

June 23, 2017

Dear Secretary Tillerson,

We, the undersigned members of the Global AIDS Policy Partnership (GAPP) and other concerned organizations in the US write today to express concern with both the funding levels and policy directions for global HIV/AIDS programs in the administration FY2018 budget for the State Department and in your testimony to State, Foreign Operations and Related Programs Appropriations sub-committees. 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 programming.

PEPFAR and the Global Fund are an unmitigated success story. The results speak for themselves, not only saving millions of lives but also preventing millions of new HIV infections. As of the end of 2016, PEPFAR was supporting 11.5 million people on antiretroviral treatment. Since its inception, PEPFAR has prevented nearly 2 million children from being infected with HIV – with nearly half of that progress coming since 2013. PEPFAR also reached more than 1 million adolescent girls and young women with HIV prevention interventions last year. The Global Fund continues to impress with scale-up of its HIV/AIDS programs. To date, programs financed by the Global Fund have saved more than 20 million lives. In the first half of 2016, results show that the number of people on antiretroviral therapy through Global Fund supported programs increased by 8.5 percent, which brings the total number of people currently on treatment to 10 million. However, these successes do not mean this is a time for U.S. leadership and support to waiver, and **slowing or capping HIV testing and treatment enrollment is not an option.**

Today 19 million people with HIV are out of treatment and only 60% of people with HIV are aware of their HIV status. The key factor between success and failure in achieving an AIDS-free generation is the speed of scale up—if we increase access to ARV treatment and HIV testing services alongside effective, proven prevention interventions, PEPFAR has shown we can achieve epidemic control in the coming years. If we pull back today before we reach epidemic control, the result will be a resurgent epidemic with many thousands of avoidable infections. Regaining control later will not only be difficult, it will be incredibly expensive—billions of more dollars would be needed. Stopping “within the 10-yard line,” as Senator Graham put it in the June 13 hearing, will cost far more in both lives and dollars.

You testified that a proposed \$1 billion reduction to State, USAID and CDC Global Health accounts will be offset by cutting back to focus on epidemic control to only 11 countries. In your testimony, you suggested PEPFAR will focus on this subset of countries until they are self-sufficient, and then there will be an opportunity to expand. But as PEPFAR’s own 2017 Report to Congress showed, this is a failed strategy. Taking the foot off the gas in Uganda, for example, has cost millions of dollars in order to regain momentum when failing to scale up treatment for a few years increased new infection rates. “Bringing this expanded epidemic back under control is costly,” the report notes. “This is a warning for all countries of what can occur if continual analysis, focus, and efforts to control the epidemic are not maintained.” (p42) Even for those focus countries approaching self-sufficiency, there remains a danger if the shift away from PEPFAR funding is rushed or premature, that gains toward self-sufficiency and epidemic control could be quickly lost.

This radical shift would either fully or partially divest from key countries and regions at a critical moment in the pandemic. It would, for example, drop focus on countries:

- with some of the largest burdens and highest rates of HIV in the world like South Africa, Mozambique, and Angola.

- most urgently in need like South Sudan where just 4% of children with HIV have treatment but where PEPFAR is making a huge difference.
- with challenged governments like Nigeria and Angola, punishing more than half of people living with HIV who do not yet have treatment for their governments' failures.
- among the 25 poorest in the world from Ethiopia to Mozambique to South Sudan.
- among our neighbors in the Caribbean and Central America, where stigma is a huge problem and PEPFAR funds are needed to assist in the important inclusion of key communities.
- recovering from conflict like the Democratic Republic of Congo, where just 34% of people living with HIV have access to treatment.

US-funded global HIV/AIDS programs reach far beyond HIV care by strengthening health infrastructure, preventing new infections, ensuring partner countries are equipped to respond to a range of health challenges and threats, and have shown a consistent and ever more efficient return on investment. A \$1 billion cut and policy of treatment caps would not only cost a million more lives, but would squander decades of investment and make an end to AIDS impossible. We urge you to instead pursue a winning strategy to expand prevention and treatment to the levels needed to end AIDS as an epidemic.

Sincerely,

African American Health Alliance  
 AIDS Project of Los Angeles Health  
 AIDS Alliance for Women, Infants, Children, Youth & Families  
 AIDS Research Consortium of Atlanta  
 American Jewish World Service  
 amfAR  
 Association of Nurses in AIDS Care  
 AVAC  
 Center for Health and Gender Equity  
 Congregation Bet Haverim, Rabbi Joshua Lesser  
 Council for Global Equality  
 DC Fights Back  
 Elizabeth Glaser Pediatric AIDS Foundation  
 Friends of the Global Fight  
 Global Network of Black People working in HIV  
 Greater New York Labor-Religion Coalition, Rabbi Michael Feinberg  
 Harm Reduction Coalition  
 Health Global Access Project  
 HIV Medicine Association  
 Housing Works  
 Howard Brown Health Center  
 IMA World Health  
 Infectious Diseases Society of America  
 International AIDS Vaccine Initiative  
 International Partnership for Microbicides  
 John Snow Inc.  
 Los Angeles LGBT Center  
 MSMGF (the Global Forum on MSM & HIV)  
 NASTAD  
 National Black Justice Coalition  
 National Black Leadership Commission on AIDS, Inc.  
 National LGBTQ Task Force Action Fund  
 National Minority AIDS Coalition

Presbyterian AIDS Network  
Presbyterian Church USA  
Presbyterian Health, Education and Welfare Association  
Project Inform  
Racial and Ethnic Health Disparities Coalition  
South Carolina Fights for Global Health  
Student Global AIDS Campaign  
Treatment Action Group

cc:

Senator Lindsey Graham, Chair, Appropriations Subcommittee on Foreign Operations & Related Programs

Senator Patrick Leahy, Ranking Member, Appropriations Subcommittee on Foreign Operations & Related Programs

Senator Bob Corker, Chair, Foreign Relations Committee

Senator Ben Cardin, Ranking Member, Foreign Relations Committee

Representative Hal Rogers, Chair, House Appropriations Subcommittee on State, Foreign Operations & Related Programs

Representative Nita Lowey, Ranking Member, House Appropriations Subcommittee on State, Foreign Operations & Related Programs

Representative Ed Royce, Chair, Foreign Affairs Committee

Representative Elliott Engel, Ranking Member, Foreign Affairs Committee