

August 11, 2026

The Honorable Susan Collins
Chair
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Tom Cole
Chair
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Patty Murray
Vice Chair
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Rosa DeLauro
Ranking Member
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chair Collins, Vice Chair Murray, Chairman Cole, and Ranking Member DeLauro,

As faith-based organizations committed to protecting human life and advancing the health and well-being of vulnerable communities around the world, we write regarding proposed changes to the implementation structure of the President's Emergency Plan for AIDS Relief (PEPFAR) and the potential implications for HIV treatment programs and global health security.

For more than two decades, PEPFAR has stood as one of the most successful bipartisan initiatives in American history. Through partnerships among host-country governments, faith communities, healthcare providers, and U.S. government agencies, the program has helped save more than 26 million lives and dramatically reduced suffering caused by HIV/AIDS worldwide. The program's success reflects both American leadership and our shared commitment to the dignity and value of every human life. Many of our organizations have been directly involved in implementing these life-saving programs around the world, and Christians have been strong supporters of PEPFAR since its inception.

We understand that the administration is pursuing a significant restructuring of CDC's role beginning in Fiscal Year 2027, including a transition from the longstanding interagency funding model to a new fee-for-service framework. Since PEPFAR's creation in 2003, CDC has played a central implementation role, supporting HIV treatment and prevention efforts worldwide with public health expertise, laboratory systems, and disease surveillance. This transition will substantially alter how CDC-supported HIV programs are financed and delivered. The proposed changes could affect more than 100 CDC-supported programs that currently provide HIV treatment and related services to more than 8 million people.

We are not writing to advocate for a particular funding mechanism or organizational structure. Congress and the administration may ultimately determine that changes to the current model are appropriate. However, regardless of the structure adopted, we urge policymakers to conduct oversight to ensure that implementation is carried out carefully and responsibly, vulnerable populations do not suffer unintended consequences, and critical public health capabilities are preserved.

Specifically, we urge Congress to:

1) Ensure uninterrupted access to HIV treatment and care

Any transition to a new implementation model should include clear safeguards to ensure continuity of treatment, laboratory services, and program operations for the more than 8 million individuals currently served through affected CDC-supported programs. Interruptions in treatment can reverse years of progress and place vulnerable individuals and communities at risk. Congress should seek clear contingency plans and benchmarks demonstrating how continuity of care will be maintained throughout the transition.

2) Preserve critical disease surveillance and outbreak-response capabilities

CDC's global health platform has helped build laboratory networks, epidemiologic expertise, disease surveillance systems, and outbreak-response capacity that support both HIV programs and broader global health security efforts. Today, that platform includes more than 60 country offices and approximately 1,500 overseas personnel, but the proposed transition could result in the closure of 20 country offices and reduce CDC's overseas workforce to as few as 500 staff, potentially weakening critical surveillance and response capabilities that help detect emerging health threats before they become regional or global crises. Congress should ensure that any new structure maintains sufficient surveillance and preparedness capacity to protect both global and American health security.

3) Conduct robust oversight of the transition

Changes of this magnitude warrant careful congressional review. We encourage Congress to seek detailed information regarding programmatic impacts, workforce implications, continuity-of-care planning, and disease surveillance capacity under any proposed model. Congressional oversight can help ensure that reforms strengthen program effectiveness without undermining lifesaving services or public health preparedness.

4) Evaluate resource needs for CDC global health functions

If these changes reduce CDC's ability to sustain critical public health functions through existing funding streams, Congress should consider whether additional resources through the Labor, Health and Human Services, Education, and Related Agencies appropriations bill may be necessary to maintain essential global health capabilities.

Thank you for your consideration and for your continued commitment to global health, human dignity, and responsible stewardship of taxpayer resources.

Sincerely,

World Relief
World Vision

Bread for the World

Center for Public Justice

Children's AIDS Fund International

Christ Hope International

Christian Connections for International Health

National Association of Evangelicals

National Latino Evangelical Coalition

The 2030 Collaborative