

Maintaining the United States' Commitment on Global HIV/AIDS and TB

- U.S. leadership has been the catalyzing force for preventing millions of HIV infections, ensuring access to lifesaving HIV treatment, and providing care and support to millions of people, including orphans and vulnerable children.
- Maintaining and increasing this investment has broad support in the United States. The Institute of Medicine recently commissioned a poll to gauge American attitudes about U.S. spending in this area, and it found that about two-thirds of Americans said they support U.S. efforts to improve health in poor countries. Another national poll, conducted this year, showed a majority of Americans believe reaching the Millennium Development Goals by 2015 is a high priority. In 2009, senior congressional leaders signed letters expressing support for scaling up global HIV/AIDS and TB programs and concern about the Administration's funding proposals.
- The President's FY 2011 budget requests a \$50 million cut to the Global Fund compared with the FY10 appropriation. For the bilateral AIDS programs, the FY11 budget requests roughly a 2% increase, less than the rate of inflation in Africa. The increase for PEPFAR is too low to maintain a basic level of momentum in the program and meet new program mandates. In addition, the Administration has included only an additional \$5 million in its global TB budget, and it has proposed TB treatment targets that are much lower than those mandated by Congress.
- Research carried out by the National Institutes of Health on AIDS and TB is crucial for progress on combating these diseases and provides economic benefits in many areas of the U.S. The Administration has proposed a 3.5% increase in NIH funding for FY 2011; Congress should go above this, ensuring NIH receives \$4 billion in additional funding, with commensurate increases for HIV and TB research to sustain the momentum of the American Recovery and Reinvestment Act of 2009 (a total of \$35 billion).

AIDS Funding

- PEPFAR implementers have recently voiced great concern about the impact of a slowdown in funding on HIV/AIDS treatment and prevention, including on participation in voluntary counseling and testing, prevention of mother-to-child transmission (PMTCT) and opportunities to scale up male circumcision. There are disturbing reports of either outright halts or significant slowing in PEPFAR treatment scale-up in Uganda, Nigeria, Mozambique, South Africa, and elsewhere.

- Stalling the expansion of treatment will increase the vulnerability of girls, because they are often the first to drop out of school to provide care for sick family members. It will also create massive burdens on the health system when those suffering from AIDS flood health facilities and overwhelm already strained health care personnel.
- To maintain the momentum of the U.S. program, which, under the new legislation, must now meet a broader range of public health and development objectives, we urge Congress to support \$7.25 billion for bilateral HIV/AIDS programs, along with \$1.75 billion for the Global Fund.
- It is urgent that congressional committees with oversight of the global AIDS program hold hearings on the challenges the U.S. faces in scaling up HIV/AIDS prevention, care and treatment.

TB

- Tuberculosis is the world's second leading global infectious disease killer, claiming more than 1.7 million lives annually. TB is evolving into drug-resistant strains, leading the World Health Organization to call this threat a "time bomb." We must defuse this bomb.
- TB treatment is long, and the poor often can't afford an entire course of treatment. Taking incomplete treatment then creates drug-resistant strains, which are passed from person to person like regular TB. To address this, we must ensure that diagnosis and treatment for both drug-susceptible and drug-resistant TB are easily accessible, and that research proceeds to develop shorter, less toxic treatment regimens for all forms of tuberculosis.
- Fighting TB is in the United States' interest; there is clear evidence that if the U.S. spends funds helping countries address TB, there will be savings in the U.S. in terms of reduced domestic health expenditures. TB knows no borders.
- In FY 2011, the CDC's tuberculosis program in the U.S would see a \$1 million cut under the proposed White House budget, further undermining U.S. capacity to evaluate new diagnostic, treatment, and prevention tools for TB. Instead, Congress should provide a funding level of \$220 million FY 2011 (a portion of which also funds research), as authorized by the Comprehensive TB Elimination Act (CTEA).
- We need strong leadership on global tuberculosis, with a significant infusion of new resources to implement programs authorized under the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008. To lay the groundwork for achieving the goals authorized in that law and to forestall an even worse TB crisis, we urge Congress to provide \$650 million in bilateral TB funding for FY 2011.
- Congress should insist that the TB treatment targets identified under the Global Health Initiative reflect the more ambitious targets mandated in Lantos-Hyde.

- The Administration should utilize high-level diplomatic engagement with U.S. allies and international partners to leverage greater contributions to the global fight against TB. It should bring TB funding issues into the high-level dialogue with China, India, and the Organization of the Islamic Conference; support intensified global collaboration on innovative financing for health; and officially host the Global Fund replenishment conference in 2013.

HIV/AIDS and TB Research

- A continued robust HIV and TB research effort, via USAID, CDC and NIH, is essential to accelerate our progress in developing strategies relevant to resource-limited settings. We must have the resources to conduct clinical trials on new HIV prevention methods, new therapeutics for both drug-susceptible and drug-resistant TB, to test new diagnostics in point-of-care settings, and to evaluate promising TB vaccine candidates. We urgently need treatment regimens that are shorter and less toxic. Research related to pediatric tuberculosis, including drug development, must be stepped up.

Global Fund to Fight AIDS, Tuberculosis and Malaria

- U.S. support for the Global Fund to Fight AIDS, Tuberculosis and Malaria is a crucial part of U.S. global health diplomacy. The U.S. contribution leverages donations from other countries, and so far each dollar contributed by the U.S. has been matched by two dollars from other nations.
- The Fund is currently the largest source of external financing for TB programs. The Fund is also a major source of financing for health system strengthening, which helps build countries' self-sufficiency. The fight against AIDS and malaria cannot succeed without full U.S. backing for the Global Fund.
- Because of the shortfall in needed contributions to the Fund, many grants face large cuts in the future and countries may be reluctant to put forward proposals for fully scaled-up programs.
- The economic, strategic and moral case for this contribution to the Global Fund is clear, and the U.S. must do its part to help close this funding gap.

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