

PEPFAR and the Global AIDS Response

Thursday September 20, 2007

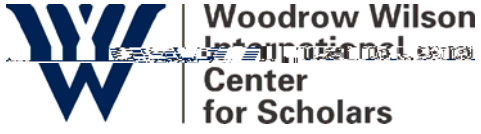
Woodrow Wilson International Center for Scholars

Transcript: Dr. Kent Hill

I would like to do instead is to focus on four key areas. But before I do that, I want to thank the Woodrow Wilson Center for inviting me to be here. I admire the work that you are doing on this topic on HIV. You have thought about it for a long time, you've been patient, that's very important. I appreciate the effort you have given to looking at this and trying to get dialogue about that. And I also want to mention something about the work of Dr. Hill. She has spoken earlier. I've worked with her on a lot of issues, avian influenza and she is one of the most knowledgeable and committed people on the Hill.

Like her predecessor Congressman Kolbe, we are very fortunate that from both sides of the aisle you get people who are as committed and knowledgeable about important health issues as these folks are. And so it was a privilege to have her here, and to continue to work with her. And as for Peter Piot -- I have grown to really respect Peter in recent years. He was really ahead of the curve, internationally, in recognizing the fact that we just weren't making enough progress on the prevention. He co-hosted in Geneva, I guess it was last September, a major effort, bringing 25 or 30 experts from around the world to ask the tough question about what could we do differently in terms of the drivers of the spread of this epidemic, and there were some very interesting results from that meeting, and if I have a chance I'll say something about it in a few minutes, but it was the leadership of Peter that made that meeting possible. And if we have some success for the next few years, it's going to be because of that sort of leadership.

But the four issues I would like to just briefly touch on with you this morning -- I want to say something just in general about the US efforts of what we're doing in that area. And I want to talk about turning off the tap, about de



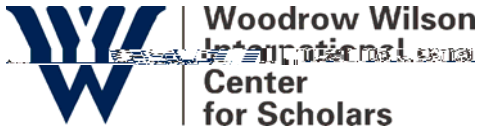
byproduct of the HIV pandemic. You have to address education; you have to collaborate with those who are doing education.

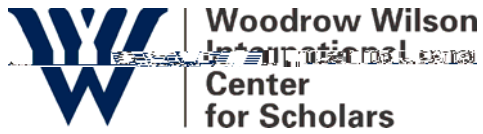
Or take the issue of nutrition. People say, “That’s humanitarian. That’s not HIV/AIDS.” Nonsense. You can’t do treatment for people who are on ARVs if you don’t recognize that the impact of that treatment is going to be impacted by whether or not people have enough to eat. So you had better be cooperating with -- or if possible, even finding some funds for -- nutrition programs to address that.

Or take the issue of economic growth. People say, “Well, what does that have to do with HIV/AIDS?” It has a whole lot to do with it. HIV-positive people are often discriminated against, as Peter has noted. It’s sometimes hard for them to get jobs. It’s hard for them to keep jobs sometimes. Sometimes they can’t work as easily at first as others. You need to address their needs. With the orphans, you need programs to train them to do things when they get older. You have to address employment issues. You have to address economic growth issues.

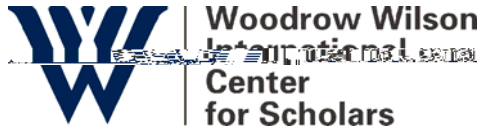
Or take health systems. You don’t just address HIV by coming up with drugs. You have to improve the health infrastructure. You have to think about whether there are enough people out there to not just deliver the services. And if you help in this area, by the way, you will help in every health intervention, not just interventions that involve HIV/AIDS. Or think of family planning. Some say, “What’s the connection between family planning and HIV?” Let me tell you what the connection is. If a woman is HIV-positive and she is pregnant, she not only needs to be tested to make sure that if she is positive she can take some actions that might have an impact, will have an impact, likely, on whether her infant, her child will be HIV-positive; she needs lots of other things as well. When you meet with a woman who’s pregnant and HIV-positive, you can also help her a lot by giving her insecticide-treated bed nets, for example. You can help her, if she doesn’t want more children or she wants to space her children, by directing her to or helping her gain access to family planning.

USAID, since 2002, for example -- between 2002 and 2006, I think, or maybe it’s 2007 – we have increased by 63 percent the amount of family planning money that we are moving to the PEPFAR countries. That is where the need is particularly great. To the extent we’ve done that, that has a positive impact on HIV-positive women. They are connected. Now, the pot of money that goes to help them may not be HIV/AIDS





from the 20s to seven or eight percent prevalence. And now, disappointingly, it's leveled off lately, and people there tell me they've sort of backed away from some of the messages that helped them initially. But Kenya went down, Zimbabwe has gone down, Uganda has gone



we can on that. You know, this is a really big issue, and we have got to not have tunnel vision when we look at it. We have to connect it to all the other development issues that we have something to say and do anything about. And I think if we redouble our efforts -- and not just our money, but if we work smarter and we cooperate better and we focus on prevention and deal