

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

September 3, 2019

Dear Mr. Mulvaney:

On behalf of the Global AIDS Policy Partnership (GAPP), we ask that you request robust funding levels for global HIV/AIDS programs in the President's Fiscal Year (FY) 2021 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 2021 budget, we respectfully urge you to protect and expand funding for the President's Emergency Plan for AIDS Relief (PEPFAR) at \$5.5 billion, 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.

PEPFAR, the Global Fund, and other multi- and bilateral U.S. investments in global HIV/AIDS are a cornerstone platform for U.S. global health programs and arguably one of the major public health successes 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, 2018, PEPFAR was supporting 14.6 million people on antiretroviral treatment (ART), and since the program's inception 2.4 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 Global Fund, which provides more than 20 percent of all international financing for HIV/AIDS, has saved 27 million lives since its inception in 2002. Every \$100 million invested in Global Fund-supported programs saves an additional 133,000 lives, averts 1.9 million new infections across the three diseases, and creates \$2.2 billion in long-term economic gains.

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. As the most recent PEPFAR Annual Report to Congress notes "the increased partnership between PEPFAR and the Global Fund, to which we are the largest donor, maximizes the impact of our joint investments through the more strategic use of resources to support programs that are impactful and sustainable."

Proposed cuts to the PEPFAR program in President Trump's Fiscal Year 2020 budget would have had dramatic negative effects on both past successes and future progress. An analysis by amfAR: The Foundation for AIDS Research estimated that if President Trump's proposed cuts had been enacted in FY19, over 2,118,000 adults would have seen treatment interruptions, leading to over 483,000 additional

AIDS related deaths. Especially chilling is the impact to children. Estimates from these proposed cuts show that the number of new orphans due to AIDS would have risen by more than 951,000, new infections in children would have risen by more than 31,000 and almost 16,000 more children under 2 would have died from AIDS related causes.

While we applaud the incredible progress that is in large part due to U.S. investments, there is much concern about sustaining and furthering the global AIDS response. Millions of men, women and children around the globe are not yet accessing ART. The most recent data shows continued increases to treatment access, yet 40 percent of people living with HIV, including half of children, lack the medicines they need to survive. The recent UNAIDS Global AIDS Update for 2019 is sounding an alarm that in order to keep pace of progress, and not lose ground, investments must increase. Prevention also remains a key challenge with 1.8 new HIV infections in 2018. Additional prevention efforts are needed to target 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 1 in four new HIV infections in 2017. Children are still falling woefully behind adults with treatment coverage, compounded by the fact that the disease progression is more rapid in children.

At this critical juncture the global HIV/AIDS response needs additional investment to capitalize on the gains made over the past decade. Experts estimate current global investments fall approximately 20 percent short of what is needed to make progress towards advancing key goals such as ending AIDS as a public health threat. U.S. funding for global HIV/AIDS has remained stagnant, but the President's FY 2021 budget can ensure that PEPFAR has sufficient funding to achieve its goals and targets while at the same time maintaining an impactful Global Fund contribution.

While domestic contributions make up more than half of all resources available, global financial support is still a critical element of success. Increasing PEPFAR funding by \$1.18 billion dollars and maintaining the expected Global Fund FY20 appropriation of \$1.56 billion in FY 21 would show the countries where the U.S. works that we are serious about ending AIDS as a public health threat and continue to motivate other funders to step up as well.

There are important reasons why the U.S. should move quickly to meet its historical contribution to closing this 20 percent global gap in funding.

- PEPFAR has required countries receiving U.S. assistance to adopt the most recent WHO ARV guidelines, which includes putting individuals on ART as soon as they receive their diagnosis. Many countries are not yet ready to fully fund the implementation of those guidelines with domestic resources alone, so significant U.S. resources are still sorely needed. PEPFAR can fill in the gap in funding until the countries catch up in their ability to match their new guidelines and to implement U.S. policy.
- PEPFAR has shown it is a responsible shepherd of U.S. dollars using evidence and data to allocate funds with increased effectiveness and efficiency. In FY 2015, PEPFAR received a \$320 million increase in funding. Since that increase, 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 14.6 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 15.2 million men at the end of FY 2017. An additional \$1.18 billion in FY 2021 could be expected to lead to similar or greater benefits.
- PEPFAR has also shown its willingness to address drivers of the epidemic in new and innovative ways to see real impact. The DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) public-private partnership (PPP) does just that. By working to understand why

adolescent and young women were disproportionately being affected by the disease and designing programs to address the challenges in reaching this population PEPFAR was able push for real results. DREAMS has reduced new HIV diagnoses among adolescent girls and young women by over 25% in the majority of regions where it has been implemented. With increased funding PEPFAR can expand DREAMS as well as continue to strive to find other innovative programming to reach those most at risk of HIV and AIDS.

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

- 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 Global Fund successfully incentivizes recipient countries to increase ownership of their disease programs by requiring countries to exceed a minimum threshold of spending on their own epidemic response and health programs, withholding some of its funding if that threshold is unmet. Under U.S. law, the U.S. can provide no more than 33 percent of total Global Fund resources, incentivizing other countries and private sector partners to invest lest U.S. resources be "left on the table." In its FY20 appropriations bill the House made clear that all funds appropriated in FY20 should be disbursed up to the 33 percent ceiling as long as there is sufficient match from other donors. A clear U.S. commitment indicated in the House FY20 appropriations bill -- on increased funding and full disbursement of funding up to the 33 percent limit --has helped prompt other countries' increased pledges for the 6th Replenishment. These pledge increases by major donors include Germany by 17.6 percent, the European Commission and UK each by 16 percent, Canada by 15.7 percent, and Italy by 15 percent. Maintenance of expected FY20 U.S. funding at \$1.56 billion, and a 33 percent matching contribution, in FY21 would save millions more lives, avert hundreds of millions of new infections, and propel progress toward ending HIV, TB and malaria epidemics as public health threats for good.
- 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 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.

Fifteen years into the program PEPFAR continues to show the world the United States' compassion, but also effectiveness in addressing the challenges of HIV and AIDS through data-driven results. We are gravely concerned that in this current fiscal and political environment funding for these programs could be in jeopardy and their incredible progress will be lost. 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 advance our national security and development goals.

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 (helen.cornman@thepalladiumgroup.com) or Kevin Fisher (kevin@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 Michael Pompeo, Secretary of State
The Honorable Alex Azar II, Secretary of Health and Human Services
Mr. Mark Green, Administrator, US Agency for International Development
Dr. Robert Redfield, Director, Centers for Disease Control and Prevention
Ms. Daniel Gastfriend, Office of Management and Budget
Ms. Jennifer E. Liebschutz, Office of Management and Budget
Ms. Kimberly Smith, Office of Management and Budget