

**Statement of  
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**“Saving Lives: The Deadly Intersection of AIDS and Hunger”**

**Hearing of  
The Foreign Relations Committee  
United States Senate**

**May 11, 2004**

Mr. Chairman, Members of the Committee,

Thank you for the opportunity to appear before you today to discuss the important relationship between the global HIV/AIDS pandemic and hunger.

I am particularly pleased to appear with my partner in this effort, the Administrator of the U.S. Agency for International Development, Andrew Natsios, and my long-time friend and fellow Hoosier – Jim Morris – the Executive Director of the World Food Program.

The Emergency Plan for AIDS Relief – A Progress Report

Mr. Chairman, I appear before you today seven months after my confirmation hearing – my last appearance before this full Committee.

Since that time, I have had the opportunity to visit many of the countries in which we are focusing our efforts, including South Africa, Uganda, Kenya, Botswana, Zambia, Namibia, Rwanda, Ethiopia, and Mozambique. I'll be leaving in the days ahead for a visit that will include Nigeria, Cote d'Ivoire and Tanzania.

I am pleased to report that in those seven months, I believe we have made historic progress in beginning to achieve the President's, the Congress's, and the American public's goal of bringing prevention, treatment, and care to millions of adults and children courageously living with HIV/AIDS and replacing despair with hope.

Early this year, I submitted to you and other appropriate Congressional committees a comprehensive five-year strategy to implement the President's Emergency Plan for AIDS Relief.

The strategy is guiding our efforts to rapidly expand prevention, treatment and care, to identify new partners and build capacity for long-term success, and to amplify the worldwide response to HIV/AIDS by working with other partners.

Let me also note that in February, less than a month after Congress appropriated funds for the first year of the President's Emergency Plan for AIDS Relief, I announced \$350 million in initial, first-round awards to service providers who are bringing relief to suffering people in some of the countries hardest-hit by the HIV/AIDS pandemic.

These awards are rapidly scaling up programs that provide anti-retroviral treatment; prevention programs, including those targeted at youth; safe medical practices programs; and programs to provide care for orphans and vulnerable children.

With just this first round of funds, an additional 50,000 people living with HIV/AIDS in the 14 focus countries of the Emergency Plan 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 anti-retroviral 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 World Relief and the American Red Cross's Together We Can.

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. Care will include providing critical basic social services, scaling up basic community-care packages of preventive treatment and safe water, as well as HIV/AIDS prevention education.

This is only the beginning of our efforts. Later this week, Mr. Chairman, we will be providing to this Committee and other Congressional committees the required notification for the obligation of approximately \$308 million in the next tranche of funding.

I seek your support in ensuring that we are able to move these resources as quickly as possible so we can respond with the urgency that individuals in need require.

As we make additional awards, the numbers of persons receiving treatment and care will increase substantially. I also expect our efforts to strengthen and expand safe blood transfusion and safe medical injection programs to increase, as well as our efforts to strengthen human and organizational capacity through healthcare twinning and volunteers.

The President's Emergency Plan has three clear goals to be achieved over the next five years in 14 countries in sub-Saharan Africa and the Caribbean. First, to treat two million HIV-infected people with anti-retroviral therapies. Second, to prevent seven million new infections through increased HIV testing and behavior change. And, third, to care for ten million HIV-infected individuals and children devastated by the pandemic. This comprehensive and unparalleled approach through integrated treatment, prevention and care is essential if we are to be successful – as we must be – in the global fight against HIV/AIDS.

But Mr. Chairman, as important as all of this is, clearly it is not the whole answer. The President's initiative is intended to be part, but only part, of the potential solution to a very complex and multi-faceted set of issues. This is a global pandemic that requires resources well beyond the scope of the President's Emergency Plan for AIDS Relief – resources focused on additional aspects of human need.

The President's Emergency Plan is largely a healthcare-based program, focused on prevention, treatment and care. It does not directly address hunger. But as you and others have correctly suggested, hunger and nutrition – and a wide range of other issues – are clearly linked to successfully addressing HIV/AIDS.

#### HIV/AIDS and Hunger – A Cyclical Problem

We recognize that food security, good nutrition, and clean water are inextricably linked to successfully fighting AIDS. Without access to safe and adequate food, people are less able to effectively respond to AIDS treatment.

Moreover, drug resistance grows if people fail to stay with their treatment regimes. Persons living with HIV/AIDS but without access to sufficient food have less time to focus on care, and they may pay less attention to prevention. At the same

time, we know that HIV/AIDS exacerbates food insecurity, production shortages, and long-term agricultural knowledge loss.

To succeed in this battle, we must recognize the important relationship between hunger and HIV/AIDS, and work together in every way we can within our own government as well as with other partners – including other governments, international organizations, the private sector, and non-governmental organizations – to tackle this problem and turn the tide against HIV/AIDS. We must find every possible way to coordinate our efforts with those of other programs that bring resources to address hunger and other related issues.

### HIV/AIDS Impact on Hunger and Agricultural Production

One of the most socially and economically destructive aspects of HIV/AIDS is that it predominately afflicts the most productive members of society – those between the ages of 15 and 45. This directly impacts the size and productivity of the labor force, with negative outcomes for family income, assets and agricultural knowledge and productivity. Seven million agricultural workers have already died of AIDS in Africa.

The U.S. Department of Agriculture estimated in a 2001 study that if agricultural labor productivity in Southern Africa declined by 12 percent per year for the region as a result of the AIDS crisis, with fewer laborers and lower productivity by infected persons, grain production would decline. The World Health Organization has estimated agricultural productivity losses from AIDS at the village and household level at 10 to 50 percent in a selection of Sub-Saharan African countries. In fact, a UNAIDS assessment in Zambia showed that families in which the head of household was chronically ill planted an astonishing 53 percent less than healthy households. Families that lose their most productive members, and are forced to rely on the elderly or the young, often resort to the sale of livestock or other assets to pay for food as well as treatment – and even funerals.

The short-term consequence of this devastation is often food supply shortages, which further lower agricultural productivity. But the problem is not only in the short-term. Over time, agricultural techniques and knowledge are lost, potentially reducing crop yields and overall agricultural output in communities for extended periods of time. Therefore, better methods of transferring agricultural knowledge between generations and better agricultural techniques that are less-labor intensive are needed to address the impact of HIV/AIDS on hunger and food production.



## Hunger's Impact on HIV/AIDS

But, Mr. Chairman, that is merely one side of the equation. The other side is hunger's adverse impact on HIV/AIDS.

We know that adequate nutrition and food bolster the immune system and allow people living with the virus to continue to be productive members of society. In combination with the care and anti-retroviral treatments that the President's Emergency Plan will bring to millions of people, farmers can continue to produce food, children can continue to attend school, and parents can continue to provide for their families. I saw this myself in Uganda, when I visited a program funded by the U.S. Government in a rural area of Tororo District in which we are already providing anti-retroviral medicine to poor families.

In the face of hunger and inadequate nutrition, however, the disease will accelerate, expose the infected to new illnesses, and reduce their ability to respond to treatment and anti-retroviral therapies. Hunger can also reduce the amount of time families and others can realistically dedicate to care, and it may force people into activities that could undermine our prevention efforts. For example, people suffering from hunger often migrate in search of emergency food relief or for employment, a

trend that exacerbates the spread of HIV into new and possibly less-affected communities. Some evidence from some countries suggests hunger drives women and young girls into prostitution to compensate for the lost income of a deceased family member.

### Our Response

The linkages between hunger and HIV/AIDS will require the coordinated attention of many domestic and international partners.

Recognizing that HIV/AIDS is a global emergency, I intend – with your support – to rapidly mobilize resources to prevent the momentum of increasing HIV/AIDS infections and stem the suffering through treatment and care. The focus of the President’s Emergency Plan is on achieving targeted goals within prevention, treatment and care, and Congress’ commitment to this initiative through its authorization and appropriation of resources is essential to its success.

While we maintain our focus on the task at hand, we recognize the complexity of the crisis and that addressing other issues, such as hunger and food security, are vital in the success of our effort. It is crucial, therefore, that we in the HIV/AIDS

field recognize the importance of coordinating with those who are addressing hunger and nutrition, as well as other issues like gender discrimination and economic development, to achieve success in the fight against the epidemic.

Toward this end, I look forward to working with other U.S. Government agencies, such as the Departments of Agriculture and Health and Human Services and the U.S. Agency for International Development, to ensure that our food aid and HIV/AIDS efforts are mutually reinforcing. I also look forward to strengthening relationships with our international partners, like the World Food Program; UNAIDS; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and the World Health Organization.

In fact, I want to take this opportunity to commend the World Food Program for its recently expanded focus on HIV/AIDS in Southern Africa as a clear example of the type of increased response to which we aspire. Under Jim Morris's leadership, beginning last month, the World Food Program began adding nutritious food baskets to its assistance to those living with HIV/AIDS. The WFP is integrating HIV/AIDS prevention programs into its school feeding programs, and it spent nearly \$200 million on HIV/AIDS programs in 2002. This is exactly the kind of sustained effort we need.

Thank you, Mr. Chairman and members of the Committee, for this opportunity to share my views on the relationship between HIV/AIDS and hunger, and to update you on our progress in implementing the President's Emergency Plan for AIDS Relief. I am grateful for your 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 might have.

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