



May 4, 2022

The Honorable Christopher Coons
Chair
Committee for Appropriations
Subcommittee for State, Foreign Operations,
and Related Programs
U.S. Senate
Washington, DC 20510

The Honorable Lindsey Graham
Ranking Member
Committee for Appropriations
Subcommittee for State, Foreign Operations,
and Related Programs
U.S. Senate
Washington, DC 20510

The Honorable Barbara Lee
Chair
Committee for Appropriations
Subcommittee for State, Foreign Operations, and
Related Programs
U.S. House of Representatives
Washington, DC 20510

The Honorable Hal Rogers
Ranking Member
Committee for Appropriations
Subcommittee for State, Foreign Operations,
and Related Programs
U.S. House of Representatives
Washington, DC 20510

Dear Chair Coons, Chair Lee, Ranking Member Graham, and Ranking Member Rogers:

On behalf of the organizations listed at the end of this letter, we ask that you fund global HIV/AIDS programs in the Fiscal Year (FY) 2023 no less than \$7.12 billion for Global Health Programs at the Department of State, including \$5.12 billion for the President's Emergency Plan for AIDS Relief (PEPFAR), \$2 billion for the Global Fund to Fight AIDS, Tuberculosis and Malaria, and \$55 million for the Joint United Nations Programme on HIV/AIDS (UNAIDS) and ensure that the programs are governed by policies that expand access to health care, uphold human rights, and help to put the world on track to end AIDS by 2030. We recognize that the impact of concurrent global pandemics and international conflicts puts pressure on U.S. foreign aid budgets, but 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. Failure to do so will result in the loss of hard-won progress and the numbers of HIV infections and AIDS-related deaths rising, and will risk two decades of U.S. strategic investments in this critical area of global health security, human rights, and America's global leadership.

We also recognize that this request represents a significant increase over enacted budgets for these programs in previous years. The reality is that PEPFAR has continued to operate with essentially flat

funding for over a decade while expanding successful programs, greatly reducing the number of new HIV infections, continuously increasing the number of people on life-saving HIV treatment, and rapidly scaling up new and innovative prevention, testing and treatment methods. Without increased funding, PEPFAR simply will not be able to operate at the level of effectiveness and efficiency that millions of people around the world depend on, and the failure to end HIV/AIDS as a public health threat by 2030 will be written in stone.

With the additional funding requested, PEPFAR could improve and expand upon programs that work and repair and rebuild programs that have been set back by global health crises.

COVID-19 Impacts

COVID-19 continues to have profound effects, including on the HIV response, in the countries that receive PEPFAR support, where COVID vaccination rates are much lower than in the U.S. For example, in sub-Saharan Africa just 4% of people are fully vaccinated and HIV prevalence is at 9%. Although reported COVID-19 cases and deaths are lower in sub-Saharan Africa than in many other parts of the world, PEPFAR-supported countries such as South Africa, Zambia, Ethiopia, and Kenya have been harder hit. On top of what we know of reported rates, the WHO estimates there have been as many as [50 million unreported cases of COVID-19](#) in Africa with two thirds of deaths going unreported.

Additionally, the economic and public health impacts of COVID-19 have led to Africa's first recession in 25 years, deepening poverty, increasing vulnerability, and challenging national budgets all of which also pose challenges in the HIV response.

For HIV and AIDS treatment, prevention, and care, PEPFAR introduced several interventions to adapt to COVID-19 control measures, including multi-month dispensation of medication, telemedicine where possible, and decentralized distribution of self-testing kits. However, the impacts of COVID-19 on HIV programming have been severe. The Global Fund reported that HIV testing declined by 41%, there was a decline in new initiations of treatment, and many prevention services nearly halted in order to maintain social distancing. These effects continue as low-resourced countries remain last in line for vaccination. In addition to direct impacts of COVID-19, the immunocompromised status of people living with HIV and health workers puts them at inordinate risk of severe illness or death should they contract COVID-19.

Critical Gaps in the Global HIV/AIDS Response

UNAIDS estimates that if HIV service coverage is held constant at current level, the world will see an estimated 7.7 million additional AIDS-related deaths between 2021 and 2030. Success in the fight against HIV remains deeply unequal across populations due to discrimination, stigma, violence, and inequity. People who inject drugs are at 35 times greater risk of acquiring HIV infection than people who do not inject drugs; transgender women are at 34 times greater risk of acquiring HIV than other adults; female sex workers are at 26 times greater risk of acquiring HIV than other adult women; and gay men and other men who have sex with men are at 25 times greater risk of acquiring HIV than heterosexual adult men. Every week, about 4,500 young women aged 15–24 years acquire HIV. The majority of these new infections are in sub-Saharan Africa, where 5 in 6 new infections among adolescents aged 15–19 years are among girls. Overall, key populations and their sexual partners accounted for 65% of HIV infections worldwide in 2020 and 93% of infections outside of sub-Saharan Africa. In addition, HIV treatment access for children continues to lag woefully behind adults with just half of HIV positive children

receiving the treatment they need to survive and thrive. The impacts of COVID-19 have been felt particularly hard on these populations, with a 41% decrease in testing, a 12% decrease in prevention services, and treatment coverage for children actually falling in 2020.

Despite the success of many of PEPFAR's prevention interventions, they are still not at a scale to make the necessary impact on the global rate of new HIV infections, help the world reach the new global 2025 HIV targets, and get the world on track to end AIDS by 2030. The UNAIDS Global AIDS Strategy, reinforced by the 2021 UN High Level Meeting Political Declaration on HIV/AIDS (adopted by the majority of member states, including the United States) calls for a substantial increase of investments in HIV prevention efforts and structural interventions to eliminate barriers to service utilization and contribute to reducing inequities in HIV incidence. The urgency of investing in HIV prevention is made greater by the introduction of new prevention technologies that will be rolled out soon, including the dapivirine vaginal ring (DVR) and long-acting injectable pre-exposure prophylaxis (PrEP), which reduces the risk of getting HIV through sexual transmission by 99%..

State of our investments

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. UNAIDS now estimates that annual investments will need to rise to \$29 billion by 2025 to get the AIDS response back on track in low- and middle-income countries. While domestic contributions make up 57 percent of all resources available, global financial support is still a critical element of success, and the contributions of the United States play a leading role in leveraging the commitments of other donors. Increasing PEPFAR funding by \$730 million dollars in FY23 would show the U.S.'s commitment to ending AIDS as a public health threat, and support closing the funding gap. This investment would make a significant down payment in the fight to end AIDS and will motivate other funders to step up as well.

The investment of \$2 billion in annual appropriations to the Global Fund will provide antiretroviral therapy for 3.1 million people, TB care and treatment for 2 million people, and 153 million mosquito nets to protect children and families from malaria. In addition, this investment supports 300,000 women on treatment to prevent passing HIV to their babies. Funding for the Global Fund results in \$58 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.

Finally, we ask specifically that you protect the critical role the Joint United Nations Programme on HIV/AIDS (UNAIDS) plays in the global HIV response 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. With offices in over 70 countries, and 70% of its staff based in the field, UNAIDS has a unique on-the-ground presence, providing critical support for PEPFAR and the Global Fund investments and programs at the country level which cannot be duplicated or substituted. UNAIDS leads the coordination of global efforts to end AIDS by 2030, provides technical

support for effective implementation of national programs and coordination of international efforts, and generates the only global set of HIV/AIDS data which is mandated by PEPFAR legislation. UNAIDS data and annual global report are essential for effective strategic planning and allocation of resources and efforts, including by the United States, and mobilizes political commitment in affected countries and among other donors globally, including to increase domestic financing for HIV programs in partner countries. Increased U.S. government funding will also help ensure UNAIDS has the necessary resources to strengthen its capacity and coordination role to fully implement the Global AIDS Strategy (2021-2026), which was adopted with the strong support of the United States. UNAIDS plays a critical role in advancing the U.S.' goals of saving lives, advancing epidemic control, and increasing burden sharing in focus countries and by other donors. As noted in PEPFAR's 2020 Annual Report to Congress: "UNAIDS is a critical leader in driving a comprehensive international response to fight HIV/AIDS. 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 global HIV and AIDS through prevention, care and treatment programs and policies that are grounded in science and respect for human rights. PEPFAR improves and saves the lives of people around the world, and continues to advance our national security and development goals. It is imperative that we leverage PEPFAR's success by scaling up successful programs to reach the most vulnerable and ensure that hard-won gains over the last twenty years are not lost. Funding global HIV/AIDS programs in the Fiscal Year (FY) 2022 no less than \$7.12 billion for Global Health Programs at the Department of State, including \$5.12 billion for the President's Emergency Plan for AIDS Relief (PEPFAR) and \$2 billion for the Global Fund to Fight AIDS, Tuberculosis and Malaria and ensuring that the program is governed by policies that expand access to health care and uphold human rights is critical for this effort.

We 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 Lapidés Coester (kcoester@pedaids.org), Alex Vance (avance@iapac.org), 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,

NASTAD

Prevention Access Campaign

Human Rights Campaign

Friends of the Global Fight Against AIDS, Tuberculosis and Malaria

John Snow, Inc. (JSI)

Infectious Diseases Society of America

World Vision US

PAI

Elizabeth Glaser Pediatric AIDS Foundation

Treatment Action Group

Christian Connections for International Health

IAVI

Council for Global Equality

International Partnership for Microbicides (IPM)

American Jewish World Service

RESULTS

Children's AIDS Fund International

Global Network of Black People working in HIV

Health Global Access Project (Health GAP)

AVAC

IAPAC

Fast Track Cities Institute

PIH

C.C.: Senator Patrick Leahy, Senator Richard Shelby, Representative Rosa DeLauro, Representative Kay Granger

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 by 2030.