

**STATE, FOREIGN OPERATIONS, AND RELATED  
PROGRAMS APPROPRIATIONS FOR FISCAL  
YEAR 2016**

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**WEDNESDAY, MAY 6, 2015**

U.S. SENATE,  
SUBCOMMITTEE OF THE COMMITTEE ON APPROPRIATIONS,  
*Washington, DC.*

The subcommittee met at 10:12 a.m., in room SD-124, Dirksen Senate Office Building, Hon. Lindsey Graham (chairman) presiding.

Present: Senators Graham, Kirk, Lankford, Daines, Leahy, Shaheen, Coons, Merkley, and Murphy.

DEPARTMENT OF STATE

GLOBAL HEALTH PROGRAMS

**STATEMENTS OF:**

**DEBORAH L. BIRX, M.D., AMBASSADOR-AT-LARGE, COORDINATOR  
OF THE UNITED STATES GOVERNMENT ACTIVITIES TO COMBAT  
HIV/AIDS AND SPECIAL REPRESENTATIVE FOR GLOBAL HEALTH  
DIPLOMACY**

**DR. MARK DYBUL, EXECUTIVE DIRECTOR, THE GLOBAL FUND TO  
FIGHT AIDS, TUBERCULOSIS AND MALARIA**

**SIR ELTON JOHN, FOUNDER, ELTON JOHN AIDS FOUNDATION**

**DR. RICK WARREN, PASTOR OF THE SADDLEBACK CHURCH**

**OPENING STATEMENT OF SENATOR LINDSEY GRAHAM**

Senator GRAHAM. The subcommittee will come to order. Our hearing today is on global health programs, and we have a panel of incredibly brilliant people who I am honored to welcome to the United States Senate, so you inform the Senate, the American people, and the world about the good causes that you represent.

Ambassador-at-Large Deborah Birx. Thank you very much for coming. Dr. Birx is the Coordinator of the United States Government Activities to Combat HIV/AIDS, and U.S. Special Representative for Global Health Diplomacy, U.S. Department of State.

Dr. Mark Dybul, Executive Director of The Global Fund to Fight AIDS, Tuberculosis, and Malaria.

Sir Elton John, Founder of the Elton John AIDS Foundation.

Dr. Rick Warren, Pastor of Saddleback Church.

To each of you, thank you for coming. You have incredible busy schedules and you made time to talk about causes near and dear to your heart.

I will make a brief opening statement to the subcommittee members. Thank you for showing up. To Senator Leahy, it has been a pleasure working with you and Tim Rieser in the Minority and the Majority. As politics change in this country, Senator Leahy and I are going to make sure the commitment of this committee does not change.

At the end of the day, I have tried along with Senator Leahy to shine a light on what foreign assistance does for the United States and the world. It is 1 percent of our budget, and here is what I would suggest to other members of the body: find an account anywhere throughout the budget that gets a better rate of return than the 150 International Affairs Budget Function account.

One percent of the budget is about \$50 billion when you add it all up. That includes all the funding for the State Department and our embassies, consulates, aid to Israel and other nations, and a small portion of it goes to fighting AIDS, malaria, tuberculosis, and other diseases.

What I want the American taxpayer to know is that from my point of view, being a conservative Republican from South Carolina, I have never seen a better return on investment.

The private sector, the Federal Government, and other international organizations and other governments have been collaborating for well over a decade to take the fight to AIDS, and we are winning and AIDS is losing.

At the end of the day, the scourge is being put in a box, but growing in some areas of Africa for reasons that we must address.

In terms of future commitment of money, now is not the time to back off. We are literally inside the 10 yard line when it comes to containing some of these diseases like AIDS and malaria, and there are thousands if not millions of young people alive today because of America's intervention and the taxpayers' generosity.

It is a national security effort in my view to stabilize developing parts of the world so rampant diseases like AIDS, malaria, and tuberculosis can be contained, and does not create further instability in regions that are already unstable.

From an economic point of view, we are creating a customer base where American companies one day can do business with millions of people on a continent that I have come to love that have an affinity for the American people and our way of life.

America is at her best, I believe, when she is doing things that are right. Even though we have economic challenges here at home, compared to most, we are incredibly rich. Our richness is not in our bank account. I think it is in our attitude and the way the American people engage the world.

If I had to give one example to someone from far away to explain America, I would use the 150 account. This account represents the best of the American people. It is transparent. It is well managed. It is saving lives and changing the world.

Having said that, foreign assistance is at risk. Sequestration budget cuts if fully enacted will devastate the ability of this account and others to fulfill its promise. We are literally inside the 10 yard line, and the budget cuts that are coming under sequestration will destroy our ability to make progress, and we will lose many of the gains that we have achieved over time.

When you are \$18 trillion in debt, you need to evaluate your spending. Here is what I can say: the 150 account is not why we are in debt. This account makes us richer. This account, I believe, is the smartest use of Federal dollars of any place within the Federal Government, and it is my commitment working with my Democratic and Republican colleagues that we not abandon foreign assistance at a time we are so close to achieving the purposes of this account, which is to change the world in a positive fashion.

With that, I will recognize Senator Leahy.

STATEMENT OF SENATOR PATRICK J. LEAHY

Senator LEAHY. Thank you, Mr. Chairman. You and I have worked together on this subcommittee for so many years. We go back and forth. Sometimes you are chairman, sometimes I am chairman. The thing is we come out with a bill almost always where we are in total agreement on it, and that is why it passes.

This is an issue that should not be involved in partisan politics. I cannot think of programs we fund that has stronger support than global health. We support investments to combat diseases.

I know last night in our discussions, Sir Elton and Pastor Warren, we talked about a lot of these diseases could be prevented, treated or cured for just a few dollars. If it happened to any one of us, we would come up with whatever amount of money it was. We are talking about countries where that money is not there.

Very few Americans suffer from malaria, polio, Dengue fever, or river blindness. Can you imagine if they did? You would have people lined up out here saying what are you spending, let's do something about it.

When you are in the wealthiest country on earth, we have some moral responsibilities. This goes beyond political or economics. If you have this kind of great wealth, you have some moral responsibilities, especially when these are diseases that affect millions of people, often children, in countries that have woefully inadequate health services.

HIV/AIDS was identified 33 years ago. AIDS and tuberculosis continue to be a serious problem, not only worldwide, but here in the United States. We can do better, but the rates of infection here in this country pale compared to many other countries, Sub-Saharan Africa, Eastern Europe, Southeast Asia.

The chairman has rightly pointed out the budget restraints we have, but that does not mean we suddenly have no money. We have a lot of money to spend as a country, and let's pick where we go. We just want to make sure we use our best resources.

The Ebola catastrophe, that shows as vulnerable we are, as Bill Gates and others have warned this subcommittee. Ebola was a relatively easy disease to detect and contain before a person experiences symptoms. It is not a question whether such a virus will occur, but when and where, and if we do not invest relatively modest sums necessary to train and equip public health workers in countries where such a pandemic can originate, we are going to pay more than the hundreds of thousands and even millions of lives lost and dollars spent.

These are things that Dr. Birx and Dr. Dybul certainly work on all the time.

The chairman and I are supposed to also be in the Defense Appropriations and Judiciary, but we want to be here. You all have worked, every one of you, hard on these issues. Every one of you could find much easier things to tackle, and I applaud you all.

Sir Elton, we have known each other for a number of years. You can sit back and just relax, instead you are out pushing us all the time. I do not want to say anything about Pastor Warren going after us on a moral issue, but the good Pastor has spoken to me about where our conscience should be on more than one occasion. That is important.

Doctors, the expertise you bring, we need it. I will hush up. I would rather hear from these people. I am glad you are doing this, Mr. Chairman.

Senator GRAHAM. Thank you. Thank you for being a good partner here. Madam Ambassador, lead us off.

#### SUMMARY STATEMENT OF DEBORAH L. BIRX

Ambassador BIRX. Thank you, Chairman Graham and Ranking Member Leahy, and distinguished members of the subcommittee. I am honored to appear before you, specifically this subcommittee today, which has provided visionary leadership of the United States President's Emergency Plan for AIDS Relief (PEPFAR) since 2003.

Millions of men, women, and children are alive today because of the compassion and bipartisan commitment of Congress, the leadership of President George W. Bush, and President Barack Obama, and the true generosity of the American people.

As you have seen firsthand and as the chairman mentioned, PEPFAR is not only a transformative global health program, but is an outstanding expression of American diplomacy.

I am privileged to be joined today by three great leaders in the global HIV/AIDS response, Ambassador Mark Dybul, whose incredible leadership of PEPFAR during a critical phase took the program to new heights, and whose work directing the Global Fund has been extraordinary. Pastor Rick Warren, a voice of compassion for those affected by the epidemic, and Sir Elton John, a powerful advocate for people living with HIV/AIDS for decades.

PEPFAR has changed the very trajectory of the HIV/AIDS epidemic. At its core, PEPFAR has offered hope and healing, and the possibility of health and prosperity in the place of sickness, suffering, and death.

Today because of PEPFAR, 7.7 million men, women, and children are receiving life saving treatment, and more than a million babies have been born HIV free. Six million five hundred thousand voluntary medical male circumcisions have been performed. Success as mentioned by the chairman is within our collective grasp, if we all focus, accelerate, and sustain our efforts.

PEPFAR has deliberately strengthened all aspects of the health systems, not only those programs supporting people who live with HIV/AIDS, but programs around maternal and child health and global health security. Yet our work, as mentioned, is far from done.

Every week, nearly 40,000 people are infected with HIV, 7,000 of them young women. With the youth bulge in Sub-Saharan Afri-

ca, millions of young women are entering the window of the most susceptibility to HIV/AIDS infection. We have to work diligently right now to get and stay ahead of this epidemic.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), if we do not act now, there will be an estimated 28 million new HIV infections by 2030, more infections than current resources can support. Actions taken over the next 5 years will be critical. Coordinated efforts could reduce the number of HIV infections to under 200,000 per year by 2030, as compared to our current trajectory, which is unthinkable, of 2.5 million new infections per year.

PEPFAR is pivoting. We are utilizing a transparent data driven approach to target evidence based interventions to the highest burden populations and geographic areas for maximum impact of every U.S. dollar. Making this pivot is not an easy thing, but it is the right thing, and it will prevent new infections and lead to control of the epidemic.

Earlier this year, we launched a sustainability index to provide an annual snapshot of the elements central to sustaining and controlling this epidemic, including the critical contributions partner countries are making towards their national response.

PEPFAR leverages the expertise of the whole of the United States Government, civil society, faith based organizations, and other partners, including the private sector, to address the most glaring gaps in treatment and prevention.

The Accelerating Children's HIV/AIDS Treatment Initiative or ACT, is a \$200 million partnership with the Children's Investment Fund Foundation, to reach and treat 300,000 additional children living with HIV/AIDS by the end of 2016.

DREAMS, standing for Determined, Resilient, Empowered AIDS-free Mentored, and Safe Young Women, is a \$210 million partnership with the Bill and Melinda Gates Foundation and the Nike Foundation to prevent HIV infection in adolescent girls and young women.

Finally, we cannot control the epidemic without putting an end to the stigma and discrimination that forces people living with and at risk for HIV/AIDS to the very margins. All people need access to services, including key populations.

At this critical time in the AIDS response, we know what needs to be done and we have the tools to do it. The continued leadership of the United States is vital to ensuring that we achieve an AIDS free generation, because the alternative is unthinkable.

Chairman Graham, Ranking Member Leahy, members of the subcommittee, the uncharted terrain we are entering will test our resolve, but I am confident that we will reach our destination. The ways in which we are focusing, strengthening, and accelerating PEPFAR's efforts and partnerships will hasten our arrival.

Thank you again for the opportunity to appear before you today. I am profoundly grateful for the ongoing and continuous unwavering support of this subcommittee for PEPFAR. I look forward to your questions.

[The statement follows:]

## PREPARED STATEMENT OF DEBORAH L. BIRX, M.D.

Thank you Chairman Graham, Ranking Member Leahy, and distinguished members of the subcommittee. I am deeply honored to appear before your subcommittee, one which has provided visionary leadership and unwavering support for the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) since its inception. Today, millions of men, women, and children are alive because of the compassion and commitment of the members of this subcommittee; the bipartisan, bicameral support of your congressional colleagues; the leadership of President George W. Bush and President Barack Obama; and the generosity of the American people. All Americans should be immensely proud of PEPFAR's achievements—because they are also their achievements.

I am honored and humbled to be joined on this panel by three other great leaders in the global HIV/AIDS response. Ambassador Mark Dybul, whose incredible leadership of PEPFAR during a critical phase took the program to new heights, and whose work directing the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) has been extraordinary. Pastor Rick Warren, who has been a voice of compassion and a source of courage for those affected by the epidemic. And Sir Elton John, who has been a passionate and powerful advocate for people living with HIV/AIDS for decades—one whose unwavering personal commitment and charitable foundation have saved and improved so many lives.

Over the past 12 years, with your extraordinary investment, PEPFAR has helped to transform the global landscape of HIV/AIDS and to halt the relentless escalation of new infections and climbing mortality rates. PEPFAR has provided life-saving HIV prevention, treatment, and care services; built and strengthened the capacity of country-specific and country-led responses in both government and civil society; and fostered collaboration among the U.S. Government, key global partners, and national governments around the world, as well as grassroots organizations, including many faith-based organizations, in some of the most remote locations. At its core, PEPFAR has offered hope and healing in place of sickness, suffering, and death.

As of September 30, 2014, more than 7.7 million men, women, and children are receiving life-saving antiretroviral treatment (ART) with PEPFAR support. Over the past 2 years alone, PEPFAR has reached more than 1.5 million pregnant women living with HIV/AIDS with services to prevent mother-to-child transmission and improve maternal health. In total, more than 1 million babies have been born HIV-free. And PEPFAR has supported more than 6.5 million voluntary medical male circumcision procedures in Eastern and Southern Africa. Achieving an AIDS-free generation is no longer a distant dream, but a goal within reach if we focus, accelerate, and sustain our efforts.

## THE GLOBAL HIV/AIDS EPIDEMIC THEN AND NOW

None of us who were there will ever forget what we witnessed just over a decade ago. The reports from those on the frontlines were fraught with despair. At that time, an HIV diagnosis was a virtual death sentence in many countries. The epidemic was devastating families and communities around the world with disastrous social and economic consequences. In the hardest hit regions of sub-Saharan Africa, infant mortality doubled, child mortality tripled, and life expectancy had dropped by 20 years or more. The rate of new HIV infections was exploding, and people were getting sick and dying during their most productive years, crippling economic growth and turning back hard-won gains in global health and development.

Today, thanks in large part to PEPFAR and its many partners, together we have written a new chapter. Worldwide, new HIV infections have been halved from their peak in the 1990s and AIDS-related deaths have dropped by 35 percent since their apex in 2005. In the hardest-hit African countries, new HIV infections among children have declined by 43 percent just since 2009. As of June 2014, more than 13.6 million people have access to life-saving ART globally. Only 50,000 in sub-Saharan Africa were receiving ART when PEPFAR began.

In addition to providing millions of people with life-saving HIV prevention, treatment, and care services, PEPFAR has built health infrastructure and strengthened capacity through an emphasis on sustainability. These efforts have not only supported patients living with HIV/AIDS, but are also leveraged for maternal and child health, malaria, immunizations, and emergency disease outbreak response. We know that strong laboratories and well-trained laboratory specialists are critical to well-functioning health systems, enabling clinicians and health workers to diagnose and treat a range of diseases and conditions. Our investments in the integration of laboratory services, including laboratory networks, commodities, and the workforce have created a lasting infrastructure that positions partner countries to respond to a range of health challenges and threats.

Our investments in human resources for health, including a new strategy released in 2015, support not only the education of healthcare professionals, but also task-shifting, innovative retention strategies, reemployment, and additional training of healthcare personnel. PEPFAR was proud to announce on the last World AIDS Day that by the end of fiscal year 2014, we have trained more than 140,000 healthcare workers to deliver HIV and other health services, exceeding the target set by Congress in PEPFAR's 2008 reauthorization.

Despite this tremendous success, our work is far from done. If we continue on the current course, the global burden of disease will increase far beyond the global community's ability to respond—so we have to change the way we do business. Every week, nearly 40,000 people are newly infected with HIV globally. While HIV incidence has declined by two-thirds since its peak in sub-Saharan Africa, the population has increased by 340 million during the same period. And due to the “youth bulge” in sub-Saharan Africa, millions of young people are entering their most HIV susceptible years. In fact, 200 million people are between 15 and 24, giving Africa the youngest population in the world. It is estimated that the number of young people in Africa will double by 2045. Given these demographic trends, we have to work hard just to keep up with, and even harder to keep ahead of, the epidemic. It is clear that if we begin to drift, to lessen our aspirations, or fail to follow the science, we will have squandered our accumulated assets and allowed the accomplishments of the last decade to unravel, with enormous negative consequence to a great many young lives. To achieve epidemic control, we need to refocus our efforts, re-energize our partnerships, and reaffirm our commitments to accomplishing our goals.

#### WHAT IT WILL TAKE TO CONTROL THE HIV/AIDS EPIDEMIC

Achieving epidemic control and, ultimately, an AIDS-free generation requires all partners to step up their efforts—PEPFAR, the Global Fund, partner countries, and others. No one entity can do this alone. It will take all partners, working in a focused, coordinated, and data-driven manner to succeed. That is why PEPFAR has prioritized key collaborations with multilateral organizations, including UNAIDS and the Global Fund.

PEPFAR works closely with UNAIDS, drawing on the UNAIDS and partner country epidemiologic technical resources and capacity. UNAIDS is the international standard bearer in global HIV/AIDS for setting critical goals in the global call to end the epidemic. Our collaboration with UNAIDS supports countries in overcoming key policy, programming, and implementation challenges. PEPFAR works with the Global Fund to maximize our joint investments. Increased partnership between PEPFAR and the Global Fund serves to improve the impact of our investments through more strategic use of resources and of our programs through better, more efficient, and evidence-based use of funds; technical and programmatic equality to maximize outcomes; and collaboration to promote country-level sustainable solutions.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), if we do not act now, there will be an estimated 28 million new HIV infections by 2030—far more than current resources can support. To accelerate progress toward averting new infections and turning the tide on the HIV/AIDS epidemic, UNAIDS has announced an ambitious 90–90–90 global treatment target—90 percent of people with HIV diagnosed, 90 percent of those diagnosed on ART, and 90 percent of people on treatment virally suppressed by 2020. UNAIDS' analysis shows that it is possible to control the HIV/AIDS epidemic, but actions taken over the next 5 years are particularly critical. UNAIDS estimates that aggressive coordinated efforts by donors and national health and finance ministries aimed at a “Fast-Track” strategy to confront the disease could reduce new infections to as few as 200,000 per year by 2030, as compared with 2.5 million per year if existing policies are maintained. The financial costs of the failure to change course are clear: 2.5 million new infections each year will cost an estimated \$2 billion annually just to provide services to people living with HIV/AIDS.

Reaching the 90–90–90 treatment target requires expanding access to HIV prevention, treatment, and care services. It also means shifting the way we all do business. In recent years, international donor HIV/AIDS funding has plateaued. In 2013, domestic investments from low- and middle-income countries accounted for approximately half of all HIV/AIDS-related spending. Even with this remarkable increase, there is insufficient financing to meet all the needs. To get ahead of the epidemic, we must target our efforts, accelerate investments in prevention and treatment, and increase the impact and effectiveness of every dollar spent. And access to viral load testing will be essential to ensuring that those living with HIV/AIDS know their treatment has been effective. That is why PEPFAR is pivoting to support evidence-

based interventions in the highest-burden populations and geographic areas for maximum impact.

Making this pivot is not the easiest or most popular thing, but it is the right thing and the smart thing—because it will prevent new infections. The PEPFAR program has the unique flexibility to make this critical shift, informed by the granular-level data available to us. Each new infection averted saves lives and saves money—today and in the future. For every 1,000 patient-years of treatment—for example, having 500 people on treatment for 2 years, 226 patient deaths are averted, 432 children are not orphaned, and 99 new infections are averted. To achieve epidemic control and, ultimately an AIDS-free generation, these efforts will need to be complemented by similar program shifts by the Global Fund, partner countries, and other donors as well as new investments.

Each new HIV infection adds to the cost of controlling the disease. Without new investments and greater program efficiency, the cost will become unsustainable. Countries taking on a greater share of the response is a difficult but necessary fiscal and financial management challenge. That is why PEPFAR and the U.S. Department of Treasury are exploring collaboration with partner country Finance Ministries, with the goal of working in partnership with the World Bank, the International Monetary Fund, and other international financial institutions to help prepare public budgets to assume a greater share of the costs for HIV/AIDS programs, and to provide technical assistance to build state capacity in public financial management.

PEPFAR has always been committed to treating people living with HIV before they develop full-blown AIDS. This priority also has direct and indirect economic benefits. Healthy people are able to work and support their families. Keeping parents healthy also lessens other social costs, such as caring for orphans whose parents die of AIDS-related illnesses. It has been shown that the economic benefits of treatment will substantially offset, and likely exceed, program costs within just 10 years of investment. In other words, treating people will not only save lives but will also generate considerable economic returns.

Controlling the HIV/AIDS epidemic also requires a social, policy, and legal environment that encourages and enables people to access and use core HIV/AIDS services. The principles of good public health necessitate that we work to eliminate barriers to these services for all people—including key populations. PEPFAR is committed to ensuring that partners receiving PEPFAR funds implement their programs in a way that supports promotion, protection, and respect for human rights, including for lesbian, gay, bisexual, and transgender people. We are building the capacity of civil society organizations, engaging partner governments, and working in concert with our multilateral and bilateral partners. Our public-private partnerships are central to this effort as well. PEPFAR and the Elton John AIDS Foundation launched a \$7 million public-private partnership to expand access to non-discriminatory HIV-related services for men who have sex with men and transgender individuals, with an initial focus on South Africa. These principles also demand that we deliver HIV/AIDS services even when facing difficult cultural contexts, severe stigma and discrimination, or challenging security environments. This fundamental commitment has underpinned PEPFAR from the beginning, and we will never waver from it.

#### CHANGING THE WAY WE DO BUSINESS FOR RESULTS

Over the past 12 years, PEPFAR has evolved from an emergency program to one focused on achieving sustained epidemic control. In my first year as the U.S. Global AIDS Coordinator, we have worked hard to transform the way that PEPFAR does business to maximize the impact of every dollar with which we are entrusted by Congress and American taxpayers.

Within the U.S. Government efforts, we have seen incredible leadership at the Department of State, including the important contributions of Chiefs of Mission, as well as the dedicated staff working for PEPFAR's implementing agencies: the Department of Defense; Department of Health and Human Services and its agencies, including the Centers for Disease Control and Prevention, the Food and Drug Administration, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, and the National Institutes of Health; the Department of Labor; the Peace Corps; and the United States Agency for International Development.

We released “PEPFAR 3.0—Controlling the Epidemic: Delivering on the Promise of an AIDS-free Generation,” which outlines how PEPFAR will help to control the epidemic by focusing on doing the right things, in the right places, right now—through five core action agendas:

- Impact Action Agenda: focusing resources and leveraging finances to address the most vulnerable populations and to control the epidemic.
- Efficiency Action Agenda: increasing transparency, oversight, and accountability across PEPFAR and its interagency partners to ensure every taxpayer dollar is optimally invested and tracked.
- Sustainability Action Agenda: ensuring that when the U.S. and partner countries have scaled up interventions and reached epidemic control, the services, systems, financing, and policies required to maintain that control are readily available to PEPFAR beneficiaries.
- Partnership Action Agenda: strengthening partnerships, including with the Global Fund, to achieve sustainability and ultimately, an AIDS-free generation.
- Human Rights Action Agenda: securing, protecting, and promoting human rights and addressing the human rights challenges of those affected by the disease.

We have moved swiftly to help tackle two of the most glaring gaps in the response—the distressing disparity in HIV/AIDS treatment for children; and the alarming rates of new HIV infections among adolescent girls and young women.

In 2013, 3.2 million children under the age of 15 were living with HIV/AIDS globally—more than 90 percent in sub-Saharan Africa. Tragically, only 24 percent have access to ART. Children living with HIV/AIDS are one-third less likely to receive treatment compared to adults. Without treatment, half of the children infected with HIV at birth or in infancy will die before their second birthday, and 80 percent will die before their fifth birthday. That is why, last August, PEPFAR launched the Accelerating Children’s HIV/AIDS Treatment (ACT) Initiative—an ambitious \$200 million partnership with the Children’s Investment Fund Foundation to reach 300,000 more children living with HIV/AIDS with treatment by the end of 2016.

Every year, an astonishing 380,000 adolescent girls and young women are infected with HIV, 7,000 every week, over 1,000 every day. And in 2013, nearly 60 percent of all new HIV infections among people aged 15–24 occurred among adolescent girls and young women. That is why, last World AIDS Day PEPFAR joined with the Bill & Melinda Gates Foundation and the Nike Foundation to launch the \$210 million DREAMS Partnership to ensure that adolescent girls and young women have an opportunity to live Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe lives.

These and other impactful public-private partnerships are allowing PEPFAR to leverage the expertise, assets, and experience of the private sector—maximizing the U.S. Government’s investment in addressing these and other urgent needs. In 2014 alone, private sector partners contributed \$264 million to increase the scale and impact of PEPFAR’s work. Civil society organizations and faith-based organizations (FBOs) have been critical PEPFAR partners from the outset, and played a pivotal role in the HIV/AIDS response since the earliest days of the epidemic. Time after time, civil society has sounded the alarm, demanded accountability and transparency, delivered life-saving services, and driven transformational change in communities and countries. Historically, FBOs have provided an estimated 30–70 percent of healthcare services in sub-Saharan Africa. In Kenya, faith-based health facilities operated by diverse religious traditions are essential health providers for low-income households—accounting for 70 percent of the not-for-profit, non-governmental health facilities in the country. Two-thirds of faith-based health facilities in Kenya’s high-incidence counties provide some type of HIV/AIDS service. And in Nairobi, the county with the largest number of people living with HIV/AIDS in Kenya, FBOs provide more than 60 percent of antiretroviral medications.

#### USING AND SHARING DATA FOR GREATER TRANSPARENCY AND IMPACT

Just as harnessing existing partners and enlisting new ones is vital to our success, so are using and sharing data. PEPFAR is doing this in unprecedented ways, and we are just getting started. We have been steadfast in the adoption of a data-driven, targeted approach to address one of the most complex global health issues in modern history. We use an implementation science model—a scientific framework—to guide program implementation and scale-up that focuses on effectiveness and efficiency in order to continually build the evidence base necessary to inform the best approaches to achieve high-impact, sustainable prevention, care, and treatment programs. We are examining data down to the most granular site level to strategically target geographic areas and populations with the highest HIV/AIDS burden to achieve the greatest impact for our investments. As part of PEPFAR’s Efficiency Action Agenda, our Expenditure Analysis Initiative ensures that PEPFAR expenditures can be analyzed by program area, cost category and country, including sub-national geographic units. The analysis links routinely collected results data

with expenditures to calculate a PEPFAR unit-expenditure per achievement. Expenditure Analysis facilitates joint planning with country governments and other donors ensuring improved coordination of resources in support of national treatment goals and comprehensive HIV programming. PEPFAR will continue to lead the global community in these efficiency initiatives and will expand the use of key tools for analysis and other innovations in order to save even more lives.

And because data are only useful when they are accessible, understandable, and actionable, PEPFAR is opening its data to drive program efficiency, transparency, coordination, and mutual accountability. This includes posting on our Web site the first-ever PEPFAR Dashboards, enabling all to view, download, and utilize PEPFAR data. We have also launched a new 3-year, \$21.8 million partnership with the Millennium Challenge Corporation to support country-led open data systems in a number of countries.

PEPFAR is also deeply committed to demonstrating and improving the impact of the American people's investments. One way we do so is by conducting national HIV/AIDS Impact Assessments (HIA). HIA collect data on HIV prevalence, incidence, historic mortality, and service coverage down to the household level, providing direct evidence of how well an epidemic is transitioning in a country. By the end of next year, PEPFAR will have supported implementation of new HIA in 17 countries, wherever possible inclusive of viral load monitoring.

The data that drives and informs PEPFAR's work are a key component of our Sustainability Action Agenda, where the U.S. Government aims to engage partner governments and civil society in service and systems strengthening. In 2015, PEPFAR launched a Sustainability Index, which provides an annual snapshot of the state of the elements central to a sustained and controlled epidemic. The use of this index will allow PEPFAR to objectively track progress toward sustainability goals. These goals are country-led and have been supported by PEPFAR in order for countries to increase capacity for domestic service delivery, finance, and strategic investment; accountability and transparency, including civil society engagement. While financial sustainability is just one element of our index, it is worth noting that a number of countries have increased their domestic financing for HIV/AIDS. For example, Botswana funds 90 percent of its treatment response; South Africa invests over \$1.6 billion annually, comprising nearly 80 percent of the HIV/AIDS response in the country; Namibia finances nearly two-thirds of the national HIV/AIDS response with domestic resources; and Zambia has made significant domestic investments as well. PEPFAR is actively working with partner countries to further expand their investment in health.

#### THE ROAD AHEAD

Chairman Graham, Ranking Member Leahy, distinguished members of the subcommittee, the road ahead will be challenging, it will test our resolve; however, I am confident that we will reach our destination. The ways in which we are focusing, strengthening, and accelerating PEPFAR's efforts and partnerships will hasten our arrival. As the members of this subcommittee have witnessed firsthand over many years, PEPFAR is not only a transformative global health program, but it is also an outstanding expression of American diplomacy reflecting the enduring compassion of the American people.

Over the last 12 years, PEPFAR has adapted, responding to changing needs on the ground among the people we serve. We have taken lessons learned to heart and our stewardship over PEPFAR has been informed by our clear responsibility to spend each dollar appropriated to us by the U.S. Congress and the American people in the most wise and purposeful way. We cannot afford not to. Our work is guided each day by the memory of the nearly 40 million people who have died since the HIV/AIDS epidemic was first recognized, including the estimated 1.6 million lives lost in this past year. We are inspired by the millions of people who are living with HIV/AIDS today to work harder, faster, and smarter with our partners across the globe to achieve an AIDS-free generation. And it is possible if we remain focused, steadfast, and keep pushing forward together.

Mr. Chairman, thank you for the opportunity to appear before you today. We are profoundly grateful for the ongoing support and engagement of your subcommittee for PEPFAR's work. I look forward to your questions.

Senator GRAHAM. Thank you very much. I would like to mention that Bono could not be here today. He wanted to be. He had a very difficult accident. He is doing better. I just want to recognize his contribution to this cause.

Bono communicated with me several times regretting not being able to be here, but ONE is one of the anchor tenants of this whole effort worldwide. I just want to recognize the fact that he is with us in spirit.

Senator LEAHY. Could I just interject? He has also kept his good sense of humor. When I called him after his accident, he was back in Dublin. He said, well, the fellow members of the band said it was a good thing he was wearing his helmet so he did not damage the sidewalks of New York.

Senator GRAHAM. Friends like that. Mark.

#### SUMMARY STATEMENT OF DR. MARK DYBUL

Dr. DYBUL. Thank you very much, Mr. Chairman. Chairman Graham, Ranking Member Leahy, members of this distinguished subcommittee and your expert staff, thank you for your leadership.

This subcommittee, this chamber, this Congress and two administrations have reached across party lines to reach those in need. Your compassion and insight reflect the best of the American people.

You have changed the landscape from working on death to being on the brink of ending three plagues, two that have been around since recorded medical history, and the modern Black Death, HIV/AIDS, while building resilient health systems, resilient societies, and resilient economies.

Thanks also for including me on this panel. It is a little humbling to be here with a world famous preacher, a world famous performer, and an expert scientist, but all friends for many years. I will try to do my best to make three points.

With your leadership, continued leadership, we can make history, strengthen partnership through shared responsibility, and drive innovation. Advances in science, which I know you have heard about before, and also the experience of the investment you have made over the last 15 years, have put us on the brink of ending malaria and tuberculosis, again, that have been around since recorded medical history, and HIV/AIDS, on the path to not be epidemics any more, to end them as public health threats.

With your leadership, the curves of these new infections have dropped dramatically. For example, 55 countries are on the path to reduce malaria by 75 percent by the end of next year, and 26 of them are on the path to elimination.

There has been remarkable progress in reducing deaths. But as Ambassador Birx pointed out, we now have a clear choice to work toward the goal of ending these epidemics or we can risk the resurgence of these diseases undermining your investments of the last 15 years.

The Global Fund has contributed to this progress. We have raised about \$4 billion a year, in large part thanks to your generosity, and have contributed to putting 7.3 million people on antiretroviral treatment, 12 million have been tested and effectively treated for tuberculosis, and 450 million bed nets have been distributed.

The Global Fund is the largest funder of TB and malaria external financing, so these efforts are incredibly important.

As Chairman Graham pointed out, beyond the health of individuals, these diseases have enormous impact on economic loss in the developing world. For example, it is estimated that Nigeria alone loses \$3.5 billion per year in its GDP because of malaria.

The reality is healthy productive people make healthy productive nations and good trading partners. It is therefore not just an issue of public health but also of economic interest to accelerate our progress towards ending these diseases.

As you all have pointed out, by working together we can also bring out the best in humanity. Collective commitment can change the course of history by ending these epidemics while lifting up human beings, that are often left behind and marginalized.

Ambassador Birx mentioned young women. Young women are often 5 to 10 times more likely to be infected than young boys, 5 to 10 times more likely. They are driving the epidemic. With the youth bulge, the increase in young people, there is a risk of an explosion undermining the progress that has been made.

New data suggests that if we can work just to support and keep girls in school, HIV rates can drop by 60 percent. If those girls stay in school, they also do not get married early, do not get pregnant early, have economic opportunity, and they will reinvest in health education, nutrition, and bringing opportunities to their children.

We are working closely with the DREAMS Initiative, PEPFAR, USAID, the Gates Foundation, and others to intervene here to fundamentally change the course of these girls' history.

Investments in HIV, TB, and malaria over the past decade are bringing a broadened positive effect on the rural health systems as well, including in response to Ebola. I was recently in Cote d'Ivoire and Senegal, and it was women who were trained to go door to door on malaria that were actually going to door to door to prevent and fight Ebola.

How do we achieve the goals of ending epidemics and building resilient health systems and societies? We do it through partnership. The Global Fund is probably the world's largest public/private partnership.

We are actually the public/private partnership arm of the U.S. Government's response to these diseases, and we work closely with Ambassador Birx's PEPFAR, the President's Malaria Initiative, USAID, and others.

For every dollar the U.S. contributes to The Global Fund, we leverage \$2 from over 25 countries, the European Commission, private foundations, corporations, and the faith community.

As part of the Fund's new approach to financing, we are requiring countries to match what we invest in, what you invest in, to unlock the resources. So far, we have leveraged \$3.9 billion in the past 2 years in order to increase countries' own contributions to fighting their epidemics.

As we know, based on USAID reports, countries are now investing more in HIV than the external financing, which is pretty remarkable. It has been happening since 2012. They have long provided 80 percent of the financing for tuberculosis and more for malaria.

This increase in country contribution is critical, but the private sector is as well. The Global Fund has had \$1.7 billion contributed

to it from the private sector, while Bill and Melinda Gates have been the largest contributors, Bono, through Product Red, something he created, and its corporate partners have contributed over \$300 million.

We are also accessing high net worth individuals from countries like India, Indonesia, South Africa, and Vietnam. We have commitments for over \$100 million from these individuals, and we are working to get more.

The faith community has done a remarkable job both as implementers, where we fund 73 percent of them, but also as funders. Bishop Bickerton of the United Methodist Church handed over a check for \$9 million last week here on the Hill.

Rick Warren and his group have done a remarkable job advancing the fight against the disease. People like Elton John get deep into the community to ensure that people are not left behind.

The private sector not only gives money, they also partner with us to do things. Coca-Cola is working with us to ensure distribution. Who better to work with on distribution of drugs and commodities.

We are reducing the price of commodities. In 2 years through an initiative that we have launched we saved \$500 million by better negotiations. Now, that is value for money.

Mr. Chairman, Ranking Member Leahy, and distinguished members, you are the leaders that will make this happen. Thank you for your support, and we look forward to continuing to working with you and serving you as your public/private partnership arm to fight these diseases.

[The statement follows:]

PREPARED STATEMENT OF DR. MARK DYBUL

Chairman Graham, Ranking Member Leahy, and members of the subcommittee:

It is humbling to be before this distinguished subcommittee with a remarkable panel of friends and colleagues of many years. Thank you very much for your strong, bipartisan leadership on global health and development. The consistent support of this entire subcommittee, has been remarkable. I would also like to acknowledge the close bicameral work with your colleagues in the House of Representatives, Chairwoman Kay Granger, Ranking Member Nita Lowey and all of the members of their subcommittee. It is a fantastic example of Congress working together to support critical global health and development programs and American interests abroad. I am amazed at the significant work being done around the world with such a small fraction of the U.S. Federal budget.

This Chamber and subcommittee has been a driving force in global health and development. Senators Frist and Kerry designed some of the early legislation that formed the basis for the President's Emergency Plan For AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). Then Senator Obama co-sponsored the reauthorization of those programs in 2008, and has remained a strong supporter of them, continuing what was begun by President Bush.

By funding global health programs on preventable diseases, your leadership, and through you, the leadership of the American people, has significantly contributed to preventing many millions of new infections and saving millions of lives. You have catalyzed the development of sustainable and resilient health systems in many countries, and supported healthier, more productive stable families, communities and nations generating lasting impact on the world at a scale that is difficult to fully appreciate. And you have enhanced the view of the United States and the American people in countries you have supported. People know what the American people stand for when you stand with them through difficult times.

We now have the opportunity to make an even bigger difference and impact: we can further drive down the rates of mortality and increase years of productive lives by ending the biggest communicable diseases of our time.

We will only be successful with a partnership approach that allows countries with a high burden of disease to be in the lead. The Global Fund is a 21st-century partnership that is designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. The partnership includes governments, civil society, the private sector, the faith community and those affected by HIV, TB and malaria. By raising and investing nearly \$4 billion a year tremendous results have been achieved to date: 7.3 million people are on antiretroviral therapy, 12.3 million have been tested and treated for tuberculosis, and 450 million mosquito nets have been distributed to protect children and families from malaria. Today, with your leadership and able U.S. Government leadership of PEPFAR by Ambassador Deborah Birx and the President's Malaria Initiative (PMI) by Admiral Timothy Ziemer, we are making advances in global health that we could not have dreamed a little more than a decade ago.

I would like to highlight 3 important topics:

- Creating opportunity for millions and building resilient health systems;
- Evolving the partnership through shared responsibility catalyzed by U.S. leadership; and
- Driving innovation to bring new solutions, ideas and partners to the fight against AIDS, TB and malaria.

#### 1. NOW IS THE TIME—CREATING OPPORTUNITY FOR MILLIONS AND BUILDING RESILIENT HEALTH SYSTEMS

##### *An historic moment in global health and development*

New scientific advances and growing experience in implementation now make it possible to eliminate HIV, TB and malaria as threats to public health, by ending them as epidemics. You are the first generation of leaders with the opportunity to end two plagues—malaria and tuberculosis—that have been with us since recorded medical history, and the modern Black Death—HIV/AIDS.

With your strong support, the curves of new infections in HIV, TB and malaria are being bent in a downward direction and there has been a significant reduction in deaths. Your investments have not only improved health but have proved to be an essential component of gains related to education, the reduction of inequalities and economic growth. We now face a clear choice: we can accelerate our work toward the goal of ending these epidemics, or we can maintain current commitments and risk a resurgence of infectious diseases and undermining of the last decade of investments in global health.

In addition to affecting the health of individuals directly, infectious diseases are having an impact on whole societies, economies and political systems. In the developing world in particular, crucial sectors for sustained development such as health and education, have seen a marked loss of qualified personnel, as a result of the three diseases. These and other infectious agents not only take an enormous physical toll on humanity, but also cause significant economic losses both directly in the developing world and less directly in the developed world. For example, it is estimated that Nigeria alone loses \$3.5 billion per year in GDP due to malaria. Healthy, productive people make healthy, productive nations—and good trading partners. It is therefore a matter not only of public health, but also of economic interest, to accelerate progress in ending the diseases.

By working together, we can also bring out the best in humanity, by recognizing every individual as an equal participant in building healthy societies, where opportunity is extended to all. Collective commitment can change the course of history by achieving an end to these epidemics. For example, in Southern Africa, the rate of HIV infections in young women can be 5 to 10 times the rate in young men. Sexual assault and abuse—gender inequality—is driving HIV infections. Because of the “youth bulge”—a significant increase in the number of young people—without rapid action, rather than driving towards the end of the HIV epidemic, we could see an explosion of new infections. We have known that girls and young women, and boys, in school have a much lower rate of infection than those out of school. Recent data demonstrate that providing relatively small incentives to keep young women in school can reduce the rate of HIV by 25 to 60 percent. And adolescent girls that have good health and education are far less likely to become child brides and to become pregnant early. And they are far more likely to become women with economic opportunity who will spend 92 cents of every dollar they earn to feed, educate and provide healthcare to their children creating a virtuous cycle of equal opportunity, health and economic growth. We are working closely with PEPFAR's DREAMS initiative and USAID, the World Bank, the Gates Foundation and others to support countries to fundamentally change the course of their history.

But we now have the knowledge to end HIV, TB and malaria as epidemics, strengthening economies and creating an inclusive human family. With your leadership, together we can make history.

*Building resilient health systems*

Investments in HIV, TB, and malaria over the past decade are having a broad and positive effect on the overall health system, as evidenced by decreased incidence and deaths in numerous African countries. An unfortunate illustration of the gap in the ability of the health system to conduct surveillance and rapidly responding to infectious disease threats was seen during the recent Ebola outbreak in three post-conflict environments in which all systems, including health, were greatly weakened. However, not enough attention has been focused on the countries that did control the epidemic, or prevented it from starting in the first place. Investments in community health workers and the basics of health systems made a difference. I was recently in Cote d'Ivoire and Senegal and was in Mali during the early stages of its outbreak. The health workers trained and deployed for so called disease-specific responses made a difference. In a village in rural Senegal, I met the woman who goes door to door to deliver malaria bednets, to make sure they are used and who checks every person with a fever for malaria, who led the effort against Ebola.

More than one third of the Global Fund's investments go to strengthening health systems in the countries and communities where programs treat, prevent and care for those affected by the three diseases. A strong data system is critical to detect emerging issues and manage care for patients, as the Ebola outbreak has demonstrated. Investments in improving the efficiency of in-country supply chains are also critically important to improving health systems and a key priority of the Global Fund due to our large investments in commodities.

As a means of responding to the health, humanitarian, and development crisis in West Africa due to the Ebola virus, the Global Fund continues to support Sierra Leone, Liberia and Guinea in their efforts to re-build their health systems.

2. EVOLVING THE PARTNERSHIP THROUGH SHARED RESPONSIBILITY CATALYZED BY U.S. LEADERSHIP

*A two-to-one return on investment*

The Global Fund's public-private partnership model has achieved significant results for global health, and one of the main reasons is its ability to leverage investment, notably from the United States as its largest donor. For every \$1 the United States contributes to the Global Fund, other countries and the private sector contributes \$2. Not only does this greatly increase resources ensuring that the fight against the diseases is not born by the United States alone, it magnifies impact. With the Global Fund currently responsible for approximately 22 percent of international financing for HIV/AIDS (with over 50 percent of Global Fund resources dedicated to HIV/AIDS), more than half of international financing for malaria, and 72 percent of international financing for TB, these investments are essential to ending these epidemics.

For the more than \$12 billion that Global Fund will invest between 2014 and 2016, the United States is on track to provide at least \$4 billion. This fulfills the pledge President Obama made when the United States successfully hosted the Global Fund Replenishment launch here in Washington, DC. in 2013. Support for the Global Fund comes from over 25 countries, the European Commission, private foundations, corporations and faith-based organizations.

*Catalyzing new donors and increased domestic contributions*

Despite the strong support from traditional donors, it is clear that reliance on external sources is not sustainable. To make a truly transformational difference in the lives of millions of people affected by the three diseases, increased efforts are needed to mobilize resources from both new donors, and importantly, domestic resources. Increased domestic funding for health means greater country ownership and sustainability, which will ultimately translate into more impact, lives saved, and greater economic growth.

As a part of a new approach to financing, in 2014 the Global Fund developed a Domestic Financing for Health Strategy and introduced a requirement that countries match 15 percent of every grant with an increase in domestic resources for health. Thus far, this has generated approximately 51 percent in additional domestic funding for the 2014 to 2016 period, accounting for nearly \$3.9 billion in additional funding from 110 countries for sustainable health gains. Because of collective efforts, UNAIDS reports that since 2012 domestic resources have outpaced external funding for HIV/AIDS. That has long been the case for tuberculosis where imple-

menting countries fund 80 percent of their programs and domestic investments in malaria are lower but growing. The U.S. Government is also very actively engaged in increasing domestic funding, and this is another area where we are working closely together.

Further expanding the Global Fund partnership to engage new powers and emerging economies is a priority. China, Korea, Thailand, South Africa, Nigeria and Namibia already contribute to the Global Fund. Emerging economies can play an increasing role in global health through co-investment opportunities, the leveraging of domestic private sector investments and promotion of innovative finance mechanisms.

#### *The private sector*

A strong and growing partner for the Global Fund has been the private sector. Through direct contributions, the private sector has invested \$1.7 billion to date. Bill Gates, who recently testified to this subcommittee, has been the largest single private sector contributor through the Bill and Melinda Gates Foundation and is a strong ally in engaging new contributors to the Global Fund.

Private corporations' and high net worth individuals' donations to the Global Fund have increased by more than 50 percent since 2010. Since the Global Fund Replenishment meeting in Washington, DC in 2013, an additional \$42 million in private sector pledges have been raised, including new pledges from MAC AIDS Fund, Goodbye Malaria and Comic Relief. PRODUCT (RED), created by Bono and Bobby Shriver, and its corporate partners increased their pledge by \$30 million dollars bringing the total contributed by (RED) to nearly \$300 million.

With the support and leadership of Bill Gates, high-net-worth individuals from India, Indonesia, South Africa and Vietnam have also made commitments to the Global Fund of more than \$100 million.

Equally exciting are the innovative financing mechanisms being used to channel such resources. In Indonesia, a private sector health fund is being established to complement government investments. These private sector driven health funds have several key advantages: they bring new domestic resources to health; because the funders are business leaders, they have significant influence and can push for increased government financing for health that they can agree to "match" with private sector contributions, and; they can drive greater efficiencies and value for money by bringing good business practice to government efforts.

Therefore, the private sector contributes much more than money—they contribute new solutions, ideas and innovation to global health and development. This topic will be discussed in greater detail in the section on Innovation.

#### *The faith-based community*

Similarly, we continue to work hand-in-hand with faith-based organizations, which are critical to every stage of Global Fund operations. Globally, faith based organizations have received over \$900 million in grants as Global Fund sub-recipients, funding projects in at least 73 countries. Just last month here in the Capitol, Bishop Bickerton of the United Methodist Church announced an extraordinary \$9.6 million contribution. Combined with their previous donation of \$8.5 million, the United Methodist Church's total contribution of \$18.1 million to the Global Fund is unprecedented.

But the faith-based community offers far more than money. It is a great pleasure to be here with my dear friend Pastor Rick Warren. The PEACE Plan initiated by Rick and Kay's Saddleback Church is a great example of what happens across the United States when churches, synagogues and mosques act from their belief that we are all sisters and brothers as children of the author of life, and "to whom much is given, much is required". The faith community does not prevent or treat diseases, they care for a whole person worthy of respect and love. Saddleback performs its great works of mercy through their own resources, and we are privileged to work with them and to support faith-based organizations around the world.

Beyond its partnership with the United Methodist Church, the Global Fund is further strengthening its ties with faith-based organizations and encouraging governments to directly finance faith-based organizations. This will enable health programs to reach deep into communities to support effective prevention, care and treatment programs. I have delivered this message of the importance of faith-based organizations and community systems to heads of state and government in countries I have visited. The linkages between governments, faith-based organizations, non-governmental organizations (NGOs) and communities are becoming all the more important as domestic financing for health increases.

### *Community-based organizations*

Among the reasons the faith community is so effective is that they meet people where they are—they are not only in the community, they are of the community. Similarly, other community-based organizations, including those of the people most affected by HIV, tuberculosis and malaria have a critical role in advocacy, implementation and innovation. It is a privilege to be here with Elton John. He and his foundation have been doing remarkable work supporting community groups who provide HIV counseling and testing, care, treatment and other services to those often left behind and are discriminated against—which also helps break down stigma that is the enemy of the battle to end the HIV epidemic.

### 3. DRIVING INNOVATION TO BRING NEW SOLUTIONS, IDEAS AND PARTNERS TO THE FIGHT AGAINST AIDS, TB AND MALARIA

#### *Innovation Hub*

New innovations can create unprecedented opportunities to accelerate prevention and treatment interventions for dramatic impact. The Global Fund is working to capture and catalyze innovation from the private sector, public sector, the faith community and community-based organizations.

The Global Fund is working with partners to leverage private sector expertise to increase the effectiveness of programs we finance and address common implementation challenges. To do so, we have established an Innovation Hub with a focus on engaging new and complementary actors. The Global Fund Innovation Hub seeks not just partnerships with the private sector, but partnerships for solutions.

The Innovation Hub is a platform that allows us to bring together partners that will yield new solutions in the fight against the three diseases. It focuses on three primary areas: procurement and supply chain management, finance systems and program quality. As we look towards implementing countries to take on greater levels of responsibility for financing programs, we are opening new entry points and creating greater space for private finance and expertise.

We are looking for innovation that will yield significant results in our efforts to fight the three diseases, improve health outcomes and strengthen country systems. We are also broadening our engagement modalities with the private sector—from cash and pro-bono, to innovative “low-bono” models. We are focusing on three main priority areas: finance and risk management; procurement and supply chain management and quality of service delivery. We already have models that are working. Coca-Cola uses its distribution and marketing expertise to strengthen health product supply-chains in countries in Africa. With SAP, we have a multi-country approach with pilots launched in 6 countries on a grant management dashboard tool designed to help implementers manage their programs better. To improve financial and risk management capacities in programs we fund, a partnership with Ecobank provides capacity building support focused on Nigeria and South Sudan. With Munich Re, the partnership is focused on vulnerable communities with potential solutions such as life insurance, critical illness cover, living benefit products, universal health covers and improved access to health.

We are also aiming to improve the quality of health programs and services by implementing innovations in management that increase efficiency with existing funding. We are looking at health facilities that perform extremely well and how we can replicate their practices in other sites. Adopting country-driven innovations can yield very material savings. Initial evidence suggests that these approaches have the potential to significantly improve effectiveness by 20 percent or more on key program outcomes such as case detection and treatment adherence. We are working closely with PEPFAR, the Gates Foundation, the World Bank and others on this important endeavour.

#### *Procurement for Impact*

The Global Fund is also leading the world and other donors to clarify global demand forecasts, lower costs, improve suppliers’ production plans, and make procurement more efficient for HIV/AIDS, tuberculosis and malaria interventions and commodities. This is perhaps the single most effective way to achieve long-term savings and stretch critical Global Fund and U.S. taxpayer dollars. Called Procurement for Impact, this major new initiative of the Global Fund is working to reduce costs through more efficient and effective purchasing and supply chain management. The initiative has saved \$500 million since 2013—money that is being reinvested by countries for greater impact. Now that is value for money. It has also improved monthly on-time delivery of commodities from 38 to 68 percent over the same time period.

*E-marketplace for health commodities*

Finally, I'd like to note the exciting new work being done on the creation of an innovative E-marketplace for health commodities, a system being developed in conjunction with PEPFAR and private sector funding and expertise. Although still in its initial stages, this open-source, cloud-based system has the potential to revolutionize the procurement of health commodities, not just for the Global Fund but for all global health providers. It would allow countries to independently input global health product specifications and delivery dates, and then have a centralized data base offer up commodity and price options in just the same way that we can order and compare prices online for books or plane tickets. This would provide countries with procurement autonomy in their ordering without sacrificing cost and quality controls—and without requiring sophisticated and expensive in-country procurement expertise. The marketplace would also provide full transparency, and therefore significantly reduce opportunities for corruption and provide tracking information to reduce diversion.

*Falsified and sub-standard medicines*

In recent years, the issue of falsified and sub-standard medicines has become an increasingly important issue, with a recent report estimating that up to 30 percent of anti-malarials circulating in sub-Saharan Africa are of inferior quality. The Global Fund closely monitors and responds to incidences of falsified medicines by continuing market surveillance activities. The Global Fund also helped to create the Global Steering Committee for Quality Assurance of Health Products which includes regulatory and law enforcement agencies, non-government organizations and others to contribute to an enhanced drug quality assurance framework, supply chain integrity and expanded public awareness.

## CONCLUSION

As Bill Gates recently stated before this subcommittee, “If you look at a disease like HIV, through PEPFAR and the Global Fund, millions of lives are being saved, and if you cut those programs back there simply won't be enough medicine to keep people on treatment. The United States has been an incredible leader there. It's done a great job of drawing other governments in. It's only through our generosity, though, that other money is activated. So if we cut back I think we'll see other funds going away, as well.”

U.S. leadership is essential and we will see a resurgence of infectious diseases if our commitment to these diseases waivers. But more importantly, we have an historic opportunity to end these diseases together. This is a goal and challenge worthy of the American people and this great body. Together, we can prevent new infections, save millions of lives, support resilient health systems, and create healthy, stable and productive families, communities, and states.

Once again, on behalf of the Global Fund, I thank you for the opportunity to testify here today. I look forward to answering your questions.

Senator GRAHAM. Dr. Warren.

## SUMMARY STATEMENT OF DR. RICK WARREN

Dr. WARREN. Chairman Graham, Ranking Member Leahy, members of the subcommittee, thank you for inviting me to testify here today. I have so much respect and admiration for all of you, agree that the 150 Account is probably the most effective account in the United States budget, and what you are doing matters to our nation, it matters to the world, and it actually is a matter of life and death to millions of people around the world.

I am not just Pastor of Saddleback Church. I am the Founder of The Global P.E.A.C.E. Plan, which has sent teams to 197 countries. In my own church 24,869 of my members have served in 197 countries, which is 57 more countries than the Peace Corps has served.

By the way, before I address the matter of global health, I just want to say thank you for your previous hearing on protecting religious liberty abroad. It is a big issue and I have spoken to that in my printed remarks.

As you know from your hearings previously, we are making a lot of progress on the pandemics like HIV, malaria, and TB, and while the momentum is headed in the right direction, now is the time to move for eradication.

A lot of times in the third quarter of a game, people say, well, we know how the outcome is going to happen, so let's just let off the pedal and leave the game. We cannot do that now. The Super Bowl is a good example of what happens in the last second of a game.

I believe it will take three catalytic factors in order to eradicate HIV, malaria, and TB. First, we must form a new perspective on foreign assistance. Second, we must forge new partnerships in distribution, and third, we must fund a new priority in the budget which would include ending sequestration. I have covered this in detail in my written testimony.

I want to spend most of the time on partnerships and new distribution, but let me just make a comment on forming a new perspective on assistance. There are voices today that sincerely believe that we should either cut back or eliminate all foreign assistance.

This idea resonates with a lot of voters for two reasons. First, they have no idea that this amount is actually less than 1 percent of the budget. They think it is a big amount. It is not. Second, they do not realize the strategic value of foreign assistance. They have never considered that the right kind of foreign assistance, especially for health, education, and development, may be our most effective and cost efficient strategy for security against the next generation of terrorism. This is what I mean by "new perspective."

Proverbs 3:27 of the Bible tells us it is morally wrong to withhold assistance from those who need it when we have it in our power to help them. There are also strategic reasons why it would be shortsighted and unwise to cut back our assistance in global health.

First, when America saves the lives of people dying from preventable diseases, we make friends. That is obvious. Around the world I have often been told, "Please thank Americans for PEPFAR, it saved my husband's life, it saved my wife's life, my children's lives, it kept our family from economic disaster, and we will always be grateful to America, and we pray for you."

When we make friends like that by saving lives, potential enemies are turned into grateful allies. If someone saves your life, you have zero desire to terrorize them.

In my travels I have observed that when poor countries are overwhelmed by these pandemics and they are stuck in poverty and have no capital to create opportunities, they get resentful of nations with abundant resources that ignore their plight, and that resentment makes them ripe for angry ideologies.

It is far more effective, far more cost effective, far cheaper for Americans to send medicine to make friends now than to send troops to fight enemies later. Medicines cost less than tanks. The resources that we budget for humanitarian relief, health programs, economic development, education, and training can really save us from spending far, far more to send soldiers when resentment boils over.

That is the “new perspective” I am talking about. We need to frame this not as just it is some charity that we do. It is strategically smart for America’s security and safety to help people who are in pain.

The second catalytic factor in eradicating preventable diseases is we have to forge new partnerships in distribution. Sometimes you have to team tackle a player on a football field, he is so big one person cannot take him down. This is what I call the three legs of the stool. A one legged stool will fall over and a two legged stool will fall over, but a three legged stool will stand.

I have been invited to speak at Davos World Economic Forum multiple times, and every time I hear people saying we need public and private partnerships. Whenever I hear that, I say you are right, but you are only two-thirds of the way, you are leaving out the biggest sector, and that is the faith sector. It dwarfs the other two sectors.

Let me put this into perspective. There are 600 million Buddhists in the world. There are 800 million Hindus in the world. There are 1.5 billion Muslims in the world, and there are 2.3 billion Christians in the world.

The actual number of people without faith is quite small outside of Manhattan and parts of Europe.

Dr. WARREN. Most people have a faith. If you want to talk about distribution, you have to use faith communities. I could take you to 10 million villages around the world where the only thing in it is a church. In much of the world, the church is the only social sector outside of the capital, and even if we have all the meds for TB, AIDS/HIV, malaria, and all the other diseases, the issue of distribution will not be solved unless we mobilize local churches.

Let me just give you one illustration. At the end of President Bush’s term of office, he invited me to be the closing speaker at the Global Summit on Malaria. I said I will come if I can bring some pastors from Africa, so I did. At the end of the talk, I stood up and I said I am going to show you three slides that show you why you cannot solve any global problem without the faith community.

I said let me just show you one example. I have been in 164 countries, but this is just one. Rwanda. We went there and we said what would you like. They said the western province of Rwanda needs health care.

We went there. I put up a sign, a map of Rwanda, western Rwanda. I said here are the three hospitals for about a million people. It is a two day walk to any of these hospitals. That is not good enough health care, to have to walk two days to get your health.

I said now, by the way, two of these three hospitals, they are faith based, so you would not even have them if it were not for the church.

I put up the next slide, I said here are 18 clinics. I said these 18 clinics, now it is only a day’s walk, but if you have been to developing countries, a clinic is often a bottle of aspirin on a shelf or even less than that. I said that is better than three hospitals. I said by the way, 16 of those are faith based, and you would not have those without the church.

I said watch this. I put up the third map. It was covered with dots. Here are the over 600 churches in this division. Now, where

would you like to get your health care, two days' walk, one day's walk, or five minutes away?

Melinda Gates was sitting in the front row. She came up and said, "I get it, Rick. The church could be the distribution center for health care." I said "Melinda, it has been for 2,000 years!"

Let's put this in perspective. The church invented the hospital. If we are going to absolutely eradicate these diseases, we have to do a combination of the public sector, the private sector, and the faith sector, the three legs of the stool.

Again, I would encourage, if there is any way we can end sequestration, I am in favor of that. There are a lot of areas that I think we could cut the budget. This is one area of the budget that should be increased for strategic reasons.

Thank you.

[The statement follows:]

PREPARED STATEMENT OF DR. RICK WARREN

Chairman Graham, Ranking Member Leahy, and members of the subcommittee: Thank you for inviting me to testify before your distinguished subcommittee that oversees such far-reaching responsibilities around the world. I want to begin by saying that I have so much respect and admiration for each of you and your leadership in this subcommittee, and it is an honor to call many of you friends. What you are doing matters to our Nation, it matters to our world, and it is literally a matter of life and death for many people around the world. I commend this subcommittee for being a model of bipartisan leadership and problem solving on so many critical issues including global health.

My name is Rick Warren and in addition to being the founding pastor of Saddleback Church in California and author of *The Purpose Driven Life*, I lead the Purpose Driven Network of Churches, which has trained over 400,000 pastors, priests, and ministers of congregations in 164 countries. I am also the founder of the Global P.E.A.C.E. Plan which has sent teams to serve in 197 countries. P.E.A.C.E. is an acrostic for *Promote reconciliation, Equip ethical leaders, Assist the poor, Care for the sick, and Educate the next generation*. In the past 12 years, I've sent 24,869 of my church members to serve in 197 countries (that's 57 more countries that the Peace Corps has served).

Before I address the issue of global health and development, I want to first commend you and thank you for your previous hearing on *Protecting Religious Freedom Abroad*. If America doesn't take the leadership on that issue, no one will. It is not by accident that religious liberty is called America's "first freedom." It's what made our Nation unique. Religious liberty and the freedom of conscience is the *first* phrase, of the *first* sentence, of the *first* amendment in our Bill of Rights. Freedom of religion comes before freedom of speech, freedom of the press, freedom to assemble, the right to bear arms, and every other freedom. That's because it is the cornerstone of all our freedoms. If we don't have the freedom to believe and practice our beliefs, then we don't need freedom of speech or the freedom of the press or the freedom to assemble. All the other freedoms flow out of our first freedom. We must preserve this in America at all costs. No other country was founded on this freedom, and we must champion religious liberty and freedom of conscience around the world.

I'd also like to thank and congratulate Senator Blunt for his successful sponsorship of the Near East Religious Freedom Act. Last year, King Abdullah of Jordan asked me to convene a 2 day conference in Amman, Jordan on "Violence against Arab Christians" in light of church bombings and beheadings in Egypt, Syria, and other Arab nations. I brought the top Arab Christian leaders from all 22 Arab nations including Coptic, Catholic, Evangelical, Orthodox, Pentecostal, and other Christian leaders. Those Middle Eastern leaders asked me to thank you.

Now to the issue of global health. As you know, from your hearing on development with my friends Bill Gates & Scott Ford, we have made enormous progress toward ending pandemics like HIV, malaria and TB. Now is the time—*while the momentum is headed in the right direction*—to step up our efforts and *eradicate* these preventable diseases in this generation. How will that be possible?

It will take 3 catalytic factors:

1. We must form a NEW PERSPECTIVE on foreign assistance.
2. We must forge NEW PARTNERSHIPS in distribution.

3. We must fund a NEW PRIORITY in the budget.

I'd like to spend most of my time talking about the second factor—*new partnerships in distribution*—but let me first explain what I mean by a new perspective.

#### WE MUST FORM A NEW PERSPECTIVE ON ASSISTANCE

There are voices today who sincerely believe that in an age of budget restraints, America should eliminate most, or even all, of our foreign assistance. This idea resonates with many voters for two reasons: First, most Americans are completely unaware that foreign assistance is less than 1 percent of our national budget. Second, few realize the *strategic* value of foreign assistance. They've never considered that the right kind of foreign assistance—especially for health, education, and development—*may be our most effective and cost-efficient strategy for security against the next generation of terrorism*. This is what I mean by “a new perspective.”

Proverbs 3:27 tells us it is morally wrong to withhold assistance from those who need it when we have the power to help them. But there are also strategic reasons why it would be shortsighted and unwise to cut back our assistance in global health.

First, when America saves the lives of people dying from preventable diseases, we make friends for our Nation. Around the world I have been often told, “Please thank Americans for PEPFAR. It saved my husband's life and kept our family from economic disaster. We will always be grateful to America, and we pray for you.”

When we make friends by saving lives, potential enemies are turned in to grateful allies. If someone saves your life you have zero desire to terrorize them. In my travels I've observed that when poor countries are overwhelmed by pandemics, stuck in poverty, and have no capital to create opportunities, they become resentful of nations with abundant resources that ignore their plight. This resentment makes them ripe for angry ideologies of revenge and retaliation.

It's far more cost-effective and cheaper for America to send medicines to make friends now, than to send troops to fight enemies later. Medicines cost less than tanks. The resources that we budget for humanitarian relief, health programs, economic development, education, and training can save us from spending far more to send soldiers when the resentment boils over.

Second, the rest of the world looks to America for its model of generosity. When we are generous, it unleashes other funds around the world. If we reduce our commitment to the sick and the unfortunate, we can be certain that other nations and entities will cut back too. We do not want to be the model for self-centeredness.

Now I realize this is not the appropriate subcommittee for my next comment, but I'd like to get it on record that if we want Americans to be personally generous with the needy, we need a tax code that incentivizes generosity, rather than capping it. But that's another hearing.

The second catalytic factor to eradicating preventable diseases is:

#### WE MUST FORGE NEW PARTNERSHIPS IN DISTRIBUTION

The reason we must do this is because even if we had enough medicines and resources to eradicate all preventable diseases, there would still be the problem of distribution to the farthest corners of the earth.

Sometimes a football player is so huge that the opposing team has to gang up and “team tackle” that player. He won't be brought down by one player. It takes a partnership of multiple players to defeat him. The same is true of the globe's greatest problems: extreme poverty, pandemic diseases, illiteracy and education, conflict and corruption. No government can solve all these problems by itself and neither can any business or non-governmental organization (NGO).

I've been invited to speak several times at the Davos World Economic Forum and every time I go I hear the common refrain “We must have public and private partnerships” to solve the world's biggest problems. While I agree that is certainly important, my reply is always the same; “You're close to the solution, but you're missing the third leg of the stool! You are implying that there are only two sectors of society when there are actually three, and you are leaving out the largest sector by far: the faith sector.

A one-legged stool, or even a two-legged stool, will fall over. For balance and stability you must have three legs. In addressing global problems we need a three-legged stool. We must engage the public sector (government), the private sector (businesses/NGOs) and the faith sector (local houses of worship). Each sector brings unique strengths to the table and each is incomplete without the others.

Governments set national priorities and agendas. Their role is to protect the people, preserve freedom, provide opportunity, and promote prosperity. Businesses and the private sector also have a vital function in attacking global problems. They provide capital investments, expertise, technology, and management skills.

But the faith sector brings several critical missing elements to the table that no government nor NGO nor business will ever have. One of these elements is universal distribution. Many people will be surprised to learn that the largest international network is not Walmart or McDonalds, but the Christian church. The church is a network that links people in *every* country, *every* social or ethnic group, and *every* economic strata together. It includes one out of every 3 people on the planet, and has literally millions and millions of local outposts around the globe.

The Church—in all its expressions—Catholic, Evangelical, Pentecostal, Protestant, and many others—is unequivocally the largest and most widespread network in the world. Nothing else is even a close second. With 2.3 billion members of local congregations, the Church is larger than China and India combined. The Christian church speaks more languages than the United Nations, and is represented in thousands of subgroups of people you’ve never heard of.—*The Church was global hundreds of years before anyone thought of globalization.*

I could take you to millions of villages around the world where the only civil institution that exists there is a local church. They have no school, no clinic, no post office, no store—but they have a church! In many nations, outside of the capital, the only service organization you can find anywhere is a church. In most of the world, you cannot talk about community development without including the church, because in most villages, the church is the community!

Local churches also offer the largest pool of motivated voluntary manpower, long-term grassroots commitment, a motivation to help others, and built-in credibility with local residents.

Governments are limited by geography and the sovereign rights of other nations. Businesses, even multinationals, must deal with the barriers of local customs and languages. But indigenous congregations face none of these barriers. We must partner with churches for distribution of healthcare and other services. Saddleback church has been doing this around the world for 12 years and the results have been stunning. It’s cheaper and faster than any NGO.

Finally, the 3rd catalytic factor needed to eradicate preventable diseases is:

#### WE MUST FUND A NEW PRIORITY IN THE BUDGET

While there are many expenditures in our national budget that could be reduced, I believe we need to increase our foreign assistance for global health, for the reason that I stated earlier. From what I’ve witnessed around the world, America is getting a great return on investment from your appropriations. The benefits, both to our country and other nations, are many times greater than the fraction of our budget that goes to foreign assistance.

Through the P.E.A.C.E. plan in 197 nations, I’ve become friends with many presidents and national leaders. I am including in this paper a list of suggestions that I’ve heard over the years:

#### WHAT KIND OF ASSISTANCE IS MOST HELPFUL?

1. Without targeting economic development to fight poverty, aid can never be sustainable.

2. Funding should reflect true accountability in which both parties are held accountable. This helps to improve country ownership of the management, measurement, monitoring and planning.

3. “Smart” aid supports alignment with national plans that are committed to development and fighting poverty, leaving no one out from benefiting. (A good example of this is Rwanda’s national health sector’s strategy that is synergistic with their economic development and poverty reduction strategy (EDPRS).)

4. Aid should respect the culture and the history of the country it aims to support, recognizing that the best options are always informed by the needs of the people intended to benefit from them expressed by themselves.

5. Countries are hungry for data collection systems, and information and communication technologies (ICT) that can be used for improved evidence-based policy-making in all sectors. This would help assure not just improved accessibility to services but also the quality of the services provided.

6. The most helpful assistance focuses on sustainable human development at the grassroots level. The most universal grassroots organization of earth is the local house of worship. Churches are the only social structure in millions of villages around the world.

7. Funding must target both the upstream causes of ill-health (i.e. socioeconomic determinants) and the symptoms of poverty (i.e. disease and disability.)

## CONCLUSION

Ten years ago, on October 20, 2005 the Associated Press quoted Senator Majority Leader Bill Frist as saying, “*The American people expect and deserve a United States Senate that is purpose driven, and gets results. We are called upon to govern with meaningful solutions.*” I believe that is still true today, and I’m certain that you believe that too. Thank you Mr. Chairman, Senator Leahy, and thank you subcommittee members for your time. I look forward to working with any of you in forming a new perspective on assistance, forging new partnerships in distribution, and funding a new priority in the budget. May God bless you all.

## ADDENDUM 1

OVERVIEW OF HIV INITIATIVE OF THE P.E.A.C.E. PLAN  
SIX WAYS ANY C.H.U.R.C.H. CAN SERVE THOSE WITH HIV

*Care for and Support the Sick.*—Churches are commanded to care. It is their calling. Love leaves no choice! Local congregations are the only caring organization found in almost every community around the world. Members can offer physical and emotional care in homes

*Handle Testing and Counseling.*—Churches are the most trusted organizations in communities, so people may be more willing to be tested and counseled there. Just being tested has proven to promote healthier behavior. Members can be trained to give medical, emotional and family counsel to those receiving results from their testing.

*Unleash a Volunteer Labor Force.*—Churches have the largest volunteer labor force on the planet representing more than 2 billion members. What if half of those could be mobilized? There aren’t enough professionals in the world to teach prevention, administer treatment and offer care to those who need it. There is an enormous pool of untapped talent and energy sitting unused in churches waiting to be mobilized.

*Remove the Stigma.*—Churches must embrace infected individuals, remove abuse and alienation and replace rejection with mercy. They can provide faith, hope, love, forgiveness and grace—spiritual support, which neither business nor government are able to offer.

*Champion Healthy Behavior.*—HIV/AIDS is complex and yet preventable. Churches have the moral authority to promote healthy behavior and to offer moral imperatives for the family and teach the moral motivation for abstinence and faithfulness. To resist peer pressure and relapse, faithfulness requires faith

*Help With Nutrition and Medical Adherence.*—For treatment to become universal, we must develop a church-supported treatment model with peer treatment coaches. Organizations come and go, but churches are permanent community fixtures. Members can be trained to distribute HIV/AIDS medications and support essential nutrition. The church can offer pre-treatment preparation, treatment education, adherence support, direct observation therapy (DOT) and treatment coaching to the entire family.

ADDENDUM 2

WESTERN RWANDA HEALTHCARE INITIATIVE OF THE P.E.A.C.E. PLAN





**“This unparalleled program represents an innovative approach to decentralizing healthcare and increasing its access for the poor by using local churches in an unprecedented partnership with the Rwandan government’s Ministry of Health, three Rwandan hospitals, the University of Maryland, Saddleback Church in California, and the global network of Purpose Driven churches.”**

Dr. Rick Warren,  
author of the global bestseller,  
The Purpose Driven Life

*Imagine* if you had been invited to be a part of the discovery of penicillin which has saved millions of lives. Or envision if you were on the team that created the Salk vaccine to eradicate polio. **What if you were one of the visionaries that helped invent an entirely new way of making healthcare accessible to billions of people?**

The good news is, you actually DO have the opportunity to be a part of this third breakthrough. **You can be a pioneer.** You can be in on the ground floor of the Western Rwanda HIV/AIDS Healthcare Initiative that will potentially affect the lives of 600,000 Rwandans in the Karongi District of the Western Province.

With the widest distribution and the largest volunteer base, the network of millions of **local churches around the world is best positioned to revolutionize healthcare, making it both accessible and affordable to those who have never enjoyed it.** We dream of the day when local churches, linked with community health systems and hospital care systems, will provide basic healthcare to those in need around the world!

With hope for a better life for billions of people,

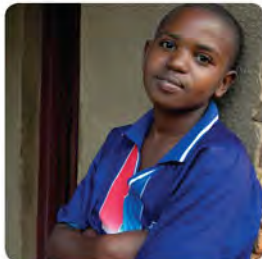
*Rick and Kay Warren*

Pastor Rick and Kay Warren,  
Saddleback Church, Lake Forest, California



"What we are modeling in this Initiative is a truly transformational healthcare model by reinventing when, where, why, how, and by whom healthcare is provided"

Robert Pefford MD,  
Director of Clinical Care and Research,  
Institute for Human Virology,  
The University of Maryland



**A Need For Hope**

"Although the Karongi District has more than 650,000 citizens, healthcare has been limited to three small hospitals, which are located about two days walk from most residents. By partnering with the 726 local churches spread throughout the district, access to healthcare will take a giant leap forward"

Key Warren,  
Executive Director of Saddleback Church HIV/AIDS Initiative  
author of Dangerous Surrender

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"There's a moral mandate. The inequities in healthcare are on the mind of every person who has seen the beautiful faces and held the weary hands. This is not just some "nice to do" project. This is an Initiative God is using to bring help and healing to the world. The local church is the hero and God is glorified."

Elizabeth Styffe RN, MN,  
Director of the HIV/AIDS, Orphan Care, and  
Western Rwanda HIV/AIDS Healthcare Initiatives



## Rwanda's Healthcare Challenges

Despite enormous gains in every sector of development, Rwanda experiences serious healthcare challenges.

Access to healthcare is virtually non-existent for most Rwandans, and the standard of care is below what Rwandans want and need. In the Karongi District of the Western Province, healthcare is limited to 3 small hospitals which are located about two days' walk from most residents.

During the 1994 genocide, a disproportionate number of educated and accomplished citizens were killed, including doctors, nurses and other health workers, leaving only one physician for every 500,000 people and one nurse for every 3,300 people.

- Population in Need: Population 10.1 million; 25% of the total population is between 15 and 24 years of age

- Life expectancy: 43 years

- Scarcity of Medical professionals: There are roughly 200 practicing physicians and 3,000 nurses

### Healthcare Challenges:

**HIV/AIDS:** There are about 190,000 people living with HIV/AIDS and treatment is only available to 25% of those who need it.

**Malaria:** Malaria is one of the main causes of disease and death in Rwanda. Only 15% of households own at least one insecticide-treated mosquito net, a very effective tool in preventing the disease. Only 13% of children under the age of five sleep under a net.

**Tuberculosis:** 89% of those with TB also are HIV positive, causing TB to be the leading cause of death for HIV.

**Orphans and vulnerable children:** There are over 1,000,000 orphans and vulnerable children in Rwanda. One tenth of the population are orphans! Approximately 210,000 children have been orphaned due to HIV/AIDS.

The healthcare challenges call for a strategy that will revolutionize healthcare on the African continent and around the world. A new hospital expansion will begin soon near the grounds of the infamous Kibuye soccer stadium to serve as a teaching and training center for 726 churches in the district. During the 1994 genocide more than 8,000 men, women, and children were brutally slaughtered in the stadium.

"Yet, out of these ashes of evil will spring hope and healing to replace hurt as a new and different kind of hospital will be erected here. A place of betrayal will become a place of blessing; a place of pain will become a place of promise; suffering will be replaced by service to the community; and what was once a place of death will become a place of life!"

Dr. Rick Warren,  
Pastor, Saddleback Church

## Western Rwanda HIV/AIDS Healthcare Initiative Summary

The aim of the initiative is to dramatically increase access to quality healthcare in Western Rwanda  
This will be accomplished by:

Church-Initiated community development partnerships with public and private sectors

Training local churches in primary health care

Improving hospital and clinic infrastructure

Increasing the numbers and capacity of existing health care providers

Expanding HIV services in the church, hospital and clinic settings

Linking the community health and hospital health care systems together

Maximizing health care delivery by using church members

Empowering and equipping pastors so that churches launch community healthcare volunteers

“Our goals for this Initiative are to train every church in basic healthcare; upgrade and improve the three hospitals; link the hospitals and churches to partner together; and develop sustainable solutions by using local churches.”

Dr. Rick Warren,  
Pastor, Saddleback Church

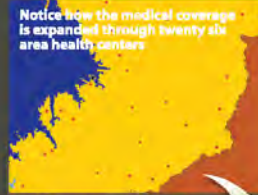
### Western Province of Rwanda

In Rwanda's Western Province there are 3 District Hospitals



Many have a 2 day walk to the 3 area hospitals.

Notice how the medical coverage is expanded through twenty six area health centers



26 clinics serve 650,000 people.

How can more people access care?



There are 726 churches. The church is the greatest distribution channel in the world.

Church members can be trained in basic healthcare. Church initiated clinics can be started and linked to existing health systems. The greatest hope for improvements in healthcare will occur when the church is fully utilized.



"We never do for others what they can be trained to do for themselves. It's easy to go into a country and just do things for others, but we are interested in far more than that. The answer to every problem is training – helping others help themselves. We are not worried about how long it takes or how fast it goes. We're building a network to last."

Dr. Rick Warren,  
Pastor, Saddleback Church



## What's Different about this Initiative

**Local Church Mobilization:** Ordinary people in churches are launched into action. As an untapped source, people living with HIV are also emphasized as peer leaders and teachers.

**Local Leadership:** Rwandan pastors, government leaders, business leaders and healthcare workers lead this initiative. Partners outside Rwanda serve the vision of this local church-initiated model. Essential to this new approach are both professionals and non-professionals in healthcare delivery.

**Extensive Partnerships:** A solid foundation has been established for future interaction and collaboration between pastors, church members, government, hospitals, clinics, the community, existing agencies, and people living with AIDS.

**Proven Track-Record:** World-renowned leaders in every related field guide the Initiative. Experience in Malawi, Zambia, and 14 other countries contribute to the strength of the Initiative.

**Proven Methods:** The Initiative incorporates proven methods including Community Development Training, the C.H.U.R.C.H. strategy, and the principles for Purpose Driven churches. All three methods have proven successful in developing countries and are easily implemented by nonprofessionals.

**Scalable and Reproducible Models:** The Initiative is fully integrated with the overall national Rwandan health program, which includes the mandate for replication. The ability to transfer this model to other regions and countries is a key measurement of success.

**Reporting on Outcomes:** Monitoring, evaluating and reporting outcomes are key. The Partners will continually monitor and evaluate real and measureable targets.



**"Partnering with churches is difficult, and it takes longer than doing it by yourself. One difference in the PEACE Plan is that I trust pastors and churches to know their community better than we ever will. In the long-run, relationships are the key."**

**Dr. Rick Warren**

### End Results

In the next three years:

- 650,000 of the poorest, most remote people will receive access to healthcare
- 1000 new community health volunteers recruited and trained
- 50 Churches linked with hospitals, and clinics
- 500 Pastors trained in Purpose Driven Principles
- 30,000 church-initiated home and community visits
- Increased access to Malaria and TB prevention and treatment
- Number of patients on HIV medication (ARVs) increased by 50%
- Hospitals, clinics and laboratories built and strengthened
- Increase capacity of healthcare providers
- HIV prevalence decreases and HIV testing increased by 30%
- Pediatric treatment increased by 50%
- 30 Congregations champion the C.H.U.R.C.H model and operate as satellite care centers to make appropriate health referrals

"Positive change and transformation occurs in a society when stakeholders work in a spirit of unity, mutual respect and complementing each other. The Western Rwanda HIV/AIDS Healthcare Initiative is providing an example whereby the Rwanda Churches represented by the National Steering Committee, the Government of Rwanda represented by the Ministry of Health, Saddleback Church and The University of Maryland Foundation are joining efforts for better healthcare for the people of the Western District of Karongi."

Archbishop Emmanuel Kolini,  
Chairman,  
Rwanda National Steering Committee

"This is a unique pioneering program – it has never been done anywhere else in the world"

Agnes Binagwaho M.D.,  
Executive Secretary  
Rwanda National AIDS Control Commission



"Any church can implement the C.H.U.R.C.H. strategy – rich, poor, large, small, urban or rural. It doesn't cost money to care for sick people, encourage HIV testing, mobilize volunteers, remove stigma, promote healthy sexual behavior, or remind people to take their medication."

Kay Warren,  
Executive Director,  
Saddleback Church HIV/AIDS Initiative,



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## The C.H.U.R.C.H. strategy

While there is no cure, there are at least six ways that every church can make a significant and positive impact on those infected and affected by HIV and AIDS:

### CARE FOR AND SUPPORT THE SICK

Churches are commanded to care. It is their calling. Love leaves no choice! Local congregations are the only caring organization found in almost every community around the world. Members can offer physical and emotional care in homes.

### HANDLE HIV TESTING AND COUNSELING

Churches are the most trusted organizations in communities so people may be more willing to be tested and counseled there. Just being tested has proven to promote healthier behavior. Members can be trained to give medical, emotional, and family counsel to those receiving results from their testing.

### UNLEASH A FORCE OF VOLUNTEERS

Churches have the largest volunteer labor force on the planet – over 2 billion members. There aren't enough professionals in the world to teach prevention, administer treatment, and offer care to those who need it. There is an enormous pool of untapped talent and energy sitting unused in churches waiting to be mobilized.

### REMOVE THE STIGMA

Churches must embrace those infected. They can replace rejection with mercy. The church must remove abuse and alienation. They offer faith, hope, love, forgiveness, grace, and spiritual support which neither business nor government can offer.

### CHAMPION HEALTHY BEHAVIOR

HIV/AIDS is complex, yet preventable. Churches have the moral obligation to promote healthy behavior, and offer moral directives for the family. They teach the moral motivation for abstinence and faithfulness. Resisting peer pressure and relapse requires a supportive faith community.

### HELP WITH HIV MEDICATIONS (ARVS)

The church has the largest distribution network on the planet. It's already in place worldwide! Millions of villages have a church, but nothing else. For treatment to become universal, we must develop church supported treatment models. Members can be trained to distribute and support HIV/AIDS medications and support essential nutrition. The church can offer pre-treatment preparation, treatment education, adherence support, direct observation therapy (DOT) and treatment coaching to the entire family.

A foundational tenet of the Western Rwanda HIV/AIDS Healthcare Initiative is the focus on a church-initiated healthcare delivery system which partners with business, government and the health sector to provide wholistic and comprehensive healthcare.



## Why the Church

A foundational tenet of the Western Rwanda HIV/AIDS Healthcare Initiative is the focus on a church-initiated healthcare delivery system which partners with business, government and the health sector to provide wholistic and comprehensive healthcare. Government, business and relief agencies have not been able to keep pace with the rapid growth of the HIV/AIDS pandemic. **Local churches are essential and offer several advantages:**

- 1. THE CHURCH HAS THE LARGEST PARTICIPATION** – With over 2.1 billion members the church has the largest volunteer labor force. There will never be enough professional doctors, nurses, teachers, and lawyers. There is an enormous pool of untapped talent, brains, energy, and relationships sitting unused in churches that could be mobilized.
- 2. THE CHURCH HAS THE WIDEST DISTRIBUTION** – In every village around the world, there may not be a post office, hospital, or school but there is a church. In many places the only social structure is a church. The church is the only truly global organization. If you have an idea, a product, or medication that needs to get to local people, the most efficient way is through the church. The local church is an existing, largely underutilized, distribution channel.
- 3. THE CHURCH HAS THE SIMPLEST ADMINISTRATION** – Local churches are grassroots networks, and networks always move faster than centralized bureaucracies.
- 4. THE CHURCH HAS THE FASTEST PROLIFERATION** – To beat a rapidly expanding pandemic you need a distribution network that is growing faster than the problem. The only thing that is growing more rapidly than the pandemic is the church.
- 5. THE CHURCH HAS THE LONGEST CONTINUATION** – The church has been around for more than 2,000 years. Empires, governments and corporations come and go, but the church will last into eternity.
- 6. THE CHURCH HAS THE STRONGEST AUTHORIZATION** – Jesus Christ created the church and gave it his authority to do good in the world. He authorized his followers to go into the world. In the Great Commission he said "all authority is given to me in heaven and earth... therefore go."
- 7. THE CHURCH HAS THE HIGHEST MOTIVATION** – There's political motivation and profit motivation, but the highest motivation is our Savior Jesus Christ who commands us to love our neighbor as ourselves.

"The greatest health problem for much of the world is not a lack of medicine, but a lack of access to it. There will never be enough professionals – doctors, nurses, and clinics – to care for all of the health needs in the world. But there is a church in practically every village of the world, and volunteers ready and willing to be trained. The PEACE Plan is an amateur movement. It is led by people who are motivated by love, not money or fame."

Dr. Rick Warren,  
Pastor, Saddleback Church



"We are proud to see the dream become reality. The church is the last mile in service to the community. No other organization has a greater distribution network and the ability to provide grassroots healthcare"

Dr. Robert Redfield MD,  
Director of Clinical Care and Research,  
Institute for Human Virology,  
The University of Maryland



## Western Rwanda HIV/AIDS Healthcare Initiative Project Partners

Professionals guiding the Initiative include experts in the area of church mobilization, community based healthcare, HIV/AIDS clinical care, cross-cultural training and support, and healthcare delivery.

**Rwanda Steering Committee**  
(cross-denominational church leaders)

**Local Churches in Rwanda**

**The Government of Rwanda,**  
represented by **The Ministry of Health**

**The Kibuye District Hospital**

**The Karongi District, Rwanda Government**

**The University of Maryland Foundation**

**Saddleback Valley Community Church**

"We are encouraged by this pilot project that seeks to demonstrate the strength of enabling the local churches to make a holistic impact in the lives of communities, and are yet to see more happening. A partnership between the church, the government and the private sector can indeed make the difference."

Archbishop Emmanuel Kolini,  
Chairman, Rwanda National Steering Committee

"Envision the future. If you walk through this community next year, radical transformation will have taken place. Instead of painful suffering or death due to lack of access to medical care, thousands will enjoy better health and longer lives. Children will not be orphaned. Communities will be developed, families and churches will have grown. Those who choose to become partners in this Initiative will experience the joy of significant progress. People will look back and know you cared."

Elizabeth Styffe RN, MN  
Director HIV/AIDS, Orphan Care, and  
Western Rwanda HIV/AIDS Healthcare Initiatives

## Partner with us to bring hope

"A few years ago I thought preaching was enough, that was my compassion. If we don't do something, who will? If we don't show compassion who will? If you don't show up, who will?"

Pastor Straton Gataha,  
Senior Pastor of the Living Church of Jesus Christ,  
Kigali, Rwanda

### The five things you can do today:

1. Pray for the people of Rwanda
2. Donate by check or credit card at: [RwandaHealthcare.com](http://RwandaHealthcare.com)
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4. Learn more about HIV at: [HIVandtheChurch.com](http://HIVandtheChurch.com)
5. Learn more about orphans at: [OrphansandtheChurch.com](http://OrphansandtheChurch.com)



"I had to make a conscious decision. Would I retreat to my comfortable life and to my settled plans? Or would I surrender to God's call and let my heart engage with a cause such as AIDS that I was pretty sure would include buckets of pain and sorrow? I felt like I was standing on the edge of a giant precipice; I couldn't go back, and yet the way forward looked like stepping into a void."

Dangerous Surrender,  
Kay Warren, author

"Of all the worthy causes, we have chosen to invest our time, energy, and resources – our very lives – in the Western Rwanda HIV/AIDS Healthcare Initiative. We believe in this partnership and invite you to invest with us. Give generously!"

Rick and Kay Warren

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Donate online today at: [www.RwandaHealthcare.com](http://www.RwandaHealthcare.com).

Pledge to join us and partner to bring hope.  
You can make healthcare access a reality in Rwanda.

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Senator GRAHAM. Thank you very much, Rick. Sir Elton John.

SUMMARY STATEMENT OF SIR ELTON JOHN

Sir ELTON. Thank you very much. Mr. Chairman, Senator Leahy, and members of the subcommittee, thank you for the opportunity to testify this morning.

It is a very daunting task sitting at a table with three amazing people who are in the trenches every day fighting this disease and doing incredible work. I am very humbled by being here and humbled amongst the company I am keeping.

In 2003, at the invitation of Senator Ted Kennedy, I had the honor of speaking before the Senate Health Committee in my capacity as the Founder of the Elton John AIDS Foundation.

I created the Foundation in 1992 to address the dire need to provide basic services and support to those dying from AIDS. Over the past 23 years, we have raised over \$321 million to fund organizations that provide direct treatment and prevention efforts in dozens of countries around the globe.

When I testified before Congress 12 years ago, almost no one had access to antiretroviral medicine in Sub-Saharan Africa, where the epidemic was most acute. People were being infected and dying by the millions even though we very literally had the drugs that could save their lives in our hands.

At that point, 12 million children in Sub-Saharan Africa had been orphaned by AIDS.

African leaders had declared AIDS to be a state of emergency worldwide, and more than 30 million people were HIV positive. The disease left nothing but despair, ruin, and fear in its wake. I saw it with my own eyes as I traveled to the hardest hit regions on behalf of my Foundation and our grantees.

Without the funds needed to make life saving drugs available in Africa, my Foundation invested in dramatically expanding palliative care and a hospice network. Across South Africa, Uganda, and Kenya, we helped give a dignified death to more than 800,000 men, women, and children. Then we provided food, shelter, and basic education to over three million orphans left in their wake.

It was a compassionate response but it did not solve the problem. In those years, the epidemic was only escalating, until in a time of great need and urgency, a Republican President and a bipartisan Majority in the United States Congress created PEPFAR, the President's Emergency Plan for AIDS Relief.

Compassionate leaders from both sides of the aisle said to the international community, America can and America will lead the world in the global fight against AIDS. Today, thanks to the unprecedented actions of Congress, an HIV positive mother in South Africa can give birth to a healthy HIV-free baby whom she can live to raise.

Today, thanks to the generosity of the American people, 9.4 million men, women, and children have access to life saving antiretroviral treatments. Where there was once despair, ruin, and fear, there is now hope, life, laughter, and love.

PEPFAR has done more than just save lives. It has provided basic infrastructure and trained more than 100,000 health care

workers to prevent future outbreaks in countries like Botswana, Tanzania, Kenya, and Uganda.

Congress' strong support for The Global Fund for AIDS, TB, and Malaria has enabled it to generate investments from governments and corporations worldwide, and leverage two dollars for every one dollar invested by the United States. Thereby, expanding its reach and its impact. I am grateful this has included up to one billion pounds from the United Kingdom over the past 3 years.

For my Foundation, too, Congress' leadership has been transformational. What we once invested in hospice to care for the dying has been repurposed to treat the living. My Foundation has tested over three million people for HIV in Africa and linked more than 400,000 patients to life saving treatment on the continent since 2012.

Combined with efforts funded by the United States, we have contributed to the 48 percent global reduction in mother to child transmission of HIV. In short, we are no longer bailing out a sinking ship, we are helping steer it into a safe harbor.

Mr. Chairman, because of the actions of this Congress, the course of the AIDS epidemic was altered for all of humanity. Because the American people had the optimism, the ingenuity, and the will to make the difference, the lives of millions of people halfway around the world have been saved.

I am here today with a simple message. The AIDS epidemic is not over, and America's continued leadership is critical. There is a window of opportunity before us, a window through which we can very clearly see the end of AIDS within my lifetime. We cannot afford to let the window close.

If our efforts flag, drug resistance will surface, transmission rates will rise, and this disease, which knows no boundaries, will once again become a ruthless pandemic with disastrous and far reaching consequences.

I have stood at too many bedsides in America, England, and across Africa helplessly watching people die in pain. To bear the thought that we might go back to those dark days is unthinkable.

On the other hand, if we continue the historic work of PEPFAR and The Global Fund, if we honor the 40 million lives lost over the past three decades, then we can and will see the day when AIDS is no longer a horrifying global killer, but a contained and controlled chronic illness everywhere.

Mr. Chairman, this is the most powerful legislative body in the world, and this Congress indeed has the power to end AIDS. You have the power to maintain America's historic commitment to leading the global campaign against this disease.

I am here today to ask you to use that power, to seize this window of opportunity to change the course of history. One day soon, I hope to extend my thanks to you, to this Congress, to the United States of America, not only for fighting this disease, but for ending it once and for all.

Thank you.

[The statement follows:]

## PREPARED STATEMENT OF SIR ELTON JOHN

Mr. Chairman, Senator Leahy, and members of the subcommittee, thank you for the opportunity to testify this morning.

In 2003, at the invitation of Senator Ted Kennedy, I had the honor of speaking before the Senate HELP Committee in my capacity as the founder of the Elton John AIDS Foundation.

I created the Foundation in 1992 to address the dire need to provide basic services and support to those dying from AIDS. Over the past 23 years, we have raised over \$321 million to fund organizations that provide direct treatment and prevention efforts in dozens of countries around the globe.

The first time I testified before Congress 12 years ago, in sub-Saharan Africa, where the epidemic was most acute, almost no one had access to antiretroviral medicine. People were being infected and dying by the millions even though we very literally had the drugs that could save their lives in our hands. At that point, 12 million children in sub-Saharan Africa had been orphaned by AIDS. African leaders had declared AIDS to be a “state of emergency.” Worldwide, more than 30 million people were HIV-positive.

The disease left nothing but despair, ruin and fear in its wake. I saw it with my own eyes, as I traveled to the hardest hit regions on behalf of my Foundation and our grantees. Without the funds needed to make lifesaving drugs available in Africa, my Foundation invested in dramatically expanding palliative care and a hospice network. Across South Africa, Uganda and Kenya, we helped give a dignified death to more than 800,000 men, women and children. Then, we provided food, shelter and basic education to over 3 million orphans left in their wake. It was a compassionate response but it didn’t solve the problem.

In those years, the epidemic was only escalating, until—in a time of great need and urgency—a Republican president and a bipartisan majority in the United States Congress created PEPFAR—the President’s Emergency Plan for AIDS Relief. Compassionate leaders from both sides of the aisle said to the international community: America can, and America will, lead the world in the global fight against AIDS.

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Mr. Chairman, because of the actions of this Congress, the course of the AIDS epidemic was altered for all of humanity. Because the American people had the optimism, the ingenuity, and the will to make a difference, the lives of millions of people half way around the world have been saved.

But I’m here today with a simple message: The AIDS epidemic is not over. And America’s continued leadership is critical.

There is a window of opportunity before us—a window through which we can very clearly see the end of AIDS—*within my lifetime*.

We cannot afford to let that window close. If our efforts flag, drug resistance will surface, transmission rates will rise, and this disease, which knows no boundaries, will once again become a ruthless pandemic with disastrous and far-reaching consequences. I have stood at too many bedsides—in America, in England and across Africa, helplessly watching people die in pain, to bear the thought that we might go back to those dark days.

On the other hand, if we continue the historic work of PEPFAR and the Global Fund . . . if we honor the 40 million lives lost over the past three decades . . . then we can and will see the day when AIDS is no longer a horrifying global killer, but a contained and controlled chronic illness.

Mr. Chairman, this is the most powerful legislative body in the world. And this Congress indeed has the power to end AIDS. You have the power to maintain America's historic commitment to leading the global campaign against this disease.

I am here to ask you to use that power. To seize this window of opportunity. To change the course of history.

And one day soon, I hope to extend my thanks—to you, to this Congress, to the United States of America—not only for fighting this disease, but for ending it—once and for all.

Thank you.

Senator GRAHAM. And ended right on time. It is amazing. After this, how would you like to vote against the 150 account? What would you say? The terrorists want you to vote no. That is the only thing I can think of.

Mark, name countries that could do more to support The Global Fund that are not.

Dr. DYBUL. Thank you, Mr. Chairman. It is a long list. I just came from one, China, actually, arriving last night. They once actually received resources from The Global Fund but now are giving. They have transitioned out.

Senator GRAHAM. Could they do more?

Dr. DYBUL. They can, and we are working with them to invest more.

Senator GRAHAM. What about the Gulf countries?

Dr. DYBUL. The Gulf countries could definitely do considerably more in the fight against these three diseases. Parts of Southeast Asia. Thailand is transitioning from a recipient of The Global Fund—

Senator GRAHAM. We are not asking people to give who have their own problems. We are talking about people who have some economic ability to give that are not.

Dr. DYBUL. These countries actually do have considerable economic ability, and they are stepping up.

Senator GRAHAM. What about Europe? How would you rate Europe's response?

Dr. DYBUL. Europe is doing quite well in a number of places, the U.K., as Sir Elton John mentioned. France is the second largest contributor.

Senator GRAHAM. Where is Germany?

Dr. DYBUL. Germany is increasing its commitment, and is currently number six. Japan is number five.

Senator GRAHAM. In terms of economic power in Europe, how does Germany rank?

Dr. DYBUL. They are certainly number one.

Senator GRAHAM. They are number five in giving and number one in economic—

Dr. DYBUL. To The Global Fund, they have actually just increased significantly their commitment, for example, to GAVI, and they have increased their commitment to us and have made a commitment to do even more.

Senator GRAHAM. Thank you very much. Rick, these churches with their new distribution network, will you take anybody that comes?

Dr. WARREN. Absolutely. In fact, after I made that presentation at President Bush's malaria conference, I said I am going to prove that I can do it faster than any NGO or any government. I went to that area of Rwanda and I asked pastors "Would you be interested in us training your people in basic health care?" because you are never going to have a doctor in your village, there will never be enough doctors for every village in the world. Eighteen pastors said yes. I said grab two people from your congregation and we will start training them.

We started training them in basic health care. The Muslims came to us and said, "Would you train us?" We said sure. This is a human issue, it is not a religious issue. You pick two out of your mosques. There were two mosques that chose people to be trained.

That group grew to 60 and we trained them, to 120, 340, on and on, we just kept multiplying. This last August I went to that area of Rwanda and did a rally for over 3,000 trained healthcare workers who each visit seven families a week. They make hospital calls. They make house visits.

We did it with very little money. We started off with simply stuff like wash your hands and hang out the sheets to dry, how to do sanitation, dressing wounds, stitching wounds. They could learn things like how to administer antiretroviral (ARVs) and how to do peer coaching, to make sure they do compliance with the drugs.

It can be done, and now we have many other countries asking for the same model.

Senator GRAHAM. Madam Ambassador, what will sequestration do to our ability to get this thing put away in terms of AIDS, and how would it affect the PEPFAR program if we fully implement sequestration?

Ambassador BIRX. I think you heard from my testimony that we are doing everything we can to focus every dollar we have because there is always more need than there are dollars. We take a very strong responsibility in ensuring that we focus the dollars we have optimally, but any cut in those dollars—

Senator GRAHAM. Do you know how much your program would be cut by 2021?

Ambassador BIRX. You have mentioned it would be quite extraordinary.

Senator GRAHAM. You need to go find the number. I want you to go find the number and tell me.

Ambassador BIRX. We can find that number for you and we will get it for you.

[The information follows:]

Sequestration at any level would be devastating to the PEPFAR program. As the ability to scale life-saving interventions would be diminished, more lives would be lost. This is why this Administration will continue to work with the Congress to reverse sequestration and reduce the deficit through smart, balanced reforms.

Senator GRAHAM. Yes. I want everybody, including The Global Fund, to know. I want you to tell me what the number is. I want to tell my colleagues you have X dollars today and you are going to have Y dollars tomorrow, and this is what it means. You should know these numbers because they are dramatic.

Sir Elton John, you have been following this battle for a long time, you say we are close. What is your worst fear?

Sir ELTON. To be honest with you, my worst fear is that stigma will continue to drive the epidemic underground and people away from the services they need. We are seeing, especially in African countries, the LGBT community suffering under Draconian laws. When people living with HIV are penalized, they go underground and the disease is spread even further. Stigmatizing people because of who they are or because they have HIV is the worst thing we can do. For me, that is the biggest problem we face.

Helping people to feel less ashamed, to feel they are okay regardless of their identity or status, and not to feel as if they are being threatened by their own governments because of their sexual orientation is incredibly important.

Not only is this a human challenge, it is a medical challenge as well. They are two sides of the same coin. On the one hand, you are telling people they are worthless and not treatable or not worth treating. On the other hand, you are driving them underground and encouraging the spread of the virus.

A key principle of my Foundation is that nobody should be left behind. We live in a world which is so materialistic, so narcissistic, the world needs empathy and compassion. The world needs leaders to show compassion. The current Pope is someone who I revere very much because he is beginning to show so much more compassion in a humane way than his predecessors. This is vital to the recovery of hope, self worth in this troubled world.

If people are told they are worthless and unloved, then where are we as human beings. If Christ was alive today, and I believe in Christ, he would be appalled at the way people are being stigmatized. We need people to be included and embraced, to feel love and compassion. Without that ingredient in this whole mixture of medicine and other public health strategies, we face an uphill battle.

I really encourage governments throughout the world who are saying that homosexuality is a sin, to understand that they are making the disease worse and prolonging the negative consequences for their country and their economy.

It is not just inhumane to people who are suffering from this disease, it undermines their efforts toward a more sustainable future.

Senator GRAHAM. From a private sector point of view, have you been able to still raise an adequate amount of funds even though the economy has been crippled throughout the world or are people still giving?

Sir ELTON. People do continue to give and I am very grateful for that. But there is also much competition and many worthwhile causes in need of charitable support. Private funding surely helps but it cannot compare with the immense good that the United States Government is doing through its generous funding of PEPFAR and The Global Fund.

It is a matter of education. If I tell people look, here is what we are doing and why we believe it will have a tangible impact—we are going to offer AIDS education or testing or prevention of mother to child transmission services—then people will dip into their pockets.

When we started off with the disease, there were so many different foundations. There are not so many left standing now but we

all work together. I think we are a very strong force. I think we are force for good.

We had a meeting in the Capitol last night. The comradery and the feeling I get from the American people is so touching. You have to remember that I am British. I came over here in 1970. This country has given everything to me as a professional musician, and as a human being.

The strength and the willingness to help people in the rest of the world has touched me so deeply. It was Ryan White, who pointed out to me that my life was in complete disorder. I was a drug addict. I was a self-obsessed asshole—excuse me.

Ryan White and his wonderful family turned my life around. He was treated very badly by people who were ignorant and should have known better, but he never got angry about it and he always sought to educate them and forgave them.

We have to have compassion. We have to have forgiveness. We have to have inclusion of everybody, whether it is intravenous drug users, prisoners, or people who are gay or transgender. We are all human beings. We are all children of God. If we lose sight of our own humanity, then we are throwing all of our progress and opportunity down the drain.

I believe in the goodness of the human spirit, look at this room. It is a very long-winded answer to your question, but no, people are very generous, and if you explain to them where their money is going and you show them what it is doing, then many will want to help.

Senator GRAHAM. Thank you. Senator Leahy.

Senator LEAHY. Thank you, Mr. Chairman. I did not think it was long-winded at all. It is something that should be heard over and over again.

Ambassador Birx and Dr. Dybul, a question that has been asked on dollars, on sequestration. Tim Rieser in my office who has worked on this is much more knowledgeable in the nitty-gritty than I am. The numbers I am seeing are devastating. They are not anywhere near the numbers that Senator Graham and I in a bipartisan way supported in the past. Do not sugar coat it, make it very clear.

Sir Elton, you talked about how much less expensive it is for prevention than care after the fact. I am aware of that. I know Pastor Warren and I have talked about this before. You had mentioned about holding the quilt when you were speaking last night.

My good friend I grew up with from Vermont, when he was diagnosed—he was actually a public figure in Vermont, and rest his soul, when he was first diagnosed, I remember him being ostracized. My wife and I came to a large gathering, and people were trying to avoid him. This was some years back. My wife is a registered nurse. She walked up and gave him a great big hug and a kiss.

He said right to the time he died that changed his life because after that, people did not avoid him. They knew my wife. She is actually a lot more popular in Vermont than I am. They saw Marcelle do that. Keep on pointing that out. It is important, even today, people need to hear that.

We have known about HIV and AIDS for more than 30 years, but it is still a huge health issue, even here in the United States. We have pockets in the United States where it is growing. You would think with all the education, it would be cutting back.

Are there things we should be doing differently in combating this? Are we focusing on the right countries? We know we are going to have a finite amount of money. How do we spend it best? Sorry to put you on the spot, but we are struggling with that here.

Sir ELTON. How do you spend it best. You still continue much of what you are doing, what PEPFAR is doing, giving the HIV testing and antiretroviral drugs to people that do not have access to them, building the public health and community-based infrastructure in countries where there is little so people actually can receive drugs and other essential services and get them on a regular basis. A lot of these people live in rural areas and need transportation to get to the clinic or community health workers to come to their village.

You have to educate and empower people. Education is very important. Prevention is very important. You heard earlier that AIDS is the leading cause of death for young people in Africa and the second leading cause of death for young people worldwide. You have to educate them and you have to spend the money very, very wisely. That is all I can say. Mark, do you have anything you could add on that?

Dr. DYBUL. It is up to the Senator.

Senator LEAHY. We are seeing increases in parts of this country. You would think it would be decreasing everywhere in the world. Sir Elton talked about the young women in Africa. We are seeing men and women in this country. Where are we missing the point?

Sir ELTON. In the rural south, AIDS remains a very big problem amongst young gay men, where we see an increase in risky behavior. I think maybe because they feel they are not going to die.

Someone mentioned this disease can be a manageable disease, you can live with HIV. In this country, which has all the sophisticated medicine available, that people are having unsafe sex, thinking well, if I have unsafe sex, I am going to be okay because there is a pill I can take, not really knowing or understanding the consequences of what that pill might do to their body in the long run.

In Africa, many do not have that option. They just want to live. Over here, they are able to live because they have the medicine available. In Africa and Asia, many still do not have the medicine. I think you have seen a rise here, it is cyclical, it seems to happen every 10 years, where this disease starts to rise again amongst the young, especially where we have slowed down on lifesaving AIDS education.

In the rural south, stigma is a huge problem as well. A lot of people do not want to admit they have the disease. A lot of people are not being tested. A lot of people walking around do not know their status. There is still a lot of fear, even in countries as sophisticated as America and my country, Great Britain, the same thing is occurring.

Senator LEAHY. Thank you. Dr. Birx, my last question. I could ask questions all day long. In the President's fiscal year 2016 request for PEPFAR, there is a \$300 million impact fund. This awards governments to take steps, as I understand it, to realign

their national programs to combat HIV/AIDS in the areas most severely affected.

I understand you are implementing a similar realignment of PEPFAR funds. Some who challenge that say that there are areas that are going to receive less funding and that is going to have a severe impact. Would you like to explain what is happening?

Ambassador BIRX. Thank you, Senator. There are two things that we are doing. We are fortunate because of the way Congress set up PEPFAR that we have very granular data down to the site level, and we know precisely now where there is HIV and where there is not HIV.

What we have found over the last 10 years is a real evolution that in areas where there is very little HIV, we have excellent coverage of all services, sometimes over 100 percent, because people have come over the border to access services.

In areas where HIV is the most prevalent, where the incidence is the highest, say in Kenya around Kisumu and Homa Bay, our service delivery is at 30 to 45 percent. We created an inequity between areas where we have been over serving and areas where we have been substantially under serving the population, and working with governments to go through that information in a very careful way so that what you just described at the end of the question does not happen.

We are committed, obviously, to maintaining all of the services in the areas that are very low burden, and are working with governments and Global Fund to ensure there is a safety net.

We are also working and geographically mapping the sites down to the absolute precise Global Positioning System (GPS) coordinates so that we can tell you there are 10 sites here, all within half a kilometer and we only need two. It will be much more effective to have two sites there all within walking distance, all within less than half an hour walking distance, and increase the number of sites in the very high burden areas.

What is happening, if you are a pregnant woman in Kisumu, you have a much lower chance of being diagnosed and linked to services than if you are a pregnant woman in Kericho, Kenya, and it is only 50 kilometers away. This is the type of work we have been doing.

Senator LEAHY. Thank you.

Senator GRAHAM. Thank you. Senator Daines.

Senator DAINES. Thank you, Chairman Graham. I want to thank the passion and compassion of this panel today. It is greatly appreciated, and in a city that is not characterized by compassion, you bring that here today and we thank you for that.

I was struck, Sir Elton John, by a statement you made in your testimony. You said there is a window of opportunity before us, a window through which we can very clearly see the end of AIDS within "my life time." What is the greatest barrier that you see to accomplishing that goal?

Sir ELTON. A reduction in funds for PEPFAR or The Global Fund. A reduction would be a huge blow. The world has to step up and keep the funding going. Not just the United States but everyone. The more funds we get, the more medicine we can get to people in need, the more we can decrease the spread of the virus. That

is the biggest thing we have to do. But its not all about money. We have to reduce stigma, too, we have to make people feel they are loved and not shamed. That is a big issue.

I think Rick would agree with me. What he does with his church is preach love. That is what we must also do. Along with the funding, which is so essential, and that is why I am here today and we are all here today saying we hope the United States Government, the Senate and the House will at least not cut the funding of PEPFAR or The Global Fund because if they do, it is going to be a complete disaster. We are going to go back to square one and it is only going to get worse.

It is a mixture of coming together, everybody, some other countries have to step up to the plate here as well. America cannot do this all on its own. I do not think the EU is doing enough. Obviously, China is not doing enough and Japan is not doing enough. These are countries that can afford to do better.

As a panel, we have to go away and say what can we do here to make those people step up to the plate and make sure America is not the only country in the world that is doing this. They cannot do it alone. They can only provide 33 percent of The Global Fund.

As a panel here, we have to go away and say these other countries need to step up to the plate, because the funding is key to ending AIDS. The more we invest, the more likely we can end AIDS, and the more compassion we can show to people living with AIDS, the better the money works and the better people feel. It is a mixture of both.

I would not say it was an easy solution because it is not.

Senator DAINES. Thank you for that very thoughtful response. I want to pivot over here for a moment and ask Dr. Warren a question. In your testimony, you called religious liberty "America's first freedom." I think you thanked the panel for those protections, fighting for that. It is the first phrase of the first sentence in the First Amendment of the Bill of Rights.

Our founding fathers obviously cared a great deal about this issue, as I know you do as well, and the fight for religious freedom was fundamental in this country's fight for independence.

In your view, what is the state of religious liberty in this country today and are we doing enough to protect it?

Dr. WARREN. As I pointed out in my written testimony, religious liberty is what America was founded on. It is the first freedom. It is not by accident we call it the first freedom. It is the first phrase of the first sentence of the first paragraph of the First Amendment. It comes before freedom of speech, before freedom of the press, before freedom to assemble, before the right to bear arms, before every other freedom.

If I do not have the freedom of conscience, to believe what I want to believe, I do not need freedom of speech. If I do not have the freedom to believe what I want to believe, I do not need freedom to assemble. If I do not have the freedom to believe and practice my beliefs, I do not need the freedom of press.

That is extremely important. It is all part of what I call holistic assistance, that the kind of assistance that is needed around the world, meds are not enough. The whole reason we started the P.E.A.C.E. Plan is because when we started dealing with people

with AIDS, we realized they need education, they need job training, there are poverty issues here. All of these things are holistic.

As a church, all the things Elton was just talking about. C-h-u-r-c-h, we say there are six things a church can do, we care for and support the sick. That is the "C." We handle testing and counseling. We, you, unleash an army of volunteers. We move the stigma which we were just talking about. We champion healthy behavior, and we help with nutrition and medicine, "h."

It is a holistic approach. You cannot just do one thing. I think religious liberty falls into that. I think it is just one of the other factors. I have actually had debates on this in China.

Senator DAINES. Back to a comment that Elton John made as well about the need for funding. You mentioned in your testimony that the Tax Code should incentivize generosity.

Dr. WARREN. I do believe that.

Senator DAINES. What do you view as the importance of charitable donations to fight poverty, to fight AIDS, global health issues in the U.S. and overseas?

Dr. WARREN. As a pastor, I am interested in people's personal growth and their growth in character. If you tax me and then use that money to help the poor, I do not get any credit for it. If you incentivize my generosity and then I am generous, I actually grow in character by being generous.

I am obviously in favor of the Government increasing funding for these kinds of things. I think there are a lot of things we could cut, and this should be expanded. I believe the 150 line item really does need to be expanded, and we get more bang for the buck.

I also believe at the same time, and this is probably not the committee for it, that we ought to incentivize generosity, that the Tax Code should reward generosity rather than cap it. Of course, America is the most generous nation there is, but we could be even more generous if we create a system that encourages it.

What is rewarded is repeated.

Senator DAINES. Thank you. Thanks, Mr. Chairman.

Senator GRAHAM. Senator Coons.

Senator COONS. Thank you, Chairman Graham. I just want to start by thanking you and Ranking Member Leahy for your bipartisanship, for your passion, for your commitment to ensuring we have thorough and productive hearings, that we look hard at the human suffering and at the opportunities we have to do good in the world but to do good well, and to do it in a way that is sustainable, bipartisan and effective. I really appreciate your leadership on these important and valuable issues.

I want to thank the panel today for reminding us of what it means to be American and what we can do when we do the best in our national spirit and bring our best capabilities to the floor.

Reverend Warren, I appreciate you reminding us we have a scriptural injunction to not withhold good from those who deserve it when it is in our power to help them.

Sir Elton John, I appreciated your compelling and personal testimony about how a change in your own life was brought forward by Ryan White and the dramatic impact you have made across the world, and how the two of you in partnership really are helping

demonstrate what it means to accept, to welcome, to love, and to celebrate a wide range of people who are otherwise suffering.

I agree with you that fighting stigma against the LGBTQ community in Africa is one of the most important things we can do to avoid marginalization, to avoid the spread of the disease, and to frankly show your humanity.

In my limited opportunities as the Africa Subcommittee chair the last 4 years, visiting 15 countries, I have tried very hard to press that point. The human consequences of ongoing oppression based on orientation are very real, and this is a very real threat we all face across the world.

Dr. Dybul, thank you so much for your leadership at The Global Fund. As you know, the last Congress, I introduced a maternal and child health bill, which I am hoping we will renew in this Congress, which would give access to some innovative financing techniques to strengthen the amount of resources available for maternal and child health.

That is really the core issue we are talking about here today, how to sustain in a difficult budget environment these vital investments.

Tell me if you would, what are the opportunities here for innovative financing and what, if anything, do we need to be doing legislatively to help facilitate that?

Dr. DYBUL. Thank you, Senator Coons. Innovative financing is a big field. One of the most important things to do is to get other countries to contribute, as the chairman was mentioning, and we are actively pushing on that all around the world, not just from the traditional donors but from others. I would amend that Germany is actually number four. I got that wrong.

The innovative financing field, and I can give you some examples, is an extraordinary opportunity. Social impact bonds, we are actually working now in Nigeria, we are forcing matching, as I mentioned, they have a \$100 million gap to meet their bed net need. We have incentive funding. We said we will give you \$50 million if and only if you cover the other \$50 million. They are going to float a bond, it looks like they will float a bond in order to cover that \$50 million. That is one opportunity.

Another one is around high net worth individuals. As I mentioned, we are actively pursuing high net worth individuals. We understand all accounts are constrained, not just in the U.S. but all over the world, so we need the private sector to be doing more.

High net worth individuals have enormous wealth, and as I mentioned, we have already raised \$100 million, and that was working with Bill Gates and others, but we see a huge opportunity.

It is not just the money, it is how we are going to use it. We are actually trying to build trust funds, private sector trust funds that match the public sector investments.

This does three things. One, it puts more money in. Second, often high net worth individuals in a country like Korea, China, or Vietnam are among the most influential people in the country. They are worth billions of dollars. They are now putting pressure on the government to increase their contribution because they are putting in money, too.

The third is around innovative implementation. They are saying if I am going to put money in, I want an efficient system, so get your efficiency up. Let's work together on supply chain, let's work together on procurement systems, let's work together on these private sector practices.

Those types of innovative trust funds are huge opportunities for us as we are moving, so countries are funding more and more of their own programs. There are many other opportunities around innovative finance that we are exploring.

Countries are doing extraordinary things. Senegal, Kenya and Tanzania have some of the most innovative programs where they are doing special tax schemes, where they are doing special bonds and funds internally to raise money within their own countries. It is a huge opportunity. Thank you for raising it.

Senator COONS. I just visited Senegal and Kenya last month. As both Sir Elton John and Reverend Warren have shown, the capacity of the private sector and charitable individuals to make a significant impact here is impressive and we need to deploy it further.

Ambassador Birx, as we saw in the response to Ebola, there were Americans and folks around the world who stepped forward and made individual contributions in the hundreds of millions of dollars that also helped accelerate EU engagement and multilateral engagement.

One of the lessons, I think, of the Ebola experience was that PEPFAR resources and training were credited with Nigeria being able to rapidly identify and contain the one outbreak in Nigeria of Ebola.

What is the path forward for integrating PEPFAR investments into a process of building broader health systems to prepare for the next pandemic. Also, please tell us just a little bit more if you would about two programs: the ACT program—Accelerating Children's HIV/AIDS Treatment, and the DREAMS initiative, which you mentioned in passing, but I would love to hear a little bit more about in the minute and a half we have.

Ambassador BIRX. Thank you. We have intentionally strengthened health systems because without a health system that can provide commodities, without a health system that can diagnose disease at the laboratory level, without a health system that has actual health providers at the health center, it was not going to be a functional system.

It has been very deliberative and very much matched to the services we are providing. Of course, a nurse at a health center, although she is providing HIV tests and referring patients and often treating patients, she is treating all patients in the community.

Although they may be trained and provided by PEPFAR, they are there for the community. I think we have seen in every other Ebola outbreak that has occurred in the DRC and in Uganda, a rapid community response and a rapid medical and scientific response because of the infrastructure that has been built in the PEPFAR countries.

Indeed, within Nigeria itself, the Field Epidemiology and Laboratory Training Program (FELTP) program there, field epidemiologic trained individuals that were there for polio, trained by PEPFAR but also utilized in polio became the absolute core, but underneath

all of that, you have a global health core that has been funded and built by PEPFAR around the world, thousands of individuals in countries who are part of the U.S. Embassy who were also deployed to these countries and were the immediate rapid responders.

On the continent, you have now highly trained public health individuals, both host country nationals and direct hire staff.

ACT and DREAMS are two very exciting pieces because it illustrates when you intentionally seek private sector engagement around a core program, the private sector will stand forward. Having the Children's Investment Fund Foundation come forward with \$50 million made it possible to achieve the goal of doubling the number of children reached by PEPFAR. Only 24 percent of the individuals, children under 15, in need of treatment are receiving treatment. This was really a key initiative.

The DREAMS initiative, which Mark and I are working very closely on, really is to empower young women to remain HIV free. The statistics are overwhelming. Five percent, 10 percent, 15 percent, 30 percent prevalence by 20 in areas of South Africa. The same thing repeated over and over again.

This is a program that I have to tell you when I said this was high risk and we were entering into unknown territory, this is a program that we are relying on, a completely different approach, ground up planning, bringing everything to the table from social structure to the community structure to the family structure to the school structure, to really figure out what the most disadvantaged young women need in order to remain HIV free.

We have a lot of what we call monitoring and evaluation around it so we can immediately tell what is working and transform it into the other countries.

Thank you for those questions.

Senator COONS. Thank you. I appreciate the very hard work you are doing with PEPFAR and with The Global Fund to make sure we have data, we are doing analysis, we are delivering services more effectively, as I am sure Elton John's Foundation has demonstrated, testing, better testing, better integration at the community level that is vital, and as Reverend Warren's community health training in Rwanda and elsewhere has demonstrated.

We can do this effectively but we have to do it in different ways. We have to do it in a more sustainable way if the vision of the end of AIDS in our lifetime is to be achieved. Thank you for your great work.

Senator GRAHAM. Senator Kirk.

Senator KIRK. I would prefer to call you "Colonel Birx," to make sure everybody knows about your service to the United States Medical Corps.

When we first met, I told you the story about—I will tell other members of the subcommittee. We took the initiative in 1986 to start off this program. I will say unfortunately Senator Leahy is not here, I think he was in the leadership on Senate Foreign Ops.

The story I would tell you is as a staffer, I went to Congressman Bob Mrazek of New York, and we started a \$25 million earmark to start the global program in AIDS, as it was called. The reason why is the first diagnostic kit was produced by Abbott Laboratories, which I will remind everybody is from Illinois. We got the

results from Abbott. In Kinshasa Central Hospital, they had a seropositive rate that was very high, according to the models. The epidemic had been going on for about 50 years.

We got very brave Bob Mrazek to go to see Dave Obey, who was the chairman of House Foreign Ops, and he said something like you know, as those who have worked with Dave Obey, I will be God damned if I am going to start a foreign aid disease account with an earmark. Luckily, Dave changed his mind to his internal credit.

Dr. Dybul, I see you as the successor to my great partner in this work, Dr. Jonathan Mann, who unfortunately we lost in a Swiss Air crash with his wife. He told us the need to have a multilateral and bilateral program.

I want to just put before you guys that PEPFAR started with bilateral roots and because of those old bilateral roots, it does not really work massively enough in Mexico, a country we should be concerned about with its disease state. I think that shows the advantage of The Global Fund to make sure we are working in all countries of great concern.

I went to school in Mexico. [Speaking in Spanish.] So far from God and so near to the United States. We have a long time historic problem of Mexico taking direct foreign aid. [Speaking in Spanish.] I would say for Mark, it is very important that we have the flexibility. The thing Dr. Mann said, he said you have to start a bilateral program, do not work with the World Health Organization (WHO) Africa, because Nakajima's team is too corrupt.

Deborah, I would say you represent the U.S. Government, accountable to Congress and to GAO, for effective delivery. I would say to this committee you never know what you are working on, this thing started as a \$25 million earmark, and now it is \$4 billion. I saw from the chairman's notes we have spent a total of \$57 billion on PEPFAR.

Now I sit back after this work 30 years ago thinking you guys are talking about how we have to remind the public that the AIDS epidemic is still very much with us. That just warms my heart to think of all the positive work. Never in the history of mankind has one country given such an investment to health care internationally.

Thank you, Mr. Chairman.

Senator GRAHAM. Thank you. That was a wonderful question.

To the stenographer, you are going to have your work cut out for you. It is a very earthy committee we have here. Well done, Mark. Thank you for your years of involvement.

Senator SHAHEEN.

Senator SHAHEEN. Thank you, Mr. Chairman. Thank you all very much for being here this morning and for the wonderful work that you are doing around the world.

Ambassador Birx and Dr. Dybul, I want to start with you all because over 80 percent of new HIV infections among adolescents in the hardest hit countries by AIDS are with young women. I wonder if you could talk to why that is.

I think DREAMS is very exciting with Nike and the Gates Foundation. Can you speak to what the solutions are as we think about

how we prevent young women from being infected? Ambassador Birx, do you want to go first?

Ambassador BIRX. Thank you. I think this level of statistics which NIH has really helped with because it was their clinical trials that were done for microbicides that really pointed out the unrelenting incidence, the highest rate of new infections that we have seen just about anywhere on the planet, 4 percent a year, 10 percent a year.

I think all of us together started looking at this in a very detailed way. Mark will also talk about how we have been working collectively. It will take a community and it will take a village.

What puts young women at risk is a whole series of factors. If there was a silver bullet, we would have already achieved it, so there are probably 10 to 15 things that have to be done together. A lot of studies have done one thing, they have either done education or they have done cash transfer or family strengthening.

What we believe is if you put it together as a combination prevention activity, like we are doing for many other parts of the HIV program, it will become synergistic so that one plus one is now 10, because that is what we need with the number of young women.

In South Africa alone, three million more young women in that vulnerable age group than there was at the beginning of the epidemic. Three million.

Senator SHAHEEN. What you are saying is like so many issues that affect women in developing countries, the status of women in those societies contributes to the tremendous effect from AIDS.

Ambassador BIRX. That is the perfect way to put it.

Dr. DYBUL. That is exactly right, Senator. I often get in trouble for insisting that young girls be considered what we call a key affected population because the discrimination stigma and inequality is really what is driving the issue, and that is why it has to be broader than just saying we have services available because often they cannot access those services. Girls outside school are disproportionately more at risk. It is transgenerational sex, it is lack of legal status, it is not being even registered when a girl is born. It is a whole series of issues.

As Ambassador Birx said, there is no silver bullet, just like there is no one explanation. You can literally go 10 kilometers apart, 10 miles apart, and you will see a completely different reason why a girl is vulnerable. You will see a 10:1 differential in the vulnerability, so we have to be very sophisticated and it has to go community by community.

We do have some indication of things that can be done, like keeping girls in school, that will have, as I mentioned, not only an HIV impact, we believe, but then there are ripple impacts on culture, so that the girl is expected to go to school, she is expected not to get married early or expected not to get pregnant early. These are things that would begin to change.

Perhaps just getting people and communities focused, even if we do not know the solutions, focused on finding solutions so we can come up with them. We are working on it collectively because it has to be a collective effort. It is a group that has been left behind and that we have not served properly.

Senator SHAHEEN. Thank you. I am actually working on legislation to try to make sure that we can get countries to register when girls are born.

Reverend Warren, I want to go to your comments about the importance, and they were similar to the chairman's about the impact, the strategic impact, that investing in these efforts make. They are not just important to the health and welfare of people in these countries, but they help us in America.

I certainly agree with you about the influence of the faith sector. I wonder if you could talk about how we could get the faith sector more involved in helping to educate and encourage Americans to support foreign aid.

You mentioned many American people do not understand, they do not support foreign aid because they think it is much greater in terms of the dollar amounts than it is. How can we get the faith sector more involved and what do you see that is working in that way?

Dr. WARREN. I go back to this idea of assistance and aid being holistic. A lot of people do not really know what we do when we give money to other countries. They do not know what it is going for.

In fact, usually about all we know what it is going for is when we hear we have funded so many jets for a country or so many arms for a country. That is what is in the paper. You do not hear about what America does for other countries outside of arming them. That is a big issue there.

One of the things that Ambassador Birx mentioned and you mentioned, too, was having the right information. I have noticed that countries are hungry themselves for data collection. When I travel to other countries, I would advise us to fund data collection in other countries. That would be a wise use of American assistance dollars because without data collection, you cannot have a national plan for AIDS reduction, malaria reduction, TB reduction, things like that.

I would say what we need is Smart Aid, and Smart Aid gives true accountability on both sides, the donors are accountable to do what we say we are going to do, and the receivers are accountable on what they receive.

Smart Aid has an alignment with national plans. Smart Aid has good accountability. Smart Aid has data collection systems in place, and believe me, the poor countries are not going to be able to afford data collection.

Senator SHAHEEN. Mr. Chairman, I am out of time, but can I ask a follow up to that?

Senator GRAHAM. Yes.

Senator SHAHEEN. I think you are absolutely right about that, and I appreciate that. Can you talk a little bit more about how we can get the faith sector more involved in helping Americans understand why these efforts are so important?

Dr. WARREN. Yes. Senator, it has been my experience that the faith community has been more willing to partner than the Government has been willing to partner. The Government is more afraid of the faith sector than the faith sector is afraid of Government.

If somebody raised up the flag and said we are truly talking about partnerships, I have been on the Hill now off and on for 20 years, I have heard so much about partnerships and nothing ever happens with it unless somebody on my side takes initiative.

I think if there were others who took initiative on the other two legs of the stool and even called some symposiums together and said look, how do we actually do this. We are good. The Government is good at this. Business and health care is good at this. What is the church good at? It is good at distribution.

In Africa, they say the pastor sleeps in the same blankets as the community. I keep going back to Rwanda because I have had 1,200 church members in Rwanda. When the genocide hit in 1994, every single NGO left the country. It was unsafe. Who stayed? The church. The church is the country.

In most of the world, you cannot talk about community development without talking about the church. It is there.

I actually think they would step up to the plate instantly if there was a little love on this side.

Senator SHAHEEN. Mr. Chairman, I would suggest that we try to work with Reverend Warren as we are thinking about how we make sure we continue to fund the PEPFAR program.

Senator GRAHAM. Absolutely. What you are trying to do is consider how you brand this program in a positive way with the American taxpayers so they will understand the return on investment. I have been thinking about that a lot, and this panel helps. Senator Lankford.

Senator LANKFORD. Thank you, and thank all of you for being here. Pastor Warren, let me finish out that conversation. Have you seen effective outreach from Government reaching out to the faith sector in any particular country that you have been to, that your church members have worked with, that you have seen that connection, whether it was with the United States Government or with other governments?

Dr. WARREN. I have actually found it quite easy to work with other governments.

They are not nearly as afraid of the church as the American Government is. We work with governments literally all around the world. They are very friendly because they realize we are not trying to do their work. Everybody has a different role to play. The church's role is not government. The government's role is not church. On health issues and education issues and development issues, you can team tackle.

As I said, I have just found it easier to work with governments overseas.

Senator LANKFORD. It is ironic that we have distributed around the world this concept of freedom of religion and disconnect between government and faith, and to say that government does not oppose faith, but now like we are afraid of faith.

It seems that is an obvious area of partnering when you talk about the number of hospitals, the number of clinics versus the number of churches, and I hear our experts on the medical side say one of the key things we have to have is a distribution center in that location, how do we get that.

I think we cannot be afraid here of saying there is an obvious connection there, and where we can connect and where we can find good distribution and relationships, let's do. It seems to be one of our greatest challenges of getting to these areas with a relationship that is a trusted relationship to say this is a way to be able to deal with this disease or to be able to deal with this cultural issue, and let us engage with you in a relationship. I appreciate all that you are doing on this level.

Let me shift a little bit. I am a little concerned, and this is one of the things that we deal with all the time, deal with on the funding side of what we are doing on this.

The Global Fund received \$1.3 billion in fiscal year 2015. We have \$4.3 billion for the State Department's HIV/AIDS program, \$330 million for USAID for HIV/AIDS programs, \$128 million for HHS' HIV and AIDS programs through the CDC, and \$451 billion for NIH global research.

My question is how are we doing on coordination? How is everyone doing talking to each other to make sure that everyone does not raise their hand and say there is a problem and we all agree there is a massive problem? How is the coordination of those dollars going? Is everyone doing their job or do we see duplication?

Anyone who wants to jump into that, have at it.

Ambassador BIRX. Mark and I can answer that together. It is interesting how you put it together and thank you for framing it that way because you talked about our boss, we both were in Dr. Tony Fauci's lab at one time, and how we work with both the NIH and The Global Fund, and how we leverage resources.

We work very closely obviously with NIH. They both support scientific development and capacity development in Africa with us, as well as key research that we need, and they thank goodness are working on an HIV vaccine and have a meeting this week on that, and we are very excited about the progress they are making.

I think what was missing is the level of absolute working together at The Global Fund. Over the last 18 months, that has really transformed into an almost daily texting, unfortunately for Mark. We are in constant communication but we are in constant communication at every level within The Global Fund.

Senator LANKFORD. How did that happen?

Ambassador BIRX. We just committed to it.

Dr. DYBUL. In part, perhaps because I was at PEPFAR in the beginning and Deb was there soon after, part of it is relationship, but part of it is just an evolution globally and in country. We have no in country presence. We are a financing mechanism. We are a leveraging mechanism to ensure that people will come together to finance.

We raise money. For the \$1.35 billion you put in, we spend \$4 billion a year on HIV, TB, and malaria, and we raise it from all sectors. I have to say to the chairman's comments, without that leadership from the U.S., it will unravel. It is really the U.S. that does it.

Then when we get to the country level, we work as a partnership. We bring also the multilateral partners, the U.N. institutions, other donors who have in country expertise to work collectively. The faith community in countries, the private sector in countries.

We have forced ourselves together for impact and to get you value for money because we cannot achieve it any other way.

Senator LANKFORD. Right. There are the obvious issues here and I want to keep pressing on this because we deal so much with the finance side. When we did the emergency funding for Ebola, \$2.7 billion, we sent 3,000 folks to that area to build 11 different Ebola centers, and if I remember my number correctly, we had 28 people that we ended up treating, with \$2.7 billion. Uncoordinated, too late, massive response, delayed.

We cannot have that in a disease like AIDS, we have to have coordination, interaction, and make sure every dollar is spent wisely. Should we have responded to Ebola? Yes. Did we do it in the most efficient way? I think time is going to tell us no, we did not do it in the most efficient way.

I want to come back on that again. Is there a structure in place, and I am proud of the two of you, let me state it that way, that you are working on making sure there is lots of communication, but is there a structure in place to make sure this is ongoing? I hope that you all stay at it and that you work yourselves out of a job soon, quite frankly. That would be terrific news. How is it going, building the structure to make sure that is maintained?

Ambassador BIRX. There is a structure now at every level. I think part of it has to do with leadership and sending that signal very clearly down to every level that we will work together and we will work together not only in concert at the headquarters level and at the implementation level, but at the principal recipient level, that The Global Fund's money go through a principal recipient.

It makes the principal recipients sometimes nervous how close our dialogue is about what precisely is The Global Fund doing and what precisely PEPFAR is doing. We can line that up and marry that information in an absolute clear and transparent way.

That is what is new. It is what the Reverend talked about, data and data collection and transparency. That is what will ensure that there is not duplication because we now know down to the site level where his dollars are going and where our dollars are going.

Senator LANKFORD. Thank you. Keep going on that. You all are doing some great work on raising funds and raising awareness and staying engaged in this, and we appreciate it, and we will continue to partner and try to help in what we can do as well. Thank you.

Senator GRAHAM. Thank you. That was an excellent line of inquiry that we will follow up on. Senator Merkley.

Senator MERKLEY. Thank you, Mr. Chairman, and thank you for your leadership on this issue, this world challenge.

There is a modest group of leaders who have had an impact on millions of lives. Mr. Chairman, you are one of those leaders and all of you on the panel, you are a part of that group, and huge thanks to you.

I can think of some others who have been part of this conversation. Paul Farmer, who definitely laid out there are three pandemics in the world, tuberculosis, malaria, and AIDS, and we must take them on. That is kind of the biggest leverage we could have. Bono, who took Paul O'Neill over to Africa in 2002 to connect on economic development and on the need to address AIDS.

You all are absolutely marvelous. Sir Elton John, as you spoke, you spoke in poetic terms of compassion, love, and connection.

I was really struck and taken to think about the good Samaritan story in how the individual goes on the road from Jerusalem to Jericho, which was known as the “Blood Road” because it was so common for people to be robbed and beaten there. The priest comes by and sees the individual who has been robbed and stripped and beaten and left for dead and keeps going. The Levi comes by, the same thing.

The Samaritan, and we have kind of forgotten this in modern terms, but the Samaritan, the Samaritans and the Jews were at odds with each other, deeply hostile to each other, but it was the Samaritan who stopped and helped out.

The lawyer who was questioning Jesus proceeds to say who is your neighbor, and this is why he told this story, recognizing the one that reached out and had compassion and got involved when others did not, and you all have done that. I thank you so much.

The piece of this puzzle that I would like to ask you to add some additional comments on is this challenge of stigma. Back in the 1970s, Mrs. Ford, First Lady Ford, proceeded after her mastectomy to talk about breast cancer in a way that opened the conversation in America for something that was really kind of hidden and was not talked about and was not explored.

In your work, I am sure you have connected with certain leaders who have changed that dynamic of stigma in different countries or among different groups. Can you give us some examples of the type of path they have gone down that we should try to find ways to encourage others to follow?

Sir ELTON. It is very important, as you stress, for people to come out and talk about these challenges. When Mrs. Ford said that she had a mastectomy, it helped so many women.

When Magic Johnson said he had HIV, it created an incredible opportunity to educate the public. It was very early on in the pandemic. Similarly, when Arthur Ashe was diagnosed. When people come out, even if they are gay, transgender, whatever, people who are out there feeling alone and suffering in silence, they realize that they are not alone. There are others in their situation. When someone they can identify with comes out and says listen, I have this and it is okay, it is an incredibly powerful experience. It is a necessity. Not enough people who have HIV who are well known have come out and said I am HIV positive.

That saddens me. It would help so much if more role models and more famous people, more sportsmen were open. In Africa, as in most places, they love sports. Their heroes are sportsmen. There are many, many people in this world who are HIV positive and are famous and are too scared to come out and say it.

It would help if they did. Coming to terms with living with HIV would be so much easier. Stigma could be lifted if only more people would come out and say listen, I am living with this disease, I have HIV or AIDS, I am not dying, I am living with it. That would help in many circumstances.

Look at Angelina Jolie. She has had a double mastectomy, she said I do not want to have the cancer that my mother had. She took action and she talked about it publicly to raise awareness. It

all helps. People look up to famous people, God knows why sometimes, but they do, and especially with AIDS, it is very, very important for more people to say listen, I am HIV positive, I am living with it. You do not have to be ashamed.

Because it is a sexually transmitted disease, I think its even harder for people to talk about. You come back from the doctor and say I have a terrible cough or a stomachache, you do not come back and go to lunch with a friend and say I have just come from the doctor, I have AIDS.

There is no reason why you should not, it is just because there is stigma, because it is a sexually transmitted disease or a disease of sharing needles. If more people came out and more famous people came out and said listen, I live with it, it is okay, then it would make our situation so much easier.

Senator MERKLEY. If we extend that conversation to nations where the conversation is far more oppressed or underground than it is here, and Dr. Warren, you had indicated you might have something to add to this and I would love to hear your thoughts, but are there some spiritual leaders, some governmental leaders, some medical leaders who have taken bold stands and helped change the course of policy and dialogue in countries that we could try to encourage in other places?

Dr. WARREN. Whenever I find a pastor who has AIDS, I tell him you have to tell everybody, it may be the greatest thing you do with your life. People do not realize, we actually help people more out of our weakness than out of our strengths.

If I tell you all the things I am good at, you say goody for you. If I tell you things that I am struggling with, then you go oh, maybe God could work in my life, too, in spite of all that.

Most people know that 18 months ago, my youngest son who struggled with mental illness for some 27 years took his life. It was the worst day of my life. Kay and I decided we would be obviously open about it. I went on CNN. We spent an hour giving testimony to Piers Morgan on that. It opened the floodgate. Why? Because you do not help people with your strengths.

I used to think AIDS was the biggest stigma. I do not any more. I actually think mental illness is a bigger stigma. More people are afraid of that. It is not a sin to be sick. Your illness is not your identity. Your chemistry is not your character.

When leaders stand up and say I am struggling with this, a political leader, AIDS or anything else, it actually allows other people to make progress. We help people more through our weaknesses than our strengths.

Sir ELTON. May I please comment Senator?

Senator MERKLEY. Please.

Sir ELTON. When I went to South Africa about 12 years ago, I saw so many women who had been widowed because their husbands had died of AIDS. I was sitting at the Baragwanath Hospital in Soweto at a round table with about 15 people. The women were wearing t-shirts that said "HIV Positive."

That was the start of a movement where the women in South Africa took their power back. Rick absolutely hit the nail on the head. Our weaknesses are our strengths.

From a personal point of view, I am terrible at asking for help. I would rather suffer in silence than say can you please help me with this. But it is okay to be human. It is okay to have made a mistake. It is okay to have a weakness or be vulnerable. He hit the nail right on the head, our weaknesses are our strengths.

When you empower somebody by saying listen, I am not as strong as you think I am, it helps a lot. It really does.

Senator MERKLEY. Thank you all so very much, and that example shows the powers of grassroots action, that it is not just about leaders who help drive policy or change but citizens together standing up and saying we are changing how this is done. Thank you.

Senator GRAHAM. Senator Murphy.

Senator MURPHY. Thank you very much, Mr. Chairman. What an impressive panel with fantastic testimony.

Dr. Warren, let me just thank you for raising the issue of mental illness. This is not something we tend to talk about in global terms. We tend to talk about communicable diseases primarily. The reality is the stigma is not domestic, it is international.

The good news here on this issue is hopefully there is a little bit more bipartisan agreement, myself and Senator Cassidy and others are working on a major rewrite of the Health Insurance Portability and Accountability Act (HIPAA) health laws, but we need to think about this globally as well, and hopefully it becomes part of the conversation.

Senator Lankford had an interesting line of testimony and inquiry. One of the things he talked about was the response to Ebola. I do not want people to get the impression that the only thing we did was build a whole bunch of facilities. We did that, and in part because there were estimates there were going to be a million cases by early this year, so we had to be ready for the worse case.

We also put a lot of work into our local partners, everything from the right ways to quarantine to the safe practices for those that perished from the disease, and it was a lot of that work that made an enormous amount of progress.

I want to ask about this question of how we work with local governments to improve governance, to improve their local public health systems so that ultimately we are not just relying on the generosity of the United States and the church community, the international communities.

The reality is global surveys suggest that one out of every five people in this world have actively paid abroad to get health service and 40 percent of people view their health care system as utterly corrupt. We know where those survey results are even higher.

How do our public health officials—I will ask Dr. Dybul this first, how do we make sure our public health dollars are intersecting with the other pots of money that we use to improve governance, and are we doing that in the right way and with the right level of coordination today?

Dr. DYBUL. Thank you, Senator. I think the most important word is the last one, “today,” because I do not think we were there five to 7 years ago, and we have a way to go, but the progress has been extraordinary in how we do this.

The way The Global Fund functions is we fund many governments directly, and that actually has brought an enormous amount of accountability. PEPFAR does as well.

I will never forget President Kagame in Rwanda said this is the first time someone has held us accountable. In the past, we gave money and measured it based on how much money we gave. Now, it is results. You have to report results down to the site level. We are investing heavily in data and data management systems.

It is really hard to steal money if you have to show results. It is much easier if you can just say I did some things. It is drilling down that accountability and data reporting down to the site level.

Then we have layers and layers of investigative approaches that look at how every dollar is used. The reality is sometimes it does go in the wrong place, but we find it collectively, and then we bring people to justice. People are actually going to jail now for the first time for corruption in the health system in many countries around the world. It is actually really exciting to see.

This is something that we do not talk about much; these health programs have actually driven accountability in a way that really never existed before.

Senator MURPHY. We should really care about corruption when our dollars are on the ground, but we should frankly care just as much when our dollars are not on the ground because we would not need to use as much money if the systems are efficiently run.

In those cases, who is the right government entity to try to build that capacity? Is it our global health dollars or should those be reserved for running programs, or is it other pieces of the State Department who are more in the business of working with governments at large to make them more accountable, more efficient, and less corrupt?

Ambassador BIRX. The great thing about what Dr. Dybul just talked about is how that is integrated at the site by the State Department and the Chief of Missions. The U.S. Government has Ambassadors in each of these countries. It is valuable to get him or her data that reflects the quality of the work at the site, the cost of delivering those services, and then integrates them in a three way analysis, comparing all the other sites and all the other partners.

You can clearly then see what sites are out of range because they are doing more work with less dollars and high quality, and which sites are out of range because it is costing more for a low quality product.

Then we send people in to actually go to those sites and define each of those issues, and then the Ambassador takes it forward. We are doing this in partnership with The Global Fund starting out in the countries where we share impact, in about 40 countries, and then that same system can be taken into countries where the U.S. Government is providing still a third of the dollars through The Global Fund where there may not be a PEPFAR program.

Senator MURPHY. Dr. Warren, you were a little optimistic on your ability to work with local governments. That is not always the story that we hear. How much does it matter whether you have a local governance structure that is efficient, relatively low on the corruption scale?

I would imagine you look very carefully at those factors when you are thinking about where to put your dollars and your programming.

Dr. WARREN. Yes, that is why I go back to this holistic approach to aid and assistance. In the P.E.A.C.E. Plan, promote reconciliation, equip certain leaders or ethical leaders, because we believe corruption is one of the big five problems in the world, along with poverty, disease, illiteracy, and conflict.

You have to deal with all of them at the same time. You cannot just deal with poverty. You have to deal with corruption. You cannot just deal with corruption, you have to deal with education. You have to deal with all these together.

I found in working with local governments around the world the most important thing first is to just listen, to not assume I know what I know about the country. When I go into a country, the first thing I do is just take a yellow clipboard and sit down and listen, listen to their culture, listen to their values. I am listening to what they are saying. I am not coming in and automatically imposing something because I want to find out what do you need.

There is a verse in the Bible that says when you go in the village, find the man of peace, which is why we named it the P.E.A.C.E. Plan. The peace person in any culture or in any corporation, I have found them in nations, I have found them in businesses, you find the man of peace, they are influential and open to work with you.

By the way, they do not have to be a Christian, because when Jesus told them to go find the man of peace, there were not any Christians yet. He had not died on the cross. He said go find the man of peace.

I found men of peace who were Muslims, who were atheists, who were straight, who were gay. They are willing to work with you and they are influential. If you find those kinds of people, then you start with the man of peace, and you can begin to expand.

I think it starts with listening.

Senator MURPHY. I think that is a wonderful way to think about this. I guess one of the points I am trying to make here, Mr. Chairman, is when we look at the money that we spend and the benefit that is accrued to global health, we should not just look at the accounts that are labeled "global health."

When you are running programs that build men of peace, that promote their ability to have influence, whether or not that is a health line item or not, that actually builds better local health systems.

As we are reviewing the budget at large, just as important to pay attention to the fact that sometimes the titles in the line items do not necessarily translate their benefit. Thank you, Mr. Chairman.

Senator GRAHAM. Thank you. Thank you all for participating in the hearing. I think each in your own way have tremendously advanced the cause for protecting global health programs, which I am completely dedicated to because I can just see how close we are, and the damage that could be done if we back off now.

In a news cycle full of bad news most of the time, maybe we will get five seconds of good news from what you have had to say here today.

One thing I have learned is if we get any extra money, we will go into the data collection business.

To all of you, God bless. You represent the best not only in our country but the best in mankind. You will have a friend in this committee.

#### ADDITIONAL COMMITTEE QUESTIONS

We will keep the record open for questions until the close of business on Friday, May 15.

[The following questions were not asked at the hearing, but were submitted to the organization for response subsequent to the hearing:]

#### QUESTIONS SUBMITTED TO DR. MARK DYBUL

##### QUESTIONS SUBMITTED BY SENATOR PATRICK J. LEAHY

*Question.* Ambassador Dybul, U.S. law limits U.S. contributions to the Global Fund to 33 percent of total contributions by all governments. Over the past several years the U.S. contribution has decreased due to lower contributions from other governments.

What accounts for the shortfall in contributions from other donors, how has it impacted the Global Fund's programs, and do you have any reason to think that other donors will increase their contributions?

*Answer.* Much of the world has been struggling with a prolonged financial crisis that threatens to undermine or even reverse key gains in global health that have been achieved to date. Countries which were most severely affected by the financial crisis in 2010 implemented deep budget cuts and austerity measures and curtailed their flows of development aid. Italy and Spain, which were the Global Fund's 8th and 9th largest donors and made annual contributions of \$130 million and \$200 million, stopped all contributions starting in 2010, as did Ireland, Iceland and Portugal. Contributions from the United States and Canada, whose economies better weathered the crisis continued to rise, as did those of the United Kingdom, in spite of the imposition of budget cuts and domestic austerity measures.

Despite the challenging global financial situation, in December 2013 at the Global Fund 4th replenishment meeting hosted by President Obama, donor contributions increased by more than 30 percent from the previous replenishment period from a total of \$9.2 billion announced at the 3rd replenishment launch in 2010 to \$12 billion announced in December 2013. The Global Fund stepped up its engagement and advocacy with countries recovering from the financial crisis and as their economies gradually improved, donors such as Italy, Ireland and Portugal renewed their contributions to the Global Fund albeit at much lower levels. The United States continues to be the Global Fund's largest donor and it is on track to slightly increase the level of contribution it established in the 3rd replenishment period—U.S. \$4 billion from 2011 to 2013, to U.S. \$4.1 billion during the 4th replenishment period, encompassing 2014 to 2016.

The Global Fund is actively working on widening its donor base by approaching the governments of emerging economies, the private sector and high-net worth individuals. The private sector in particular has been a strong and growing partner for the Global Fund which through direct contributions has invested \$1.7 billion to date. Private corporations' and high net worth individuals' donations to the Global Fund have increased by more than 50 percent since 2010. The growing involvement of high-net-worth individuals from countries receiving Global Fund financing is opening new exciting opportunities to channel resources in innovative ways. High-net-worth-individuals from India, Indonesia, South Africa and Vietnam have made commitments to the Global Fund of more than \$100 million.

To improve country ownership and sustainability of supported programs, the Global Fund implements counterpart financing policies for domestic funding support to the three diseases and the health sector. To further incentivize additional government investments in health, the current funding model also incorporates a "willingness to pay" requirement" to access the full allocation. Submissions for the first five waves resulted in national governments committing an additional U.S. \$4.1 billion for 2015–2017. Compared with spending in 2012–2014, this represents a 52 percent increase in domestic financing.

*Question.* Before this job you had Dr. Birx's job. How would you describe PEPFAR's impact in helping to build public health capacity not only to address HIV/AIDS but other health threats in focus countries?

*Answer.* PEPFAR recognizes, as does the Global Fund, the importance of health systems strengthening (HSS), both to improve access to and quality of healthcare, and to ensure sustainability of the gains achieved against the epidemics of HIV/AIDS, tuberculosis and malaria. A health system encompasses the individuals, organizations and processes focused on ensuring health outcomes.

From very early on, PEPFAR has made sure the strategic planning and implementation of its prevention, care, and treatment activities carefully takes in consideration their impact on partner country health systems. Its broad global investments in HIV/AIDS, have made resources available that have contributed to the improvement of health systems, with impacts, for example, on maternal, newborn and child health.

PEPFAR funding and technical assistance has had a positive impact on the capacity of recipient countries to improve the six core building blocks of health systems functions: service delivery; human resources for health; medical products, vaccines and technologies; information; governance; and finance.

#### CONCLUSION OF HEARINGS

This committee stands in recess subject to the call of the Chair. [Whereupon, at 12:06 p.m., Wednesday, May 6, the hearings were concluded, and the subcommittee was recessed, to reconvene subject to the call of the Chair.]