

Written Testimony

Deborah L. Birx, MD Ambassador at Large Designate and Coordinator Designate, Department of State, United States Government Activities to Combat HIV/AIDS Globally

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Thank you Senator Markey, Senator Barrasso, Chairman Menendez, Ranking Member Corker and distinguished members of the Committee. I am deeply honored to have been nominated by President Obama, with the strong support of Secretary Kerry, to serve as the United States Global AIDS Coordinator and to lead the global HIV/AIDS efforts on behalf of our nation. It is a particular pleasure to have this opportunity to appear before your Committee, which has so persistently and effectively moved AIDS from the shadows to the center of our global health agenda. I would like to applaud the members of this Committee and your Congressional colleagues for your unwavering bipartisan support of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and for the recent passage of the PEPFAR Stewardship and Oversight Act of 2013. You are to be commended for your leadership in moving this legislation forward and with each reauthorization strengthening PEPFAR's investment strategy and program oversight to ensure maximum impact on the epidemic to achieve an AIDS-free Generation.

Please know that if confirmed, I will continue to work with you and the larger global health community to further strengthen and accelerate our global HIV/AIDS efforts to ensure that our programs have an even greater impact in saving lives, changing the course of the HIV epidemic, and taking a major step forward in achieving an AIDS-free generation. I will also ensure effective oversight, accountability, and enhanced transparency to you and the American people so that our investment of tax dollars reaps the greatest dividends. Our investments must continue to be smart, strategic, and impactful if we are to ultimately win the global battle against HIV/AIDS.

The AIDS pandemic has devastated individuals and communities in the United States and around the world. Since the first cases were recognized in 1981, more than 30 million people have died from AIDS and millions more are now living with HIV, with an estimated 1.6 million deaths in the past year. Countless others have been affected by untold personal and economic loss. In recent years,

however, the story of AIDS has changed dramatically. It is no longer just a story of devastation and despair – it is one of healing and hope. By sheer determination and millions of heroic personal, political, and programmatic choices, the tide of this relentless epidemic is turning.

The U.S. global HIV/AIDS effort has both launched and anchored the largest and longest lasting global health collaboration in history. Working together we have brought about extraordinary achievements that have transformed individuals, communities, societies and countries. Over the last decade we have seen impressive gains. We have reached, and in many cases exceeded, PEPFAR's targets defined by the President. In FY2013, PEPFAR directly supported 6.7 million men, women, and children worldwide with life-saving medicines; supported HIV testing and counseling to more than 12.8 million pregnant women; and provided antiretroviral medications to prevent mother-to-child transmission of the virus to 780,000 women. Last June, Secretary Kerry made the historic announcement that PEPFAR had achieved a milestone - one million babies born HIV-free. We have supported more than 4.7 million voluntary medical male circumcision procedures in east and southern Africa. And PEPFAR supported 17 million people with care and support, including more than 5 million orphans and vulnerable children, in 2013.

These efforts have saved millions of lives and illustrate the critical role of American leadership in global health. Within the global response to the epidemic, PEPFAR has served as a remarkable example of cooperation across the breadth of our Government and our nation with countless partners around the globe. This success owes a great debt to the leadership of President George W. Bush and the members of his Administration for creating PEPFAR. To President Obama, former Secretary of State Clinton, and Secretary of State Kerry for their deep commitment as outlined in the *PEPFAR Blueprint for an AIDS Free Generation* to further extend our efforts. And to the visionary leaders in this and earlier Congresses, who had the foresight to propose, support and guide this program in its development. We also owe a debt of gratitude to Ambassadors Eric Goosby and Mark Dybul for their effective stewardship of PEPFAR during the current and past Administrations. And we are grateful as well to the pioneers who created the Leadership and Investment in Fighting the Epidemic (LIFE) Initiative in the Clinton Administration. The U.S. global response to HIV has been uniquely uninterrupted, and each Administration has contributed its own vision while maintaining the fundamentals, securing bipartisan bicameral support through each reauthorization, and reflecting the enduring compassion of the American people.

My entire professional career has been focused on the AIDS epidemic, interacting with it from a number of different perspectives both in the United States and throughout the world. As a physician I have cared for patients, beginning in the 1980s at Walter Reed Army Medical Center, before we knew a deadly virus was causing this horrendous disease. I made scientific contributions in understanding how this virus destroys the body's defense mechanisms.

And while leading the Walter Reed Army Institute of Research work on HIV/AIDS, I was able to acquire a more thorough appreciation of the potential and limitations of groundbreaking vaccine research. As a proud Army Veteran, having risen to the rank of Colonel, I brought together the Navy, Army, and Air Force in a new model of cooperation—whose lessons I would hope to adapt in this role to ensure that the full U.S. government interagency PEPFAR collaboration is enhanced. Finally, in my current role as the Director of the U.S. Centers for Disease Control and Prevention (CDC), Division of Global HIV/AIDS, I have had the privilege of working with and across the full array of U.S. government PEPFAR implementing agencies, where I developed a unique understanding and appreciation of the complementary roles of each. These diverse and demanding experiences have challenged me personally while reinforcing my confidence in our collective capacities – and my optimism that our chance to create an AIDS-free generation is within reach.

Our challenge is to maintain our focus. If we begin to drift, to lessen our aspirations, or to stray from the scientific method, 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 an AIDS-free generation –we need to refocus our efforts, re-energize our partnerships, and reaffirm our commitments to achieving our objectives. My confidence in our eventual success derives from what we have seen and experienced thus far in the global effort.

We have seen our many partners in clinics and communities across five continents persevere and prevail in their efforts to bring sound science to the service of social justice.

We have seen the compassion and passion of AIDS advocates and activists at the forefront of the global response drawing support to the organizations, health care providers and community health workers who directly touch the lives of those we are privileged to serve.

Within the U.S. government efforts, we have seen in action the leadership at the Department of State, including the important contributions of Ambassadors to the field, as well as the Office of the Global AIDS Coordinator, and USAID; the Department of Health and Human Services and its agencies, including CDC, HRSA, and NIH, and the Office of Global Affairs; the Department of Defense; the Peace Corps; the Department of Labor; and the many dedicated career staff working here and overseas bringing their complementary expertise and shared commitment to this effort.

We have seen the increased efforts of other governments, our multilateral partners, the private sector and a wide array of community, faith-based and civil society organizations, including those living with HIV/AIDS join forces to create a global response, which brought the political will of the global community to bear at the front line of the epidemic.

Together we have experienced the power of activism, to translate our aspirations into our policies; the power of science, to create new paths and tools where the ones we have in hand fall short; the power of scale in our programming, to continue to demonstrate to a sometimes skeptical world that we are capable of changing the very course of the epidemic; the power of partnerships, to create genuine synergies and hold each of us accountable to our commitments; and the power of our collective will and generosity of the American people. Together we have achieved what was once thought to be unachievable.

Looking forward, our vision is to achieve an AIDS-free generation through shared responsibility, accountability, and impact. First we need to pursue both the agenda defined by the *PEPFAR Blueprint*, reflecting lessons learned from 10 years of experience in supporting countries to rapidly scale-up HIV prevention, treatment and care services, as well as recommendations from external reviews available to help guide PEPFAR's next steps. Second, we need to work together with all our partners to realize our vision, holding each other accountable and continuing to work together as activists, scientists, policymakers, and service providers to turn the tide of this epidemic together.

To realize this vision we must stay focused on four key areas. First, we need to use country-driven analyses to accelerate action to scale up effective interventions for maximum impact in saving lives. Second, we must focus on strengthening country capacities and systems for longer-term accountability and sustained impact. Third, we need to establish innovative Country Health Partnerships that ensure shared responsibility of the epidemic with country and other global stakeholders,

including more robust engagement of country governments and civil society. Finally, we need to ensure enhanced transparency and accountability of program objectives, impact, investments, and quality.

SCALING OF EFFECTIVE INTERVENTIONS - As a physician and epidemiologist, I am strongly committed to ensuring that country-driven analysis steers efforts to accelerate action to rapidly scale up effective interventions for maximum impact and controlling the HIV epidemic. Science, epidemiology, and dynamic data systems are essential. We will work with partner countries toward scaling up the best models for facility- and community-based service delivery that ensures that our resources go to the right people at the right time. We will prioritize reduction of sexual transmission by driving programs using epidemiological data and intervention effectiveness. To achieve an AIDS-free generation, we must analyze the epidemic country-by-country and tailor our approach to those most at-risk, to: eliminate new HIV infections among children and keep mothers alive; increase coverage of HIV treatment to reduce AIDS-related mortality and enhance HIV prevention; end stigma and discrimination against people living with HIV and key populations (e.g., men who have sex with men, sex workers, and people who inject drugs), improving their access to, and uptake of, comprehensive HIV services; increase the number of males who are voluntarily circumcised for HIV prevention; and increase access to, and uptake of, HIV testing and counseling, condoms and other evidence-based interventions.

STRENGTHENED COUNTRY CAPACITIES AND SYSTEMS- I am committed to ensuring that our PEPFAR programs are designed, implemented, and measured to strengthen country ownership and that we build long-term capacity of governments and civil society in countries through innovative Country Health Partnerships. These efforts to strengthen country ownership enjoy strong international support, and working with our partners we will maintain a concerted focus in health systems in a results-oriented manner that will be critical for sustaining the response to HIV prevention, care, and treatment. Through our work we will ensure we effectively support countries in strengthening their health systems over time with metrics and strategies that align with PEPFAR's vision. I am committed to ensuring that civil society engagement will be enhanced to make sure that those voices are involved in decision-making, implementation, and oversight activities of all PEPFAR programs.

SHARED RESPONSIBILITY OF THE EPIDEMIC - Nothing is possible alone, 'shared responsibility' is an established U.S. government perspective and I believe everything is possible through this perspective and partnership. This means a joint approach toward country led, managed, and implemented responses with civil

society, multilateral, and bilateral partners, including key collaboration with the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the World Health Organization, UNAIDS, UNICEF, other multilateral, non-governmental organizations and faith-based organizations. PEPFAR and the Global Fund financed programs are complementary and intertwined in countries where both exist. If confirmed, I will be vigilant in ensuring that we continue to realize strong program coordination, decreased costs, greater impact and efficiencies between Global Fund and U.S. investments—so that we are getting the best return on all available resources to fight HIV/AIDS in countries. Similarly, private sector mobilization is critical to service delivery and sustainable programs. We will continue to work toward shared accountability so that countries are in a position to manage and control their own epidemics. We will apply lessons learned from PEPFAR and our development partners across the health and economic sectors to more effectively deploy our transition policy in a step-wise manner that is consistent and aligned with epidemiology, strategy, and financing.

TRANSPARENCY, ACCOUNTABILITY, AND OVERSIGHT – If confirmed, I am committed to ensuring enhanced transparency and accountability of program impact, cost, and quality by clearly and transparently aligning vision, strategy, and resources. We must strengthen key management and accountability relationships between multiple agencies, countries, and recipients in support of common health goals. We will use health economic data, including in-depth cost studies and expenditure analyses, to better manage program accountability to demonstrate PEPFAR’s contributions to partner-country programs. We will use a comprehensive knowledge management framework, including a program monitoring and evaluation strategy, a prioritized and targeted research portfolio, and systems for knowledge dissemination, improved implementation and oversight – not only by the United States but also by the countries themselves.

The history of the end of the 20th century will be forever recorded with the emergence of a new and deadly viral plague that challenged us scientifically, socially and politically. Fortunately, that history will also record that –eventually – we faced our own fears of the disease and embraced those infected and affected with the open arms of compassion, creative research and determined solutions. Our task is to ensure that the history of the beginning of the 21st century records that we continued to bring our collective scientific and care-giving potentials together around the globe. And that with confidence in our tools and capacities, we focused them with unwavering urgency to control this pandemic. We demonstrated that this chronic disease could be managed in resource-limited settings. And when the end of HIV/AIDS epidemic was within our reach, we

grasped it and held on tightly. We cannot permit complacency to allow this pandemic to re-emerge stronger and deadlier than it was before.

Mr. Chairman, though the road ahead will be challenging, I am confident that we will prevail. If confirmed, I will work tirelessly to support and further the work of our many colleagues and partners whose determined effort is an inspiration to us all. It is essential that the United States of America continue to lead the global fight against HIV and AIDS until we achieve our overarching objective, as envisioned by the President. Those who remain skeptical might find heart in Nelson Mandela's encouragement to us that: "It always seems impossible until it is done". The challenge in front of us is indeed immense, but we have learned a great deal from our efforts and success to date. The time has come where we can confidently translate our aspirations into operations, and systematically reign in this epidemic. Mr. Chairman, thank you for this opportunity to appear before you today. I look forward to answering your questions.