

Congress of the United States
Washington, DC 20515

July 14, 2010

The Honorable Eric Goosby, M.D.
U.S. Global AIDS Coordinator
Office of U.S. Global AIDS Coordinator
Bureau of Public Affairs
U.S. Department of State
Washington, DC

Dear Ambassador Goosby:

We are writing today to express concern about several reported policy and funding decisions that have impacted treatment programs supported by the President's Emergency Plan for AIDS Relief (PEPFAR) in certain countries in Africa, and we would like to request clarification on the Administration's goal of treating more than 4 million people living with HIV/AIDS by 2014.

We appreciate the Administration's focus on global health issues, and the goal to help our partner countries improve health outcomes and achieve a range of ambitious targets by strengthening national health systems and better integrating and coordinating the delivery of health services – as articulated under the Global Health Initiative (GHI). The GHI incorporates many of the goals and strategies developed originally under PEPFAR and reaffirmed by Congress through passage of the bipartisan *Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008* (Lantos-Hyde Act).

However, we are concerned that reported decisions to stop new enrollment for HIV/AIDS treatment at U.S. funded facilities, compounded with recent Administration budget requests for HIV/AIDS funding that do not keep pace with the demonstrated global need could lead to potentially serious treatment problems in the field – including drug shortages, the emergence of drug resistance, and an overall decrease in the effectiveness of HIV prevention, counseling, and testing efforts.

The House Foreign Affairs Subcommittee on Africa and Global Health held a hearing in March where many of these issues were raised. Dr. Peter Mugenyi, founder and director of the PEPFAR-funded Joint Clinical Research Center in Uganda stated:

Currently, my institution, which pioneered antiretroviral therapy in Africa and treats a large proportion of AIDS patients in Uganda, is not taking new patients due to lack of funding. We are forced to turn away desperate patients daily—15 to 20. And most of those who come to us will have been turned away from a number of other clinics.

I have witnessed many desperate patients unable to access therapy, including pregnant women, resorting to desperate and dangerous measures including sharing drugs with their

family members, ignoring the good counseling they receive advising against this dangerous practice.... This will result in large numbers of patients failing on the simpler and low-cost first-line drugs and needing more expensive and more sophisticated second-line therapy.

We are also aware of a recent memo issued by the Centers for Disease Control and Prevention (CDC) mission in Uganda on October 29th which states, "While the U.S. Government is committed to continuing treatment for those individuals already enrolled on antiretroviral treatment, funding for HIV programs is not expected to increase in the near future. As a result, PEPFAR Uganda cannot continue to support the scale up of antiretroviral treatment without a plan from the Government of Uganda on how the patients will be sustained." This statement seems to justify Dr. Mugenyi's concerns.

A recent New York Times article dated May 4, 2010 also examined the situation in Uganda and found that newly diagnosed AIDS patients are being put on waiting lists for anti-retroviral drugs. The story also pointed out that the situation in Uganda may not be unique, indicating that: "Uganda is the first country where major clinics routinely turn people away, but it will not be the last. In Kenya next door, grants to keep 200,000 on drugs will expire soon. An American-run program in Mozambique has been told to stop opening clinics. There have been drug shortages in Nigeria and Swaziland. Tanzania and Botswana are trimming treatment slots, according to a report by the medical charity Doctors Without Borders."

As you know, U.S. supported programs through PEPFAR and the Global Fund to Fight AIDS Tuberculosis and Malaria, along with the efforts of our partner countries themselves and other donors have all had a remarkable impact on the global AIDS pandemic. As of December 2008, approximately 4 million people in low and middle income countries were receiving antiretroviral therapy—about 10 times more than just five years ago. Congress and the Administration made bold commitments with the passage of the Lantos-Hyde Act in 2008, and the current goal of treating at least 4 million people living with HIV/AIDS through U.S. supported programs is one which we all share.

Although we recognize the federal budget situation is challenging, it is concerning that the roll-out of antiretroviral therapy is slowing in some African countries due to a lack of resources. Fulfilling the commitments made in the Lantos-Hyde Act is critical not only to saving lives, but to maintaining the goodwill generated by U.S. supported global AIDS programs throughout the world.

In light of these issues, we respectfully request clarification on the Administration's overall treatment strategy for reaching the goal of providing AIDS treatment to 4 million people, including details on yearly goals and targets, progress made towards achieving such treatment targets, and the extent to which AIDS treatment programs are integrated with existing health services on a country by country basis.

We believe, as you do, that despite the economic challenges, we must not lose momentum in the fight against HIV/AIDS. We understand that the GHI and PEPFAR's broadened focus on health systems will demand a more integrated strategy and increased resources. However, we strongly

believe that AIDS treatment can and should remain among the top U.S. global health priorities. We look forward to working with you to find a way to address this challenge.

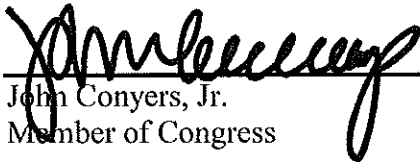
Sincerely,



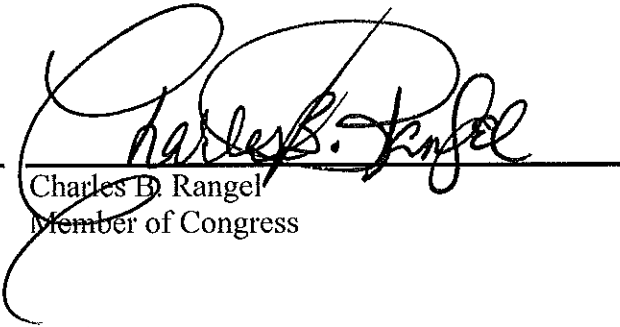
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Member of Congress



Barbara Lee
Member of Congress



John Conyers, Jr.
Member of Congress



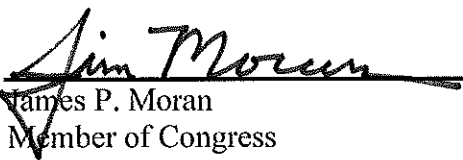
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Member of Congress



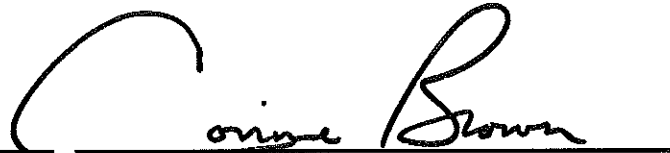
Edolphus Towns
Member of Congress



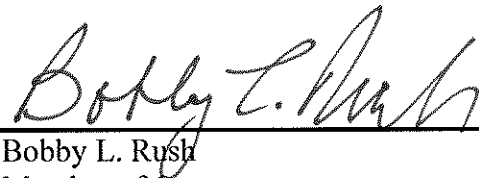
Henry A. Waxman
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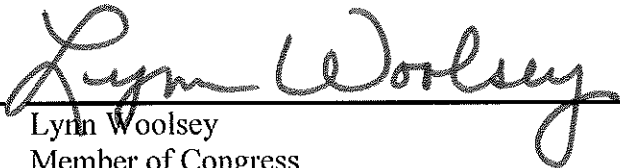
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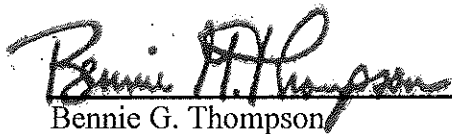
Corrine Brown
Member of Congress



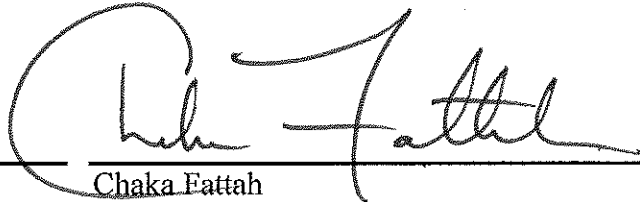
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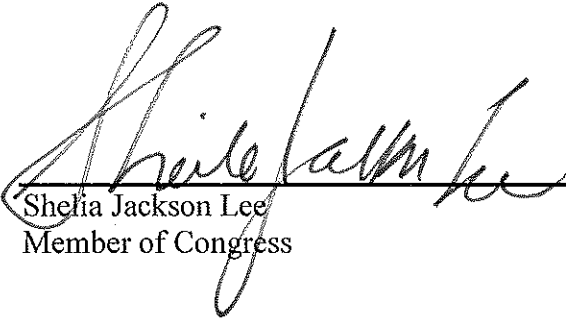
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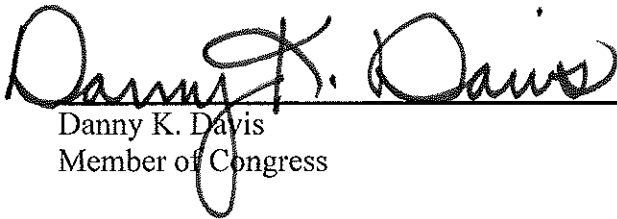
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Shelia Jackson Lee
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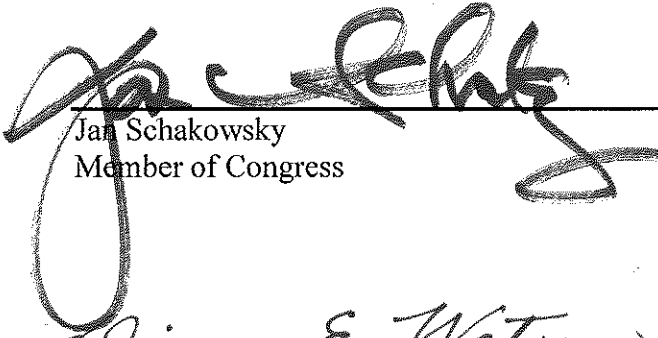
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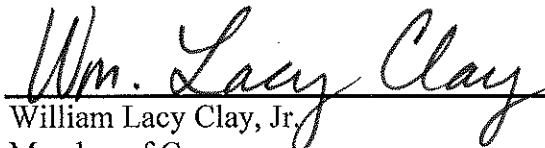
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William Lacy Clay, Jr.
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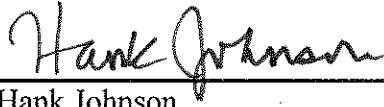
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Laura Richardson
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