals and end AIDS as a public health threat.

We cannot continue on this path without strong investment in bilateral and multilateral HIV/AIDS programming.

The most important accomplishments supported by U.S. federal funding are:

- **PEPFAR** was supporting antiretroviral treatment for nearly 9.5 million people worldwide as of September 2015. In FY 2015 alone, PEPFAR directly supported HIV testing and counseling for more than 68.2 million people and care and support services for 5.5 million orphans and vulnerable children. In that same fiscal year, PEPFAR helped avert 267,000 new HIV infections in children by supporting over 14.7 million pregnant women with HIV counseling and testing and by providing antiretroviral drugs to almost 831,500 HIV-positive women to prevent mother-to-child transmission (PMTCT) of HIV. By September 2015, PEPFAR had supported more than 8.7 million voluntary medical male circumcision (VMMC) procedures.
- **Global Fund** investments have also produced remarkable results. As of mid-2015, Global Fund-financed programs have supported treatment for 8.6 million people living with HIV/AIDS. In addition, 3.3 million HIV-positive pregnant women have received care to prevent mother-to-child-transmission; 15 million cases of tuberculosis have been detected and treated; 600 million insecticide treated nets have been distributed for the prevention of malaria; and 560 million cases of malaria have been treated. The Global Fund is the world’s largest global health financier and has disbursed nearly \$30 billion in funding for programs that currently provide treatment, care and prevention for HIV/AIDS, tuberculosis and malaria to men, women and children in more than 100 low- and middle-income countries.
- The HIV/AIDS funding allocated to **USAID** has supported multi-country, cross-cutting initiatives vital to the success of the PEPFAR. Funding from this account directly supports technical leadership and program assistance to field programs – efforts that will be even more essential as PEPFAR looks to build country-level capacity and transition HIV/AIDS programs to country-led counterparts.

USAID funding has also promoted the scale-up of best practices among HIV/AIDS programs, as well as developed new innovations in treatment and prevention. Without strong funding, USAID's investment in game-changing interventions – like microbicides research and effective HIV vaccine development through the International AIDS Vaccine Initiative – could be in jeopardy.

Finally, while our focus is on programs critical to the fight against global HIV/AIDS, we are likewise committed to ending the epidemic in the United States and fighting other global health threats around the world. GAPP supports the goals outlined in the National HIV/AIDS Strategy and urges you to sustain funding for domestic AIDS programs at the levels recommended by the Federal AIDS Policy Partnership (FAPP). The GAPP also encourages you to sustain appropriations for other aspects of the global health and development assistance accounts as well, as it is the combined impact of all these investments that is truly transforming the lives of millions of people around the world.

The members of GAPP welcome the opportunity to work with you and your staff on these very important and timely issues. Should questions arise, if you need additional information, or if you or your staff would like to meet with members of GAPP to discuss these issues, please contact Catherine Connor (cconnor@pedaids.org) or Kevin Fisher (kevin@avac.org).

U.S.-funded global HIV/AIDS programs have shown a consistent and ever more efficient return on investment, and increased funding in FY17 will enable PEPFAR and Global Fund to significantly increase the number of countries that achieve epidemic control and deepen the impact of key programmatic efforts. Once again, we thank you for your leadership and look forward to your assistance in ending the HIV/AIDS epidemic.

Sincerely,

Advocates for Youth
The AIDS Institute
AIDS United
American Medical Student Association (AMSA)
American Psychological Association
amfAR, The Foundation for AIDS Research
Association of Nurses in AIDS Care
AVAC: Global Advocacy for HIV Prevention
Center for Health and Gender Equity (CHANGE)
Children's AIDS Fund International
Elizabeth Glaser Pediatric AIDS Foundation
Friends of the Global Fight Against AIDS,
Tuberculosis and Malaria
Global Health Council
Health GAP
HIV Medicine Association
Housing Works, Inc.
IDS Center for Global Health Policy
IMA World Health

Institute for Youth Development
International AIDS Society
International AIDS Vaccine Initiative (IAVI)
International HIV/AIDS Alliance
International Women's Health Coalition
John Snow, Inc.
Management Sciences for Health
Mennonite Central Committee U.S. Washington
Office
National Alliance of State & Territorial AIDS
Directors
National Association of Social Workers
The Palladium Group
PAI
Pathfinder International
Positive Women's Network-USA
RESULTS
Treatment Action Group (TAG)