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**PEPFAR Re-authorization Sign-on Letter to President Bush
Signed by Leading US Health Professionals**

December 1, 2007: World AIDS Day

President George W. Bush
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear President Bush:

We, the undersigned health professionals, write to urge you to reinforce United States leadership in addressing the global AIDS pandemic. We applaud your unparalleled commitment to the AIDS crisis, the most devastating public health crisis in history. You have shown great compassion and leadership in continuing to place the US in the forefront of the international response against HIV/AIDS. As you begin your last year as President, we challenge you to continue to build your legacy by increasing the US investment in global health, including in efforts to combat AIDS.

Significant progress has been made in achieving many of the original goals set out in May 2003, when Congress passed the legislation that launched the President's Emergency Plan for AIDS Relief (PEPFAR). Yet, as noted in the UNAIDS 2007 report *Financial Resources Required to Achieve Universal Access to HIV Prevention, Treatment, Care and Support*, "Significantly more funding is needed to achieve the promise of universal access to HIV prevention, treatment, care and support. Failure to move beyond the present successes will only cause the epidemic to worsen."

Achieving the US commitment to universal access to comprehensive HIV/AIDS prevention, treatment, care, and support by 2010 will require a considerable increase in US investments. Considering the UNAIDS estimate of the financial resources required to achieve universal access by 2010 as updated to reflect new epidemiological data, recognizing the United States' global leadership role in targeting HIV/AIDS as a health and development priority, and acknowledging the fact that the US constitutes approximately 42% of the world's donor country wealth, we support as an appropriate United States contribution during the five years to be covered by PEPFAR re-authorization to be at least \$55 to \$60 billion. This commitment will save literally millions of lives

In addition to our call for an increase in US investment, we also ask that during the next phase of PEPFAR you pay special attention to factors that significantly affect the sustainability and success of US financial investments. Namely, we are concerned about the need to address severe health worker shortages and shattered health systems, and the necessity to expand prevention programs that address the feminization of the AIDS pandemic and the rise in HIV infections among injection drug users, now acknowledged by global health experts as an urgent global health concern.

Poor Health Systems and Health Worker Shortage

The 2007 Institute of Medicine review of PEPFAR stated the following: “The growing consensus is that existing capacity for HIV/AIDS services is nearing exhaustion.” In July 2007, a World Bank official cited “limited health system capacity” as the greatest challenge in the fight against HIV/AIDS, including the “desperate shortage of doctors, health care workers and researchers.”

Fortunately, adequate investments and proper policies can solve this crisis, enabling countries to increase the numbers of health workers they educate and retain, deploy them where they are most needed, and provide them the tools they require to meet their patients’ needs. We urge you to support and invest heavily in initiatives that work closely with each focus country and other AIDS-burdened countries as they assess existing capacities and limitations, develop country plans to address health worker capacity constraints and to strengthen health systems. We urge the US to assume a leadership role in ensuring that, through our investments and those of our partners, countries can fully implement robust plans to overcome these constraints and develop needed capacity.

The Feminization of the AIDS Pandemic

PEPFAR has supported many programs that are directed at helping reduce HIV risk for women and girls. But many of these efforts are flawed and inadequate, particularly those that focus only on abstinence and the ABC (“abstain, be faithful, use condoms”) approach to prevention. Women and young girls presently comprise more than 60% of those living with HIV in sub-Saharan Africa. Any solution to the AIDS pandemic must acknowledge the vulnerability of women and the role of gender inequality. We therefore strongly recommend that PEPFAR increase and expand its focus on programs that protect women’s rights and address the root causes of HIV transmission: inequalities in the economic, educational, social, and legal spheres. We also request that all HIV prevention and education programs be comprehensive, evidence-based, scientifically sound and go “beyond ABC.” Funding earmarked for abstinence-only programs must be removed. We call for the health rights of women to be recognized and protected by a well-educated cadre of health workers trained in human rights protections who are supported by a healthcare system that is free of discrimination. Finally, to protect the health rights of women, we call for the integration of HIV care into all areas of the health system, particularly reproductive health and family planning services, and for universal access to PMTCT-plus programs for all pregnant HIV+ women.

The Rise of HIV Infection among Injection Drug Users

A second wave of the HIV/AIDS pandemic is moving very rapidly across Asia and Eastern Europe. An estimated 30% of all new infections outside of sub-Saharan Africa are attributed to injection drug use, yet preventing generalized epidemics in many countries is still possible. Extensive research has shown that HIV prevention strategies for injection drug users are straight-forward, cost effective, save lives, and do not increase drug use. A 2006 Institute of Medicine report recommended a comprehensive and sustainable public health approach to HIV prevention for injection drug users which included needle exchange, substitution therapy, and vigorous education and outreach efforts. These urgently needed programs have the potential to curb the spread of HIV in many countries. As healthcare professionals, we know these strategies work, and therefore call upon the US to provide bold and innovative leadership by promoting and supporting these evidence-based, effective prevention methods.

President Bush, we recognize that our requests are challenging, but we also know that over the next several months you have the opportunity to show the United States to be a country that upholds and values the right of every individual to attain the highest standard of health and dignity regardless of race, gender, economic status or geographical location. We respectfully urge you to continue to provide life-saving leadership by increasing your financial commitment and embracing new and bold prevention and care strategies that will allow us to effectively pursue—and one day, *win*—our fight against AIDS.

Thank you for your consideration.

Sincerely,*

** Affiliations are listed for identification purposes only.*

cc: Office of the Global AIDS Coordinator

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