PEPFAR and the Global AIDS Response

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It's a real pleasure to be back here. Indeed, it's the third time that I speak here at the Center. And I've spent a lot of time in Washington over the years, and so this has been always a -- one of the defining stops that I've made. The research and the activism at the Center is really crucial for our campaign to fight AIDS. And it was really wonderful to hear Congresswoman Lowey and get her perspective, and you'll see that some of the points that I will make are very similar to hers.

And Kent, we've been good partners, we've done many things together, and I think particularly in the area of prevention of HIV, where I really appreciate your leadership. A quarter of a century into this epidemic, we are really at a turning point, a turning point that I believe should force us to take a long-term view for a sustainable response, in addition to the much-needed crisis management that is still there with the thousands of people dying every day. What I'll do is I'll give very briefly a few trends of the epidemic, the response, and then give our perspective on the future and what we have to do. So, what are the trends? First of all, the epidemic is still expanding; it's globalizing. We heard the figures from Nita Lowey. I won't repeat them, but something that is often not well known is that a disease that was not even known 26 years ago is now the fourth cause of death in the world; the fourth cause after heart diseases, strokes, and respiratory illness.

So it's not a marginal phenomenon, just looking at it from that perspective alone. And secondly, there is the feminization of the epidemic. It's a trend that I've discussed here before, but it's continuing. In every single region in the world, the proportion of women among those who are becoming infected with HIV is increasing and it's true also here in the United States. Thirdly, we're starting to see the impact of this epidemic in the worst affected countries, where we're starting to see a sort of reverse development, an undevelopment, because of the tremendous human and social capital loss to this epidemic. We estimate that by 2010 the five most affected countries in Africa will have lost about one in five workers, employed people, because of AIDS. Some of the sectors in national economies are really getting into a crisis. For example, the mining industry in Botswana loses more than eight percent of its profits every year because of costs related to HIV. And in the tourism industry in Zambia, which is one of the future assets of the country, HIV related costs topple nearly 11 percent every year.

And we could spend a whole panel on the issue of orphans, of vulnerable children in Africa and elsewhere. I should say that we have gained a better understanding of the societal drivers of this epidemic. We've had, I think, a good understanding of the biological drivers -- virology, things like male circumcision -- but the societal drivers, which are basically the reason that we do have this epidemic, have not been studied that well. And unlike what is often said, AIDS is not just a disease of poverty; AIDS is a disease of inequality. Inequality, gender inequality, being the most striking ones, but when you look at the HIV infection rates by income, it's the highest income in

most African countries -- that income category that had the highest HIV rates. That is very unlike any other health problem. When you look at maternal mortality, child mortality and so on, there's a direct link with low income, with poverty, but that's less true for AIDS.

And I was in China last week or the week before, and it is clear what is going on there. One day I was having a drink in Shanghai with some Chinese colleague who speaks English, and we were talking about AIDS in China. "Don't you know," he said, "this is about 3M." 3M, I know the company, but --

[laughter]

And he said, "Mobile Men with Money." And I would add mobile men without money, as well. China has a 150 million floating population; the poor workers who are constructing the Olympics, the buildings -- and some 150 million away from their families, and some no access to services. And then you've got the entrepreneurs and the mobile men with money. So what we can expect, also, is that rapid economic growth and transformation of societies is also going to become a driver of the AIDS epidemic in some parts of the world. We're seeing that in Vietnam, we're seeing that in China, perhaps tomorrow also in India.

So, economic inequality, social inequality, marginalization of groups because of sexual orientation or drug use or whatever; immigrants, gender inequality, lack of access to service; all that creates a perfect storm, as I heard on Tuesday at Howard University where I also gave this speech, and where we were talking about the five percent HIV prevalence rate in the District of Columbia, which is higher than many West African countries. So, AIDS is very different from other health issues, exactly because it's mostly transmitted by sex. So we need to think of that also when we design strategies, which do have to be pro-poor when it comes to the role of international cooperation in the state, but it's a bit more complicated. And it again illustrates the exceptional nature of AIDS, and that it's unlike any epidemic that we've known. It's not just one of many infectious diseases; it really belongs in the league of climate change, nuclear threats and so on.

But what I feel is that while we're at a turning point -- is that today there is real hope. And it's evidence-based or evidence informed hope; it's not just something that we wish will happen, or had happened. It's supported by facts. We heard about treatment; probably around two and a half million people are on antiretroviral therapy today in the developing world. Remember in 2001, when we had a historic special session in the General Assembly on AIDS -- which really was a turning point; another one, the last one -- about 100,000 men and women, particularly men then, were under antiretroviral therapy in the developing world, most of them living in Brazil, because it was the first country in the developing world which was offering treatment at state expense; so, major progress. But secondly is that we're also starting to see results of prevention efforts. In most East African countries, even in Zimbabwe, Cambodia, in Barbados and in the Bahamas -- nearly on every continent, except in the former Soviet Republics there is no decline yet happening.

It is true, as we just heard, that in Uganda we are starting to see a reversal in some communities, just as we are seeing it in gay communities in Western Europe. But all this is really something

that is new; the first time in the history of this epidemic that we're seeing these kinds of real results on such a large scale. A less well known, but I believe equally important development, is that investments in the fight against AIDS are having an impact beyond AIDS. Let me give you just a few examples. A recent study done by FHI in Rwanda show that those primary health care centers where basic AIDS activities were introduced and were added have seen a much higher coverage, uptake of services beyond AIDS -- maternal and health services, reproductive health services, particularly.

We're seeing also for the first time that there are investments in programs on violence against women, sexual violence; something that of course predates by far the AIDS epidemic, but had had very little attention except from micro programs. So in many cases, it's the first time that longstanding issues really got some serious investments, and in that sense, work on AIDS is opening many doors for development. But despite this progress we really cannot become complacent in our early successes. All these lives saved, all these results are the direct result of the significant increase in the world's commitment to fighting AIDS. When UNAIDS began its work in 1996, about $250 million was spent on AIDS in developing countries. This year we estimate it will be about $10 billion total in the world; a huge increase, unprecedented in development, I would say. While this is not still a sufficient sum, it's a pool of money with which we can do quite a bit, and so it's about time we start to see results.

The world has established new mechanisms to fight the disease, the epidemic; the Global Fund to fight AIDS, TB and Malaria is the main multilateral instrument for that, and it was created in 2002, and it is also starting to have a true impact on the lives of people. And next week in Berlin there will be a replenishment conference for the Global Fund, where all the donors are coming together to make their pledges, and that will be a test for the commitment of the international community, again. But the most significant infusion of leadership, of money and commitment, has come from the United States, through PEPFAR, and I would say that US leadership has truly transformed the global response to AIDS and the course of the epidemic; as we've heard, it really enabled us to make a qualitative and a quantum leap forward.

I remember when in 2000, at the international AIDS conference in Durban, I called for a shift from the M word to the B word, from millions to billions, because then we were talking about adding a few million, maybe a hundred million. I mean, it sounds totally ridiculous retrospectively, but when I called for that I was getting real problems with some of the donors saying that somebody in my position should not make these kinds of irresponsible statements, and that in any case, that money is not there. So, seven years later, $10 billion, and that is really in the first place thanks to American leadership. And I would really like to pay tribute to Mark Dybul and his team at PEPFAR, and all the many partners for having done the impossible -- what appeared to be impossible.

At the 2005 G8 summit at Gleneagles, the leaders of the most powerful economies of the world made a commitment that was incredibly bold, to come as close as possible, as the text said, to universal access to HIV prevention, treatment, care and support. And that wasn't taken out by the General Assembly of the UN, and this is really our ultimate goal. We cannot rest until the last person living with HIV has access to treatment. We cannot rest until we're reaching everybody with prevention activities, and transmission is stopped. This is a crucial mission, but

today we're not on track to achieve this. At the current pace, there will be fewer than 5 million people on treatment by 2010; just over half of the people who will need it. And when you look at coverage of mother-to-child transmission prevention programs, they are very, very, very low in many countries, although some have done remarkably well, like Botswana. And this is not politically controversial; it's not about sex and drugs.

So there is a bit of a problem there, so we must increase our efforts. So it's a turning point, also a turning point here in Washington, a turning point in many countries, because of a change in leadership. You're electing a President next year. We've seen in France, in Germany, in the UK, Italy, a change of Prime Minister or President over the last 12 months, or one-and-a-half years. In Africa, President Obasanjo, a great AIDS activist, is now also retired, so we are in a new area of leadership. I have a new boss, Secretary General Ban Ki-moon, coming after Kofi Annan, who was such a major AIDS activist, if you want; a great supporter. And I am happy to say that Secretary General Ban Ki-moon also has declared this as one of the priorities for his tenure. But that is not a given; we have to work on that. And either we move forward in what we're doing, or we will be slipping backwards. That is the way it is. And sometimes I hear "AIDS is done." Now -- because that's the dilemma, when you have some results and you say, "It's done," and now we move to the next thing. And there are so many problems in the world that that is entirely understandable.
But AIDS is not done; you heard it.

Let me now turn to what I see as key issues for the next phase of PEPFAR. And these are largely based on some extensive surveys that we had with our field operations, and well, we have really an excellent collaboration on the ground with PEPFAR. And I would like to mention three areas, and some of them are very similar to what we just heard from Nita Lowey. The first one is building on PEPFAR successes -- is to promote a truly global effort through increased funding, so that's the first one. The second one is to add a sustainability strategy to our current emergency management and response. And thirdly is to maximize the effectiveness of investments through partnerships and better coordination.

Okay, on the first point, on funding -- as I mentioned this year, $10 billion, more or less, will be spent. This is only slightly more than half of the global need. If you're going to achieve universal access to HIV prevention, treatment, care, we must -- we will need a major increase in funds. As far as PEPFAR reauthorization is concerned, Congress will soon debate the funding levels of PEPFAR over the next few years.

President Bush has requested $30 billion, which works to about $6 billion per year. That is a very large sum to be sure, but more is needed. So I urge Congress and the President to go further, to continue on the same upward trajectory that Congress and the administration have been following during the first five years of PEPFAR. And I am not alone in calling for a significant increase. The recent Keiser Family Foundation poll tells us that 60 percent of Americans say that the US has a responsibility to spend more to fight AIDS in developing countries.

So we simply can not afford to drop the ball now on a path to universal access to HIV prevention, treatment, and care. What are some of the reasons? Just consider five points. One,

the most obvious one, is that failure to increase efforts will not meet the increased needs, and will result in far more deaths. That's one thing. But the second point, I think, is very important, and it is something we have learned in AIDS, and for a few issues in development it is so true, that it's act now, or pay later.

If we would have acted with the same resources and determination and political will that we have today, if we would have acted like that 10 or 20 years ago, the AIDS bill would have been much cheaper. We would have not only less deaths, but we would not have the disaster we have today. So if we delay increased investments now, five years from now the bill will be even greater, particularly if we continue to fail on HIV prevention. So that's a real, major reason to act now.

Thirdly, as I mentioned, AIDS action is key to improve health systems, if only because in many countries 50 percent of hospital beds are occupied because of AIDS. So that in itself is being added to the already enormous burden on health systems in many countries, and if we can't reduce that burden through antiretroviral therapy, it's only going to get worse. But it's also essential to achieve many of the millennium development goals.

Fourth, is that we will be more efficient in the future. A lot of energy and time has been invested in setting up systems -- supply chain management, procurement, community activities -- and we'll have more economies of scale in the future, building on that.

And lastly, earlier investments that have been made -- very precious ones, as I just mentioned -- they will be lost if we are not going to continue on the trajectory, as I said, that we've been on for the last five years; a very good one. And as a European, I can also say that putting more money into PEPFAR will compel the rest of the world to do the same. We saw that when President Bush announced in his State of the Union in 2003 that this country will put $15 billion on the table in the fight against AIDS, this was followed by others; the first one being the UK, and then others. And this has happened again and again, and that is the power of American leadership as well, which may not be visible here in Washington, or generate more credit here in Washington, but from a global perspective, that I know, is extremely important. I would say that all these are very compelling reasons to go beyond what is being done now, and not go for more or less flat continuation of the effort.

The second point is that in addition to increasing the funding, we must maximize the effectiveness of our investments through partnerships and better coordination; the point that we just heard from the Congresswoman. And we must make that money work more for people on the ground. So it's not only more money, but also making sure that the money there is spent more efficiently; that we get more for that. "Making the money work" is our mantra in UNAIDS. That is what every staff member knows, that is what we are working for in countries in partnership with PEPFAR, particularly also with the Global Fund. It means maximizing our effectiveness by improving coordination among donors, government implementers, and so on.

We have a framework for that -- the three ones, as you know. And PEPFAR and other efforts have had their greatest successes, for example, in Rwanda, where governments are full partners, and the US effort is fully integrated with national strategies. All this may sound a bit tedious and even bureaucratic, but it means a difference between fighting AIDS effectively or losing ground.

And finally, the third point, is that this is the time to add a long-term view, and sustainable strategies to the emergency response, the "E" in PEPFAR. An emergency response was -- and remains -- absolutely necessary, but such a shift has a number of implications. First, it means supporting a country-driven and flexible response that allows for an enhanced focus on prevention. And I won't repeat what the Congresswomen said, but for every person who is put on antiretroviral therapy, six become infected with HIV.

So to get ahead of this epidemic, greater investments in prevention are absolutely essential. And it must be according to the epidemic in the country, and the cultural and social context. It means also to minimize programmatic set asides to foster an appropriate balance among prevention, treatment, care and support in each country; an increased support for evidence in foreign prevention strategies, solutions that work. As I've said so many times, anything that has the word "only" in it doesn't work for AIDS, whether it's treatment only, prevention only, condoms only, abstinence only, male circumcision only -- and you have a long list. I get all these letters saying, "If only Dr. Piot would do this, we'd stop this epidemic;" we need it all.

Another implication is that it means investing systematically in countering the drivers of this epidemic. We've mentioned inequality, stigma, and the one I'd like to highlight is gender inequality, which is the major driver in many countries, and where we need to have a far more rights-based approach.

This is dramatically illustrated, of course, by the feminization of the epidemic. And yesterday I was at the CSIS, at a panel on gender and AIDS and PEPFAR. Geeta Rao Gupta summarized it all, and she said, "It can be done." This is not something that is a hypothetical intellectual framework; it can be done. We have examples. For example, how violence against women and male attitudes and behavior can be changed by Stepping Stones programs set up in Africa and elsewhere, IMAGE, and so on. So I urge everybody working on AIDS to ask yourselves, "Does this program work for women?" If our work doesn't work for women, it doesn't work at all.

And a third implication, and then I'll conclude, is that we must invest also more in strengthening the systems to deliver. Health systems, human resources for health, absolutely, but not only that, because when you take AIDS, HIV prevention is largely happening outside the health sector. It's not going to be fixed by more doctors, more nurses; it's outside. So we need to invest, also, in the capacity of communities to respond -- indigenous communities -- and also how countries can manage their programs.

So let me conclude by saying that we have, without any doubt, made major, major progress in the fight against AIDS worldwide, and this is a real, great tribute to American leadership. But today, as we prepare for the years to come, and as we make our budgets and formalize our plans, we must commit ourselves to not simply continuing our efforts, but intensifying them, and also adapting them to the new reality on the ground; the new reality that we've all created because of our impact. And I know we cannot predict the future, but we can create it. And the mark that AIDS makes on history from this day is not out of control. We have the evidence now; it's largely in our hands. So my question is really, Washington, are you ready for another breakthrough in the fight against AIDS? Thank you.