

Keep funding the fight against AIDS with PEPFAR and the Global Fund.

When the HIV/AIDS epidemic began in the 1980s- and even as few as 15 years ago-AIDS was a death sentence. Today the success of programs like PEPFAR (the President’s Emergency Plan for AIDS Relief) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria have transformed the face of the epidemic. People infected with HIV all around the world who receive treatment live with the same life expectancy as their peers not infected with HIV and will likely never spread their disease to their partners.

Since 2000, the U.S. has helped bring about almost unthinkable change in the fight to end AIDS. New HIV infections among children have declined by 50% , the cost of antiretroviral medicines have been lowered to just 1% of what they had cost, and studies have confirmed that treatment is prevention-transmission of the virus can be virtually eliminated when viral suppression is achieved through treatment.

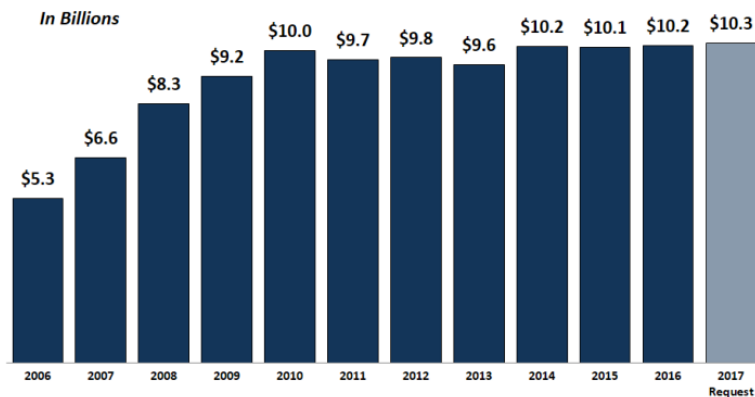
In light of these incredible successes, global leaders have adopted the goal to end the AIDS epidemic by 2030. While we are halfway towards our goal, 20 million people living with HIV/AIDS are still not on treatment. We must act now to scale up our efforts, or risk losing all the progress that has been made.

Since 2010, global health funding has flatlined, limiting the progress that can be made to create new health systems and combat HIV/AIDS.

A UNAIDS report released in August 2016 showed that a “Fast Track” Plan of front-loading investments in global AIDS over the next 3 years is critical to ending the epidemic. A Fast Track approach will result in a nearly 90% reduction in the annual number of people newly infected with HIV globally and a 79% reduction in the annual number of people dying from AIDS-related causes globally from 2010 to 2030.

Figure 2

U.S. Global Health Funding, FY 2006-FY 2017 Request



NOTES: Represents total known funding provided through the State Department, USAID, CDC, NIH, and DoD. FY13 includes the effects of sequestration. FY16 and FY17 are preliminary estimates. Some global health funding is determined at the agency level and is not yet known for FY16 and FY17; for comparison purposes these amounts are assumed to remain at prior year levels. The FY17 total does not include a proposed transfer of \$120 million from emergency Ebola funding provided by Congress in FY16 to malaria.

SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard.



PEPFAR supports 11.5 million people on life-saving antiretroviral therapy, while the Global Fund funds programs supporting antiretroviral access for over 8 million people, through direct and technical assistance.

Tuberculosis: implementing a Global Action Plan

Tuberculosis is the leading infectious killer, resulting in 4,000 deaths globally each day. TB is also a leading cause of death among people living with HIV, in 2015, 35% of HIV deaths were due to TB. While TB is highly infectious, spread mainly by cough, effective treatments have existed for decades and have help cut TB prevalence and deaths by half since 1990.

Basic treatment for TB can become more ineffective as the bacteria can mutate into drug resistant strains (multi-drug resistant TB, or “MDR-TB”). TB patients can lose months of work and income, and endure a very severe treatment regime that can take as long as 24 months.

Access to TB and MDR-TB treatment in impoverished countries is still scarce. In many cases, patients remain undiagnosed and untreated, especially in cases of MDR-TB. Bilateral USAID TB programs support and strengthen local health systems to ensure that patients have access to proper treatment and laboratories are equipped to accurately diagnose new cases. **USAID also works in concert with the Global Fund to Fight AIDS, Tuberculosis, and Malaria, helping countries develop and manage Global Fund grants.**

Through leveraging U.S. resources and partnering closely with countries to address local burdens, we are starting to win the fight against TB. Infection incidence has fallen 1.5% annually for the past 15 years, and better global access to treatment and diagnosis has saved an estimated 43 million lives. For those living with HIV, antiretroviral treatment has also helped reduce risk of TB infection by 65%.

World leaders have adopted the goal to end the tuberculosis epidemic by 2030 as part of the Sustainable Development Goals. In order to achieve this goal, we need to maintain and increase global health funding in fiscal year 2018. We need your office to support the following asks in this year’s budget:

- **Increased PEPFAR funding to \$4.98 billion in Fiscal Year 2018** (an increase of \$667 million over FY 17) to put us on track to \$2 billion in increased funding by 2020
- **Funding the Global Fund at \$1.475 billion** to keep up our dedicated pledge from 2016
- **Funding bilateral Tuberculosis by providing \$450 million** for scaling up critical U.S. supported efforts to control and treat TB and drug resistant TB