Dear Senators:

We write to thank each of you for the support you have given this country’s strong response against global HIV and tuberculosis and to respectfully request that you support the House Appropriations Committee funding levels for global HIV, global tuberculosis, and the Global Fund to Fight AIDS, Tuberculosis and Malaria for fiscal year 2015.

As clinicians and scientists, we are acutely aware of the human and social toll from these the world’s leading infectious disease killers. We are heartened by recent progress in development and identification of new diagnostics and therapeutics, and in reaching individuals and communities with lifesaving prevention and treatment. Continuing investments, in research and development, in technical assistance, and in service delivery are necessary to bring these products and interventions to communities and to bedsides. Those investments are essential to prevent new infections, preserve the health and lives of millions of people, and prevent a resurgence of new infections, including deadly drug-resistant tuberculosis that will threaten even more lives and squander the investments we have already made. Infectious diseases know no geographical boundaries.

The progress we have made is fragile. Fewer than half of all adults in need of antiretroviral therapy for HIV infection have access to it. Less than a third of the children who need the lifesaving treatment get it. Ambassador Bix has pledged to double the number of children on treatment in the next two years but that can’t be accomplished without the necessary funding. More than 500,000 persons were diagnosed with drug-resistant tuberculosis in the last year, but appropriate treatment remains elusive for most. New shorter and less toxic drug regimens for tuberculosis of all types as well as effective vaccines for tuberculosis and HIV—the holy grail of the infectious disease response—depend on resources from USAID as well as from the National
Institutes of Health. We urge you to continue to provide the resources that are necessary to control and ultimately to end these synergistic pandemics.

The House bill would provide an additional $300 million for the PEPFAR program and maintain current funding for global tuberculosis control. The Senate bill would cut global tuberculosis funding by $11 million at a time when clinical trial support for new drug regimens and promising vaccine candidates could provide game changing tools for TB prevention and cure. PEPFAR’s funding has eroded over the last five years while the numbers of individuals on antiretroviral treatment has grown to 6.2 million. The Senate bill provides no new resources to continue the scale-up of treatment for children and adults. We now know that treatment scale-up not only saves the lives of individuals, but also offers real prevention benefits for entire communities plagued by high rates of HIV infection.

Tuberculosis remains the leading cause of death among people with HIV worldwide, and PEPFAR’s support for activities to prevent and treat tuberculosis in HIV-infected persons remains essential for the success of the global AIDS effort.

We appreciate the budget challenges you face. We strongly support the U.S. investment in the global health portfolio in its entirety as a cornerstone of our nation’s foreign assistance commitment, which provides public health and national security benefits to the American people as well as those for whom we provide health and hope across the globe. We thank you for your consideration and pledge to continue in our roles as clinicians and scientists to do what we can to reduce the terrible toll of these pandemics on families, communities and nations.

Sincerely,

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