

“PEPFAR Reauthorization: Looking Forward”

Remarks of U.S. Senator Russ Feingold

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Rayburn 2200

Good morning. Thank you Steve and Helene for that introduction, for helping to coordinate this event, and for all your work on HIV/AIDS and other key global challenges. I am humbled to be in the company of so many distinguished experts who have contributed so much in the fight against the HIV/AIDS pandemic, and appreciate those members of the Institute of Medicine’s Committee for the Evaluation of PEPFAR Implementation for taking the time to share their insights and ideas with us.

I am also pleased to be here with my colleagues who have championed this issue in Congress for years and who have consistently displayed impressive knowledge of the AIDS pandemic and an inspiring commitment to its eradication.

Finally, welcome and thank you all for coming this morning to briefly review what has been accomplished in the U.S.-led global effort to combat HIV and AIDS and the beginning of what I hope will be a extensive examination of how to sustain and build upon this leadership in the years and decades to come.

Introduction

In thinking about policy prescriptions and resource allocations for the fight against HIV/AIDS it is important to emphasize that we all share the same objective: to reduce the number of people affected by this devastating disease so that families, communities, and countries can be more healthy, stable, and prosperous. By now, we are all familiar with the bad news – that HIV continues to spread, orphans children, weakens militaries and civilian workforces, and impedes development in many parts of the world least able to contain the epidemic or treat its victims.

The CSIS Task Force was inaugurated in 2001 to motivate and inform a robust, bipartisan, and forward-looking U.S. response to this global pandemic. In doing so, my predecessors as Chairs of this Task Force – Senators Bill Frist and John Kerry – highlighted the implications of HIV/AIDS for stability and security in developing countries, considered the significance of expanding access to treatment, and explored mechanisms to mobilize global funding flows.

The law authorizing PEPFAR, the “United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003,” is testament to the success of the Task Force and other tireless HIV/AIDS advocates in raising awareness about this disease and the families, communities, and countries affected by it.

Personal Commitment

My personal commitment to this issue was inspired by witnessing the destructive impact of HIV/AIDS firsthand in late 1999. On behalf of the Senate Committee on Foreign Relations, I accompanied then-U.S. Ambassador to the United Nations Richard Holbrooke on a 10-nation tour of Africa. During that trip, we saw and heard evidence of the scope of HIV/AIDS everywhere we went. HIV-positive Namibians went to support group meetings in vans with curtained windows to shield their identities for fear that the stigma still attached to the disease would cause them to lose their jobs and perhaps even to be disowned by their families. It was shocking to me that in a country gripped by the epidemic, people refused to acknowledge and confront the disease.

In Zambia, I visited a shelter where 500 children -- many of them orphaned when AIDS killed their parents -- spent the day but then were forced to fend for themselves by night. They often slept on the streets or resorted to prostitution and risked exposure to HIV themselves. During the last decade, the proportion of children who have been orphaned as a result of AIDS rose from 3.5% to 32%. This increase will continue exponentially as the disease spreads unchecked. As a result, the disease is in effect making orphans of a whole generation of children, jeopardizing their health, their rights, their well-being and sometimes their very survival, not to mention the overall development prospects of their countries.

Today, Africa has an estimated 12 million AIDS orphans, a number expected to double by 2010. This tragedy will contribute to deepening poverty in many communities, since the burden of caring for most of these orphans falls on already overstretched extended families.

I returned from this trip with a much better understanding of the crisis, one that I couldn't have gotten from statistics alone, and a determination to do whatever I could to help.

Challenges Ahead

With the injection of energy and resources provided by PEPFAR and other programs, the past four years have seen impressive progress in the global fight against HIV and AIDS, and yet, the battle is far from won. Around the world only about a quarter of those in need of life-saving drugs are currently receiving them, and more than four million people contracted this preventable virus last year, adding to the estimated 36 million already infected. In the preface to the Institute of Medicine's recent report, Chairman Sepulveda pointed out that although it is human nature to do a better job responding to emergencies than to maintaining existing efforts over time, the success of PEPFAR and other HIV/AIDS initiatives will be determined by their ability to transition from reaction to a crisis into support for sustainable, long-term solutions. The United States is well

positioned to lead this transition and the reauthorization of PEPFAR provides a valuable opportunity to do exactly that.

Today, the CSIS Task Force is taking on the challenge of analyzing new data and developments about the global HIV/AIDS pandemic to inform Congress' debate on how best to update, expand, and improve U.S. efforts to contain this disease, care for its victims, and mitigate its impact. Since the passage of the Leadership Act in 2003, major challenges to sustaining U.S. leadership on HIV/AIDS have emerged and I believe that Congress should address them sooner rather than later. I am sure that many of these will be raised today and in the coming debate over PEPFAR's reauthorization, but I would like to briefly touch upon a few that are, in my view, truly critical.

These are:

- devoting appropriate attention and resources to prevention;
- better addressing the disproportionate burden that this disease places on women and girls;
- addressing the massive workforce shortages that threaten the impact of current efforts in many developing nations, especially in sub-Saharan Africa; and
- adopting a comprehensive, integrated, and coordinated approach to addressing health emergencies while also working to strengthen long-term, sustainable health care infrastructure.

Prevention and Gender

I believe the next phase of U.S. HIV/AIDS efforts must include an increased focus on prevention initiatives while also prioritizing populations that are most at risk. I am extremely troubled by the fact that the rate of new HIV infections dramatically outpaces current efforts to reach people with life-sustaining antiretroviral therapy. According to Family Health International, for each new person who received antiretroviral therapy in 2005, another seven people became infected. If this trend is not reversed, we will always be playing catch-up. We need to expand the scale and scope of our prevention efforts and reach out to these critical populations more effectively.

Those most susceptible to HIV infection are often society's most vulnerable – individuals who are overlooked socially, economically, and politically and have the least ability to employ the U.S.-preferred methods of prevention – abstinence, faithfulness, and condoms. Unfortunately, women and girls are usually part of this neglected population – as inherent gender inequalities, cultural norms, transactional sex, and gender-based violence tends to increase susceptibility to HIV/AIDS.

The “feminization” of AIDS is most visible in sub-Saharan Africa, where nearly 60% of adults living with HIV are women and for every HIV-positive boy aged 15 to 19, there

are six or seven HIV-positive girls. Women and girls desperately need legal protection and economic empowerment so that they can make safe health choices, and learn new ways to protect themselves from infection. Fighting the gendered dynamic that is frequently transmitted with the disease itself must become a critical component of any expanded HIV-prevention programs in the next phase of U.S. HIV/AIDS efforts.

Comprehensive and Integrated Approach

It is also becoming increasingly clear that we cannot address HIV/AIDS in isolation, and that we need to deepen coordination between HIV/AIDS initiatives and other development goals. HIV/AIDS does not just affect solitary individuals, but families, communities, and entire economies. Consequently, our response must have a broader focus within each country's unique context.

One problem that has become apparent as we commit increasing funds to address HIV/AIDS is that international AIDS programs are siphoning off trained local health care workers from national health care systems. A related concern is that wealthy countries have neglected to devote sufficient attention and resources to fostering these elements of good health in developing countries, while generously supplying assistance narrowly focused on combating HIV/AIDS. Though few are calling for a decrease in AIDS funding, there is a need to acknowledge that the U.S. and others have limited resources for global health programs and that as long as the vast majority of this funding is directed at HIV/AIDS – and to a lesser extent, malaria and tuberculosis – there will be less allocated for other health initiatives.

This does not need to be an either/or situation; on the contrary, the comprehensive and integrated approach envisaged by the IOM report would help address both of these concerns and will be an essential principle to guide this next phase of the battle against HIV and AIDS.

The World Health Organization has reported that the total number of health care workers per 1,000 people in Africa is 2.3—less than one-tenth the density in the Americas. Notably, this capacity crisis is not limited to the African continent. More than 57 countries are facing a serious shortage of health care workers; it is estimated that over 4 million are needed to fill the gap.

It is inefficient and counterproductive for the U.S. and other wealthy countries to send medical staff to administer health programs in developing countries, while the limited number of trained doctors and nurses leave these same countries to pursue higher wages elsewhere. Donors must use their leverage to encourage national governments to commit sufficient political and material resources to the development and implementation of domestic plans for stemming this “brain drain” and improving health care infrastructure.

Our long-term goal should be to help establish broad-based, self-sustaining health systems that can adequately meet the unique needs in each country.

Scientific and anecdotal evidence have confirmed that there is much to be gained by integrating the treatment and care of other diseases – particularly tuberculosis but also more common, preventable ailments – with HIV programs and expanding prevention and training campaigns so that they produce individuals with a wide range of health knowledge and capacities.

In the next phase of U.S. HIV/AIDS efforts, we need to strengthen national health and social systems by integrating HIV/AIDS intervention into programs for primary health care, maternal and child health, sexual and reproductive health, preventable disease, improved access to health care, tuberculosis, nutrition, education and training. Not only will it be more cost-efficient to work with existing systems, but it will also increase access for people who otherwise might not seek out counseling, testing, or treatment. As we look ahead to the next five years and beyond, strong national health systems will be crucial for sustainability.

Conclusion

I am committed to maintaining and expanding the United States' response to the HIV/AIDS pandemic in a way that advances a wide range of global health objectives, motivates and empowers other countries to develop their own aggressive prevention and treatment strategies, and contributes to the development of a capable and self-sustaining national health system in the countries hardest hit by - but least able to respond to – this and other health crises.

Many of you in this room and the organizations you represent have been the ones driving and informing how people perceive and respond to HIV and AIDS. Your research, reports, and outreach have gotten people involved at every level.

Increasing information about this disease, its victims, and its impact on individuals and societies writ large has helped raise awareness and urgency about the need for a multi-pronged approach that includes prevention, treatment, and care. The challenge now is to update and revise people's awareness and sense of urgency to reflect the changing patterns and challenges of this pandemic and the distinct ways it is manifested in different parts of the world. Thank you in advance for your contributions to making the next phase of this fight even more effective.