



December 14, 2020

Ambassador Linda Thomas-Greenfield  
United States Department of State

Dear Ambassador Thomas-Greenfield,

The Infectious Diseases Society of America and its HIV Medicine Association congratulate President-elect Biden and Vice President-elect Harris on their election. We also congratulate you on your nomination as the next U.S. Ambassador to the United Nations and thank you for volunteering your time and expertise to lead the State Department Agency Review Team. As infectious diseases physicians, scientists, public health and other health care professionals working in in the U.S. and globally, we write to offer our assistance and recommendations for programs and activities under the State Department's jurisdiction. We welcome the opportunity to work closely with the incoming administration to advance domestic and global health priorities and restore American leadership in improving health around the world.

The COVID-19 pandemic has profoundly impacted domestic and global public health in ways that will be felt for years to come. Now more than ever, American leadership is urgently needed to control the pandemic and address its impacts on longstanding epidemics of other infectious diseases, including HIV, tuberculosis and malaria. Global health programs under the Department of State, including the President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, TB and Malaria, have played an important role in the pandemic response in resource-limited countries. These programs will continue to be critical for strengthening global health in a post-pandemic world and renewed support will be vital to meet current and future challenges. Strengthened diplomacy and the restoration of American leadership in global institutions is urgently needed to improve health outcomes globally and protect the health of Americans. Finally, immigration programs that strengthen the infectious disease workforce in the U.S. require greater support. A stronger ID workforce will make the U.S. better prepared for the next pandemic and improve our capacity to respond to existing health crises.

### **Restoring American Leadership**

The U.S. withdrawal from the World Health Organization and its failure to participate in key global cooperative initiatives like the Access to COVID-19 Tools Accelerator and its vaccine distribution arm, COVAX, have threatened our ability to access the tools developed through such partnerships, further disadvantaging our domestic response to the pandemic. We urge the Biden-

Harris administration to not only join global efforts to respond to COVID-19 but to lead them and restore America's reputation as the leader in global health.

**We recommend:**

- **Rejoining the World Health Organization on day one, working to restore American leadership in multilateral agencies and strengthening our relationships with key partners globally.**
- **Making substantial contributions to the ACT-Accelerator and COVAX as well as the organizations developing and distributing tools like Gavi, the Vaccine Alliance, and the Coalition for Epidemic Preparedness Innovations.**
- **Supporting and playing lead role in multilateral agencies to address global health challenges including antimicrobial resistance, pandemic preparedness and effects of climate change on infectious diseases.**

### **Protecting Global Health Investments**

The COVID-19 pandemic threatens to undo years of progress towards ending the biggest infectious disease killers globally: HIV, tuberculosis and malaria. Disruptions to essential health services including testing, case finding, treatment enrollment and prevention services, among others, threaten to derail momentum towards global HIV, TB and malaria elimination goals. UNAIDS estimates that disruptions in access to lifesaving HIV treatment could result in 500,000 additional AIDS-related deaths in sub-Saharan Africa, while interruptions to prevention of mother-to-child transmission services could result in the number of new HIV infections in children doubling in some African countries, including Uganda, Malawi, and Zimbabwe. Deaths from malaria and tuberculosis could double if interruptions to diagnosis, treatment and prevention services continue to persist. The U.S. is one of the largest investors in efforts to control these epidemics, and accelerated efforts are needed to protect our investments in HIV, TB and malaria control efforts and prevent backsliding on years of progress.

**We recommend:**

- **Substantially increasing funding for critical HIV, TB and malaria programs to address the impacts of the pandemic and close preexisting gaps in global responses to the world's biggest infectious disease killers.**

### **Strengthening PEPFAR**

As America's flagship global HIV program and one of the biggest health programs globally, PEPFAR has saved millions of lives while transforming communities in the most vulnerable countries. Years of investments in strengthening health systems, including surveillance, laboratory and health workforce capacity, among other core functions, has increased PEPFAR partner countries' capacities to respond to emerging health threats, including Ebola and COVID-19. In addition to responding to HIV, PEPFAR has worked to address co-infections, such as

tuberculosis, viral hepatitis and human papillomavirus that is responsible for cervical cancer, including having screened over 560,000 women in sub-Saharan Africa for cervical cancer.

While significant strides have been made in the fight against HIV globally, the world is not on track to meet global targets towards HIV elimination. Progress has stalled, and the COVID-19 pandemic's impact on HIV testing, prevention and treatment access sets progress back even further. Already the Office of the Global AIDS Coordinator has reported a 25 percent reduction in new HIV treatment initiation this year. As HIV treatment prevents HIV transmission, such a significant reduction in treatment initiation will not only result in worse health outcomes for people with HIV but will also increase the number of new infections.

While PEPFAR currently supports 16 million of the 25.4 million people on lifesaving antiretroviral therapy globally, over 12 million people living with HIV still lack access to treatment.

**We recommend:**

- **Renewing U.S. leadership and commitment to ending the HIV epidemic, including setting bold new targets for expanding HIV treatment.**
- **Expanding access to prevention interventions, including pre-exposure prophylaxis to prevent HIV infection in the most vulnerable communities and voluntary medical male circumcision – one of the most powerful tools in our prevention arsenal to prevent HIV infection in boys and men.**
- **Reversing harmful policies that have impeded PEPFAR's success in the past four years, including the Protecting Life in Global Health Assistance policy, otherwise known as the Global Gag Rule. This policy restricts efforts to reach critical populations with essential HIV services, tarnishes PEPFAR's reputation, complicates relationships with partner countries and sets back our response to HIV.**

**Supporting the Global Fund to Fight AIDS, TB and Malaria**

The Global Fund to Fight AIDS, TB and Malaria and PEPFAR work synergistically to leverage each program's resources and expertise to strengthen the global response to HIV. As the largest funder of tuberculosis and malaria elimination efforts globally, the Global Fund has been instrumental in saving lives and preventing new infections, including reducing deaths from malaria by nearly 50 percent and TB-related deaths by 25 percent.

The Global Fund rapidly responded to the pandemic, quickly setting up the COVID-19 Response Mechanism to help over 100 countries mitigate disruptions to HIV, TB and malaria services. These critical activities now face uncertainty, as the Response Mechanism has run out of funding.

**We recommend:**

- **Providing emergency funding to sustain the Global Fund's response to COVID-19**

- **Supporting robust funding targets for upcoming replenishment periods and providing full funding through annual appropriations**

### **Leveraging the J-1 Visa Program**

Over the past decade, about one third of physicians entering the infectious diseases (ID) and HIV specialty workforce have come from countries other than the US. These physicians, who are practicing or otherwise lawfully present in the U.S. on a J-1 visa, make vital contributions to America's ID and HIV patient care, public health efforts, and biomedical research and innovation. Care provided by ID and HIV physicians is associated with improved patient outcomes, shorter lengths of hospital stay and lower health care costs. J-1 physicians are a critical part of our current COVID-19 Public Health Emergency response, especially in light of the shrinking ID/HIV physician workforce. Our members report a tremendous need for additional J-1 visa slots for ID and HIV physicians combatting the COVID-19 pandemic through the State Conrad 30 J-1 Visa Program, particularly at institutions in states that have been hard-hit by COVID-19. Despite the critical role of ID/HIV physicians in our health care system, a [June 2020 study](#) published in the Annals of Internal Medicine showed that counties in the U.S. with the lowest density of specialists experienced higher mortality from infection-related deaths compared to counties with a higher density of ID physicians.

IDSA and HIVMA are grateful for bipartisan support of the State Conrad 30 J-1 Visa Program and urge the incoming administration's support for its reauthorization. We believe that it should also be improved to better address ID/HIV workforce shortages to better protect patient and public health, including in pandemics.

Fortifying the ID/HIV workforce is paramount to ensuring patients with COVID-19 have access to lifesaving ID expertise. Deficits in the infectious diseases workforce today have left the U.S. poorly prepared for current and future demand. The incoming administration should work with Congress and the Department of Homeland Security to swiftly change this reality by improving the J-1 Visa program to protect patient and public health during the COVID-19 pandemic, end HIV as an epidemic and ensure we are prepared to prevent and respond to future public health emergencies.

### **We recommend:**

- **Continuing State Department policy that temporarily extends visas and other protected status for physicians and medical residents through the COVID-19 national emergency.**
- **Supporting the current "duration of status," policy that extends a J-1 physician's authorized period of stay upon issuance of a new Form DS-2019, generated by Educational Commission of Foreign Medical Graduates (ECFMG) through the government's Student and Exchange Visitor Information System (SEVIS), during ECFMG's annual review process.**
- **Supporting the reauthorization of the Conrad State 30 Program to create additional J-1 visa waiver FLEX slots for each state for specialties deemed essential to pandemic**

response, and permit these FLEX slots to be used in all geographic areas, given the extensive impact of pandemic-related workforce shortages.

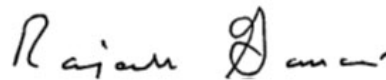
- **Supporting additional waivers for J-1 physicians who wish to serve at academic medical centers and focus on public health or pandemic preparedness.**

IDSA and HIVMA greatly appreciate the opportunity to discuss critical global health priorities. We stand ready to serve as a resource to the transition team and incoming administration as our nation moves forward in addressing the pandemic and its impacts on global infectious diseases, while restoring America's standing as the leader in global health. If you have any questions or if we can be of any assistance, please feel free to contact us through Amanda Jezek, IDSA's senior vice president for public policy and government affairs at [ajezek@idsociety.org](mailto:ajezek@idsociety.org) or Andrea Weddle, HIVMA's executive director at [aweddle@idsociety.org](mailto:aweddle@idsociety.org).

Sincerely,



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