

March 9, 2015

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 strong funding levels for global HIV/AIDS programs in your Fiscal Year (FY) 2016 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. The U.S. commitment to capitalizing on the life-saving progress made by our investments in global HIV/AIDS programs have us on the brink of turning the epidemic around, and these gains should not and must not be abandoned.

As your Subcommittee begins drafting FY 2016 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 \$5.038 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. We also ask that you support funding for the Centers for Disease Control and Prevention (CDC) Global AIDS Programs at \$132 million.

Increasing funding is especially critical now. Investments in the global AIDS response are working, and the pace of progress is accelerating. There were 2.1 million new HIV infections in 2013, a 38% decrease since 2001. From 2001 to 2013 the number of children newly infected with HIV dropped by 58% – showing that elimination of new infections in children is possible. The number of people accessing ARV treatment continues to rise, with 13.6 million people living with HIV having access to antiretroviral therapy by June of 2014 compared to 12.9 million people in 2013. We are also seeing new partnerships based on the principles of shared responsibility and global solidarity – domestic investment from low-and middle-income countries in 2013 totaled \$9.65 billion.

Smart global HIV/AIDS program investment in FY 2016 will leverage success to date and put the world firmly on a path towards the end of the AIDS epidemic. The new UNAIDS Fast Track approach¹ calls for accelerated action over the next five years in order to end the AIDS epidemic as a global health threat by 2030. This includes a new set of treatment targets that would need to be reached by 2020 (90% of people living with HIV knowing their HIV status; 90% of people who know their HIV-positive status on treatment; and 90% of people on treatment with suppressed viral loads) as well as targets around reducing incidence and eliminating HIV-related discrimination.

The past decade of success cannot be taken for granted – there are still millions of people in need of lifesaving HIV/AIDS services, and any cuts to U.S. global HIV/AIDS funding will threaten the historic progress made to date and undermine efforts to reach the Fast Track goals and end the AIDS epidemic within the next 15 years. Despite significant investment by the U.S. and other countries, these results are quite fragile – further cuts to U.S. global HIV/AIDS funding will threaten progress made to date in the fight against the epidemic. The majority of the 35 million people living with HIV do not have access to treatment.

¹ UNAIDS report *Fast-Track: ending the AIDS epidemic by 2030*, available at: http://www.unaids.org/en/resources/documents/2014/JC2686_WAD2014report

Treatment-eligible children living with HIV are one third less likely to receive antiretroviral therapy as HIV-positive adults, and in 2013 more than 30% of the estimated 1.5 million pregnant women living with HIV received no antiretroviral drugs to avoid transmission to their newborns.

Scientific advances since the beginning of PEPFAR have improved how we respond to the global HIV/AIDS epidemic, and in turn have made U.S.-funded programming more efficient and effective. Building on over a decade worth of investment, PEPFAR is refocusing its programmatic efforts on controlling the epidemic - prioritizing high-impact interventions (like antiretroviral treatment, prevention of mother-to-child transmission, voluntary medical male circumcision, targeted prevention efforts, programs focused on key and neglected populations, integration of sexual and reproductive health care with HIV programming, programs for orphans and vulnerable children, etc.) and using data to determine where and how they are used in the field. For instance, PEPFAR is using district- and site-level data to help determine which geographic areas within a country have the most HIV-burden and directing investment to those so-called “hot spots” in order to maximize programmatic and epidemiological impact.

New PEPFAR initiatives – like the Accelerating Children’s HIV/AIDS Treatment (ACT) Initiative to double the number of children receiving ART in 10 countries over the next two years and the DREAMS partnership to significantly reduce new HIV infections in adolescent girls and young women – are concentrating resources on specific, hard-to-reach populations within the HIV/AIDS epidemic. PEPFAR is also committed to principles of sound science, focusing on impact, good public health, and a rights-based approach, as well as promoting sustainability and shared responsibility with the host countries in which PEPFAR works.

Finally, all of these efforts mentioned above require intensified action to address issues that act as drivers of the epidemic. 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, and women and girls are still at higher risk because of gender inequity and sexual violence.

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

The most important accomplishments supported by US funding are:

- **PEPFAR** was supporting antiretroviral treatment for nearly 7.7 million people worldwide as of September 2014. In FY 2014 alone, PEPFAR directly supported HIV testing and counseling for more than 56.7 million people and care and support services for 5 million orphans and vulnerable children. In that same fiscal year, PEPFAR helped avert 240,000 new HIV infections in children by supporting over 14.2 million pregnant women with HIV counseling and testing and by providing antiretroviral drugs to almost 750,000 HIV-positive women to prevent mother-to-child transmission (PMTCT) of HIV. By September 2014, PEPFAR had supported more than 6.5 million voluntary medical male circumcision (VMMC) procedures. PEPFAR has also driven down its cost per year per patient for treatment from over \$1100 to \$315 in 2014.
- **Global Fund** investments have also produced remarkable results. As of December 2014, Global Fund-financed programs have supported treatment for 7.3 million people living with HIV/AIDS; detected and treated 12.3 million cases of tuberculosis; and distributed 450 million insecticide treated nets for the prevention of malaria.
- 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. 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.

- The **CDC Global AIDS Program** has provided significant support to PEPFAR by funding highly trained physicians, epidemiologists, public health advisors, behavioral scientists, and laboratory scientists in countries around the world as part of US implementation of the Emergency Plan.

Congress reaffirmed its strong bipartisan, bicameral support for U.S. leadership in the global HIV/AIDS response – particularly PEPFAR and the Global Fund – when it enacted the PEPFAR Stewardship and Oversight Act of 2013. Appropriators should now commit the needed financial resources to achieve Congress' vision of an AIDS-free generation.

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 FY16 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,

ACT UP Philadelphia
 Advocates for Youth
 The AIDS Institute
 American Medical Student Association
 American Society for Clinical Pathology
 American Jewish World Service
 amfAR
 Association of Nurses in AIDS Care
 AVAC: Global Advocacy for HIV Prevention
 Center for Health and Gender Equity
 Children's AIDS Fund International
 Elizabeth Glaser Pediatric AIDS Foundation
 Friends of the Global Fight
 Futures Group
 Global Justice Institute
 Health GAP (Global Access Project)
 HIV Medicine Association
 Housing Works
 IDSA Center for Global Health Policy
 Institute for Youth Development

International AIDS Society
 International AIDS Vaccine Initiative
 International Partnership for Microbicides (IPM)
 International Women's Health Coalition
 IntraHealth International
 John Snow Inc.
 Management Sciences for Health
 Mennonite Central Committee US, Washington
 Office
 Metropolitan Community Churches
 National Alliance of State & Territorial AIDS
 Directors
 National Association of Social Workers
 PAI
 Pathfinder International
 RESULTS
 Save the Children
 Student Global AIDS Campaign
 World Vision US