

**Statement of
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United States Senate**

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Mr. Chairman, Ranking Member Biden, Members of the Committee:

It is a privilege to be here with you today as President Bush's nominee to serve as the United States Global AIDS Coordinator, and to lead the implementation of the President's Emergency Plan for AIDS Relief (PEPFAR). I am deeply humbled by the President's and the Secretary of State's confidence and responsibilities of this service – responsibility to the American people, and responsibility to the millions of people in our world infected and affected by HIV/AIDS.

I want to thank you, Chairman Lugar and Senator Biden, for agreeing to hold this hearing in such an expeditious manner. During my work with the Emergency Plan up to this point, we in the Executive Branch have deeply appreciated this committee's strong support and leadership on global AIDS. It has been vital to the success of the initiative.

I would also like to extend my thanks to the first U.S. Global AIDS Coordinator, Ambassador Randy Tobias. The President could not have made a better choice for the critical first phase of the Emergency Plan. With the strong support of this Committee and many others, Ambassador Tobias has built a strong foundation for the ongoing success of the President's Plan. I am grateful for his support, and his friendship.

I am also grateful for the dedicated U.S. Government personnel, in the field and at headquarters, who have worked to make the Emergency Plan a reality. The people at the Department of State, the U.S. Agency for International Development, the Department of Health and Human Services, the Department of Defense, and other implementing agencies have taken to heart Ambassador Tobias's admonition to build a true interagency team. Their commitment has been a key part of the success of this initiative.

Let me begin, if I may, with a story from a world far removed from this hearing room. I was recently in a very rural town in eastern Africa at daybreak. If you did not see the power wires, you would think you were living 500 years ago – a stream of people dressed in long white robes were pulling or riding their camels through the town to market or to morning prayers. We went to a small clinic on the outskirts of town and met with the staff, including the head of the clinic, who was one of the four town elders.

He mentioned the acronym for the Emergency Plan, "PEPFAR," a few times. Unlike in Washington, acronyms are not so common in rural Africa. So I asked him "what does PEPFAR mean to you. He said "PEPFAR means the American people care about us."

I believe that gentleman understood a reality we sometimes forget: the President's Emergency Plan is fundamentally an expression of the generosity and compassion of the American people. The American people should know that their efforts are making a difference in the lives of so many – and that they are deeply appreciative.

Mr. Chairman and members of the Committee, we as Americans can feel an enormous sense of privilege in being part of the largest international health initiative in history dedicated to a specific disease.

We are privileged to be part of a movement to transform political declarations and expressions of compassion, as important as those were, into bold vision and decisive action. This transformation has forever changed the landscape of our world – by saving lives, resurrecting communities, and restoring hope to entire nations.

We, the American people, are privileged to have supported the rapid scale-up of urgently needed services. With a history of 20 years of strong bilateral programs, PEPFAR has been able to quickly and efficiently respond to the crisis.

Looking at just 15 of the more than 120 countries where we have worked in the first two years of the Emergency Plan, we have supported treatment for over 560,000 thousand people – 61 percent of whom are women and 8 percent of whom are children.

We have supported care for three million, including 1.2 million orphans and vulnerable children.

We have supported services to prevent mother-to-child transmission for more than four million women, and nearly 350,000 of them are receiving anti-retroviral prophylaxis.

We have supported counseling and testing for 13.6 million – 69 percent of whom are female.

Perhaps most important, we have supported HIV prevention education and interventions for many millions more.

And these figures do not include work in the other countries with bilateral U.S. Government programs under the Emergency Plan, nor PEPFAR's support for the programs of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Other bilateral programs and the Global Fund are both integral components of the Emergency Plan. The success of the Global Fund is important to ensure a truly global response, by providing nations with few or no bilateral programs with a mechanism to contribute to what must be a world-wide effort.

What the President's Emergency Plan has accomplished in partnership with the people we are privileged to serve is – in a word – breathtaking.

But as much as we have accomplished, there is still so much to do. To support treatment for two million, the prevention of seven million new infections, and care for 10 million HIV-positive persons and children orphaned or made vulnerable by HIV/AIDS – or “2-7-10” -- we must nearly quadruple the number receiving treatment. We must more than triple the number under care. And we must massively expand a comprehensive prevention strategy.

Is it possible? I believe it is. The key to our success thus far, and to our success going forward, is to maintain our unyielding results orientation, and our intent focus on our goals.

And what are our goals?

To save and improve the lives of as many people as we can, as rapidly as we can.

To serve our sisters and brothers in the global family with compassion and humility.

2-7-10 is simply a numeric representation of the deeper and higher goals President Bush set forth in his State of the Union address. We must achieve the 2-7-10 goals – but we must and will do it in pursuit of those higher goals.

As the very name of the President's Emergency Plan frankly acknowledges, HIV/AIDS is a global emergency, and we have responded by seeking to save as many lives as rapidly as possible. Yet at the same time, we must also look to the future and sustaining an effective response. The title of our Annual Report to Congress this year captures this balance well: *Action Today, A Foundation for Tomorrow*.

From the beginning, we have spoken of achieving 2-7-10 in an accountable and sustainable way. Over time, we have progressively deepened our activities to ensure a sustainable response by building the capacity of public and private institutions in our host nations to lead their responses to HIV/AIDS.

In fact, at least one quarter of our resources go to capacity-building in the public and private health sectors— physical infrastructure, training, and support for workforce. And 80 percent of our partners are local organizations, which support more than 15,000 project sites for prevention, treatment, and care.

One of the principal objectives in focus countries under PEPFAR is to support the national scale-up of integrated programs for prevention, treatment, and care. Rather than spreading \$15 billion across 120 countries, which would result in the multiplication of pilot projects throughout the world, we have taken a different tack. To do our part, the United States has committed to support full national scale-up of programs and services in 15 focus nations. We learn far different lessons from national scale-up than a proliferation of pilot projects, and we are now sharing those lessons globally. And, unlike pilot projects, national scale-up requires multi-sectoral, results-based, accountable, country-led programs.

One thing has been clear throughout PEPFAR. The numbers that we cite – the numerical success of the President's Plan that too often hides the transformation of communities – is not fundamentally the work of Americans. It is the work of our friends and colleagues in country who are, minute by minute, hour by hour, day by day, saving the lives of their countrymen and women, their sisters and brothers. The Emergency Plan has provided the resources and support for talented and deeply dedicated local people to tackle their problems.

To paraphrase the President's eloquent statement on World AIDS Day 2005, it is the work of Americans to stand by their side and to support them, to partner with them and exchange expertise. That is the Emergency Plan – building the capacity of local people and organizations to do the work to evaluate what they are doing and present it to their colleagues from around the world. To increase the number of local organizations, including faith-based and community-based organizations (FBOs and CBOs), that will work under the Emergency Plan, the President launched the New Partners Initiative

(NPI). We will soon begin reviewing the first concept papers under the NPI and will award our first NPI grants by the end of calendar year 2006.

We recently held an implementers meeting in Durban, South Africa, under the auspices of the Emergency Plan. Nearly 1,000 implementers from 50 countries gave more than 500 scientific presentations on *their* programs, and the vast majority of the presenters were nationals: Africans, Asians, South Americans, and Eastern Europeans. The presenters included representatives from Governments and non-governmental organizations, including FBOs and CBOs and the private sector. We came together to review programs, evaluate what has gone right, and what requires more effort.

As the Durban meeting demonstrated, constant evaluation to improve programs is a hallmark of PEPFAR. We have an active program of targeted and public-health evaluations, including programs to monitor resistance and toxicities, the effectiveness of various prevention and orphan programs and many more. We are currently working to solidify and expand our approach to evaluation to draw on the full range of expertise in the U.S. Government.

Over and over I hear stories of how the Emergency Plan's reporting and accountability requirements and evaluation approach are infectious, and in a good way. As an HIV clinic raises standards other areas of the hospital want to implement similar requirements, and as communities see accountability developing for HIV, they are starting to demand accountability for other health programs, garbage collection, and even appropriate regulation of local businesses.

A culture of accountability is growing and growing rapidly – rooted in country, community, and individual ownership of and participation in the response to HIV/AIDS. Businesses are approaching us to establish ties with the Emergency Plan; we have launched a number of public-private partnerships to roll out joint prevention, treatment and care programs, and we plan to create more.

This culture of accountability bodes well not only for sustainable HIV/AIDS programs, but also for an ever-expanding sphere of transparency and accountability that is transformational. As people learn lessons from participation in effective HIV/AIDS programs they are empowered – and they begin to demand results from their own Governments as well. As one 22-year-old Namibian told me, “What PEPFAR is doing is building democracy.” That is transformational U.S. diplomacy, as Secretary Rice has described it, in action.

Of course, the transformational effects of the Emergency Plan and the building of local capacity require a workforce that can carry out the many tasks that are needed and build the systems that are needed. Workforce development has been central to PEPFAR from the beginning – in fact, President Bush referred to it in his 2003 State of the Union address when he discussed the community health workers who use motorbikes to reach their patients in rural Uganda.

In Fiscal Year (FY) 2006, we will devote approximately \$350 million to workforce and health-system development. Since the Emergency Plan began, we have supported training or retraining for more than 1.7 million service providers and others. And this massive effort by PEPFAR to support local efforts to build a trained and effective workforce is paying off -- it has provided the foundation for the rapid scale-up of prevention, treatment, and care that national programs are achieving. In fact, in some nations, because of this extraordinary effort, we have developed more capacity to provide prevention, care and treatment than we can fund because of limitations in resources.

That is why we have advocated so strongly that the Congress should fulfill the President's FY 2007 full budget request for the focus countries. Because people who could otherwise immediately receive prevention, care and treatment will not receive them, and lives will be lost – and because not providing the full focus-country request will imperil our ability to meet the President's 2-7-10 goals.

Now, I'd like to turn to a second dimension of sustainability: sustainability through effective prevention. We cannot have a sustainable response to HIV/AIDS without a clear and determined effort on prevention. In addition to the humanitarian imperative to avoid suffering whenever possible, if we do not slow the rate of infections, it will be impossible to sustain the resources – financial, human, institutional – for the care and treatment of an ever-expanding pool of infected persons.

Prevention programs can only achieve results today, and be sustained tomorrow, when they are community-led. Local management and participation means that programs are responsive to local culture and tailored to local circumstances. Locally led programs can make full use of the passion and commitment of women and people living with HIV/AIDS, and help to build the capacity of the non-governmental sector to contribute to a truly multi-sectoral response.

The people of Africa have been leaders in developing a prevention strategy that responds to the special challenges they face – the “ABC” approach. In fact, the strategies of many nations include the ABC approach, delivered in culturally-sensitive ways, long before the advent of the Emergency Plan.

The past year has been a particularly important moment in the effort for sustainable prevention. We have long had evidence of large-scale behavior change in Uganda, at the time when that nation was engaged in an intensive ABC effort in the early 1990s. Recently, however, impressive new Demographic Health Survey evidence from a growing number of nations is expanding the evidence base for the ABC strategy in generalized epidemics, such as those in most of Sub-Saharan Africa.

In Kenya, the Ministry of Health estimates that HIV prevalence dropped by 30 percent over the five years that ended in 2003. This decline correlates with a broad reduction in sexual risky behavior including: increased male faithfulness, as measured by a 50 percent reduction in young men with multiple sexual partners; primary abstinence, as measured by delayed sexual debut; and secondary abstinence, as measured by those who had been sexually active but refrained from sexual activity over the past year; and increased use of condoms by young women who engage in risky activity.

In an area of Zimbabwe, *Science* magazine reported a 23 percent reduction in prevalence among young men, and a remarkable 49 percent decline among young women – also during the five years that ended in 2003. Again, the article correlates significant behavior change, consistent with the ABC approach, with the decrease in HIV prevalence.

Dr. Peter Piot, the Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), remarked with respect to these two countries, “[T]he declines in HIV rates have been due to changes in behaviour, including increased use of condoms, people delaying the first time they have sexual intercourse, and people having fewer sexual partners.” Put another way, each of the ABC behavior changes took place in these countries, and the combination added up to a significant reduction in the spread of the virus.

Some of the most striking data presented at our recent Implementers' Meeting in Durban concerned behavior change by men – the “B,” or “being faithful” element of the ABC strategy. In a number of

places, men have begun to reduce their number of sexual partners – and the populations doing so include even some of the men at highest risk, such as long-distance truck drivers. As we seek to empower women for HIV prevention, reaching men with effective “B” interventions is one of the most important things we can do – and we now have successful models to scale up.

Of course, we recognize that, in certain circumstances, cultural and others issues limit the ability of women to negotiate “A” or “B” or “C.” The Emergency Plan is working to expand the more than 300 programs we support that deal with gender issues and to evaluate which programs are the most effective. In fact, we recently held a consultation on gender issues with nearly 100 experts in the field, and we are planning to begin new programs with an evaluation component before the end of the year.

The ABC approach is a crucial foundation for our efforts, but, of course, there is more to effective prevention. The U.S. Government supports the most diverse range of prevention approaches of any international partner. In addition to ABC activities, we support national strategies to prevent mother-to-child transmission of HIV and to prevent the transmission of the virus through unsafe blood or injections. The Emergency Plan also supports national strategies to address the risks posed by alcohol and injecting-drug use, as well as many other issues.

For too long, there has been a sense of fatalism about HIV prevention in many quarters. It is long past time to discard that attitude. The world community must come alongside Governments, civil society, religious organizations, and others to support their leadership and the sustainability of their HIV-prevention programs through effective prevention. The U.S. Government, for our part, considers it a privilege to do so.

Let me turn to the dimension of sustainability of resources to fight global HIV/AIDS. The American people are currently providing nearly as many resources as the rest of the donor Governments combined. While we can stand tall in the world community knowing that we are doing our part, we cannot win the global struggle against HIV/AIDS without a much greater response from the rest of the world. This is a global epidemic that requires a global response.

But as much as we need to rest of the world to respond in the way the American people have, it is imperative that the American people stand firm in our commitment to stand with and serve our sisters and brothers as they win their battle against HIV/AIDS.

The President’s plan was the first quantum leap in America’s leadership on global AIDS -- a commitment from which we will not turn away. Although President Bush announced the Emergency Plan as a five-year program, it is clear that continued U.S. Government resources will be necessary beyond FY 2008. If confirmed, I look forward to working with the members of this Committee to chart a strategic and sustainable course for the years ahead.

To sustain the resource commitment of our taxpayers in the face of many competing and worthy needs, we all bear the responsibility of keeping the American people informed of the enormity of the individual, community, and global devastation of HIV/AIDS. Americans are generous with resources when they see the households headed by young orphans, the hopeless sadness in the eyes of those who have lost untold family members and loved ones to the disease, and the families impoverished by the death and destruction HIV has wrought. Americans are compassionate and generous to those who are suffering, to those who are less fortunate.

But Americans also want to know we are putting their resources to good use, and that we can measure the impact our generosity is having. We have a collective responsibility to inform the American people about the enormous good that is coming from their commitment to global HIV/AIDS. If confirmed, this responsibility of accountability to Congress and the American people is one I will take very seriously.

As we look back on 25 years of HIV/AIDS, we are deeply privileged to live in a time of hope, hope built on action. For far too long, the world experienced expressions of sympathy without action. President Bush, with the support of Congress, reflected the compassion of the American people when he announced his Emergency Plan for AIDS Relief. What we are about is – as he said – an act of mercy.

We must rededicate ourselves to the proposition that where you live should not determine if you live or die from HIV/AIDS. To rededicate ourselves to the higher goals President Bush so beautifully captured in his State of the Union address when he launched the Emergency Plan. To rededicate ourselves to save as many lives as possible and to serve one another in our global family. There is no higher calling or nobler goal.

I want to thank the members of this Committee for the part you play in achieving these goals – the part you play in changing the world. Working together, nothing is impossible.

Thank you very much.