

***The CSIS Task Force on HIV/AIDS:
Strengthening U.S. Leadership
February 27, 2003***

TO: Senators Bill Frist (R-Tenn.) and John Kerry (D-Mass.)
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SUBJECT: Task Force Update on Strengthening U.S. Leadership on HIV/AIDS

The CSIS Task Force on HIV/AIDS aims to strengthen U.S. leadership in the global fight against HIV/AIDS. In his State of the Union address, President Bush took the bold, historic step of announcing a \$15-billion initiative to combat HIV/AIDS primarily in Africa and the Caribbean (the Emergency Plan for AIDS Relief). In the Task Force's view, this significantly bolsters the opportunity for the United States to galvanize global efforts.

- 1) The president's strategic vision of U.S. leadership in the fight against HIV/AIDS rests on several core premises, detailed below, which are shared across party lines and raise hope that the president's commitments can be rapidly translated into effective, expanded programs and enlarged high-level engagement. Those core premises include:
 - Sustained multiyear U.S. engagement in the battle against HIV/AIDS is central to U.S. national security interests and advances U.S. moral responsibilities in the world. The U.S. fight against HIV/AIDS is bipartisan and beyond ideology.
 - To be credible, the U.S. effort has to be proportional to the challenge. This requires, initially, a commitment to triple U.S. assistance to the \$15 billion promised by the president over the next five years. This amounts to \$10 billion in new funding.
 - The United States is best advised to concentrate help to the poorest countries most gravely impacted by HIV/AIDS, with the strategic aim of creating in these countries prevention, care, *and* treatment programs on a national scale. Treatment has to lie at the center of ending despair and restoring hope: indeed, approximately half of the new funds are to be dedicated to the provision of treatment. Ambitious but achievable concrete benchmarks will be essential to monitoring progress and sustaining the political support of the American people.
 - The United States should take the lead in encouraging other countries to increase their programs to combat HIV/AIDS.

- Programs against HIV/AIDS must be comprehensive and based pragmatically on lessons gained over the past two decades. The United States will use mixed approaches that have proven most effective, including education on prevention that combines abstinence, faithfulness in marriage, and condom availability (ABC); and including flexibility in funding multipurpose clinics in remote and poor areas. Cost-effective treatment will require the purchase of the least-expensive quality medicines, including generics.
- 2) Translating the president's initiative into reality will require sustained, high-level attention in the executive branch and the Congress. In particular, substantial new money must be appropriated and delivered quickly and effectively. Existing, effective programs can be scaled up today. Increasing U.S. assistance—real and on the table—will prod reluctant wealthy donors to increase their funding soon.

A critical next step is for the president, with expedited authority from Congress, immediately to appoint an HIV/AIDS coordinator with a global profile, a robust, clear mandate, and direct access to the president and the secretaries of state and health and human services. This envoy can be the focal point for discussions with Congress and other donors, coordinating U.S. policy now spread across several agencies.

A top, early priority for the coordinator has to be winning the flexibility and power to accelerate disbursement rates by U.S. agencies.

Quick, substantial new money will reduce the risk that existing development programs that reduce vulnerability to infectious diseases will be raided. Rapid infusions will be essential to overcome the strategic obstacle in most poor, acutely affected countries—the imperative to build effective infrastructure. Indeed, to achieve quick, concrete results and sustain political momentum, the coordinator should press for U.S. resource commitments to be increased at a tempo faster than presently envisaged and to be front-loaded. Special care will be needed to strengthen countries' fiscal management capacities.

More funds will be needed to respond to those countries, especially in Africa, that already face serious HIV/AIDS epidemics but are not among the 14 countries contained in the president's initiative. More funds will also be needed to help prevent the full explosion into the general populations of the "second wave" regional and global giants like China, Russia, India, Ukraine, and others. Funds should also be targeted to populations most significantly impacted, including women and girls, and to address the collateral impacts of the epidemic, such as its impact on the food crisis in southern Africa.

Accelerating delivery will require that the coordinator work closely with Congress to identify and pursue innovative ways to deliver assistance, including building upon best practices among nongovernmental organizations (NGOs); enlarging creative public-private partnerships in which corporate interests have advanced prevention through aggressive education, counseling, condom promotion, and other interventions; and seizing upon examples from U.S. government assistance programs that work. It will be

imperative that the new coordinator's office speed—and not further burden and slow—operational agencies.

Important in this regard, the Task Force strongly recommends that U.S. assistance on HIV/AIDS have special legislative “notwithstanding” authority like that afforded to humanitarian assistance, transitional aid to countries emerging from crisis, and other urgent programs. The purpose is to implement policy, as warranted, on an emergency basis to accelerate delivery of program resources.

The administration's new initiative should be closely integrated with related research on vaccines and microbicides. These technologies likely demand enhanced incentives for accelerated private sector investment in research and development and need to be developed in concert with expanded prevention and care programs.

The new initiative should also involve a careful reexamination of the costs and benefits of the 15-year-old U.S. requirement for HIV testing of applicants for permanent immigration and automatic exclusion of those found to be infected. It has been over a decade since there was any serious consideration of these policies, which in some quarters are regarded as discriminatory. In that decade, much has changed: the U.S. leadership stakes in battling the HIV/AIDS pandemic have increased dramatically, as the scope of the pandemic has broadened and knowledge of how the virus is transmitted has improved.

A second top, early priority has to be sustaining support for the Global Fund to Fight against AIDS, Tuberculosis, and Malaria.

The Global Fund deserves special attention. It is essential to the ability of the international community to expedite the delivery of substantial assistance to a large number of worthy countries, in a period when the pandemic is expected to continue to worsen.

With Bush administration leadership, the fund was successfully launched in 2002. In a remarkably brief period, the fund won founding pledges of \$2.2 billion from 34 countries; committed \$1.5 billion toward programs in 88 countries; rapidly operationalized a lean secretariat under the guidance of an activist board; put in place a credible disbursement structure; and triggered the creation of coordinating mechanisms in affected countries that mobilized a broad spectrum of government agencies and civic organizations.

The fund projects that it will disburse approximately \$20 billion in new programs over the five years of President Bush's initiative, in addition to expected continuation of current grants in amounts that may reach \$10 billion. The fund will attain those levels only as it persuades donors and its board, under the leadership of its new chair, Secretary of Health and Human Services Tommy Thompson, that it operates efficiently and transparently.

As the fund grows, and as higher numbers of strong and worthy national programs come forward for funding, it is reasonable and fair to assume that the United States will shoulder a 25 percent share of the financial requirements, a level historically associated with U.S. support for international initiatives and considerably below its current

percentage support of Global Fund grant approvals. By Task Force calculations, it is reasonable to anticipate that the fund will require in the next five years no less than \$5 billion from the United States, far above the \$1 billion set aside in the president's initiative for the fund.

The Global Fund already lacks funds to make commitments anticipated at its fall 2003 meeting. The U.S. government, in collaboration with the fund's secretariat, should launch an intensive campaign to attract additional resources to the fund, with special emphasis on the G-8 summit in France in June.

- 3) As the president's initiative moves forward, in concert with congressional legislative action, the United States should also give priority to three critical, swiftly evolving dimensions of the HIV/AIDS pandemic.

First, there is need for a coherent, dynamic "second wave" strategy.

Even with new effective global efforts, the HIV/AIDS epidemic may not peak for several decades. This probable scenario creates an urgent need for a strategy that helps countries not yet facing an epidemic among the general population to follow the path of Uganda and Thailand rather than the experience of many countries in southern and eastern Africa that are now confronting the devastating consequences of HIV-prevalence rates in excess of 20 percent.

The September 2002 National Intelligence Council report outlined that by 2010 there could be 50 to 75 million persons infected with HIV in China, Russia, India, Nigeria, and Ethiopia. Only the latter two countries fall within the president's initiative. In addition, other countries are likely to experience similar increases in HIV/AIDS, according to the report. To preempt a full-blown epidemic in all "second wave" countries, the Bush administration will need to pursue a dynamic health diplomacy that consciously seeks to help those countries adopt adequately resourced prevention, treatment, and care policies and programs. Containing the rising threat of global infectious disease among these "second wave" countries should be high among U.S. foreign policy and security priorities. The United States should endorse a second UN Security Council special session dedicated to the issue this year.

China is of particular importance in the future of the epidemic. A CSIS delegation of former government officials, academics, and private sector representatives visited China in mid-January (its report to be published February 27) and concluded that it is in the U.S. national interest to enlarge significantly its bilateral and multilateral engagement with China if a generalized epidemic is to be averted. Such an epidemic would have catastrophic consequences for China and the course of the epidemic globally. The Chinese government is beginning to acknowledge the need for comprehensive programs to combat the epidemic. Translating that awareness into engagement at the highest political levels of its government and the sustained dedication of massive new human, financial, and scientific resources will be critical to success. The delegation calls for sustained high-level leadership dialogue, starting with President Bush and extending to

our most-senior government officials, as well as corporate, labor, and NGO leaders, expanded operational collaboration, and strengthened donor support.

Second, there is need for an integrated strategy to reduce the acute vulnerability of women, especially girls.

The epidemic's disproportionate impact on women and girls has given rise to the steady feminization of HIV/AIDS, rooted in women and girls' economic dependency and the denial of their rights. To be effective, U.S. interventions have to address the root causes of these vulnerabilities and strengthen—not limit—the tools essential for women and girls to protect themselves and their families.

President Bush's HIV/AIDS initiative and the companion legislation pending before Congress present a unique opportunity to make the increased empowerment and protection of women and girls a strategic priority of U.S. policy.

To be successful, the U.S. strategy should concentrate in five areas:

- Rapidly scale up programs through immediate and intensive support to nongovernmental organizations and government mechanisms that work to reduce women and girls' vulnerability to HIV/AIDS. That would involve targeted assistance to groups focusing on expanding economic empowerment, strengthening access to justice mechanisms, and improving access to education and HIV/AIDS information for girls, including the ABC approach.
- Expand support for training of law enforcement and judicial personnel, as well as educators and health care providers, on the link between gender-based violence and HIV/AIDS.
- Increase treatment and prevention options for women and girls, including expanded mother-to-child-treatment programs (MTCT plus) with appropriate counseling and testing services, and the development of female-controlled prevention technologies.
- Engage in high-level public diplomacy campaigns focused on the gender dimension as a central part of the HIV/AIDS crisis.
- Strengthen and expand programs on HIV/AIDS and reproductive health for women and girls in conflict and post-conflict situations, and develop clear guidelines and practices to ensure that international peacekeepers receive training on women's rights and gender-based violence, as well as risk reduction information and services.

Third, there is need for a revised U.S. food relief and development strategy to mitigate the crushing impact HIV/AIDS is having on rural households. Across southern and eastern Africa, HIV/AIDS is creating chronic food insecurity and putting entire communities at risk of dissolution.

Most essential are innovations to protect and replenish the capacity of peasant households: for example, through microcredits, laborsaving technology, and crops that spread the labor demand more evenly across the year.

Far greater effort is needed to meet the special nutritional requirements of persons living with HIV/AIDS and the communities that often depend on them. This aid cannot wait for large-scale testing for HIV status but should begin in communities in high incidence areas.

Expanded food rations and cash income are needed to lessen the burden of single parents caring for orphans and the sick and to reduce the risk of young women turning to commercial sex work for survival. These programs can also be used to provide extended support to elementary schools.

Most fundamental, the G-8 and OECD member countries need to increase global commodity prices for agricultural goods produced by the countries most acutely imperiled by HIV/AIDS.

The U.S. trade representative's office should press this objective forcefully in the Doha WTO round. An HIV/AIDS trade initiative of this type follows closely upon arguments contained in President Bush's National Security Strategy issued in September 2002, and it would logically and powerfully complement the Bush administration's repeated commitments to be flexible in enforcement of patent protections on pharmaceuticals for poor, developing countries facing medical emergencies.

Conclusion

This is a promising and dramatic moment in U.S. history, as U.S. leadership to battle the HIV/AIDS pandemic expands.

Many pressures, of course, will potentially strain implementation of the president's initiative and the bipartisan compact essential to sustain momentum: a possible war on Iraq; a worsening budget deficit; competing foreign assistance initiatives, such as the Millennium Challenge Account; and the onset of the American national electoral cycle.

Also, many difficult, complex policy controversies will persist and require careful resolution: ensuring the flexibility to fund multipurpose clinics in poor, remote settings; defining the relative priority attached to condom distribution versus abstinence education; making allocations between bilateral channels and new multilateral instruments like the Global Fund, and between resources for the 14 focal countries of the president's initiative and the many other acutely affected countries in Africa and elsewhere—as well as the many “second wave” countries where aggressive preemption is an urgent priority.

With high-level political will in Congress and in the Bush administration, matched by rapid and substantial appropriations of new funds, U.S. leadership can be sustained and further enlarged.