

August 19, 2016

Ambassador Deborah L. Birx, M.D.
Office of the U.S. Global AIDS Coordinator and Health Diplomacy
U.S. Department of State
SA-22, Room 10300
Washington, DC 20522-2210

Dear Ambassador Birx:

As longtime supporters of PEPFAR, we have appreciated the role of the program in addressing TB-HIV comorbidity. As you know, TB is the single biggest killer of people living with HIV and the risk to this population of developing active TB continues to be high even following initiation of anti-retroviral therapy.

A critical, evidence-based intervention to protect people with HIV from developing TB disease is to provide isoniazid preventive therapy (IPT). In South Africa, ART has been shown to reduce the risk of TB by 64 percent, while adding IPT reduces TB risk by 89 percent.¹ Other shorter options such as 12 once-weekly doses of isoniazid and rifapentine have also been demonstrated to be safe and efficacious at preventing TB, including in people with HIV.

We are therefore concerned by reports that PEPFAR is considering no longer requesting that country programs report on their progress in implementing isoniazid preventative therapy. Provision of IPT substantially contributes to positive health outcomes for persons with HIV, and tracking the implementation of IPT is a crucial means of helping to ensure that it is indeed provided to patients.

In recognition of PEPFAR's important role in addressing TB-HIV, Congress specifically included IPT as a reporting requirement in the *PEPFAR Stewardship and Oversight Act of 2013*. As amended by this act, section 104A(f) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–2(f)) outlines the requirements of the Annual Report, including:

“A description, globally and by country, of specific efforts to address co-infections and co-morbidities of HIV/AIDS, including—

- (i) the number and percent of people in HIV care or treatment who started tuberculosis treatment; and
- (ii) the number and percentage of eligible HIV positive patients starting isoniazid preventative therapy.”

PEPFAR is at the forefront of a data revolution to use information to save lives, and has consistently embodied the mantra “what gets measured, gets done.” As shown in the PEPFAR 2016 Annual Report to Congress, collection of IPT data has been incomplete, and data collection must be improved. Nevertheless, challenges in data collection cannot justify abandoning the IPT indicator.

We urge you to ensure that IPT data is collected and reported. We would welcome the opportunity to discuss this matter and other issues relevant to the PEPFAR response to TB-HIV co-infection.

Respectfully,

American Medical Student Association
American Thoracic Society
IDSA Center for Global Health Policy
International HIV/AIDS Alliance
Management Sciences for Health
RESULTS

¹ http://www.who.int/tb/areas-of-work/community-engagement/2_tb_hiv_annabel.pdf?ua=1