

# United States Senate

WASHINGTON, DC 20510-2101

April 30, 2010

Ambassador Eric Goosby, M.D.  
Office of the U.S. Global AIDS Coordinator  
2100 Pennsylvania Ave NW Suite 200  
Washington, DC 20522

Dear Ambassador Goosby,

We write to you out of grave concern regarding reports of individuals seeking assistance provided by the United States President's Emergency Plan for AIDS Relief (PEPFAR) who have been denied access to life-saving treatment. We are concerned that these reports signal a troubling direction of the current PEPFAR strategy.

Despite the difficult economic climate, you have expressed dedication to the fight against global AIDS, stating that "[o]ur commitment to universal coverage hasn't wavered."<sup>1</sup> But according to a recent report, patients in high-burden countries are being denied care from clinics while clinicians are being forced to ration life-saving treatment.<sup>2</sup> Uganda, for example, is seen by many as one of PEPFAR's success stories, but is now being forced to turn new patients away.<sup>3</sup> In fact, statements in a letter from CDC Uganda contradict your previous commitments to treatment by requiring grantees to seek written approval from the Office of the Coordinator to procure additional antiretroviral treatments and only allowing grantees to fill treatment slots in the case of a death or loss to follow up – effectively capping spending on treatment services while patients are denied care. We also understand that some implementers in Uganda have been told that they could not expand the number of treatment slots with funding resulting from program efficiencies.

The original authors of the PEPFAR program went to great lengths to prevent individuals from being denied treatment—especially individuals already on a treatment schedule. While a

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<sup>1</sup> Michael Allen, "War on AIDS Hangs in Balance as U.S. Curbs Help for Africa," *The Wall Street Journal*, January 30, 2010, available at

<http://online.wsj.com/article/SB10001424052748703906204575027442437944112.html>

<sup>2</sup> Médecins Sans Frontier, "Punishing success? Early signs of a retreat from commitment to HIV/AIDS care and treatment," November 5, 2009, available at

[http://www.msf.org/msfinternational/invoke.cfm?component=report&objectid=C34B684D-15C5-F00A-25D42533C90475E1&method=full\\_html](http://www.msf.org/msfinternational/invoke.cfm?component=report&objectid=C34B684D-15C5-F00A-25D42533C90475E1&method=full_html), and Stockman, Frank. *U.S. Seeks to Rein in AIDS Program: Overseas clinic costs have tripled to \$7b in 6 years*. *Boston Globe*. April 11, 2010.

[http://www.boston.com/news/nation/washington/articles/2010/04/11/us\\_seeks\\_to\\_rein\\_in\\_aids\\_program/](http://www.boston.com/news/nation/washington/articles/2010/04/11/us_seeks_to_rein_in_aids_program/)

<sup>3</sup> Ben Simon, "Freeze on HIV spending sparks concern in Africa," *AFP* February 8, 2010, available at <http://www.google.com/hostednews/afp/article/ALeqM5iCN0IeVb30vy1IG44Upc3QLSo31Q>

reallocation of funds and reorganization of the PEPFAR strategy appears necessary to adapt to the current fiscal climate, it seems that protection of the treatment budget has not occurred.

The law requires that “more than half” of bilateral AIDS funding be spent on life saving medical care for people with HIV/AIDS. Before the passage of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (Public Law 110-293), PEPFAR allocated 48.4% of its budget to treatment activities. We are concerned the current PEPFAR strategy may not be taking adequate steps to meet these statutory requirements.

We acknowledge that prevention efforts are an important component of the highly successful PEPFAR program, but the clear innovation of PEPFAR is its focus on treatment. After all, treatment is prevention. Reductions in viral loads reduce the likelihood of individuals spreading the disease. Treatment also reduces transmission among partners, diminishes mother-to-child transmission, and keeps those with HIV in the medical system where they can receive proper counseling. The availability of treatment is integral to promoting HIV/AIDS testing and early diagnosis. After all, how can we continue to promote testing when the program is not able to provide treatment?

Finally, decreasing access to treatment leads to drug resistance in communities that are currently receiving less expensive, yet effective, first line ARV drugs. We have heard about families sharing ARVs when treatment is limited. Treatment must remain the focus of the program to reduce infections, keep people alive, preserve families, and prevent resistance.

To assure us that PEPFAR is continuing to focus on treatment, we request the following information to understand the Administration’s response to the denial and funding caps on HIV/AIDS treatment services through PEPFAR:

- The total number of people who are expected to receive treatment in FY2010;
- An explanation of how many treatment slots will be available worldwide, and for each participating country, above those anticipated to be lost through death and follow up in FY2010 and FY2011.
- The treatment allocation as a percentage of PEPFAR funding in FY2009 and a description of the program’s compliance with the statutory requirement of spending “at least half” on treatment activities using the legal definition of treatment which includes: antiretroviral treatment for HIV/AIDS, clinical monitoring of HIV-seropositive individuals, care for associated opportunistic infections, nutrition and foods support for people living with HIV/AIDS and other essential medical care for people living with HIV/AIDS;
- The program’s progress and strategy toward achieving the statutory goal of increasing the number of people receiving treatment in proportion to increases in funding;

- An explanation of how the Administration will identify funding opportunities to treat individuals testing positive who were unable to receive treatment because of the new policy regarding new patients receiving treatment ;
- An explanation of the Administration's policy on cost efficiencies achieved in the treatment component at the global or national level, specifically whether this policy allows resulting savings to be used to expand PEPFAR's treatment support to reach more people in need, and an estimate of the number of new treatment slots that will be opened through efficiencies in contracting, purchasing and transportation in FY2010;
- The status of reports required by 22.U.S.C. Section 7611(e) and 22 U.S.C. Section 7611 (g) regarding treatment and efficiencies in providing care; and
- The number of individuals the U.S. government plans to send to the upcoming International AIDS Conference in Vienna and the expected costs associated with the conference.

We look forward to your timely response to these inquiries and the opportunity to continue working with you to ensure that the PEPFAR program continues to achieve its lifesaving goals.

Sincerely,



Senator Michael B. Enzi



Senator Tom Coburn



Senator Richard Burr



Senator Sam Brownback



Senator Johnny Isakson