

The Honorable Christopher Coons
Chairman
Senate Appropriations Subcommittee
for State and Foreign Operations
Washington, DC 20510

The Honorable Lindsay Graham
Ranking Member
Senate Appropriations Subcommittee
for State and Foreign Operations
Washington, DC 20510

The Honorable Barbara Lee
Chairwoman
House Appropriations Subcommittee
for State and Foreign Operations
Washington, DC 20515

The Honorable Harold Rogers
Ranking Member
House Appropriations Subcommittee
for State and Foreign Operations
Washington, DC 20515

April 28, 2021

Dear Chairman Coons, Chairwoman Lee and Ranking Members Graham and Rogers:

On behalf of the Global AIDS Policy Partnership (GAPP), we ask that you include robust funding levels for global HIV/AIDS programs in the Fiscal Year 2022 State and Foreign Operations Appropriations legislation. The GAPP is a coalition of more than 70 advocacy and implementing organizations committed to expanding and improving global HIV/AIDS programming in order to reach the goal of ending AIDS as a public health threat. We greatly appreciate the additional resources allocated to global HIV and health programs in the American Rescue Plan Act and recognize that you face difficult decisions given the impact of the COVID-19 pandemic. However, we would like to take this opportunity to reiterate the importance of continuing to build upon the lifesaving progress realized through U.S. investments in global HIV/AIDS programs that can also help address COVID-19.

As your Subcommittees begin developing the FY 2022 legislation for the State Department and related agencies, we respectfully urge you to expand funding for the President's Emergency Plan for AIDS Relief (PEPFAR) to \$5.12 billion, and protect the U.S. contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) at \$1.56 billion, the USAID HIV/AIDS program at \$350 million and the Centers for Disease Control and Prevention (CDC) global AIDS programs at \$128 million. We ask that these funding levels do not come at the expense of other critical global health and development programs.

PEPFAR, the Global Fund, and other multi- and bilateral U.S. investments in global HIV/AIDS are a cornerstone for U.S. global health programs and one of the major public health successes of this generation. The programs' accomplishments speak for themselves, not only saving millions of lives but also preventing millions of new HIV infections as a result of generous, bipartisan investments. As of September 30, 2020, PEPFAR was supporting 17.2 million people on antiretroviral treatment (ART), and since the inception of the program 2.8 million babies have been born HIV-free to pregnant women living with HIV through prevention of mother-to-child transmission (PMTCT) programs funded by PEPFAR. The program's initiatives have built and supported innovative ways to reach populations experiencing some of the greatest burden of

disease. The Global Fund, which provides more than 20 percent of all international financing for HIV/AIDS, has saved 38 million lives since its inception in 2002. Overall, the number of deaths caused by AIDS, tuberculosis (TB) and malaria each year has been reduced by nearly one-half since 2002 in countries where the Global Fund invests.

While incredible progress has occurred due in large part to U.S. investments, there remains concern about sustaining and furthering the global AIDS response to reach the target of ending the crisis by 2030. The UNAIDS Global AIDS Report for 2020 sounded an alarm that investments must increase to keep advancing and not lose ground. While the most recent data shows continued increases to treatment access, a third of people living with HIV, including half of children, still lack the medicines they need to survive. Treatment coverage for children continues to be woefully behind adults, compounded by the fact that the disease progresses more rapidly in children. Prevention also remains a key challenge, with 1.7 new HIV infections in 2020. Additional prevention efforts are needed to reach geographic areas and populations - like adolescents and young women - in which new HIV infection rates still remain high. In sub-Saharan Africa, while adolescents and young women are only 10 percent of the population, they accounted for 25 percent of new HIV infections in 2019.

The success of PEPFAR is due in part to its unique structure that allows it to utilize the strengths and vast knowledge and experience of the CDC, USAID and the Department of State to effectively address the global AIDS pandemic. This cross-agency collaboration and unification under OGAC, capitalizes on the Department of State, CDC and USAID's comparative advantages, reduces duplication, and has become a new model for US development assistance.

The HIV/AIDS funding allocated to USAID supports multi-country, cross-cutting initiatives critical 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 critical as the PEPFAR program looks to build country-level capacity and transition HIV/AIDS programs to country-led counterparts. Without strong funding for this account, USAID's investment in the next generation of game-changing interventions – including research on female controlled prevention options like microbicides and multipurpose prevention technologies and development of an effective HIV vaccine - could be in jeopardy.

The CDC Global AIDS programs have provided critical support by funding highly trained physicians, epidemiologists, public health advisors, behavioral scientists, and laboratory scientists working in countries around the world as part of U.S. Government teams implementing PEPFAR.

Funding for both PEPFAR and the Global Fund is absolutely critical in order to scale up innovative programs and save millions of lives. PEPFAR works in partnership with the Global Fund to deliver lifesaving treatment and drive down the rate of new HIV infections. The Global Fund ensures a country-driven HIV/AIDS response by working closely with PEPFAR teams and governments to jointly plan program alignment and support scale-up. PEPFAR provides direct, on-the-ground technical support to ensure quality of services while leveraging Global Fund resources to expand the geographic reach of HIV treatment and prevention.

PEPFAR has shown it is a responsible shepherd of U.S. dollars, using evidence and data to allocate funds with increased effectiveness and efficiency. With essentially flat funding, PEPFAR has increased the number of people it directly or indirectly supports on treatment from 6.7 million people at the end of FY 2013 to 17.2 million people today. PEPFAR also increased its support of voluntary medical male circumcision procedures in Eastern and Southern Africa to reduce the risk of HIV transmission from 4.7 million men at the end of FY 2013 to 25.3 million men at the end of FY 2019. An additional \$750 million in FY 2022 could be expected to lead to similar or greater benefits.

As noted above, the Global Fund works closely with PEPFAR, as well as USAID's tuberculosis program and the President's Malaria Initiative, to accelerate efforts to end the AIDS, tuberculosis and malaria epidemics. The Global Fund works in partnership with governments, faith-based organizations, civil society, the private sector, and people affected by the three epidemics. The Global Fund determined that at least \$14 billion total is needed over the Sixth Replenishment period (2020-2022) for the Fund to continue to play its leadership role in putting the world back on track to end the epidemics of AIDS, tuberculosis and malaria. Pledges from all donor countries and private entities at the Global Fund's Sixth Replenishment Conference in October 2019 met that three-year target. \$1.56 billion each Fiscal Year is consistent with the United States continuing to provide 33% of total resources for the Global Fund, and the resulting requirement of other donors that all U.S. contributions be matched two to one.

The investment of \$1.56 billion in annual appropriations will provide antiretroviral therapy for 2.96 million people, TB care and treatment for 2.1 million people, and distribution of 82.68 million mosquito nets distributed to protect children and families from malaria. In addition, this investment supports 312,000 women on treatment to prevent passing HIV to their babies. Funding for the Global Fund results in \$29.64 billion created in broader health gains and economic returns. U.S. investments in global health, including the Global Fund, advance the health security of all Americans by helping to build health infrastructure in countries around the world, enabling them to quickly identify new disease threats, bring them under control, and prevent them from spreading to other countries, including the United States. Global health investments also help nurture trade relationships with other countries with healthier workforce and stronger buying power.

Global resources to fight HIV and AIDS have decreased since 2017, leaving a 30 percent shortfall for what is needed to fully address the epidemic. According to UNAIDS, increases in resources for HIV responses in low- and middle-income countries stalled in 2017, and funding decreased by 7 percent between 2017 and 2019 and can be expected to have fallen even more in 2020 as countries grapple with their response to COVID-19. While domestic contributions make up 57 percent of all resources available, global financial support is still a critical element of success. **Increasing PEPFAR funding by \$750 million dollars in FY 22 would show the U.S.'s commitment to ending AIDS as a public health threat.** This investment would make a significant down payment in the fight to end AIDS and will motivate other funders to step up as well.

Finally, we ask specifically that you protect the critical role the Joint United Nations Programme on HIV/AIDS (UNAIDS) plays in the effort by including \$55 million in funding for UNAIDS.

Support for UNAIDS is an important and abiding commitment the United States has made to the global fight against HIV/AIDS for more than two decades. UNAIDS' critical support for PEPFAR and the Global Fund cannot be duplicated or substituted. UNAIDS leads the global coordination of efforts, provides technical support for effective implementation of programs, provides global estimates and statistics essential for effective strategic planning and allocation of resources and effort, and mobilizes political commitment in affected countries and among other donors globally. This funding will also help ensure UNAIDS has the necessary resources to strengthen its management capacity in order to fully implement the next Global AIDS Strategy (2021-2026). UNAIDS plays a critical role in advancing the U.S.' goals of saving lives, advancing epidemic control, and increasing burden sharing in affected countries and by other donors. As noted in PEPFAR's 2020 Annual Report to Congress:

Our collaboration with UNAIDS supports countries in overcoming key policy, programming, and implementation challenges. UNAIDS' policy framework and the political commitment to eradicate HIV/AIDS complement and enable PEPFAR and programmatic efforts of the Global Fund.

Twenty years into the program, PEPFAR continues to show the world the United States' compassion, but also effectiveness in addressing the challenges of HIV/ AIDS through prevention, care and treatment programs, and policies that are grounded in science and respect human rights. This program improves and saves the lives of people around the world and continues to advance the U.S.'s development goals and national security.

The members of the GAPP welcome the opportunity to work with you and your staff on these crucial and timely issues. Should any questions arise, if you need additional information, or if you would like to meet with members of the GAPP to discuss these issues, please contact Co-Chairs Katie Lapedes Coester, (kcoester@pedaids.org), Helen Cornman (helencornman@gmail.com) or Kevin Fisher (kevin@avac.org). We appreciate your leadership and look forward to your assistance in the fight against the HIV/AIDS epidemic.

Sincerely,

Aidsfonds

American Jewish World Service

amfAR, The Foundation for AIDS Research

Association of Nurses in AIDS Care

AVAC

CHANGE (Center for Health and Gender Equity)

Children's AIDS Fund International

Elizabeth Glaser Pediatric AIDS Foundation

Evangelical Lutheran Church in America

Friends of the Global Fight Against AIDS, Tuberculosis and Malaria

Global Health Council

Global Health Technologies Coalition

Global Network of Black People working in HIV
Guttmacher Institute
Health GAP
Heartland Alliance International
HIV + Hepatitis Policy Institute
HIV Medicine Association
Housing Works, Inc.
IAVI
International Partnership for Microbicides (IPM)
IntraHealth International
John Snow, Inc. (JSI)
Management Sciences for Health
MPact: Global Action for Gay Men's Health & Rights
NASTAD
PAI
Prevention Access Campaign - U=U
RESULTS
The Episcopal Church
Treatment Action Group
United States People Living with HIV Caucus