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Letter to Obama on Global Health and AIDS from Medical School/Public Health Deans

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November 18, 2009
President Barack Obama
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500
Dear Mr. President:

We write to you as scientists, clinicians and educators with leadership roles in global health, as you prepare to make critical decisions about the shape and trajectory of your Administration?s Global Health Initiative, the U.S. global AIDS strategy for the next 5 years, and funding levels for global AIDS and other global health programs in your fiscal year 2011 budget. We urge you to continue the scale-up of HIV prevention and treatment services in the developing world at level and with a timeline commensurate with the goals and funding amounts authorized in the Lantos-Hyde legislation. This landmark legislation, to which you lent your name as a Senate co- sponsor, calls for U.S. spending on global AIDS, tuberculosis and malaria at a level of $48 billion over five years, including $39 billion for global AIDS activities. Within the $39 billion is the U.S. contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Progress in combating the HIV pandemic has been nothing short of extraordinary, with almost 4 million people in developing countries currently receiving antiretroviral therapy and millions of others reached with prevention, care and support programs. While we appreciate the challenges our nation faces in light of the economic recession and the pledge of your Administration to respond to other global health challenges, it is imperative that we save lives, families and communities, as well as stabilize developing nations, through continued scale-up of HIV prevention and treatment services.

U.S. global health policy now has an opportunity to leverage the success of the AIDS response by using accelerated scale-up of HIV prevention and treatment as a platform on which to build broader and more sustainable healthcare capacity in low-and middle-income countries. We are already seeing community-wide impacts of our efforts to date, including reductions in TB and malaria incidence and decreases in the number of children orphaned by AIDS and in the number of children born with HIV infection. We support and embrace your Global Health Initiative and its reach to other health conditions and vulnerable populations. Concerted efforts to integrate HIV services with other maternal health care, family planning services, child immunization and TB programs will amplify the value of U.S. investments to the health of the community at large.

We have made substantial progress on AIDS, but much more remains to be done. Only 40 percent of adults eligible for HIV treatment currently have access to lifesaving drugs; the percentage of eligible children on treatment is much lower, despite the fact that nearly half of children prenatally infected will not survive their second birthday without treatment. The availability of HIV treatment is essential if we are to encourage individuals to be tested for HIV infection; knowledge of HIV serostatus is a backbone of prevention efforts. Treatment

reduces infectiousness and transmission to others.

The World Health Organization has determined that HIV/AIDS is the leading cause of death of women aged 15-44. HIV infection remains a leading cause of maternal
mortality in sub-Saharan Africa. Globally, only one-third of pregnant women have access to antiretroviral drugs that can virtually eliminate the risk of perinatal transmission. Twelve million children have lost one or both parents to AIDS and the number of orphans continues to rise. PEPFAR authorizes U.S. support for orphaned and vulnerable children. Your leadership and a responsive Congress can ensure that resources are made available to respond to the needs of children infected and affected by AIDS.

Your new Administration, with its emphasis on evidence-based prevention strategies, holds the promise for changing the trajectory of the epidemic through effective,targeted prevention interventions. Research is currently underway that may identify new
tools for prevention and treatment in the near future--tools that could provide new hope to
millions if resources are available to ensure that they reach the communities most at risk and in greatest need.

We call on you to honor the commitments to universal access to HIV prevention, treatment and care, while embarking on new commitments to maternal and child health,
neglected tropical disease programs, family planning, and health systems strengthening.
Less than a decade ago, many doubted the feasibility of extending lifesaving antiretroviral
therapy to poor people in developing nations. Today, some argue that we cannot increase the so-called ?treatment mortgage? or that HIV resources should be shifted to other health care priorities. We reject the notion that urgent health conditions should be pitted against one another. Narrow conceptions of cost?effectiveness, or the cost of a given intervention in isolation, cannot become the litmus test to compare interventions for different diseases or to prioritize U.S. global health funding. Rather, we encourage a more contextual framework that recognizes HIV as a killer of young adults, on whom children depend for care and support and who represent the economic and cultural engine of any society.

We urge you to be bold and compassionate as we continue to accelerate the U.S. response to the global AIDS pandemic. Please use your leadership to encourage our
allies from other wealthy nations to follow suit and to challenge the leaders of developing
nations to increase their own spending on health programs to improve the lives of their own people. We stand ready to work with you on these critical public health and humanitarian efforts. The lives of millions of poor people living with or at risk of HIV infection hang in the balance.

Respectfully submitted,

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