Full Committee Hearing Notice - Solutions to the problem of Health Care Transmission of HIV/AIDS in Africa
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Witness:
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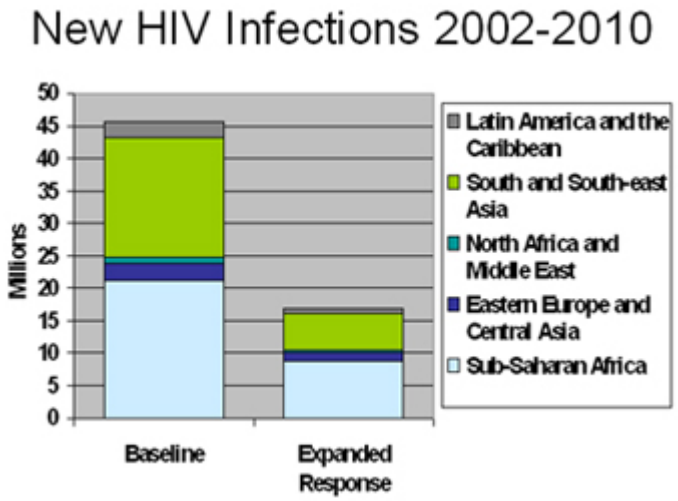
Testimony:
Thank you for the opportunity to be here today to address the important issue of confronting the global HIV/AIDS epidemic. I will focus my remarks on the goals we have set for ourselves, what needs to be done to achieve those goals, and the cost of implementing these programs.
Goals
Much of the work that my colleagues and I have done in the past couple of years has focused on estimating what needs to be done to achieve the goals we all have set for ourselves. The Declaration of Commitment of the UN General Assembly Special Session on AIDS calls for a 25% reduction in infection levels among young people in the next few years. WHO has set a goal of having 3 million HIV-infected people on ARV (anti-retroviral therapy) by 2005. The President's Emergency Plan for AIDS Relief aims to prevent 7 million new infections, treat 2 million HIV-infected people and care for 10 million infected people and orphans in 14 priority countries.
How will we achieve these goals? What needs to be done now and how much will it cost? We do have a good idea of what needs to be done to achieve the care and treatment goals. We need to expand access to health care, provide more training for health care providers and expand supplies of drugs and equipment.
We also have a good idea of what needs to be done to prevent new infections. It is clear that no single intervention will be enough, but a comprehensive approach that reaches people with different risks with a variety of information and services can be effective. A comprehensive approach includes mobilization of communities and civil society, behavior change interventions, service delivery (such as treatment for sexually transmitted infections, condoms and voluntary counseling and testing), medical precautions, care and treatment, and mitigation of the impact of AIDS on orphans and other vulnerable children.
We have done a country-by-country analysis for 135 low and middle-income countries to look at the prospects for the future. Our analysis indicates that if current trends continue there will be about 45 million new HIV infections between 2002 and 2010. You can see that figure in the first bar of the chart, labeled "Baseline." The majority of these new infections will be in sub-Saharan Africa, where HIV prevalence levels are the highest, and in South and South-East Asia, where populations are large and the epidemic is growing rapidly.
But these projections are not inevitable. Our estimates indicate that the implementation of a comprehensive prevention package in these countries by 2005 would reduce the total number of new infections by 29 million, averting about two-thirds of the infections that would otherwise occur. As shown in the second bar in the chart, labeled "Expanded

Response," the benefits will be large in sub-Saharan Africa where almost 60% of projected new infections can be averted. Note that the gains could be even larger in Asia, where early action will be especially effective.



Effects of delay

It is important to expand our prevention efforts as rapidly as possible. Delayed implementation will lead to large reductions in the benefits. Just a three year delay in achieving full implementation of this program would reduce the total number of new infections averted by 2010 by 50%.

What do we need to do to achieve this result?

These results can be achieved by expanding the coverage of HIV/AIDS services. In our estimates we assumed that full coverage would be achieved in high prevalence countries for programs such as mass media, AIDS education, treatment of sexually transmitted infections, voluntary counseling and testing, safe blood and safe injections. Coverage of 50-60% was assumed for services such as condoms, workplace interventions, out-of-school youth and prevention of mother-to-child transmission of HIV.

Achieving this result will require a large effort. Currently the coverage of key services is very low in most countries. We estimate that fewer than 20 percent have access to basic prevention services. In Africa the figures are even lower:

• Only 1% have access to anti-retroviral therapy
• Only 1% have access to "Prevention of mother to child transmission" programs
• Only 6% have access to voluntary counseling and testing
• 70% do not receive even the basic level of care as defined by the World Health Organization

What will it cost?

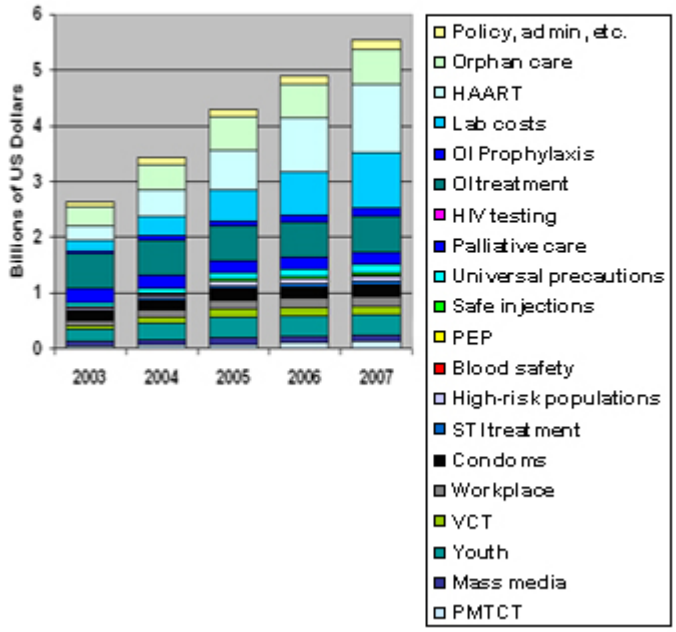
The second chart shows you our estimate of the total resource required to achieve these goals between now and 2007 by year and by program. This represents resources from all sources: national governments, individuals and households, bi-lateral and multi-lateral donors, foundations and the Global Fund.

From the chart you can see the range of programs considered and the relative funding required by each.

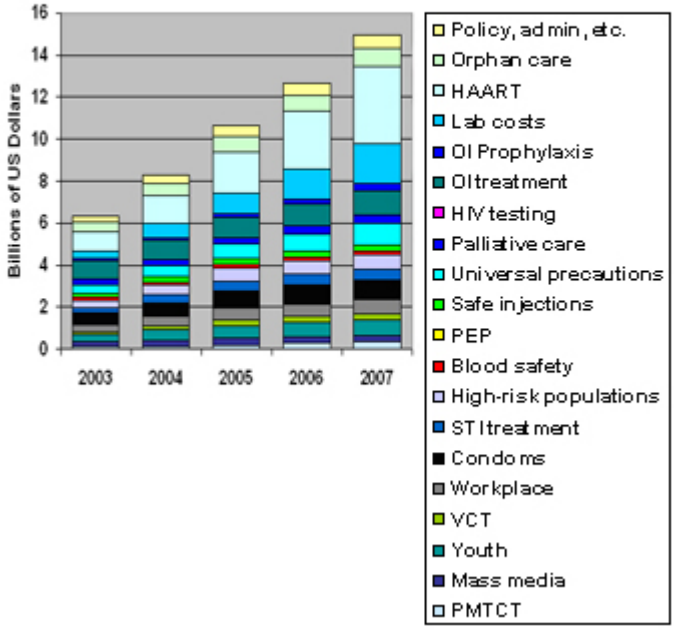
The resources required will increase from about $6 billion today to $10 billion by 2005 and $15 billion by 2007. For Africa the resources required will double from $2.6 billion

today to $5.5 billion by 2007. For the 14 countries of the Presidential Initiative, requirements will double from just under $2 billion in 2003 to $4 billion by 2007.
The largest amount will be required for anti-retroviral therapy and treatment of opportunistic infections. Support for orphans and vulnerable children will also require significant funding. In prevention, the greatest funding needs are for programs for youth, voluntary counseling and testing, condoms and workplace programs. About 4% is required for safe injections and universal precautions.
Through 2005 about half of the resources are needed for prevention and half for care and treatment. After that, the share required for treatment increases as more people are maintained on ARVs. Eventually the share for care and treatment will decrease as the prevention efforts reduce the number of new infections.
Globally, this level of spending by 2005 would provide prevention services for over 270 million people in low- and middle-income countries and would provide needed care and treatment for an additional 13 million.

Resources Required in Sub-Saharan Africa for HIV/AIDS Prevention, Care and Mitigation



Resources Required in Developing Countries for HIV/AIDS Prevention, Care and Mitigation



How much is currently available?

We do not know exactly how much funding is currently available for HIV/AIDS programs in these countries. But our best estimate is that of the $6 billion needed today, about $4 billion is actually available. This includes about $2.6 billion from bi-lateral and multi-lateral international donors, $0.5 billion from national governments and nearly $1 billion from household and employer-financed spending. Thus there is currently a gap of nearly $2 billion dollars that will only grow larger in the next few years unless we can mobilize significant new resources.

How much funding should the US provide?

Various estimates of the “fair share” the United States should contribute to the global need can be developed depending on assumptions about how much developing countries can and should pay themselves and how the international contribution is allocated. Our calculations suggest that the US share should range somewhere between 25-35% of the total. This translates into $2.0-2.8 billion today and $3.7-5.2 billion in 2005.

The cost of doing nothing

We recognize that the full implementation of this expanded response presents many challenges. Human capacity to deliver the required interventions needs to be scaled up greatly and improved infrastructure will need to be developed to meet the demand of expanded services. Meeting these challenges will require both financial and political commitment.

The costs of scaling up programs as indicated here are large. However, without this effort we will not achieve our goals of rolling back the AIDS pandemic. The costs of doing nothing are even higher.

THANK YOU FOR YOUR ATTENTION.