

July 14, 2020

The Honorable Lindsey Graham
Chairman
Appropriations Subcommittee for
State and Foreign Operations
U.S. Senate
Washington, DC 20510

The Honorable Patrick Leahy
Ranking Member
Appropriations Subcommittee for
State and Foreign Operations
U.S. Senate
Washington, DC 20510

Dear Chairman Graham and Ranking Member Leahy:

We, the Global AIDS Policy Partnership (GAPP), understand that Senate Appropriations Subcommittee for State and Foreign Operations is considering funding for global health as part of the next COVID-19 Emergency Supplemental bill. We thank you for considering this important priority and write today to request that you include funding for bilateral global HIV/AIDS and tuberculosis (TB) programs under the President's Emergency Plan for AIDS Relief (PEPFAR) as part of that Supplement.

We request an explicit allocation of **\$700 million for one year or \$1.4 billion over two years** in the emergency supplemental to mitigate the impact of COVID-19 on PEPFAR programs and to support PEPFAR's work in the global response to COVID.

[As of May 2020](#), cases of COVID-19 were reported in every PEPFAR country, making the program uniquely positioned to assist in the global pandemic response. Recent analyses from [Imperial College London](#) and [UNAIDS](#) show that a six-month disruption in HIV treatment would cause more than 500,000 extra deaths from AIDS-related illnesses in sub-Saharan Africa. Additionally, if prevention of mother-to-child transmission services are halted, we will see the number of new infections in children double in some African countries, including Uganda, Malawi, and Zimbabwe.

This request is based on a confluence of factors revolving around three main areas:

- **Healthcare workers scale-up and task-shifting/sharing due to COVID-19.** As recently highlighted by the [George W. Bush Presidential Center](#), PEPFAR's investments in health infrastructure across the continent have helped Africa prepare for critical components of disease mitigation, including testing, contact tracing, and surveillance. Health personnel – including USG personnel, lab technicians and thousands of health care workers – are being asked to apply their knowledge and capacity towards preventing, detecting, and mitigating the impacts of COVID-19 in HIV settings and within the broader health system. Years of sustained PEPFAR investment has strengthened supported countries' laboratory networks, surveillance capacity, and supply chains, allowing them to respond efficiently and effectively to COVID-19. But capacity has become strained as the need to fight both epidemics simultaneously takes hold.
- **Need for Personal Protective Equipment (PPE) as well as training and disposal of PPE for these health care workers.** PPE is fundamental to adapting HIV programs to sustain services and systems for health in the context of COVID-19. PEPFAR guidance is clear that “implementing partners should ensure that facility and community-based staff providing HIV services are equipped with PPE appropriate to their job duties (e.g., HIV testing, handling of drugs, etc.)”. The guidance also states that HTS should not take place where routine adequate PPE is not available; that PPE should be used when in-person interactions are required; and that use of non-medical or homemade masks should be not promoted in PEPFAR-supported health clinics/facilities as these items do not prevent acquisition of coronavirus. Funding is needed to

procure PPE and make it available to clinical providers and community health care workers to continue their life-saving work.

- **COVID-19 adjacent programming's impact on HIV/TB and other multi-sectoral HIV services.** Across PEPFAR programs, new costs are emerging around strengthening and adapting laboratory networks; bolstering supply chains for ARVs and other HIV commodities; establishing differentiated drug delivery; increased home delivery of ARVs; and gap-filling/tasking shifting human resources for health, especially in community-led systems). Scaling up diagnostics and increased reliance on advanced testing including the use of procurement of high/low throughput automated PCR and other diagnostic instruments and viral load machines. Other additional secondary costs related to economic impacts, food insecurity, etc. are also beginning to emerge.

Supplemental funding for PEPFAR will support more just PEPFAR programs and beneficiaries – it will also significantly contribute to the COVID-19 efforts being advanced by the Global Fund for AIDS, TB and Malaria (Global Fund) and GAVI. The Global Fund and PEPFAR are interconnected, coordinated, and rely on each other for success in all the countries where they both work. PEPFAR also provides GAVI with in-country platforms for research innovations and rapid roll-out of those innovations, as well as strategic work in the intersection with multi-sectoral issues such as nutritional and child and maternal health. Support for GAVI and GFTAM, but not PEPFAR, will undermine the work of GAVI and GFTAM and the impact of the funding to those programs.

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 and TB programming. Should questions arise, if you need additional information, or if you or your staff would like to speak with members of the GAPP to discuss these issues, please contact Catherine Connor (cconnor@pedaids.org), Helen Cornman (hcornman@planetaid.org) or Kevin Fisher (kevin@avac.org).

Once again, we thank you for your leadership and look forward to your assistance in ending the HIV/AIDS and TB epidemics.

Sincerely,

The Global AIDS Policy Partnership