

OPEN LETTER TO PEPFAR

6 October 2021

Dr. John Nkengasong, Dr. Angeli Achrekar, and Dr. Katy Godfrey,

We are AIDS activists, people living with HIV (PLHIV), and their allies concerned about PEPFAR's new draft Strategy.

The ***Draft Overview of the PEPFAR Strategy: Vision 2025***ⁱ sets a bold vision for achieving sustained epidemic control of HIV" and commits the PEPFAR Strategy "to be closely coordinated with the Global AIDS Strategy 2021-2026," released by UNAIDS and adopted by countries. Specifically, the PEPFAR Strategy includes the goal to support countries to reach the 95/95/95 goal.

While the goal of reaching and maintaining high antiretroviral therapy (ART) coverage and viral load suppression is critical, it cannot inadvertently make invisible the reality of continued challenges accessing or adhering to ART, ongoing suffering as a result HIV-related infections and complications, and progression to AIDS -- and death -- among vast numbers of PLHIV. **In this Vision 2025 document, there is no mention of HIV-related deaths or AIDS.**

In sub-Saharan Africa AIDS remains the leading cause of death for adolescent girls and women aged between 15 and 49 years and a leading cause of death for women aged 15-49 years, globallyⁱⁱ; children living with HIV represent 5% of PLHIV but 15% of HIV-related mortality.ⁱⁱⁱ

If we are going to be successful in reducing AIDS-related deaths we have to name what kills people living with HIV. And yet, **cryptococcal meningitis**^{iv}, a leading killer of PLHIV is not mentioned in this document, and **tuberculosis** (TB), the number one killer of PLHIV, is referred to only in the context of a US tuberculosis program. In absence of any acknowledgement or commitment addressing these goals, a 95/95/95 lens alone would not solve this problem; the main killers of PLHIV should be explicitly addressed in the strategies in order to make an actual impact.

We urge PEPFAR to include the following objectives as part of Goal 1 in the ***PEPFAR Strategy: Vision 2025*** and to support countries to reach them within specific timeframes:

- **Reduce annual AIDS-related deaths by 90% by 2025, including TB-related deaths among PLHIV by 80% from their 2010 baseline.**
- **Reach the target of 90% PLHIV receiving preventive treatment for TB by 2025.**
- **Reduce cryptococcal meningitis deaths by 50% by 2025 from 2020 rates**

The first two of these targets were adopted in the UN "Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS" endorsed by UN member states in 2021 and in the Global AIDS Strategy 2021-2026.^v The target to reduce cryptococcal meningitis deaths was developed by a coalition of experts, implementers, and civil society in the absence of any meaningful, quantitative targets in these documents.^{vi}

Cryptococcal meningitis has been unaddressed and undercounted. **We need a clear quantification and monitoring of cryptococcal meningitis:** how many PLHIV develop cryptococcal meningitis every year; how many PLHIV receive optimal treatment for cryptococcal meningitis; how many PLHIV survive cryptococcal meningitis; and, how many PLHIV die of cryptococcal meningitis every year.

We cannot allow AIDS – or AIDS deaths – to be invisible. Suffering cannot be invisible. And neither can the opportunistic infections responsible for the vast majority of suffering and death among PLHIV.

We would like to discuss these and other actions necessary to better prevent, detect, and treat AIDS and opportunistic infections in order to prevent needless deaths. Thank you for considering these requests and we look forward to hearing from you.

Sincerely,

Access Care Treatment and Support, Ghana
AfroCAB Treatment Access Partnership, Zambia
ATHENA Network, Namibia
Coalition for Health Promotion and Social Development (HEPS), Uganda
Coalition PLUS International, France
Coalition of women living with HIV and AIDS, Malawi
Delhi Network of Positive People (DNP+), India
Family AIDS Caring Trust (FACT), Zimbabwe
Global Network of People Living with HIV (GNP+)
Global Tuberculosis Community Advisory Board (TB CAB)
Health GAP (Global Access Project)
International Treatment Preparedness Coalition Latin American and Caribbean, Guatemala
International Treatment Preparedness Coalition Middle East & North Africa (ITPC MENA)
International Treatment Preparedness Coalition (ITPC Global), South Africa
International Treatment Preparedness Coalition, South Asia
International Planned Parenthood Federation-Western Hemisphere Region (IPPFWHR)
Kenya AIDS NGOs Consortium (KANCO), Kenya
Médecins Sans Frontières (MSF)
MPact: Global Action for Gay Health & Rights
Odo Umyy Foundation (UMFO), Tanzania
Organization of African Youth, Kenya
Pamoja TB Group, Kenya
Raise Your Voice to End Poverty (RESULTS), USA
Stop TB Partnership, Kenya
Tanga Women Development Initiative (TAWODE), Tanzania
Treatment Action Campaign (TAC), South Africa
Treatment Action Group (TAG), USA
Young Women Empowerment Network (YWEN), Namibia
Zimbabwe National Network of People Living with HIV (ZNNP+), Zimbabwe

Kashish Aneja, Georgetown University, US/India
Dr Jennifer Cohn, MD MPH, Switzerland
Dr. Gilles Van Cutsem, MD, DTM, MPH, FRCPE, Luxembourg
Vuyiseka Dubula, PhD, Centre for Civil Society, University of KwaZulu-Natal, South Africa
Katherine Ginsbach, Georgetown University, US
Gladys Gumbo, National Coordinator, Zimbabwe Young Positives (ZY+)
Evaline Kibuchi
Sharonann Lynch, Georgetown University, US
Juliette McHardy, Georgetown University, US
Dr. David Meya, Uganda
Sylvia Nakasi, Uganda Network of AIDS Service Organisations (UNASO), Uganda
Peter Ng'ola Owiti, Wote Youth Development, Kenya
Mara Pillinger, Georgetown University, US

ⁱ The U.S. President's Emergency Plan for AIDS Relief. Draft Overview PEPFAR Strategy: Vision 2025. Available from: https://www.state.gov/wp-content/uploads/2021/09/DRAFT-Overview-PEPFAR-Strategy-Vision-2025_Version-2.0-2.pdf

ⁱⁱ UNAIDS. Women and HIV: A spotlight on adolescent girls and young women. 2019. 6p. (In 2017, “ HIV was the leading cause of death for women (aged 15–49 years) worldwide.”); also 8p (According to UNAIDS 2018 estimates, “AIDS-related illnesses are the leading cause of death among 15–49-year-old females globally”)

ⁱⁱⁱ UNAIDS. Start Free, Stay Free, AIDS Free Final report on 2020 targets. July 2021 (“In 2020, children accounted for 5% of all people living with HIV but comprised 15% of all people who died from AIDS-related causes.”)

^{iv} MSF Access Campaign. Ending cryptococcal meningitis deaths by 2030: Strategic framework. 13 May 2021. Available from: <https://msfaccess.org/ending-cryptococcal-meningitis-deaths-2030-strategic-framework>

^v UNAIDS. Global AIDS Strategy 2021–2026, End Inequalities, End AIDS. Available from: https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf

^{vi} MSF Access Campaign. Ending cryptococcal meningitis deaths by 2030: Strategic framework. 13 May 2021. Available from: <https://msfaccess.org/ending-cryptococcal-meningitis-deaths-2030-strategic-framework>