



# U.S. Senate Committee on Foreign Relations

## **Opening Statement: The Next Phase of the Global Fight Against HIV/AIDS**

**\*\*Remarks Prepared for Delivery\*\***

**Opening Statement of Chairman Joseph R. Biden, Jr.**

**Senate Foreign Relations Committee Hearing on the Next Phase of the Global Fight  
Against HIV/AIDS  
October 24, 2007**

*Washington, DC – Chairman of the Senate Foreign Relations Committee **Joseph R. Biden, Jr. (D-DE)** delivered the following remarks at today’s Foreign Relations Committee hearing on the next phase of the global fight against HIV/AIDS:*

“Ambassador Dybul, welcome. This is the first of several hearings this Committee will hold to explore a critical question: where do we go next in the global fight against HIV/AIDS? Nearly 3 million people died because of AIDS last year. Nearly 40 million people are living with HIV today, and most of them don’t know because they’ve never been tested. Twelve thousand people will become newly infected today. Twelve thousand – in a single day. Twelve thousand – every day. That is the relentless enemy that we are up against.

“We have made tremendous gains in the last four years in the fight against HIV/AIDS, but these numbers tell us how far we still have to go. Four years ago, Congress passed the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act. We authorized \$15 billion to support the President’s Emergency Plan for AIDS Relief (or PEPFAR) and for the multilateral Global Fund to Fight AIDS, Tuberculosis, and Malaria. That legislation launched a five-year battle plan in the war on AIDS, TB, and malaria.

“Since then, the United States has created the largest public health program the world has ever known. History will record this as one of President Bush’s greatest accomplishments. He has helped to save millions of lives by leading the global fight against HIV/AIDS and by spearheading a new malaria initiative. Thanks to international efforts led by the United States, over a million people with AIDS are now on anti-retroviral treatment or ARVs. That means over a million death sentences have been suspended. But that’s still less than a quarter of those who need treatment in poor and middle income countries. Enrolling more people into treatment programs and maintaining efforts already underway is a substantial challenge. So is helping countries begin to assume ownership of these efforts on the road to sustainability.

“Thanks to U.S. programs designed to prevent the transmission of HIV from mother to child, since 2003 over half a million pregnant and nursing women received treatment. As a result, over 100,000 babies who likely would have contracted HIV did not. Every healthy baby is a triumph, but we cannot declare victory. Far from it, because the disease continues to spread. Every day, 1,800 children worldwide become infected with AIDS. The vast majority are newborns in sub-Saharan Africa whose mothers were infected and lacked the means to protect their children.

“We are not keeping pace with the pandemic. For every person who enrolled in a treatment program last year, six more became newly infected. The United States and its partners need to devote more funds to this effort, but it’s not just a question of more money, it’s a question of how we spend it. These are the facts before us, as this Committee takes up the reauthorization of our global HIV/AIDS, TB, and malaria programs. This will be a bipartisan effort, and I look forward to working with Senator Lugar, as well as other members of this Committee and Senators Kennedy and Enzi on the HELP Committee.

“In thinking about reauthorization, I have several priorities. The first priority is simply this: we must reauthorize this bill. No one should doubt the bipartisan commitment in this Congress to see this process through. It is more important that we do this right than that we do it overnight. But we will reauthorize this legislation.

“Second, in reauthorizing the bill, we must do more on prevention. The math is brutally clear: we cannot keep up with the current pace of the epidemic through treatment programs. To slow its deadly progress, we must expand and improve prevention efforts.

“Third, we should follow the recommendations of the Government Accountability Office and the Institute of Medicine, which is part of the National Academies of Science. In a congressionally mandated report, the Institute of Medicine recommended eliminating current budget allocations or earmarks that limit vital flexibility. We currently have 15 AIDS focus countries – that means we are not facing a single pandemic, but rather 15 (or more) local epidemics. What works in Botswana may not work in Nigeria or Vietnam. We need to give those who are fighting the battle against HIV/AIDS the flexibility to combat their local epidemics. We should have targets and mechanisms to measure progress, but we should not divide our funding into rigid, arbitrary categories that dictate our priorities.

“Finally, we need to listen to the people on the frontlines of this fight. This summer, Senator Lugar and I asked the staff of this Committee to visit the PEPFAR programs in a dozen focus countries to assess their progress and problems, to talk to care providers and patients, to consult with government officials and NGOs. Their findings will help us strengthen PEPFAR.

“My other key priorities for reauthorization are:

1. Better integrate our HIV/AIDS efforts with our other health and development programs.
2. Build health capacity in Africa. The shortage of health care workers may be the greatest obstacle in the fight against HIV/AIDS.
3. Expand our efforts to address gender based violence and other inequities. Millions of women and girls do not have the power to make sexual decisions: abstinence is not an option when you lack the power to choose. Girls’ education and women’s empowerment are critical in the fight against AIDS.
4. Improve our efforts to combat TB and malaria. These diseases were part of the 2003 legislation. They should be part of our discussion now.

“Finally, as we work to reauthorize this legislation, we should expand funding for it. The President has called for Congress to pass a bill authorizing \$30 billion over the next five years. He has called this a doubling of our efforts. That amount does double the initial authorization, but not our current funding.

“The Foreign Operations appropriations bill recently passed by the Senate includes \$5.7 billion for AIDS, TB, and malaria for fiscal year 2008. If we divide \$30 billion over the next 5 years, it would provide for \$6 billion a year, a relatively small increase over our current efforts, not a doubling. I believe that \$30 billion should be the starting point of our discussions, not our final destination.

“The fight against HIV/AIDS, TB, and malaria is one of the great moral and strategic challenges of our time. Congress must once again rise to the challenge, building on and improving the legislative framework that we laid out in 2003. We are in this for the long haul. Reauthorizing this bill will be the next step.”

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