

Written Testimony

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Thank you Chairman Graham, Ranking Member Leahy, and distinguished members of the Subcommittee. I am deeply honored to appear before your Subcommittee, one which has provided visionary leadership and unwavering support for the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) since its inception. Today, millions of men, women, and children are alive because of the compassion and commitment of the members of this Subcommittee; the bipartisan, bicameral support of your Congressional colleagues; the leadership of President George W. Bush and President Barack Obama; and the generosity of the American people. All Americans should be immensely proud of PEPFAR's achievements – because they are also their achievements.

I am honored and humbled to be joined on this panel by three other great leaders in the global HIV/AIDS response. Ambassador Mark Dybul, whose incredible leadership of PEPFAR during a critical phase took the program to new heights, and whose work directing the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) has been extraordinary. Pastor Rick Warren, who has been a voice of compassion and a source of courage for those affected by the epidemic. And Sir Elton John, who has been a passionate and powerful advocate for people living with HIV/AIDS for decades – one whose unwavering personal commitment and charitable foundation have saved and improved so many lives.

Over the past 12 years, with your extraordinary investment, PEPFAR has helped to transform the global landscape of HIV/AIDS and to halt the relentless escalation of new infections and climbing mortality rates. PEPFAR has provided life-saving HIV prevention, treatment, and care services; built and strengthened the capacity of country-specific and country-led responses in both government and civil society; and fostered collaboration among the U.S. government, key global partners, and national governments around the world, as well as grassroots organizations, including many faith-based organizations, in some of the most remote locations. At its core, PEPFAR has offered hope and healing in place of sickness, suffering, and death.

As of September 30, 2014, more than 7.7 million men, women, and children are receiving life-saving antiretroviral treatment (ART) with PEPFAR support. Over the past two years alone, PEPFAR has reached more than 1.5 million pregnant women living with HIV/AIDS with services to prevent mother-to-child transmission and improve maternal health. In total, more than 1 million babies have been born HIV-free. And PEPFAR has supported more than 6.5 million voluntary medical male circumcision procedures in Eastern and Southern Africa. Achieving an AIDS-free generation is no longer a distant dream, but a goal within reach if we focus, accelerate, and sustain our efforts.

The Global HIV/AIDS Epidemic Then and Now

None of us who were there will ever forget what we witnessed just over a decade ago. The reports from those on the frontlines were fraught with despair. At that time, an HIV diagnosis was a virtual death sentence in many countries. The epidemic was devastating families and communities around the world with disastrous social and economic consequences. In the hardest hit regions of sub-Saharan Africa, infant mortality doubled, child mortality tripled, and life expectancy had dropped by 20 years or more. The rate of new HIV infections was exploding, and people were getting sick and dying during their most productive years, crippling economic growth and turning back hard-won gains in global health and development.

Today, thanks in large part to PEPFAR and its many partners, together we have written a new chapter. Worldwide, new HIV infections have been halved from their peak in the 1990s and AIDS-related deaths have dropped by 35 percent since their apex in 2005. In the hardest-hit African countries, new HIV infections among children have declined by 43 percent just since 2009. As of June 2014, more than 13.6 million people have access to life-saving ART globally. Only 50,000 in sub-Saharan Africa were receiving ART when PEPFAR began.

In addition to providing millions of people with life-saving HIV prevention, treatment, and care services, PEPFAR has built health infrastructure and strengthened capacity through an emphasis on sustainability. These efforts have not only supported patients living with HIV/AIDS, but are also leveraged for maternal and child health, malaria, immunizations, and emergency disease outbreak response. We know that strong laboratories and well-trained laboratory specialists are critical to well-functioning health systems, enabling clinicians and health workers to diagnose and treat a range of diseases and conditions. Our investments in the integration of laboratory services, including laboratory networks, commodities, and the workforce have created a lasting infrastructure that positions partner countries to respond to a range of health challenges and threats.

Our investments in human resources for health, including a new strategy released in 2015, support not only the education of health care professionals, but also task-shifting, innovative retention strategies, reemployment, and additional training of health care personnel. PEPFAR was proud to announce on the last World AIDS Day that by the end of FY 2014, we have trained more than 140,000 health care workers to deliver HIV and other health services, exceeding the target set by Congress in PEPFAR's 2008 reauthorization.

Despite this tremendous success, our work is far from done. If we continue on the current course, the global burden of disease will increase far beyond the global community's ability to respond – so we have to change the way we do business. Every week, nearly 40,000 people are newly infected with HIV globally. While HIV incidence has declined by two-thirds since its peak in sub-Saharan Africa, the population has increased by 340 million during the same period. And due to the “youth bulge” in sub-Saharan Africa, millions of young people are entering their most HIV susceptible years. In fact, 200 million people are between 15 and 24, giving Africa the youngest population in the world. It is estimated that the number of young people in Africa will double by 2045. Given these demographic trends, we have to work hard just to keep up with, and

even harder to keep ahead of, the epidemic. It is clear that if we begin to drift, to lessen our aspirations, or fail to follow the science, we will have squandered our accumulated assets and allowed the accomplishments of the last decade to unravel, with enormous negative consequence to a great many young lives. To achieve epidemic control, we need to refocus our efforts, re-energize our partnerships, and reaffirm our commitments to accomplishing our goals.

What it will take to Control the HIV/AIDS Epidemic

Achieving epidemic control and, ultimately, an AIDS-free generation requires all partners to step up their efforts – PEPFAR, the Global Fund, partner countries, and others. No one entity can do this alone. It will take all partners, working in a focused, coordinated, and data-driven manner to succeed. That is why PEPFAR has prioritized key collaborations with multilateral organizations, including UNAIDS and the Global Fund.

PEPFAR works closely with UNAIDS, drawing on the UNAIDS and partner country epidemiologic technical resources and capacity. UNAIDS is the international standard bearer in global HIV/ AIDS for setting critical goals in the global call to end the epidemic. Our collaboration with UNAIDS supports countries in overcoming key policy, programming, and implementation challenges. PEPFAR works with the Global Fund to maximize our joint investments. Increased partnership between PEPFAR and the Global Fund serves to improve the impact of our investments through more strategic use of resources and of our programs through better, more efficient, and evidence-based use of funds; technical and programmatic equality to maximize outcomes; and collaboration to promote country-level sustainable solutions.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), if we do not act now, there will be an estimated 28 million new HIV infections by 2030 – far more than current resources can support. To accelerate progress toward averting new infections and turning the tide on the HIV/AIDS epidemic, UNAIDS has announced an ambitious 90-90-90 global treatment target – 90 percent of people with HIV diagnosed, 90 percent of those diagnosed on ART, and 90 percent of people on treatment virally suppressed by 2020. UNAIDS’ analysis shows that it is possible to control the HIV/AIDS epidemic, but actions taken over the next five years are particularly critical. UNAIDS estimates that aggressive coordinated efforts by donors and national health and finance ministries aimed at a “Fast-Track” strategy to confront the disease could reduce new infections to as few as 200,000 per year by 2030, as compared with 2.5 million per year if existing policies are maintained. The financial costs of the failure to change course are clear: 2.5 million new infections each year will cost an estimated \$2 billion annually just to provide services to people living with HIV/AIDS.

Reaching the 90-90-90 treatment target requires expanding access to HIV prevention, treatment, and care services. It also means shifting the way we all do business. In recent years, international donor HIV/AIDS funding has plateaued. In 2013, domestic investments from low- and middle-income countries accounted for approximately half of all HIV/AIDS-related spending. Even with this remarkable increase, there is insufficient financing to meet all the needs. To get ahead of the epidemic, we must target our efforts, accelerate investments in prevention and treatment, and increase the impact and effectiveness of every dollar spent. And access to viral load testing will be essential to ensuring that those living with HIV/AIDS know their treatment has been

effective. That is why PEPFAR is pivoting to support evidence-based interventions in the highest-burden populations and geographic areas for maximum impact.

Making this pivot is not the easiest or most popular thing, but it is the right thing and the smart thing – because it will prevent new infections. The PEPFAR program has the unique flexibility to make this critical shift, informed by the granular-level data available to us. Each new infection averted saves lives and saves money – today and in the future. For every 1,000 patient-years of treatment—for example, having 500 people on treatment for two years, 226 patient deaths are averted, 432 children are not orphaned, and 99 new infections are averted. To achieve epidemic control and, ultimately an AIDS-free generation, these efforts will need to be complemented by similar program shifts by the Global Fund, partner countries, and other donors as well as new investments.

Each new HIV infection adds to the cost of controlling the disease. Without new investments and greater program efficiency, the cost will become unsustainable. Countries taking on a greater share of the response is a difficult but necessary fiscal and financial management challenge. That is why PEPFAR and the U.S. Department of Treasury are exploring collaboration with partner country Finance Ministries, with the goal of working in partnership with the World Bank, the International Monetary Fund, and other international financial institutions to help prepare public budgets to assume a greater share of the costs for HIV/AIDS programs, and to provide technical assistance to build state capacity in public financial management.

PEPFAR has always been committed to treating people living with HIV before they develop full-blown AIDS. This priority also has direct and indirect economic benefits. Healthy people are able to work and support their families. Keeping parents healthy also lessens other social costs, such as caring for orphans whose parents die of AIDS-related illnesses. It has been shown that the economic benefits of treatment will substantially offset, and likely exceed, program costs within just 10 years of investment. In other words, treating people will not only save lives but will also generate considerable economic returns.

Controlling the HIV/AIDS epidemic also requires a social, policy, and legal environment that encourages and enables people to access and use core HIV/AIDS services. The principles of good public health necessitate that we work to eliminate barriers to these services for all people – including key populations. PEPFAR is committed to ensuring that partners receiving PEPFAR funds implement their programs in a way that supports promotion, protection, and respect for human rights, including for lesbian, gay, bisexual, and transgender people. We are building the capacity of civil society organizations, engaging partner governments, and working in concert with our multilateral and bilateral partners. Our public-private partnerships are central to this effort as well. PEPFAR and the Elton John AIDS Foundation launched a \$7 million public-private partnership to expand access to non-discriminatory HIV-related services for men who have sex with men and transgender individuals, with an initial focus on South Africa. These principles also demand that we deliver HIV/AIDS services even when facing difficult cultural contexts, severe stigma and discrimination, or challenging security environments. This fundamental commitment has underpinned PEPFAR from the beginning, and we will never waver from it.

Changing the Way We Do Business for Results

Over the past 12 years, PEPFAR has evolved from an emergency program to one focused on achieving sustained epidemic control. In my first year as the U.S. Global AIDS Coordinator, we have worked hard to transform the way that PEPFAR does business to maximize the impact of every dollar with which we are entrusted by Congress and American taxpayers.

Within the U.S. government efforts, we have seen incredible leadership at the Department of State, including the important contributions of Chiefs of Mission, as well as the dedicated staff working for PEPFAR's implementing agencies: the Department of Defense; Department of Health and Human Services and its agencies, including the Centers for Disease Control and Prevention, the Food and Drug Administration, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, and the National Institutes of Health; the Department of Labor; the Peace Corps; and the United States Agency for International Development.

We released "PEPFAR 3.0 – Controlling the Epidemic: Delivering on the Promise of an AIDS-free Generation," which outlines how PEPFAR will help to control the epidemic by focusing on doing the right things, in the right places, right now – through five core action agendas:

- **Impact Action Agenda:** focusing resources and leveraging finances to address the most vulnerable populations and to control the epidemic.
- **Efficiency Action Agenda:** increasing transparency, oversight, and accountability across PEPFAR and its interagency partners to ensure every taxpayer dollar is optimally invested and tracked.
- **Sustainability Action Agenda:** ensuring that when the U.S. and partner countries have scaled up interventions and reached epidemic control, the services, systems, financing, and policies required to maintain that control are readily available to PEPFAR beneficiaries.
- **Partnership Action Agenda:** strengthening partnerships, including with the Global Fund, to achieve sustainability and ultimately, an AIDS-free generation.
- **Human Rights Action Agenda:** securing, protecting, and promoting human rights and addressing the human rights challenges of those affected by the disease.

We have moved swiftly to help tackle two of the most glaring gaps in the response – the distressing disparity in HIV/AIDS treatment for children; and the alarming rates of new HIV infections among adolescent girls and young women.

In 2013, 3.2 million children under the age of 15 were living with HIV/AIDS globally – more than 90 percent in sub-Saharan Africa. Tragically, only 24 percent have access to ART. Children living with HIV/AIDS are one-third less likely to receive treatment compared to adults. Without treatment, half of the children infected with HIV at birth or in infancy will die before their second birthday, and 80 percent will die before their fifth birthday. That is why, last August, PEPFAR launched the Accelerating Children's HIV/ AIDS Treatment (ACT) Initiative – an

ambitious \$200 million partnership with the Children's Investment Fund Foundation to reach 300,000 more children living with HIV/AIDS with treatment by the end of 2016.

Every year, an astonishing 380,000 adolescent girls and young women are infected with HIV, 7,000 every week, over 1,000 every day. And in 2013, nearly 60 percent of all new HIV infections among people aged 15-24 occurred among adolescent girls and young women. That is why, last World AIDS Day PEPFAR joined with the Bill & Melinda Gates Foundation and the Nike Foundation to launch the \$210 million DREAMS Partnership to ensure that adolescent girls and young women have an opportunity to live Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe lives.

These and other impactful public-private partnerships are allowing PEPFAR to leverage the expertise, assets, and experience of the private sector – maximizing the U.S. government's investment in addressing these and other urgent needs. In 2014 alone, private sector partners contributed \$264 million to increase the scale and impact of PEPFAR's work.

Civil society organizations and faith-based organizations (FBOs) have been critical PEPFAR partners from the outset, and played a pivotal role in the HIV/AIDS response since the earliest days of the epidemic. Time after time, civil society has sounded the alarm, demanded accountability and transparency, delivered life-saving services, and driven transformational change in communities and countries. Historically, FBOs have provided an estimated 30-70 percent of health care services in sub-Saharan Africa. In Kenya, faith-based health facilities operated by diverse religious traditions are essential health providers for low-income households – accounting for 70 percent of the not-for-profit, non-governmental health facilities in the country. Two-thirds of faith-based health facilities in Kenya's high-incidence counties provide some type of HIV/AIDS service. And in Nairobi, the county with the largest number of people living with HIV/AIDS in Kenya, FBOs provide more than 60 percent of antiretroviral medications.

Using and Sharing Data for Greater Transparency and Impact

Just as harnessing existing partners and enlisting new ones is vital to our success, so are using and sharing data. PEPFAR is doing this in unprecedented ways, and we are just getting started. We have been steadfast in the adoption of a data-driven, targeted approach to address one of the most complex global health issues in modern history. We use an implementation science model – a scientific framework – to guide program implementation and scale-up that focuses on effectiveness and efficiency in order to continually build the evidence base necessary to inform the best approaches to achieve high-impact, sustainable prevention, care, and treatment programs. We are examining data down to the most granular site level to strategically target geographic areas and populations with the highest HIV/AIDS burden to achieve the greatest impact for our investments. As part of PEPFAR's Efficiency Action Agenda, our Expenditure Analysis Initiative ensures that PEPFAR expenditures can be analyzed by program area, cost category and country, including sub-national geographic units. The analysis links routinely collected results data with expenditures to calculate a PEPFAR unit-expenditure per achievement. Expenditure Analysis facilitates joint planning with country governments and other donors ensuring improved coordination of resources in support of national treatment goals and comprehensive HIV programming. PEPFAR will continue to lead the global community in these

efficiency initiatives and will expand the use of key tools for analysis and other innovations in order to save even more lives.

And because data are only useful when they are accessible, understandable, and actionable, PEPFAR is opening its data to drive program efficiency, transparency, coordination, and mutual accountability. This includes posting on our Web site the first-ever PEPFAR Dashboards, enabling all to view, download, and utilize PEPFAR data. We have also launched a new three-year, \$21.8 million partnership with the Millennium Challenge Corporation to support country-led open data systems in a number of countries.

PEPFAR is also deeply committed to demonstrating and improving the impact of the American people's investments. One way we do so is by conducting national HIV/AIDS Impact Assessments (HIA). HIA collect data on HIV prevalence, incidence, historic mortality, and service coverage down to the household level, providing direct evidence of how well an epidemic is transitioning in a country. By the end of next year, PEPFAR will have supported implementation of new HIA in 17 countries, wherever possible inclusive of viral load monitoring.

The data that drives and informs PEPFAR's work are a key component of our Sustainability Action Agenda, where the U.S. government aims to engage partner governments and civil society in service and systems strengthening. In 2015, PEPFAR launched a Sustainability Index, which provides an annual snapshot of the state of the elements central to a sustained and controlled epidemic. The use of this index will allow PEPFAR to objectively track progress toward sustainability goals. These goals are country-led and have been supported by PEPFAR in order for countries to increase capacity for domestic service delivery, finance, and strategic investment; accountability and transparency, including civil society engagement. While financial sustainability is just one element of our index, it is worth noting that a number of countries have increased their domestic financing for HIV/AIDS. For example, Botswana funds 90 percent of its treatment response; South Africa invests over \$1.6 billion annually, comprising nearly 80 percent of the HIV/AIDS response in the country; Namibia finances nearly two-thirds of the national HIV/AIDS response with domestic resources; and Zambia has made significant domestic investments as well. PEPFAR is actively working with partner countries to further expand their investment in health.

The Road Ahead

Chairman Graham, Ranking Member Leahy, distinguished members of the Subcommittee, the road ahead will be challenging, it will test our resolve; however, I am confident that we will reach our destination. The ways in which we are focusing, strengthening, and accelerating PEPFAR's efforts and partnerships will hasten our arrival. As the members of this Subcommittee have witnessed firsthand over many years, PEPFAR is not only a transformative global health program, but it is also an outstanding expression of American diplomacy reflecting the enduring compassion of the American people.

Over the last 12 years, PEPFAR has adapted, responding to changing needs on the ground among the people we serve. We have taken lessons learned to heart and our stewardship over

PEPFAR has been informed by our clear responsibility to spend each dollar appropriated to us by the U.S. Congress and the American people in the most wise and purposeful way. We cannot afford not to. Our work is guided each day by the memory of the nearly 40million people who have died since the HIV/AIDS epidemic was first recognized, including the estimated 1.6 million lives lost in this past year. We are inspired by the millions of people who are living with HIV/AIDS today to work harder, faster, and smarter with our partners across the globe to achieve an AIDS-free generation. And it is possible if we remain focused, steadfast, and keep pushing forward together.

Mr. Chairman, thank you for the opportunity to appear before you today. We are profoundly grateful for the ongoing support and engagement of your Subcommittee for PEPFAR's work. I look forward to your questions.

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