April 29, 2010

The Honorable Nita M. Lowey
Chairwoman
Subcommittee on State, Foreign Operations, and Related Programs
Committee on Appropriations
United States House of Representatives

The Honorable Kay Granger
Ranking Member
Subcommittee on State, Foreign Operations and Related Programs
Committee on Appropriations
United States House of Representatives

Dear Chairwoman Lowey and Ranking Member Granger:

We write as scientists, clinicians, and educators to ask you to continue robust U.S. leadership and financial support to achieve universal access to HIV treatment and prevention in the developing world. A crisis in access to HIV treatment is brewing again in Africa as a result of the worldwide recession, flat funding for PEPFAR, and a shortfall in funding for the Global Fund to Fight AIDS, Tuberculosis, and Malaria. We urge you to support an appropriation in fiscal year 2011 for bilateral AIDS, tuberculosis and the Global Fund that allows for significant scale-up of HIV prevention and treatment and TB control.

Many of us remember a time when many parts of Africa, particularly southern Africa, were lands without hope, brought to their knees by the worst pandemic in human history. Millions were struck down in their prime while their parents, their children, and their health care providers stood by, helpless. HIV care and treatment were available only to the privileged few who could purchase treatment in the private sector. Millions of children were orphaned or born with HIV infection. Tens of thousands of health care workers, critical to the functioning of fragile and poorly resourced health care systems, succumbed to AIDS or to its deadly fellow traveler, tuberculosis. Remarkable achievements have been accomplished in the past few years. We cannot retreat from the lifesaving mission we as a nation embraced in 2003 through the creation of the PEPFAR program.

The President’s FY 2011 budget reflects such a retreat by failing to request adequate resources to continue to scale-up HIV treatment or to respond to the twin epidemics of HIV and TB in Africa and elsewhere in the developing world. The Administration’s budget request for PEPFAR, including bilateral AIDS, TB, and the Global Fund, offers a meager 2.2 percent increase for these transformative programs. This funding level will hamper our efforts to scale up treatment and shortchange vital initiatives to increase access to prevention of mother-to-child transmission programs, to ramp up male circumcision, and to train desperately needed new health care workers.

As a result of this budget request and last year’s small increase, there are disturbing reports from Uganda, Nigeria, and Mozambique about restrictions on the availability of antiretroviral treatment for new patients, irrespective of whether that patient is a pregnant woman, a child,
or a person co-infected with HIV and TB. In some areas, treatment slots only become available when someone dies or a patient is lost to follow-up. Those who responded to U.S.-funded campaigns urging them to get an HIV test and who are identified as HIV infected now have no assurances of receiving treatment.

We endorse a renewed emphasis on evidence-based prevention, but an accompanying commitment to treatment scale-up is essential. Antiretroviral therapy itself has tangible prevention benefits, as demonstrated by studies of HIV serodiscordant couples and successful programs to prevent mother-to-child transmission. We also support an expanded U.S. global health portfolio that responds to the myriad health challenges of developing countries. This cannot and should not be accomplished at the expense of the successful PEPFAR and Global Fund programs, especially in sub-Saharan Africa where these two killers dwarf all others.

We urge you to increase funding for PEPFAR programs at a level consistent with the Lantos-Hyde Act to continue our progress in saving lives and to ensure that our colleagues providing services in developing countries are not faced with the impossible choice of identifying the few among the many who will live to grow into adulthood, to raise their children, or to provide for their families.

If you have comments or questions about the concerns expressed in this letter, please do not hesitate to contact David Bryden, Senior Policy Officer for the Center for Global Health Policy at dbryden@idsociety.org, or by phone at (703) 740-4956.

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