Congress of the United States
Washington, DC 20515

November 13, 2013

The President
The White House
Washington, DC 20500

Dear Mr. President,

We write to you in anticipation of World AIDS Day and thank you for your decision to host the Fourth Replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria scheduled to take place in Washington, D.C., in December. For a decade, the President's Emergency Plan for AIDS Relief (PEPFAR) has inarguably been one of our nation's most significant foreign policy achievements. This unprecedented humanitarian effort has touched millions, either through providing life-saving HIV/AIDS treatment, slowing the spread of the disease in areas hardest hit by AIDS, keeping together families impacted by the disease, caring for orphans, or improving the lives of others affected and infected by HIV/AIDS as well as tuberculosis and malaria. As a bipartisan program, PEPFAR also has generated significant goodwill towards the U.S. around the world.

With the hard work of PEPFAR and other international organizations and governments committed to fighting AIDS, the world stands on the cusp of a key moment: to reach a "tipping point" in which more people are being added to treatment than are being newly infected, a critical step towards achieving an AIDS-free generation. We applaud the Administration's achievement of increasing the number of people on treatment supported by PEPFAR to 6 million, and the recent announcement of 1 million babies globally born HIV-free thanks to PEPFAR support. Additionally, the PEPFAR Blueprint shows how expanded delivery of proven interventions will yield falling HIV incidence and mortality rates within a few years.

To build on this success, we urge you to set a new, bold PEPFAR goal of 12 million people on treatment by the end of fiscal year 2016. As PEPFAR embarks on the next crucial phase of implementation, we believe a renewed goal will invigorate partners and keep the program on track to continue its life-saving mission. Evidence to support a strong role for treatment in PEPFAR has never been more abundant. The science of the HPTN 052 study continues to be a roadmap for how to end the epidemic, and success on the ground reinforces that work. PEPFAR's own analysis shows that countries such as Kenya and Uganda could significantly accelerate the decline in HIV incidence with earlier initiation of HIV treatment in combination with other effective interventions.[1] In 2011, PEPFAR's Scientific Advisory Board called for historic scale-up, envisioning 90 percent coverage of all individuals in need of treatment.[2] International organizations have also embraced the important role of treatment, including the World Health Organization (WHO) which recently called for treatment for patients

[1] "PEPFAR Blueprint: Creating an AIDS-free Generation," U.S. Department of State, November 29, 2012.
[2] PEPFAR Scientific Advisory Board, "PEPFAR Scientific Advisory Board Recommendations for the Office of the US Global AIDS Coordinator: Implications of HPTN 052 for PEPFAR's Treatment Programs," 2011.

PRINTED ON RECYCLED PAPER

with CD4 cell count levels below 500 cells/mm^3 as well as all serodiscordant couples and children under age five regardless of CD4 levels. Finally, as part of this goal, PEPFAR must also ensure that its country programs are allocating the necessary funds to treatment on an annual basis. As shown in the Blueprint, treatment is one of the two leading drivers of decreases in new HIV infections, and combined with its lifesaving effects, we would expect that the proportion of PEPFAR, partner country, and other stakeholder budgets devoted to treatment would increase on an annual basis.

We also urge you to work diligently toward the international goal of virtually ending the transmission of HIV to newborns of pregnant mothers by 2015. Prevention of new transmission to newborns requires full antiretroviral lifetime therapy for pregnant mothers, thus, this aim is inextricably linked with our call for a strong PEPFAR treatment goal. Congress previously established a goal for PEPFAR to achieve 80 percent access to prevention of mother to child transmission services by 2013, and updated WHO treatment guidelines now recommend pregnant women living with HIV begin treatment as soon as diagnosed, regardless of CD4 count, and to continue antiretroviral treatment for life. Full scale-up is now within reach and will profoundly impact the future of developing nations, who will have their first AIDS-free generations after decades of suffering. Stakeholders worldwide have united around this vision, and PEPFAR's leadership is an essential component to its success.

PEPFAR continues to lead the international response to HIV/AIDS, yet success in ending the AIDS epidemic remains a global responsibility. As such, hosting the Global Fund Replenishment Conference in the U.S. sends a strong signal to other donor countries about the importance of investing in the Global Fund. It also presents an important opportunity to renew and extend U.S. support while challenging other nations to strengthen the overall response. By continuing to support multilateral efforts, and by setting a new goal, the United States would send an important signal of our nation's continued commitment to ending the epidemic, and leverage the new goal to increase multilateral buy-in and synergy.

Every American should be proud of the success of PEPFAR as it represents what is great about our nation and has restored hope for so many. At this critical juncture, scaling up to capitalize on scientific advances, while expanding deployment of proven-effective prevention tools that are already available to us, will not only save millions of lives but will also significantly reduce human suffering, new HIV infections, and healthcare costs in the years to come.

Congress has an important role to play in continuing to support and shape the global AIDS response. We stand ready to support your efforts and look forward to working with you to build on the success of PEPFAR and to end the HIV/AIDS epidemic.

Sincerely,

TOM A. COBURN, M.D.
United States Senate

BARBARA LEE
Member of Congress

BOB CORKER
United States Senate

CHRISTOPHER COONS
United States Senate

MARCO RUBIO
United States Senate

CHRISTOPHER MURPHY
United States Senate

JOHN McCAIN
United States Senate

MICHAEL B. ENZI
United States Senate

CHARLES SCHUMER
United States Senate

LAMAR ALEXANDER
United States Senate

ILEANA ROS-LEHTINEN
Member of Congress

JOHN CONYERS, JR.
Member of Congress

MARK MEADOWS
Member of Congress

JIM MCDERMOTT
Member of Congress

KAREN BASS
Member of Congress

SANDER LEVIN
Member of Congress

CHAKA FATTAH
Member of Congress

ROBERT BRADY
Member of Congress

RICHARD BURR
United States Senate

MICHAEL E. CAPUANO
Member of Congress

JOHNNY ISAKSON
United States Senate

ALLYSON Y. SCHWARTZ
Member of Congress

BERNARD SANDERS
United States Senate

DEBBIE WASSERMAN SCHULTZ
Member of Congress

SHERROD BROWN
United States Senate

CHARLES B. RANGEL
Member of Congress

MARK UDALL
United States Senate

KIRSTEN E. GILLIBRAND
United States Senate

JOHN BOOZMAN
United States Senate

KELLY A. AYOTTE
United States Senate

ANGUS KING, JR.
United States Senate

TAMMY BALDWIN
United States Senate

TED DEUTCH
Member of Congress

PETER WELCH
Member of Congress

ELIZABETH WARREN
United States Senate

JOHN SARBANES
Member of Congress

SHELDON WHITEHOUSE
United States Senate

TED YOHO
Member of Congress

THAD COCHRAN
United States Senate

MAXINE WATERS
Member of Congress