

March 20, 2019

The Honorable Rosa DeLauro
Chairwoman
Appropriations Subcommittee for
Labor, Health and Human Services,
Education, and Related Agencies
U.S. House of Representatives
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Appropriations Subcommittee for
Labor, Health and Human Services,
Education, and Related Agencies
U.S. House of Representatives
Washington, DC 20515

Dear Chairwoman DeLauro and Ranking Member Cole:

We, the undersigned members of the Global AIDS Policy Partnership (GAPP), write today to request your support for programs that advance the global HIV/AIDS response in your Fiscal Year (FY) 2020 Labor, Health and Human Services, Education, and Related Programs Appropriations bill. The 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 research and programming has us on track to end the epidemic at home and abroad, and these gains should not and must not be abandoned.

As your Subcommittee begins drafting FY 2020 funding legislation, we urge you to include at least \$128 million for the Centers for Disease Control and Prevention (CDC) Global AIDS Program and that you support strong, increased investment funding for the National Institutes of Health (NIH).

Despite progress, according to UNAIDS in 2017, only 57 percent of adults are receiving the medicines they need to survive and only 43 percent of HIV-positive children are accessing treatment. There are still 1.8 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.

The investment in global HIV/AIDS represented by the CDC's Global AIDS Program is more critical now than ever. CDC's Global HIV/AIDS program plays an integral role in the fight against HIV by ensuring that data and science drive rapid changes in practice to accomplish the most efficient, high impact public health results. The program plays a unique role in building sustainability at the national level by working closely with ministries of health, CDC's peer partner, and other entities seeking to develop high-quality, country-driven public health programs. .

CDC is also committed to expanding and strengthening laboratory capacity to support the scale-up of testing to determine the amount of HIV in patients' blood (a measure of treatment effectiveness), incorporating innovative testing approaches tailored to low-resource settings, and ensuring the accuracy of HIV and Tuberculosis rapid testing. By building public health infrastructure that spans and supports responses to multiple diseases, the Global HIV/AIDS Program is focused on achieving epidemic control at national, provincial, and district levels. Such technical assistance and support optimizes other HIV/AIDS and global health investments and ensures needed infrastructure supporting country sustainability and leadership efforts. One such example is CDC's recency testing program - Implementing Tracking Recency Assay to Control the Epidemic (TRACE) - that is currently being used to provide surveillance data in some countries.

HIV/AIDS research at NIH remains today an indispensable part of our response by providing new tools and approaches to combating the epidemic. Now is the time to prioritize HIV/AIDS research within NIH and support groundbreaking research to develop a preventive vaccine, a microbicide, a cure for HIV infection, new HIV treatments, and treatment scale and approaches that address health disparities. These research advances hold the potential to end the AIDS epidemic, as well as update prevention approaches and improve outcomes along the treatment cascade – a cornerstone of the Administration’s recently announced plan to End the HIV Epidemic.

Moreover, HIV/AIDS research at NIH not only supports advancements in care and treatment for persons with HIV and AIDS in the United States, it is also responsible for much of the scientific groundwork driving effective and efficient global HIV/AIDS programming in resource-poor settings. In 2015, the NIH-funded [START](#) (“Strategic Timing of Anti-Retroviral Treatment”) trial established that immediate treatment reduced rates of both serious AIDS and serious non-AIDS mortality and morbidity – resulting in updated World Health Organization guidelines, now widely adopted globally, recommending immediate initiation of treatment for all HIV-positive people, regardless of their disease progression. In 2019, a number NIH-supported prevention trials are underway: one testing a long-acting injectable drug Cabotegravir for HIV prevention in the US, Latin America and Africa; two trials testing infusion of the anti-HIV antibody VRC01 for HIV prevention in the US, Latin America and Africa; and trials testing two different HIV vaccine candidates in Africa. Programs such as the Fogarty HIV Research Training Program have allowed the U.S. to lead in shaping the global body of knowledge on HIV/AIDS and support vital research in areas heavily impacted by HIV/AIDS to inform the response globally and in the U.S.

Finally, HIV/AIDS research investment continues to reap ancillary benefits in developing therapies and cures for other diseases that afflict Americans such as Alzheimer’s, heart disease, cancer, diabetes, autoimmune disorders, and other infectious diseases such as Hepatitis B and C. Advanced diagnostic techniques originally developed for HIV are now used to detect and prevent the spread of numerous other infectious diseases – an important contribution to protecting the health of all Americans.

The members of the 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 the GAPP to discuss these issues, please contact Katie Lapidés Coester (kcoester@pedaids.org), Helen Cornman (helen.cornman@thepalladiumgroup.com) or Kevin Fisher (kevin@avac.org).

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Infectious Diseases Society of America
John Snow, Inc.
MPact Global Action for Gay Men's Health and Rights
Pact
PAI
Palladium Group
Partners In Health
Planned Parenthood Federation of America
Treatment Action Group
US People living with HIV Caucus

March 19, 2020

The Honorable Nita Lowey
Chairwoman
Appropriations Subcommittee for
State and Foreign Operations
U.S. House of Representatives
Washington, DC 20515

The Honorable Harold Rogers
Ranking Member
Appropriations Subcommittee for
State and Foreign Operations
U.S. House of Representatives
Washington, DC 20515

Dear Chairwoman Lowey and Ranking Member Rogers:

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) 2020 State, Foreign Operations and Related Programs Appropriations bill. The 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, as always, face tough decisions for FY 2020; however, U.S. leadership efforts in the fight against HIV is not just beneficial, it is essential to accelerate the end of AIDS.

As your Subcommittee begins drafting FY 2020 funding legislation for the State Department and related agencies, we ask that you protect funding levels for global health and development programs and at a minimum maintain the FY19 enacted levels and urge expansion of funding for the President's Emergency Plan for AIDS Relief (PEPFAR) to \$5.5 billion. We also request \$1.56 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 urge the Committee to maintain the U.S. share of Global Fund support at 33%, consistent with the authorized level since FY 2004, and essential to maintaining strong support for the Global Fund and conveying continued U.S. commitment to other Global Fund donors in this replenishment year.

Both PEPFAR and the Global Fund remain unmitigated success stories – the results speak for themselves, not only saving millions of lives but also preventing millions of new HIV infections. As of September 30, 2018, PEPFAR was supporting 14.6 million people on antiretroviral treatment. Since its inception, PEPFAR has prevented 2.4 million children from being infected with HIV, with half of that progress coming since 2013.

Last year marked the 15th anniversary of PEPFAR and on December 12, 2018, President Donald J. Trump signed the PEPFAR Extension Act of 2018, which extended provisions of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 for an additional five years. A new PEPFAR report released November 27, 2018, highlights that, in the prior year, new HIV diagnoses among adolescent girls and young women continued to decline in 85 percent of the highest HIV burden communities/districts that are implementing the program's PEPFAR's pioneering DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) public-private partnership. In 2016, PEPFAR announced that Population HIV Impact Assessments (PHIA) done in Malawi, Zambia, and Zimbabwe showed that global HIV/AIDS treatment and prevention investments are accelerating progress towards epidemic control at country-level. Since that time, PHIA's have been undertaken in Cameroon, Cote D'Ivoire, Ethiopia, Eswatini, Lesotho, Namibia, Tanzania and Uganda showing similar progress in a number of areas, including importantly HIV viral suppression.

The Global Fund continues rapid, impactful scale-up of its HIV/AIDS programs. To date, programs financed by the Global Fund have saved more than 27 million lives. In 2017, 17.5 million people were on

anti-retroviral therapy in countries where the Global Fund invests. The impact of U.S. contribution to Global Fund is magnified by the fact that for each dollar of U.S. investment, \$2 of non-US funding for AIDS, TB, and malaria programming is leveraged.

However, these successes do not mean this is a time for U.S. leadership and support to waiver, and **slowing or capping HIV testing and treatment enrollment is not an option**. According to UNAIDS, almost 37 million people are living with HIV around the world, but in 2017 only 21.7 million HIV-positive people were receiving the medicines they need to survive – highlighting ongoing issues of access to medicines and availability of trained and supported health workers in communities most at need. The PHIA assessments conducted by PEPFAR have confirmed that more is needed to identify HIV-positive young people and help them stay on their treatments, and more is needed to reach adult men with HIV testing since they are less likely to know their status.

We must be equally committed to not only “treatment as prevention”, but investment in **additional prevention efforts to target geographic areas and populations** in which new HIV infections are still on the rise. In 2017, there were still 1.8 million new HIV infections around the world. In sub-Saharan Africa, three in four new infections among adolescents aged 15–19 years are in girls. Young women aged 15–24 years are twice as likely to be living with HIV than men, highlighting the need to reach women with comprehensive prevention options. In many countries, HIV prevalence is concentrated in certain counties or cities, or within certain marginalized or vulnerable populations that need dedicated U.S. leadership and support. Investment is also needed for local community-based organizations that are doing considerable work across the continuum of care to improve service delivery in their own communities. US investment is having an effect with the number of annual new infections in all PEPFAR countries declining from 1.6 million in 2013 to 1.3 million in 2016.

Providing \$5.5 billion for bilateral PEPFAR funding in FY 2020 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 21 percent of the \$21.3 billion total available global funding for combating HIV and AIDS around the world. However, it is estimated that \$26.2 billion in global bilateral, multilateral and national AIDS contributions will be needed by 2020 for UNAIDS’ fast-track approach – which calls for the majority of all people living with HIV to be diagnosed, on treatment, and virally suppressed, as well as to cut the rate of new HIV infections by 75 percent by 2020 – to succeed. Funding cuts from the U.S. would also undermine U.S. leadership on reaching underserved populations and embolden some governments to leave their most vulnerable and most socially marginalized communities behind. These investments leverage and maximize other U.S. investments, increasing the efficiency and effectiveness of health initiatives worldwide, creating a ripple effect across all programs, increasing the economic and social returns.

Increasing PEPFAR funding by a 1.1 billion dollars in FY 2020 would represent a critical down payment on the additional \$5 billion needed from the global community over the next years to reach international HIV treatment and prevention goals, and end AIDS as a public health threat by 2020.

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

- **PEPFAR** – PEPFAR supports nearly 14.6 million people, including 700,000 children. Last year alone, PEPFAR directly supported HIV testing and counseling for more than 95 million people and care and support services for 6.8 million orphans and vulnerable children. In that same year,

PEPFAR helped support over 11.2 million pregnant women with HIV counseling and testing and provide antiretroviral drugs to 94% of those women who tested positive for HIV to prevent mother-to-child transmission (PMTCT) of the virus. By the end of FY18, PEPFAR had supported more than 18.9 million voluntary medical male circumcision (VMMC) procedures. Finally, faith-based organizations (FBO) remain indispensable partners in the effort - in many PEPFAR countries, FBOs are the largest nongovernmental provider of HIV services - and PEPFAR has increased their participation with a new initiative.

- **Global Fund** – Global Fund investments have also produced remarkable results. As the world’s largest global health financier, the Global Fund partners with the private sector, civil society organizations, faith-based organizations, and governments to fund 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. In reviews of international organizations, it consistently receives top marks for results, accountability and transparency. In 2017, 17.5 million people were on antiretroviral therapy for HIV, 696,000 mothers received medicine to prevent transmitting HIV to their babies, and 9.4 million people were reached with HIV prevention programs in countries where the Global Fund invests. Additionally, 5 million cases of tuberculosis were treated; 197 million mosquito nets were distributed for the prevention of malaria; and 108 million cases of malaria were treated in these countries. The Global Fund and U.S. bilateral global health programs – including PEPFAR, the President’s Malaria Initiative (PMI) and the USAID TB program – are interconnected, coordinated, and rely on each other for success. These programs advance American health security and economic interests.
- **USAID** - The HIV/AIDS funding allocated to USAID has supported multi-country, cross-cutting initiatives vital to the success of 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 through the International Partnership for Microbicides and HIV vaccine development through the International AIDS Vaccine Initiative – could be in jeopardy.

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. As former President George W. Bush noted in an August 2017 Washington Post editorial, the U.S. government should “fully fund programs that have proven to be efficient, effective and results-oriented” like PEPFAR.

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. The GAPP 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 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 the 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 the GAPP to discuss these issues, please contact Katie Lapidés Coester (kcoester@pedaids.org), Helen Cornman (helen.cornman@thepalladiumgroup.com) 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 FY 2020 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.

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