

**Statement of  
Ambassador Randall L. Tobias  
U.S. Global AIDS Coordinator**

**“Fighting HIV/AIDS in Africa: A Progress Report”**

**Hearing of  
The Subcommittee on African Affairs  
of  
The Committee on Foreign Relations  
United States Senate**

**April 7, 2004**

Mr. Chairman, members of the Committee,

In his State of the Union address last year, President Bush called for an unprecedented act of compassion to turn the tide against the ravages of HIV/AIDS.

The President committed \$15 billion over five years to address the global HIV/AIDS pandemic – more money than ever before committed by any nation for any international health care initiative.

- \$9 billion will go to new programs to address HIV/AIDS in 14 of the world’s most affected nations – with a 15<sup>th</sup> country to be added shortly. Even without the addition of a 15<sup>th</sup> country, the 14 countries already account for approximately 50 percent of the world’s HIV/AIDS infections.
- \$5 billion will go to provide continuing support in the approximately 100 nations where the U.S. Government currently has bilateral, regional, and volunteer HIV/AIDS programs.
- And \$1 billion will go to support our principal multilateral partner in this effort, the Global Fund to Fight AIDS, Tuberculosis and Malaria, which the United States helped to found with the first contribution in May 2001.

Today, President Bush's vision is a reality.

On February 23, just 4½ months after we launched the Office of the Global AIDS Coordinator, and less than a month after the Congress appropriated Fiscal Year 2004 funding for the first year of the President's Emergency Plan for AIDS Relief, I announced the first release of funds totaling \$350 million.

This money will be used to scale up programs that provide anti-retroviral treatment; abstinence-based prevention programs, including those targeted at youth; safe medical practices programs; and programs to provide care for orphans and vulnerable children.

These target areas were chosen because they are at the heart of the treatment, prevention and care goals of President Bush's Emergency Plan.

The programs of these specific recipients were chosen because they have existing operations among the focus countries, have a proven track record, and have the capacity to rapidly scale up their operations and begin having an immediate impact.

Our intent has been to move as quickly as possible to bring immediate relief to those who are suffering the devastation of HIV/AIDS.

By initially concentrating on scaling up existing programs that have proven experience and measurable track records, that's exactly what we have been able to do.

With just this first round of funds, an additional 50,000 people living with HIV/AIDS in the 14 focus countries will begin to receive anti-retroviral treatment, which will nearly double the number of people who are currently receiving treatment in all of sub-Saharan Africa. Today, activities have been approved for antiretroviral treatment in Kenya, Nigeria, and Zambia; and patients are receiving treatment in South Africa and Uganda because of the Emergency Plan.

In addition, prevention through abstinence messages will reach about 500,000 additional young people in the Plan's 14 focus countries in Africa and the Caribbean through programs like the American Red Cross's Together We Can and World Relief.

The first release of funding from the President's Emergency Plan will also provide resources to assist in the care of about 60,000 additional orphans in the Plan's 14 focus countries in Africa and the Caribbean. Care services will include providing critical social services, scaling up basic community-care packages of preventive treatment and safe water as well as AIDS prevention education.

As I meet with you today, U.S. government staff are reviewing each of the focus country's annual operational plans to be addressed with the remaining Fiscal Year 2004 appropriation. These plans represent the overall U.S. Government-supported HIV/AIDS prevention, treatment, and care activities in each focus country. By the end of April, the plans should be approved and funds available to the countries in early May.

With this next round of funding, I expect to see many new partners, including more faith-based and community-based organizations that can bring expanded capacity and innovative new thinking to this effort.

Mr. Chairman, in addition to announcing this first round of funding and preparing to obligate the remaining Fiscal Year 2004 funds, I also submitted to this Committee and other appropriate Congressional committees a comprehensive, integrated, five-year strategy for the President's Emergency Plan for AIDS Relief.

This Strategic Plan will guide us in deploying our resources to maximum effect:

- We will be concentrating on prevention, treatment and care, the focus of the President's Emergency Plan.
- In the 15 focus countries, over the five years of the Emergency Plan:
  - We will provide anti-retroviral treatment for two million people living with HIV/AIDS;
  - We will prevent seven million new HIV infections; and,

- We will provide care to 10 million people who are infected or affected by the disease in the focus countries, including orphans and vulnerable children.
- We are not starting from scratch. Rather, we are capitalizing on existing core strengths of the U.S. Government, including:
  - Established funding and disbursement mechanisms;
  - Two decades of expertise fighting HIV/AIDS in the United States and worldwide;
  - Field presence and strong relationships with host governments in over 100 countries; and,
  - Well-developed partnerships with non-governmental, faith-based and international organizations that can deliver HIV/AIDS programs.

And we are implementing not a new bureaucracy but a new leadership model for those existing capabilities – a model that brings together, under the direction of the United States Global AIDS Coordinator, all of the programs and personnel of all agencies and departments of the United States Government engaged in this effort. This leadership model has been translated to the field, where the U.S. Chief of Mission in each country is leading an interagency process on the ground. In early fall, each country team will submit to my office a unified five-year overarching strategic plan to define how the President’s prevention, care and treatment goals will be achieved in that country.

The Emergency Plan is built on four cornerstones, which guide my office:

1. Rapidly expanding integrated prevention, care, and treatment in the focus countries by building on existing successful programs that are consistent with the principles of the Plan – as we have already begun with the \$350 million announced in February.

2. Identifying new partners, including faith-based and community-based organizations, and building indigenous capacity to sustain a long-term and broad local response.
3. Encouraging bold national leadership around the world, and engendering the creation of sound enabling policy environments in every country for combating HIV/AIDS and mitigating its consequences.
4. Implementing strong strategic information systems that will provide vital feedback and input to direct our continued learning and identification of best practices.

Within that framework, we will strive to coordinate and collaborate our efforts in order to respond to local needs and to be consistent with host government strategies and priorities.

In addition, we intend to amplify our own worldwide response to HIV/AIDS by working with international partners, such as UNAIDS, the World Health Organization, and the Global Fund, as well as through non-governmental organizations, faith- and community-based organizations, private-sector companies, and others who can assist us in engendering new leadership and resources to fight HIV/AIDS.

There is no doubt that this is one of the greatest challenges of our time, and will require constant and concerted commitment from all of us to defeat.

The limits of what we can accomplish in eradicating HIV/AIDS and its consequences are defined only by the limits of our collective moral imagination.

What inspires me the most as we embark on this effort is the remarkable self-help already under way in fighting HIV/AIDS by some of the most under-resourced communities in the world.

These communities have responded, in whatever way they can, to fellow community members in need. With our support, we hope to amplify and sustain their efforts to combat the devastation of HIV/AIDS.

That is why getting the first wave of funding released quickly after the appropriation was so critical, and I appreciate the Congress's assistance in ensuring that was able to happen.

Mr. Chairman, I am grateful for your and this Committee's resolve to defeating the HIV/AIDS pandemic. Your leadership and support has facilitated the speed with which we are responding to people in need, and that commitment will ensure our success – success that will be measured in lives saved, families held intact, and nations moving forward with development.

I would be pleased to respond to any questions you may have.