

Wednesday, September 29, 2010

Verbatim, as delivered

Chairman Howard L. Berman's opening statement at hearing, "PEPFAR: From Emergency to Sustainability and Advances Against HIV/AIDS"

The purpose of today's hearing is to review the progress PEPFAR has made towards reversing the global threat posed by the AIDS pandemic and how those efforts have set the stage to transform PEPFAR from an emergency initiative to a sustainable program.

This morning, we'll hear about some outstanding achievements and promising research that gives hope for increasing our ability to reverse the spread of the disease. We also will hear about the challenges we still face if we are to accomplish the ambitious goals set forth in the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008.

This legislation, which built on the successes of the original legislation, the U.S Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, is a prime example of the bipartisan support that exists to fight the global HIV/AIDS pandemic. The fact that both sides joined together to bring positive change demonstrates that saving lives around the world is not a Republican or Democratic issue. It is a priority that all Americans share.

PEPFAR faced many challenges during its first five years including weak health care delivery systems, poor infrastructure, expensive and unavailable drugs, and limited workforce. These factors kept millions infected with the disease isolated from the care and treatment they needed.

Social barriers like stigma, gender inequality, and prejudices against men-who-have-sex with men, commercial sex workers, and intravenous drug users, compounded the challenges to expanding services to those in need.

But PEPFAR successfully invested in strengthening health care systems, training new health care personnel, purchasing affordable drugs, and helped to remove stigma and empower women and girls and other at-risk populations.

In the face of controversy and our own economic challenges, Congress remained unified behind a single humanitarian purpose. Even in the face of our differences, we never lost sight of the goal to save the lives of millions of poor human beings who did not have the resources and means to save themselves and prevent the spread of AIDS.

In preventing the spread of AIDS, we are not simply achieving the humanitarian objective of saving lives and preventing suffering. We are also advancing economic growth and building democratic stability by preserving the health of productive citizens, enabling people to support their families and contribute to the economic, social and political life of their communities.

Last week, the United Nations General Assembly convened a summit to discuss progress to date on achieving the Millennium Development Goals. Addressing the AIDS pandemic has an impact across all of the MDGs. We must ensure that our commitment to fighting AIDS is designed to reinforce other critical health and developmental priorities.

Today we have some good news in spite of the sobering impact the pandemic continues to have in poor countries. Globally, the overall rate of new HIV infections has slowed and prevalence rates have leveled off. According to the 2009 UNAIDS report, new HIV infections have been reduced by 17% over the past eight years.

In 2008, Sub-Saharan Africa reported 14% fewer new infections than in 2001. In East Asia, new HIV infections declined by nearly 25% and in South and South East Asia they declined by 10%.

Scientists from the U.S. and Africa are conducting research on the use of anti-retroviral drug treatment as part of prevention. Preliminary results demonstrated that ARVs could both keep people well and prevent infections. For example, in Africa, a 7-country study was undertaken in which one partner was infected and the other was not. After three years, only one uninfected partner was HIV-positive when the infected partner was on antiretroviral therapy. And in South Africa, researchers recently identified a new microbicide that may significantly reduce HIV infection rates in women.

Based on these and other promising developments, it's fair to conclude that our ambitious investment in AIDS prevention, treatment, and care programs has helped make a historical difference and there is sufficient epidemiological evidence to give us hope that this scourge on humankind can be defeated within our lifetime.

While there is good news to report, we can't forget about the sheer magnitude of the epidemic. We still have 33.4 million people living with HIV worldwide, and only 42% of those in need of treatment have access. 2.7 million people were newly infected in 2008, 14 million children in Africa have been orphaned by AIDS and around 430,000 children are born with HIV each year.

U.S. global leadership has been extremely important in the fight against HIV/AIDS. President Obama, like President Bush before him, has made it clear that the U.S. has a moral commitment to combat this deadly disease. We owe it to ourselves and our fellow Americans to ensure that we live up to these commitments, enshrined in law and policy. To that end, we must continue and strengthen our work with other bilateral donors, multilateral institutions, recipient countries, and local and international NGOs.

###