# AIDS Advocates Mixed on Obama's FY2010 Budget Proposal

May 13, 2009 By James Wortman

When President Barack Obama released his proposed budget on May 7 for the 2010 fiscal year, many AIDS advocates were disappointed that the plan will slash funding for critical global initiatives—including the President's Emergency Plan for AIDS Relief (PEPFAR)—while reversing many of the global health promises he had made on his road to the presidency.

Under Obama's proposed budget, PEPFAR will receive $51 billion during the next six years, with $6.6 billion going to the initiative in FY2010. However, in 2008, Congress voted for $48 billion—or $9.6 billion annually—during the next five years for the initiative, which was launched by former President George W. Bush in 2003 to provide HIV treatment and prevention programming for developing countries.

"It is perplexing that as a senator, Barack Obama voted for $3 billion more in annual funding for the global fight against AIDS than he is now—as leader of the free world—proposing in his 2010 budget," said Michael Weinstein, president of the AIDS Healthcare Foundation (AHF), in a statement. "It is disheartening to see President Obama retreat from his senatorial commitment on global AIDS funding,"

Obama's revised PEPFAR spending is part of his $63 billion Global Health Initiative, which will broaden the landmark AIDS effort to other health concerns such as tuberculosis and malaria. While $51 billion will fund PEPFAR, the remaining $12 billion will be directed toward other health concerns. This would allocate less annual funding to HIV-specific programming through PEPFAR in favor of a broader international health effort.

"We cannot simply confront individual preventable illnesses in isolation," Obama said in a statement. "The world is interconnected, and that demands an integrated approach to global health."

However, according to the Global AIDS Alliance (GAA), the FY2010 budget effectively breaks four of Obama's campaign promises: to fund PEPFAR fully; to make fair-share contributions to global AIDS through the Global Fund to Fight AIDS, Tuberculosis and Malaria; to educate the world's children by providing at least $2 billion to a Global Fund for Education and to double U.S. foreign assistance to $50 billion by 2012.

The GAA estimates that as a result of this proposed budget, 1 million people globally will not receive treatment, 2.9 million women will be ill-equipped to prevent mother-to-child HIV transmission, 27 million people will not access sexually transmitted infection (STI) prevention programming and 1.9 million orphans and other children affected by HIV/AIDS will not receive necessary care.

“That’s an estimate of the impact just from the PEPFAR initiative,” said Paul Zeitz, MD, executive director of the GAA, who noted that the United States’ fair-share contribution to the Global Fund for FY2010 is $2.7 billion, yet Obama is only providing $900 million, creating a $1.8 billion shortfall. Since the United States leverages $2 for every dollar provided by other donors, the actual Global Fund setback will be roughly $5.4 billion.

“We’re in a situation where the gains that had been made over the course of the Bush administration are now being halted,” Zeitz continued. “And this is the smallest increase in global AIDS funding since the Clinton administration. So it’s a real setback to a time where very little progress was being made on these global crises.”

Disappointment with Obama’s budget was also readily apparent domestically, with groups such as the Foundation for AIDS Research (amfAR) noting that the United States’ ban on federally funded syringe exchange programs was not removed from the FY2010 budget. However, amfAR CEO Kevin Frost is committed to working with the administration to ensure that the ban is eliminated.

“We are very disappointed that the syringe exchange ban was not removed, particularly since this administration has pledged to base policy on evidence of what works, and President Obama has signaled his support for removal of the ban in the past,” said Frost in a statement. “We are pleased, however, that President Obama wants to pursue removal of the ban as part of implementation of a national AIDS strategy.”

Under the budget, the Centers for Disease Control and Prevention (CDC) will receive a $53 million—or 7.7 percent—increase to its HIV prevention funding in response to the agency’s announcement last year that HIV incidence in the United States was 40 percent higher than previously estimated, with 56,300 new infections recorded annually.

“After many years of cuts and flat funding, while it is far from what is needed, it is good to see a proposed increase to the CDC for domestic HIV prevention efforts,” Carl Schmid, director of federal affairs for The AIDS Institute, said in a statement.

However, the Ryan White HIV/AIDS Program, which serves low-income people living with HIV/AIDS, will receive a funding increase of $54 million under the proposed budget, which includes $20 million for the AIDS Drug Assistance Program. In FY2009, Ryan White received an increase of nearly $72 million.

“At a time when state and local budgets are being cut due to the economic downturn, coupled with increased caseloads and health costs, significant added resources are essential. We must now

turn to the Congress to make sure the Ryan White Program is adequately funded," Schmid added. The group was also dismayed by the budget's modest increase to the Housing Opportunities for Persons with AIDS (HOPWA) program at the U.S. Department of Housing and Urban Development.

Advocates are hopeful that Congress will alter the budget to appropriately address HIV/AIDS domestically and overseas, but they also want the global HIV/AIDS community to remain vocal in ensuring that Obama meets the needs of those most affected by the epidemic.

"The President's Global Health Initiative emphasizes a broader approach to global health and we welcome this sentiment," said Joanne Carter, executive director of RESULTS, a grassroots advocacy organization focused on global health and poverty. "But it must be a truly broader approach by expanding our global health priorities and the funding to support them rather than shifting attention from one set of killer disease conditions to another. We cannot afford to simply suspend progress on some fronts and expect to move forward on others. And major killer diseases of poor people on the planet are not going to take a break while we try to figure out how to walk and chew gum at the same time."

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