

The Honorable Shaun Donovan  
Director  
Office of Management and Budget  
Eisenhower Executive Office Building  
1650 Pennsylvania Ave., NW  
Washington, DC 20503

August 20, 2015

Dear Mr. Donovan:

On behalf of the Global AIDS Policy Partnership (GAPP), we request that you maintain strong funding levels for global HIV/AIDS programs in the President's Fiscal Year (FY) 2017 Budget. The GAPP is a coalition of over 70 advocacy and implementing organizations committed to expanding and improving global HIV/AIDS programming. We recognize that you face difficult decisions about U.S. expenditures, 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.

**As you develop the FY 2017 budget, we respectfully urge you to protect and expand funding for the President's Emergency Plan for AIDS Relief (PEPFAR) at \$4.845 billion, the U.S. contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) at \$1.35 billion, the USAID HIV/AIDS program at \$350 million and the Centers for Disease Control and Prevention (CDC) global AIDS programs at \$128 million.**

PEPFAR and other multi- and bi-lateral U.S. investments in global HIV/AIDS are an important platform for U.S. global health programs and arguably one of the major public health success of this generation. The programs' successes speak for themselves, not only saving millions of lives but also preventing millions of new HIV infections. As of September 30, 2014, PEPFAR was supporting 7.7 million people on antiretroviral treatment, and in FY 2014 240,000 babies were born HIV-free 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 July 2015, the Global Fund reported that an additional 1.5 million people are now receiving antiretroviral treatment (ART), a 22 percent increase over the prior year.

However, there remain millions of individuals around the globe waiting for access to ART. According to the recent [UNAIDS How AIDS Changed Everything](#) Report, 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 also still 2 million new HIV infections each year, and additional prevention efforts are needed to target geographic areas and populations - like adolescents and young girls - in which new HIV infections are still on the rise.

Strong U.S. investments will be particularly critical in FY 2017 as countries look to implement the anticipated new 2015 World Health Organization (WHO) ARV guidelines for treating HIV. New guidelines are expected in response to the recent results from the [START](#) ("Strategic Timing of Anti-Retroviral Treatment") trial that found that immediate treatment reduced rates of both serious AIDS and serious non-AIDS mortality and morbidity. The WHO guidelines will most likely recommend immediate initiation of treatment meaning millions additional individuals will now be eligible for treatment who previously were not - 35 million people, up from 26 million under the [2013 WHO 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 addition to the WHO guidelines, UNAIDS is urging for a “fast-track” approach to the AIDS response in which includes reaching ambitious prevention and treatment targets by 2020 and 2030. If the [Fast Track](#) targets are met, it would result in 28 million infections and 21 million AIDS-related deaths averted between now and 2030. Continuing with a business as usual approach will not suffice. Without increased investment over the next 5 years new HIV infections will be 10 times higher and AIDS-related deaths eight times higher in 2030 than if the Fast Track targets are met.

But at a time when the global HIV/AIDS response needs additional investment to capitalize on the gains made over the past decade, U.S. funding of global HIV/AIDS programs has eroded. Post-sequestration, funding for PEPFAR’s bilateral global HIV/AIDS programs fell below \$4 billion in FY 2013 – **the lowest funding levels since FY 2008**. PEPFAR funding experienced a dramatic downward trend, losing approximately \$700 million in funding between FY 2010 and FY 2013, before partially rebounding in FY 2014 and FY 2015 to \$4.32 billion. Much of this rebound was possible because the structuring of the U.S. contribution to the Global Fund allowed PEPFAR funding to increase without increasing the overall funding level of the Global Health–State budget account. With the next round of Global Fund replenishment beginning in 2016, the President’s FY 2017 budget will need to ensure that PEPFAR has sufficient funding to achieve its goals and targets while at the same time charting a course for a strong U.S. Global Fund pledge.

**The community is asking that the U.S. government commit to increased bilateral PEPFAR funding and providing a strong Global Fund contribution to fuel the replenishment period.**

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% 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 the “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.

U.S.-funded global HIV/AIDS programs have shown a consistent and ever more efficient return on investment, saving millions of lives around the world. Better data collection through new indicators and the PEPFAR dashboards will further help PEPFAR target resources to where they are needed most and will have the greatest impact for populations affected and at risk, including young women, men who have sex with men, and intravenous drug users. PEPFAR is also expected to announce new multi-year treatment and prevention targets within the next several weeks, and additional investments will be needed to implement activities in line with these goals and with ending the AIDS epidemic as a public health threat.

An FY 2017 budget request that includes \$1.35 billion for the Global Fund and a \$1 for every \$2 contributed matching challenge to other donors would continue to leverage other donors in advance of the Global Fund’s next major replenishment effort. A \$1.35 billion funding level for FY 2017 would also be consistent with the current, U.S. replenishment funding level to the Global Fund if projected forward for the next, three year replenishment period.

Among the most important functions currently supported by U.S. funding are the following:

- **PEPFAR** was supporting ART for nearly 7.7 million people worldwide as of September 2014. In FY 2014, PEPFAR helped to 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 more than 1.5 million HIV-positive women for PMTCT of HIV in FY 2013 and 2014. PEPFAR has driven down its cost per year, per patient on treatment from over \$1,100 in 2005 to \$315 in [2014](#). PEPFAR also continued work on two important initiatives launched in 2013: the Accelerating Children's HIV/AIDS Treatment (ACT) Initiative, the goal of which is to double the number of children receiving treatment across ten priority African countries by 2015; and the DREAMS Initiative, which will provide a core package of evidence-based interventions to help reduce new HIV infections in adolescent girls and young women.
- **Global Fund** investments have also produced remarkable results. As of July 2015, Global Fund financed programs were supporting ART for 8.1 million people living with HIV/AIDS; had provided 3.1 million HIV positive pregnant women with PMTCT services; had successfully treated 10.7 million cases of tuberculosis; and had distributed 548 million insecticide treated nets to protect against malaria.
- 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. This account also promotes the scale-up of proven interventions within HIV/AIDS programs, as well as development of new innovations and best practices. 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 through the International AIDS Vaccine Initiative (IAVI) - 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.

While these statistics provide strong evidence of the progress made in battling these global health challenges, we remain concerned that in the current fiscal and political environment, funding for these programs could be in jeopardy. Global HIV/AIDS prevention, care and treatment programs and policies that are grounded in science and respect human rights improve and save the lives of people around the world and continue to be an important priority for the nation.

The goal of an AIDS-free generation is within our reach, but a U.S. reduction in financial support at this juncture will set back progress and negatively influence other international donors as well. In 2015, domestic investments from low- and middle-income countries account for around half of all HIV related spending. U.S. leadership is critical in reinforcing to other donors the importance of the global fight against HIV/AIDS. If we begin to waiver, other donors may as well.

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 Catherine Connor ([cconnor@pedaids.org](mailto:cconnor@pedaids.org)) or Kevin Fisher ([kfisher@avac.org](mailto:kfisher@avac.org)). Once again, we appreciate your leadership and look forward to your assistance in the fight against the HIV/AIDS epidemic.

Sincerely,

The Global AIDS Policy Partnership

CC: The Honorable John Kerry, Secretary of State  
The Honorable Sylvia Mathews Burwell, Secretary of Health and Human Services  
Dr. Alfonso E. Lenhardt, Acting Administrator, US Agency for International Development  
Dr. Tom Frieden, Director, Centers for Disease Control and Prevention  
Mr. Robert Fairweather, Deputy Associate Director, Office of Management and Budget  
Mr. Justin Cormier, Program Examiner, Office of Management and Budget