

Chris Coons, Chair
State and Foreign Operations Subcommittee of
Appropriations
U.S. Senate
Washington, DC

Mario Diaz-Balart, Chair
State and Foreign Operations Subcommittee of
Appropriations
U.S House of Representatives
Washington, DC

Lindsey Graham, Ranking Member
State and Foreign Operations Subcommittee of
Appropriations
U.S. Senate
Washington DC

Barbara Lee, Ranking Member
State and Foreign Operations Subcommittee of
Appropriations
U.S. House of Representatives
Washington, DC

Dear Chairs and Ranking Members,

The undersigned organizations urge you to have the President’s Emergency Plan for AIDS Relief (PEPFAR) provide detailed transparency around its policy initiative to accelerate the integration of HIV services into existing broad-based frontline health services. This request is regarding the implementation of an existing PEPFAR policy; it does not involve changing PEPFAR policy.

[PEPFAR’s Five-year Strategy](#), “Fulfilling America’s Promise to End the HIV/AIDS Pandemic by 2030”, includes a focus on accelerating integration of HIV services into local health systems to achieve sustainability.

PEPFAR’s [2023 Country and Regional Operational Plan Guidance](#) (COP/ROP23) states that “accelerating integration of HIV care into existing health services is key to sustaining the HIV response... Integrated health services, when based on strong primary care and essential public health functions, strengthen people-centered health systems and contribute to the best use of resources.”

To support human resources for health, PEPFAR aims to “advance integration of HIV services into broader health services through integrated care delivery teams.”

The Operational Plan Guidance makes clear that “PEPFAR should also strengthen health service delivery platforms in COP/ROP23, supporting partner government capabilities in service delivery for HIV, other health conditions, and outbreak response.”

[Numerous studies](#) have shown that integrating HIV care with other health services results in better outcomes both for HIV patients and for those with other health conditions.

As proponents of integrated frontline health service delivery in the U.S. and abroad, we are very encouraged by PEPFAR’s increasing focus on integrating HIV services with existing primary care services and believe Congress and the interested public should have access to the details of how this is being carried out.

We request that the State and Foreign Operations subcommittees of Appropriations require PEPFAR to provide the following information on how it is planning to increase support for integration: the Office of the Global AIDS Coordinator should provide a target for increasing the proportion of PEPFAR funding that goes towards broad-based service delivery covering HIV, other priority health conditions in the community, and outbreak prevention and response in existing integrated health services.

Best regards,

American Academy of Family Physicians

American College of Osteopathic Family Physicians

Society of Teachers of Family Medicine

Christian Connections for International Health

Catholic Medical Mission Board

Association of Departments of Family Medicine

Association of Family Medicine Residency Directors

NAPCRG (a national primary care research organization)

Illinois Public Health Association

MedChi, The Maryland State Medical Society

South Carolina Public Health Association

Fund for Global Health

Health Horizons International (Connecticut)

Heart to Heart International (Kansas)

Partners for World Health (Maine)

Institute for International Medicine (Missouri)

ParticipAid (Oregon)

OneWorld Health (South Carolina)

Addis Clinic (Tennessee)

Blood:Water (Tennessee)

Individual Health Leaders:

Dr. Pierre Alexandre, PhD, Director, Health Administration Programs, Florida Atlantic University

Dr. Kristin Yarris, PhD, Department of Global Studies, University of Oregon