"U.S. Investments in HIV/AIDS: Opportunities and Challenges Ahead"
Chairman Donald M. Payne
Subcommittee on Africa and Global Health
Thursday, March 11, 2009
10:00AM in 2172 RHOB

Remarks

Good morning. Thank you for joining the Subcommittee on Africa and Global Health for this critically important hearing entitled "U.S. Investments in HIV/AIDS: Opportunities and Challenges Ahead."

In 2003, Congress passed the U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act authorizing an unprecedented $15 billion for global HIV/AIDS, TB and malaria programs. This landmark legislation laid out ambitious goals: prevention of 7 million new HIV infections, treatment of at least 2 million people, and care for 10 million people affected by HIV/AIDS, including orphans and vulnerable children. With courageous bipartisan leadership PEPFAR quickly became the world's largest effort to combat a single disease.

In the seven years since Congress passed the original legislation authorizing the President's Emergency Plan for AIDS Relief, or PEPFAR, it has become an historic program. The word PEPFAR is known all across Africa.

This program will be remembered as probably **the** most significant achievement of former President Bush. Prior to PEPFAR, the United States did not support any type of AIDS treatment program abroad.

Officials in the administration said that treatment was not feasible in Africa because Africans could not tell time, and that we should limit our activities to preventing the spread of the disease.

Then in 2008, Congress went even further than PEPFAR I when it reauthorized the program for another five years at and provided an additional $48 billion to prevent 12 million new infections, treat 3 million people living with HIV/AIDS and care for 5 million orphans and vulnerable children.

The bill also provided $4 billion to treat Tuberculosis and $5 billion to treat malaria over the next five years, and it incorporated new and improved policy and programming mandates, including increasing the number of health workers in Africa, providing medicines for opportunistic infections, supporting nutritional programs, and removing some of the restrictions on funding to allow doctors and scientists to direct programming.

PEPFAR programs have had a remarkable international impact. As of December 2008, approximately 4 million people in low and middle income countries were receiving antiretroviral therapy (ART)—about 10 times more than just five years ago.

The number of new HIV infections among children has declined as a result of expanded access to medicine for the prevention of mother-to-child transmission (PMTCT). About 45% of HIV-positive pregnant women worldwide had access to PMTCT services in 2008. This is a significant improvement from 10% in 2004.

Increasingly we are seeing the benefits of our AIDS response in other areas of the health sector, including improving vaccination coverage, family planning, strengthening laboratory and health systems, as well as decreasing infant and maternal mortality.

Despite tremendous efforts made by the United States and the international community AIDS is still among the biggest infectious killers the world has ever seen. Sub-Saharan Africa remains the region most severely impacted by HIV/AIDS. Over 22 million people were living with HIV in Africa in 2008, about 1.9 million of whom contracted the virus during that year.

About 1.4 million Africans died of AIDS in 2008, accounting for 72% of all AIDS-related deaths worldwide.

Although the rate of new infections is slowly declining, the number of people living with the virus continues to grow, due in large part to greater access to antiretroviral medication. While coverage rates have improved across Africa, mother-to-child transmission continues to account for a substantial portion of new HIV cases.

It is unconscionable that children continue to be born with the virus when we have the tools to prevent transmission. We must make it our goal to eliminate mother-to-child transmission of HIV.

I am deeply concerned about the reports that the fight against HIV/AIDS is faltering and continued rapid roll out of AIDS treatment is endangered in Africa. The economic crisis that has hit our nation and the world has also devastated the countries receiving our health aid and calls for us to renew our efforts.

I applaud President Obama's announcement of a broader Global Health Initiative (GHI) with a pledge of $63 billion over 6 years that includes $51 billion for PEPFAR – a $4 billion increase over the 2008 reauthorization – and $11 billion for maternal and child health, neglected tropical diseases, and an overall focus on building capacity of health systems. I look forward to working with the Administration to make this vision a reality. I am especially pleased that the GHI emphasizes a focus on building the capacity of health systems. I know Dr. Goosby will ensure this initiative supports our efforts to fight AIDS.

At the same time, let us all remember that the advances in funding levels and reach of U.S. programs can be greatly leveraged through investments in national health systems.

In his 2010 State of the Union, President Obama addressed the reason for our efforts to fight HIV/AIDS, "America takes these actions because our destiny is connected to those beyond our shores. But we also do it because it is right." Despite our economic

challenges we must continue to reach out to other countries in need, not just because it is in our best interests but because it is the right thing to do.

I look forward to the continued evaluation of our efforts to combat this devastating disease, and I sincerely thank the panel of esteemed witnesses for testifying before us today and sharing their insights on what we as a nation are doing and what more must be done to address this issue.

Before I turn to the Ranking Member for his remarks, let me state that we look forward to having Dr. Goosby, the U.S. Global AIDS Coordinator, before the committee. Chairman Berman would like him to testify before the full committee at a later date and asked that we hold off. Therefore, this hearing will have only a private panel.

With that, I turn to Mr. Smith for opening remarks.