

April 12, 2019

The Honorable Lindsey Graham
Chairman
Appropriations Subcommittee for State
and Foreign Operations
U.S. Senate
Washington, DC 20510

The Honorable Patrick Leahy
Ranking Member
Appropriations Subcommittee for State
and Foreign Operations
U.S. Senate
Washington, DC 20510

The Honorable Nita Lowey
Chairwoman
Appropriations Subcommittee for State
and Foreign Operations
U.S. House of Representatives
Washington, DC 20515

The Honorable Hal Rogers
Ranking Member
Appropriations Subcommittee for State
and Foreign Operations
U.S. House of Representatives
Washington, DC 20515

Dear Senator Graham, Senator Leahy, Chairwoman Lowey and Representative Rogers,

Thank you for your longstanding leadership in support of U.S. funding for global health and the Global Fund to Fight AIDS, Tuberculosis and Malaria. These investments are saving lives every day while they advance America's humanitarian, health security, and economic interests.

We are writing to alert you to an important issue regarding the Global Fund in fiscal year 2020 appropriations. As you know, the global health community, including faith-based, private sector, and scientific leaders, have rallied around a request for a \$1.56 billion appropriation to the Global Fund in FY20, consistent with the U.S. maintaining its 33% contribution level to the organization in the context of its 6th Replenishment.

In its FY20 budget proposal, the Administration seeks to reduce the U.S. contributions to the Global Fund to a level of 25%. *In addition, the Administration is seriously considering doing this in FY20 regardless of the congressionally appropriated funding level, unless Congress clearly stipulates that the traditional 33% contribution level should apply.*

From 2004 to the present, the U.S. contribution level for Global Fund financing has been maintained at approximately 33% of all Global Fund contributions. This contribution level is in line with Congressional direction from all PEPFAR authorizing legislation since 2003, including the PEPFAR reauthorization passed in December 2018 and signed into law by President Trump. Keeping the U.S. contribution level at 33% was the explicit approach taken by the Obama Administration over the past two replenishment cycles. The Trump Administration also reaffirmed the 33% level of support in its Budget Requests for FY18 and FY19.

There has been strong support for the Global Fund, at the 33% level, through eight Congresses and three presidential administrations. Recently, leading members of Congress in both the Senate and House wrote to the Administration seeking an increased U.S. pledge to the Global

Fund, a message that is directly in opposition with the Administration's proposed funding decrease and the reduction in the U.S. level of support.

U.S. support for the Global Fund at the 33% contribution level has been extremely effective at leveraging other donors to increase their support so as not to leave U.S. funding on the table. For example, in the last Global Fund replenishment, Japan increased its pledge by 46 percent, Italy by 40 percent, the United Kingdom by 38 percent and Germany by 33 percent.

The dramatically reduced level of support and reduced U.S. share proposed by the Trump Administration would severely damage the confidence of other donors now considering their own pledges for the 6th Replenishment and reduce the leverage impact of U.S. funding. A reduced U.S. share of funding would de-motivate other donors: other donors' support would leverage 34% less U.S. funding than in the past, with the U.S. providing only 33 cents, rather than the prior 50 cents, to every \$1 from other donors.

As a consequence of reduced funding for the Global Fund, there would be significant damage to PEPFAR and other bilateral U.S. global health programs. PEPFAR, the President's Malaria Initiative, the USAID tuberculosis program, and the Global Fund all work in complementary ways to amplify the outcomes of each, maximizing the impact of U.S. investments. If Global Fund financing is weakened there would be serious negative implications for the effectiveness of U.S. bilateral programs. As current PEPFAR leadership said of the Global Fund and PEPFAR, "We can't have one without the other."

A reduced U.S. level of support is inconsistent with strong bipartisan support for the Global Fund in Congress and the long-term humanitarian, diplomatic, economic, and health security interests of the United States.

We urge you to include specific language in the FY20 State, Foreign Operations Appropriations bills that legally obligates the Administration to adhere to the 33% level of support for the Global Fund as a floor as well as a ceiling. Such language would stipulate the United States will contribute 33% of contributions from all sources to the Global Fund on a cumulative basis from 2004.

Thank you again for your leadership on global health, and for your attention to this request.

Sincerely,

Friends of the Global Fight Against AIDS, Tuberculosis and Malaria

RESULTS

U.S. People Living With HIV Caucus

ONE Campaign

Management Sciences for Health

NASTAD

American Thoracic Society

Fund for Global Health

Heartland Alliance

MPact Global Action for Gay Men's Health and Rights
Treatment Action Group
AVAC
Malaria No More
PAI
The Episcopal Church
Evangelical Lutheran Church in America
Elizabeth Glaser Pediatric AIDS Foundation
Health GAP
Coalition for Children Affected by AIDS
Global Health Council
The AIDS Institute
Christian Connections for International Health
American Medical Student Association
Nothing But Nets
Partners in Health
Infectious Diseases Society of America
PATH
Population Services International
Housing Works
John Snow, Inc.
Children's AIDS Fund International
Institute for Youth Development
InterAction
Church World Service
American Jewish World Service
Planned Parenthood Federation of America
Mercy-USA for Aid and Development
IMA WorldHealth
CARE
International Center for Research on Women
Mercy Corps