

March 22, 2021

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

Dear Mr. Fairweather:

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) 2022 Budget. 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. We recognize the impact of the COVID-19 pandemic puts pressure on 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 hard-won progress sliding backwards and the numbers of HIV infections and AIDS-related deaths rising.

As you develop the FY 2022 budget, 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.

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 one of the major public health successes of this generation. The programs' accomplishments speak for themselves—millions of lives have been saved and millions of new HIV infections have been prevented as a result of generous, bipartisan investments in ending AIDS. 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 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.

We applaud the commitment by then President elect Joe Biden on World AIDS Day 2020 to build upon this progress:

*COVID-19 is a reminder that we cannot let up in our efforts to fight other epidemics, so many of which — including HIV/AIDS — have been exacerbated by this pandemic. We*

*will .... expand support for bipartisan programs like the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Together, we will change the tide of rising infections, expand treatment, and support health security around the world.*

While incredible progress has occurred due in large part to U.S. investments, there remains concern about sustaining and furthering the global AIDS response. The most recent data shows continued increases to treatment access, yet a third of people living with HIV, including half of children, lack the medicines they need to survive. The recent UNAIDS Global AIDS Report for 2020 sounds an alarm that in order to keep pace of progress, and not lose ground, investments must increase. Prevention also remains a key challenge with 1.7 new HIV infections in 2020. 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 25% of new HIV infections in 2019. Children are still failing 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 30 percent short of what is needed to make progress towards advancing key goals such as ending AIDS as a public health threat.

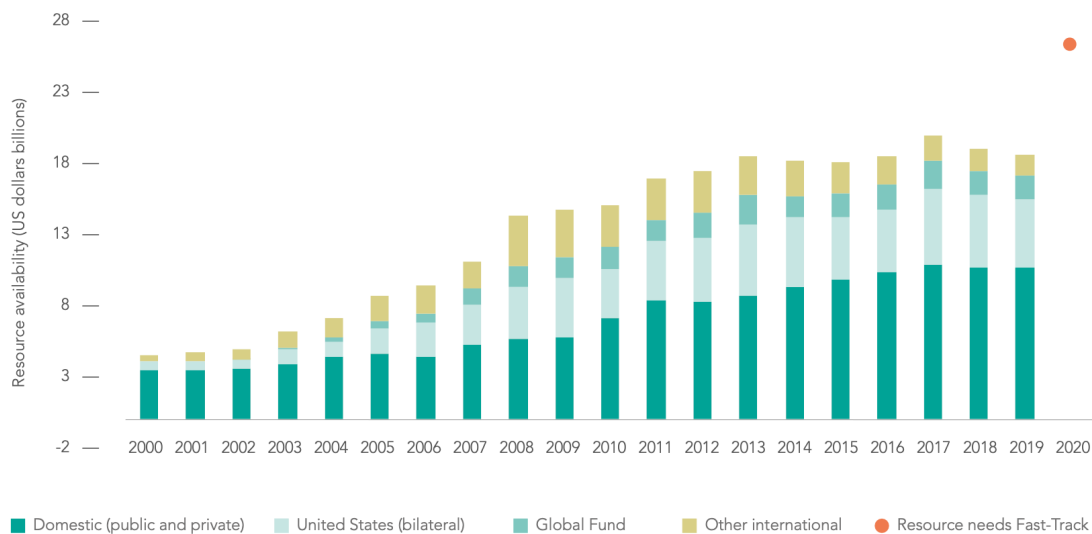
U.S. funding for global HIV/AIDS has remained stagnant for a decade, but funding for both PEPFAR and the Global Fund is critical to our ability scale up innovative programs and save millions more lives. PEPFAR works in partnership with the Global Fund to deliver lifesaving treatment and drive down the 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 2021 PEPFAR Annual Report to Congress notes “the U.S. investment in the Global Fund bolsters U.S. bilateral program results including that of PEPFAR .... expands the geographic reach of the U.S. global health response and investment; promotes sustainable country-owned responses ... and attracts continued investments from other donors to the Global Fund.” Indeed, the Report finds that “PEPFAR’s deepening engagement with the Global Fund on matters of sustainable financing” has led to the programs coordinating their financial systems to monitor together domestic investments that support HIV.

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 remains. According to UNAIDS, increases in resources for HIV responses in low- and middle-income countries stalled in 2017, and funding decreased by 7% 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% 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 countries where the U.S. works that we are fully committed to ending AIDS as a public

health threat. This investment would make a significant down payment and will motivate other funders to step up as well.

FIGURE 0.1

**Resource availability and key funding sources for HIV in low- and middle-income countries, 2000–2019, with 2020 target resource needs**



Source: UNAIDS financial estimates, July 2020 (see <http://hivfinancial.unaids.org/hivfinancialdashboards.html>).

Note: Resource availability estimates are presented in constant 2016 US dollars to account for inflation and thus be comparable to the target that was set by the UN General Assembly in the 2016 Political Declaration on Ending AIDS.

There are important reasons why the U.S. should move quickly to meet its historical contribution to the global response to closing this global funding gap. PEPFAR has required countries receiving U.S. assistance to adopt the most recent WHO ARV guidelines, which includes offering individuals ART as soon as they receive their diagnosis. There are currently 12.6 million people eligible for treatment under these guidelines that are not on treatment. 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. With essentially flat funding, since 2015 alone 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 billion in FY 2022 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 96% 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.

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 U.S. development assistance.

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. It is the largest multilateral funder of global health programming in the world and plays a critical role in supporting global health programming in low- and middle-income countries. Since its inception in 2002, the Global Fund and its partners have saved more than 38 million lives. 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 to the Global Fund 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.

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.

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 in the President's Budget Request and accompanying Congressional Budget Justification's (CBJ) PEPFAR-specific supplement (CBJ-S). Since the first budget request and appropriations for PEPFAR in Fiscal Year 2004 until Fiscal Year 2018, the Congressional Budget Justification (CBJ) or its PEPFAR-specific supplemental justification (CBJ-S) included a contribution from PEPFAR to UNAIDS. This indication of commitment from the White House to Congress has been an essential first step for maintaining support for the agency and its mission on an annual basis. Both Republican and Democratic presidents maintained that commitment in the CBJs, and Congress appropriated funding for that purpose with bipartisan support.

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 and AIDS through 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 Lapidés Coester, ([kcoester@pedaids.org](mailto:kcoester@pedaids.org)), Helen Cornman ([hcornman@planetaid.org](mailto:hcornman@planetaid.org)) or Kevin Fisher ([kevin@avac.org](mailto:kevin@avac.org)). 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 Antony Blinken, Secretary of State  
The Honorable Norris Cochran, Acting Secretary of Health and Human Services  
Ms. Gloria Steele, Acting Administrator, US Agency for International Development  
Dr. Rochelle Walensky, Director, Centers for Disease Control and Prevention  
Ms. Jennifer E. Liebschutz, Program Examiner, Office of Management and Budget  
Ms. Daniel Gastfriend, Program Examiner, Office of Management and Budget