

November 12, 2008

Dear President-Elect Obama,
[transition team members will be cc'd at the bottom]

We, the undersigned organizations working on global HIV/AIDS policy and implementation, respectfully submit the attached document that outlines priorities for the early days of the new Administration. President-elect Obama and Vice President-elect Biden have both been strong allies in addressing the global pandemic. Both endorsed spending \$48 billion over the next five years for AIDS, tuberculosis and malaria. President-elect Obama has also endorsed doubling foreign aid and \$50 billion for addressing HIV/AIDS alone. For the last five years, these programs have been one of the few diplomatic and humanitarian successes. Keeping our promises will be critical as we seek to strengthen our ties with other countries.

This new Administration has an historic opportunity to renew US partnerships internationally and refocus, consolidate and expand our existing global health and development initiatives, moving from top-down programs to collaborative alliances responsive to conditions on the ground. The incoming Administration can build on and complement the successful parts of existing US global health programs and fulfill campaign commitments by launching a targeted program of capacity building at the country level focusing on health systems strengthening and comprehensive approaches to prevention, while removing obsolete policy barriers to health and self-sufficiency.

The legislation to reauthorize and expand PEPFAR under the leadership of Senator Biden and supported by Senator Obama provides a strong framework for moving forward. The bill removed most, but not all, obstacles to success -- particularly around issues concerning HIV prevention. Fortunately, these can be remedied by Executive Orders in the first 100 days of a new Administration, along with policy guidance to key agencies. We urge the new Administration to send a strong signal to the world regarding America's continuing commitment to AIDS and Africa while also pointing toward a more effective and sustainable response to the crisis.

The undersigned organizations have been engaged with the global HIV/AIDS fight over many decades. We are comprised of implementing agencies and policy organizations, both U.S.-based and international, with a wealth of research and experience in this area. Many have worked closely with the current Global AIDS Coordinator and served as a resource during the reauthorization of this program.

These recommendations were compiled through sub-working groups of the Global AIDS Roundtable, a coalition of organizations engaged with HIV/AIDS and convened in Washington, DC by the Global Health Council. Not all members of the Global AIDS Roundtable nor does the Global Health Council or its member organizations endorse all of the recommendations in this document.

We hope you will consider us as a resource as you move through the transition. Thank you for your consideration of these early actions.

Overview

United States' global health programs are an integral component of meeting US foreign policy and security goals. During the Bush Administration, an unprecedented amount of attention was devoted to global health, both in terms of policy and funding—achieving significant results at the country level and gaining uncharacteristic acclaim in the international arena. We seek strong support from the next Administration to continue the strong focus on health policy and programs. All forms of global health assistance are necessary to have a positive impact on health, including investments in cross cutting programs that strengthen a health system as well as fulfilling commitments to continue and increase investments in foreign assistance and focused, disease specific programs.

The largest driver of increased attention to health was the US Global AIDS Initiative. This initiative represents the single largest investment in any global health area. At the end of the previous Administration, Congress had appropriated nearly \$19 billion devoted to treatment and care for people living with HIV and preventing further transmission of the disease.

Established through legislation in 2003, the program reports it has supported treatment of 1.73 million people living with HIV, cared for 6 million and supported prevention of another to child transmission services during more than 12 million pregnancies. The leadership of the United States government has not only provided access to care and treatment for those without, but has spurred other donors and developing countries to increase their own contributions towards this fight. It has also led to stronger country ownership of the issue.

In spite of these results, much more needs to be done and programs revised to reflect the real-life needs of people. There are still 33 million people living with HIV globally. In addition, new infections are occurring at rates faster than we are able to secure treatment for those infected. According to UNAIDS, women and girls' share of infections has been increasing in a number of countries and comprises more than 60 percent of infected people in sub-Saharan Africa. In addition, an estimated 370,000 children under the age of 15 became infected in 2007 (UNAIDS). Moreover, HIV preys on the most vulnerable, and disproportionately affects injection drug users, men who have sex with men and sex workers in many countries where the epidemic threatens to explode.

United States leadership in the fight against HIV/AIDS must continue in the next Administration, not diminish. We believe that it is critical that the Administration express its continued leadership in this fight to our developing country partners and to the American public during the early days of the transition.

The expanded authorities, program targets and policies of the reauthorized legislation (Public Law No: 110-293) that was enacted into law in August 2008 under the leadership of Senator Biden, should be fully exploited to the fullest as the starting point for moving forward. In particular, ideological approaches to combating HIV/AIDS should be set aside in favor of evidence-based approaches to prevention. This includes embracing reproductive health programs that have been proven effective in preventing HIV.

We request this Administration to fulfill its strong campaign commitments to universal access to treatment, prevention and care. HIV prevention is a life-long commitment and all tools available must be employed in order to slow the spread of the pandemic. The Administration should also

support at least one-third of those in clinical need in developing countries (about 4 million on treatment over the next five years through bi-lateral and multilateral programs) while continually improving treatment standards and increasing access to affordable generic medicines in keeping with international agreements. We also seek a commitment from this Administration to work with the Global AIDS Coordinator in designing and implementing HIV/AIDS plans that are country-driven and involve civil society, including people living with HIV and women.

The five-year strategy plan, as called for by the recently passed legislation, must include more specific ways to reach out to vulnerable populations such as men having sex with men, injecting drug users and sex workers. Specific, articulated strategies are needed to address the vulnerabilities of women. In so doing, removing policies that stand in the way of effective public health programming are a no-cost way of improving effectiveness of our investment. Additionally, more efforts must be given to monitoring and evaluation of global AIDS programs, and improving transparency and accountability.

Finally, we seek a commitment from this Administration to significantly contribute to the United States share of the global resource needs to achieve universal access—defined as at least 80% coverage for preventing, treating and caring for those with HIV/AIDS. The expanded PEPFAR law includes significant new provisions in addition to AIDS, including programmatic targets on nutrition, prevention of mother-to-child HIV transmission, treatment, health work force and health systems strengthening as well as \$9 billion earmarked for important programs to fight tuberculosis and malaria. Fulfilling the law's program will almost certainly require a greater sum than what is authorized. The U.S. share of the global need, as of figures released in 2007, comes to \$50 billion over five years (UNAIDS, Financial Resource Estimates 2007)—the same amount pledged by the campaign to fight AIDS alone.

We ask that the new Administration issue the following Executive Orders, instructions to agency heads and messages to Congress in the first 100 days in office.

Executive Orders

Rescind the Global Gag Rule

The Global Gag Rule (GGR) prevents integration of comprehensive family planning with other US-supported disease specific programs. The GRR creates confusion for implementing partners and denies urgently needed U.S. family planning assistance to foreign organizations unless they stop using their own funds for abortion-related services. The Gag Rule prohibits health organizations from making referrals for safe abortion services where these are legal and from supporting safe abortion laws and policies. Due to mixed messages from the previous administration, projects that provide a range of health services and receive funding from both USAID for family planning services, and PEPFAR for HIV/AIDS services, have been uncertain whether GGR applies to PEPFAR funding (which technically and formally it does not). Due to fear of being in violation of U.S. policy, and the risk of losing desperately needed U.S. assistance, missions, cooperating agencies and contractors often either shy away from greater integration of family planning and HIV prevention services, or require staff and sub-contractors to maintain burdensome financial paperwork to

ensure funds are kept separate. The new President should immediately repeal the GGR, allowing for greater access to HIV preventative services around the world and saving countless lives.

LIMIT HARMFUL INTERNATIONAL MONETARY FUND AGREEMENTS

An Executive Order is needed to establish the US government position of opposing all IMF agreements that require wage ceilings or other mechanisms that significantly impede developing countries' ability to hire necessary trained health workers and teachers, and expand domestic financing for health and education. Any effort to increase training and retention of new and existing health workers will require the reform of current IMF policies which sharply limit public spending necessary to train new health workers or pay salaries sufficient to retain them.

Instructions to Various Agencies

PREVENTION

1) *Contraception/Condoms*

a) *Remove language barring purchase by PEPFAR of contraceptive supplies*

Instruct the Office of the Global AIDS Coordinator (OGAC) to support better integration of HIV/AIDS health services with the broader reproductive and sexual health services will help save the greatest number of lives by linking essential programs and services while using scarce taxpayer funds in the most cost-effective manner possible.

b) *Flexible interpretation of the "50 percent A/B reporting requirement"*

Instruct the OGAC to provide a flexible interpretation of the PEPFAR reauthorizing legislation requirement regarding abstinence and be faithful programs so that comprehensive prevention programs, which emphasize a multitude of behavioral tools (abstinence, monogamy, negotiating skills, and condoms) are included.

c) *Restore UNFPA funding*

Currently, the US does not support UNFPA's work to promote voluntary family planning and HIV prevention in 150 countries, and its role as a co-sponsor of UNAIDS. The US stands virtually alone by not being among the 180 countries that contributed to UNFPA in 2007. UNFPA programs provide family planning and contraceptives, pre- and post-natal care, prevention of HIV/AIDS and other sexually transmitted infections, as well as addressing social inequities that stand in the way of good health, among other health services. The new Administration should instruct the Department of State to conduct an unbiased review of the law's requirements in relation to UNFPA's work to make a fair determination about UNFPA's eligibility for a FY 2009 contribution.

2) *Convene PMTCT expert panel*

Instruct OGAC to convene experts to develop a strategy to achieve the PEPFAR reauthorization target for reaching at least 80% of pregnant women impacted by PEPFAR with mother-to-child prevention programs in those countries most affected by HIV/AIDS as recommended in Public Law No.: 110-293.

3) *Enable funding for syringe exchange*

Revise both USAID and OGAC guidance to allow funding for needle exchange. The statutory ban on needle exchange applies only to domestic funding. In many countries around the world, including Vietnam, Russia, Georgia and China, injection drug use is the primary driver of HIV/AIDS. Scaling up needle and syringe exchange is essential to arrest the epidemic.

4) Focus on the Role of Gender in the Pandemic

Instruct OGAC to appoint a high-level gender advisor under the Global AIDS Coordinator to ensure that programs address the different needs and vulnerabilities of women and men in need. The advisor would be responsible for developing and implementing a plan to ensure that this gender perspective is thoroughly and consistently integrated throughout PEPFAR programs.

5) Mitigate the Harm of the Anti-prostitution Pledge in PEPFAR

The global AIDS law requires funding recipients to have a policy opposing prostitution. In August 2008, a federal court found it unconstitutional to compel groups to adopt the U.S. government's position and found that existing guidelines did not provide adequate avenues to exercise free speech rights including the right not to have a position at all. USAID and HHS should revise their guidelines as applied to domestic and foreign NGOs to comply with the Court ruling and allow for the most effective groups to partner with the United States in the fight against AIDS.

TREATMENT

1) Promote Universal Access to Quality Treatment

a) Instruct OGAC Director to improve standards of care, tracking WHO guidelines for AIDS treatment in resource-poor settings, and supporting creation, purchase and distribution of generic combinations of the powerful new medications transforming AIDS care in wealthier nations.

b) Direct the Office of the U.S. Trade Representative to respect the Doha Declaration, refrain from seeking or enforcing provisions in U.S. trade agreements that go beyond WTO TRIPS guidelines, effectively limiting developing country abilities to use generic medicines, and halt the use of the Special 301 Watch List and other trade threats against countries that use WTO-compliant flexibilities to access affordable medicines.

c) Direct NIH and other relevant agencies to adopt humanitarian licensing policies for medicines developed with public investment¹.

d) Instruct HHS Secretary to certify the WHO Drug Prequalification Program as equivalent to FDA expedited approval process as permitted under new PEPFAR law.

2) Support Procurement of Low Cost Effective Medicines

a) Instruct HHS Secretary to certify the WHO Drug Prequalification Program as equivalent to FDA expedited approval process as permitted under the new PEPFAR law.

b) Direct OGAC and other relevant procurement authorities to engage in aggressive negotiation to reduce the price of medicines, especially for medicines which cannot be purchased generically.

¹ <http://www.barackobama.com/pdf/AIDSFactSheet.pdf> page 3: "Increase Access to Affordable Drugs"

3) Maintain Ambitious Treatment Targets

Instruct OGAC to insure that at least three million people are supported on treatment over the next five years through bilateral programs, plus additional patients treated by the Global Fund to Fight AIDS, Tuberculosis and Malaria, for a total of at least four million people.

4) Integrate TB Screening and Nutritional Support with AIDS Treatment

a) OGAC should be directed to allow flexibilities in funding to provide for nutrition support given the central role of nutrition in effective treatment of HIV.

b) Instruct OGAC to require routine TB screening as part of its clinical protocols and to closely link AIDS programming to the legislatively established TB targets.

PREVENTION, TREATMENT AND CARE: REFUSAL CLAUSE

Mitigate harms of refusal clause

Guidance clarifying that the refusal clause in the PEPFAR reauthorization does not lead to any delay, disruption, or diminished quality of care in the provision of services for HIV/AIDS prevention, treatment, or care. This is not clear; needs to be framed as an instruction to an agency.

HEALTH WORKFORCE CAPACITY

1) Train and Retain Health Care Workers

Instruct the heads of OGAC and USAID to request funding and work with countries to devise and fully implement comprehensive health workforce programs that train and retain health workers in sufficient numbers to meet country health needs and fulfill international commitments. These programs include plans to achieve ratios of at least 2.3 doctors, nurses, and skilled birth attendants plus an additional 1.8 health auxiliaries (including community health workers, pharmacists and lab technicians) per 1000 country residents in 15 developing countries². US support for the plans should include full funding for pre-service training, hiring, retention, and equitable distribution of at least 140,000 health professionals (as required by law)³ and more if needed to fully achieve minimum health worker density ratios, plus sufficient additional trained, supported, and compensated community health workers⁴. New health workers should have started training within five years, but not necessarily have completed their studies.

2) Remove Macroeconomic Policy Barriers to Health and Education

Instruct OGAC to establish flexibilities in the program that allow for investments directly in national programs critical for sustainability and health workforce scale-up. PEPFAR will never reach sustainability without much greater investments in national capacity and national systems.

² Justification for 2.3 doctors, nurses and midwives and 1.8 health auxiliaries per thousand are found in WHO, *World Health Report 2006* (2006). Additionally, supporting countries to achieve 2.3 doctors, nurses and trained midwives per thousand residents is a requirement of P.L. 110-293

³ PEPFAR 2 legislation requires training and retention support for 140,000 new health workers, with a special focus on health professionals. These can be counted towards the 2.3 per-thousand the law requires. Also critically needed community health workers are counted towards meeting the 1.8 health auxiliaries per thousand residents. All are counted towards the campaign pledge to increase the supply by one million new health workers.

⁴ Use of community health workers should be in accordance with the normative guidelines for task-shifting that were developed by WHO with support from PEPFAR support and released in January 2008: <http://www.who.int/healthsystems/TTR-TaskShifting.pdf>

3) Invest in Country-Owned Systems

Instruct OGAC to establish flexibilities in the program that allow for investments directly in nationally owned programs critical for sustainability and health workforce scale-up. PEPFAR and other US global health initiatives will never reach sustainability without much greater investments in national capacity and national systems.

LEVERAGE INTERNATIONAL COOPERATION

1) The Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund to Fight AIDS, Tuberculosis and Malaria is an innovative institution with a proven track record in expanding treatment and prevention work around the world. In order to leverage greater investments from other countries, the US should significantly expand its support for the Global Fund as a mechanism for delivering ramped up AIDS and malaria funding. The US representative to Global Fund Board should be directed to review and revise the comprehensive funding policy

2) Lift the HIV Travel Ban

Instruct the Department of Health and Human Services to revise the necessary rules to allow all individuals living with HIV to travel to the United States for longer than 30 days and to allow them to apply for immigration as recommended in Public Law No: 110-293.

FUNDING HIV/AIDS PROGRAMS

The Obama Administration will be responsible for reviewing and revising the FY2010 budget request. As this will be the first budget request for this Administration, it is critical that this Administration send a strong signal to Congress to about its commitment to combating the global spread of HIV/AIDS through increases in funding for HIV/AIDS.

For FY 2010, based on 2007 UNAIDS resource estimates and resource needs for the Global Fund to Fight for AIDS, TB, and Malaria, the FY 2010 budget request for HIV/AIDS should be **approximately \$12 billion for AIDS prevention, treatment and care services including contributions to the Global Fund. This includes funding required for training and retaining health care workers for AIDS related programs and services.**

Breakdown of \$12 billion:

- **\$9 billion for bilateral HIV/AIDS programs** to allow for reaching expanded targets on prevention, treatment and care; to allow for expanding into other countries; and to allow for integrating HIV/AIDS programs with other health and development programs.
- **\$2-2.7 billion for the Global Fund** based on new resource estimates approved by the Global Fund Board in November 2008. MIKE, PLEASE FILL IN.