

**PEPFAR AT 20: ACHIEVING AND  
SUSTAINING EPIDEMIC CONTROL**

---

---

**HEARING**

BEFORE THE

**COMMITTEE ON FOREIGN RELATIONS  
UNITED STATES SENATE**

ONE HUNDRED EIGHTEENTH CONGRESS

FIRST SESSION

APRIL 19, 2023

Printed for the use of the Committee on Foreign Relations



Available via <http://www.govinfo.gov>

U.S. GOVERNMENT PUBLISHING OFFICE

WASHINGTON : 2023

COMMITTEE ON FOREIGN RELATIONS

ROBERT MENENDEZ, *New Jersey, Chairman*

BENJAMIN L. CARDIN, Maryland	JAMES E. RISCH, Idaho
JEANNE SHAHEEN, New Hampshire	MARCO RUBIO, Florida
CHRISTOPHER A. COONS, Delaware	MITT ROMNEY, Utah
CHRISTOPHER MURPHY, Connecticut	PETE RICKETTS, Nebraska
TIM KAINE, Virginia	RAND PAUL, Kentucky
JEFF MERKLEY, Oregon	TODD YOUNG, Indiana
CORY A. BOOKER, New Jersey	JOHN BARRASSO, Wyoming
BRIAN SCHATZ, Hawaii	TED CRUZ, Texas
CHRIS VAN HOLLEN, Maryland	BILL HAGERTY, Tennessee
TAMMY DUCKWORTH, Illinois	TIM SCOTT, South Carolina

DAMIAN MURPHY, *Staff Director*

CHRISTOPHER M. SOCHA, *Republican Staff Director*

JOHN DUTTON, *Chief Clerk*

# C O N T E N T S

---

	Page
Menendez, Hon. Robert, U.S. Senator From New Jersey .....	1
Risch, Hon. James E., U.S. Senator From Idaho .....	3
Nkengasong, Hon. John N., Ph.D., U.S. Global Aids Coordinator, U.S. Special Representative for Global Health Diplomacy, United States Department of State, Washington, DC .....	4
Prepared Statement .....	6
John, Sir Elton, Founder, Elton John Aids Foundation, London, United Kingdom .....	18
Prepared Statement .....	20
Dybul, Hon. Mark, M.D., Professor of Medicine and Chief Strategy Officer, Georgetown University Medical Center for Global Health Practice and Impact .....	22
Prepared Statement .....	24
ADDITIONAL MATERIAL SUBMITTED FOR THE RECORD	
Testimony of Dr. Eric Goosby and Dr. Richard Marlink .....	25
Responses of Dr. John Nkengasong to Questions Submitted by Senator Bill Hagerty .....	38
Statement From David J. Kramer, George W. Bush Institute, Dated April 19, 2023 .....	41



## **PEPFAR AT 20: ACHIEVING AND SUSTAINING EPIDEMIC CONTROL**

**WEDNESDAY, APRIL 19, 2023**

U.S. SENATE,  
COMMITTEE ON FOREIGN RELATIONS,  
*Washington, DC.*

The committee met, pursuant to notice, at 10:03 a.m., in room SD-419, Dirksen Senate Office Building, Hon. Robert Menendez presiding.

Present: Senators Menendez [presiding], Cardin, Coons, Kaine, Booker, Van Hollen, Risch, Young, Barrasso, and Ricketts.

### **OPENING STATEMENT OF HON. ROBERT MENENDEZ, U.S. SENATOR FROM NEW JERSEY**

The CHAIRMAN. This hearing of the Senate Foreign Relations Committee will come to order.

To speak about ending the scourge of HIV/AIDS is to speak of a miracle. When the President's Emergency Plan for AIDS Relief was established in 2003, for most people around the world an HIV/AIDS diagnosis was a death sentence, but 20 years later, through the generosity of the American people and one of the most successful foreign assistance programs in history, we have changed the course of human history.

We have given millions of people access to lifesaving treatment and today's hearing comes at a critical time as we prepare to reauthorize the President's Emergency Plan for AIDS Relief, or PEPFAR as it is known.

This next 5 years will determine whether we meet the goal of ending the global HIV/AIDS epidemic by 2030. We must not take our foot off the accelerator if we hope to be successful.

I would like to thank our witnesses, Dr. John Nkengasong, Sir Elton John, and Professor Mark Dybul for appearing before us today. I look forward to your frank assessment of the state of HIV/AIDS epidemic, your thoughts on what the United States and our partners in the international community can do to achieve the goal of ending this epidemic by 2030 because, as you know, major challenges still remain.

It is not just that COVID-19 slowed access to HIV services. New infections are not declining as fast as we would like. There are more and more cases among Africa's surging young populations with young women and adolescent girls twice as likely to be affected—infected, I should say—as young men.

Children, the most vulnerable population, continue to be at the highest risk. According to UNAIDS, at the end of 2021, 76 percent

of adults living with HIV were assessing treatment compared to only 52 percent of children.

We have also seen a disturbing trend towards criminalizing key high-risk populations like Uganda's recently approved anti-homosexuality act of 2023. These laws drive vulnerable communities underground, keeping them from accessing testing, prevention technologies, and essential medicines, all of which increases the number of infections and undermines years of investment.

We cannot eradicate this epidemic if we leave communities behind nor can we sustain the progress that has already been made unless our partners fulfill their commitments.

During the Abuja Summit in 2001, African leaders pledged 15 percent of their budgets for health. Today, only three countries are honoring that commitment.

Of course, while we cannot achieve our goals without support from heads of state in PEPFAR countries, the United States must continue to show leadership at this crucial time.

Our country has not overcome our greatest challenges by taking them on half-heartedly. When it comes to defeating one of the most devastating epidemics we have ever seen, we need to make sure our investments in PEPFAR have the greatest impact possible.

That means ensuring that PEPFAR activities strategically strengthen health systems to improve overall health security, including at the community level. It means doubling down on building secure supply chains, on training health workers, on building lab capacity, and on the ability of partner countries to prevent, detect, and respond to infectious diseases, especially those with pandemic potential.

It also means tailoring our investments to reflect partner nations' priorities. If we do this right we not only lower costs and improve efficiencies in health systems across the board, we can end the AIDS epidemic as a public health threat by 2030.

The gains we have already seen speak for themselves. Twenty-five million lives have been saved, 5.5 million babies have been born HIV-free in over 50 countries, and more than 20 million people are on antiretroviral treatment.

Since 2004 we have reduced the number of people being infected with HIV/AIDS across PEPFAR countries by 52 percent. PEPFAR has achieved far more beyond the disease itself than any one of us could have envisioned.

We have seen declines in mortality, improvements in maternal and child health, more girls and boys staying in school, and more than 2 percent GDP gains in PEPFAR-supported countries.

The initiative is a testament to what the Congress and the executive branch can do and we agree to lead collective action to address global challenges.

Today, as we stand on the brink of an even greater achievement, the end of the epidemic, we cannot and should not turn back. Success is within our grasp.

I look forward to hearing from our witnesses about how we cross the finish line. It is the chair's intention to get this legislation re-authorized. We look forward to working with the ranking member on this.

With that, we turn to the ranking member for his opening statement.

**STATEMENT OF HON. JAMES E. RISCH,  
U.S. SENATOR FROM IDAHO**

Senator RISCH. Thank you very much, Mr. Chairman. Despite which party controls Congress, the White House, over the last 20 years the bipartisan coalition that supports PEPFAR remains strong.

That is because the basic principles of effective resourcefulness, transparency, accountability, and results were part of PEPFAR's DNA from the very beginning.

Also, through PEPFAR we have helped transform health systems and build foundations for broader health security, including for pandemic preparedness, but more than anything, I believe support for PEPFAR remains strong because its success is measured in lives saved, and we have saved millions of lives.

PEPFAR, clearly, is a model. That is why it served as the model for my recently enacted Global Health Security and International Pandemic Prevention, Preparedness and Response Act, but it is also an undeniable expression of the values and interests that make us uniquely American.

This is a legacy which we can all be proud of. I urge my colleagues to join me in working to reauthorize PEPFAR without delay and without new mandates and directives.

As our witnesses I am sure will testify, the coordinator already has the authorities required to ensure PEPFAR remains fit for purpose while preserving core U.S. values and advancing longstanding sustainability and self-reliance.

This includes authority to direct funds set aside for orphans and vulnerable children, towards supporting adolescent girls who are the most vulnerable to new infections, as well as for closing gaps in pediatric treatment.

It also includes authority to ensure that PEPFAR-supported maternal and child health activities deliver results by preventing mother-to-child transmission.

The requirement to devote not less than half of the budget toward lifesaving treatment and care must be preserved, which is all the more appropriate now that treatment has become a proven form of prevention.

Finally, we must extend the 33 percent cap on U.S. contributions to the Global Health Fight to AIDS, Tuberculosis and Malaria, which was put in place to ensure other donors were generously providing their fair share rather than expecting the United States to do it all.

It also includes other withholding requirements relating to transparency and accountability at the fund. This is a reauthorization and we do not need to recreate the wheel. Also, we do not need to incorporate new directives relating to sustainability. We already did that back in 2013.

Let us not bog down the process by wordsmithing what already exists. This program is too important for that. Instead, let us advance a clean reauthorization and get on with the business of rig-

orous oversight, including close scrutiny of PEPFAR's local implementing partners.

I hope we can all agree and commit to advancing a timely, clean reauthorization of this values-based lifesaving program.

Thank you, Mr. Chairman.

Mr. Chairman, I would like to include for the record a statement from the George W. Bush Institute.

The CHAIRMAN. Without objection, and thank you for your statement.

[EDITOR'S NOTE.—The information referred to above can be found in the "Additional Material Submitted for the Record" section at the end of this hearing.]

The CHAIRMAN. Let us turn to our first panel.

With us on behalf of the Administration is Dr. John Nkengasong, who serves as the U.S. Global AIDS Coordinator Special Representative for global health diplomacy.

In his role, Dr. Nkengasong leads, manages, and oversees the U.S. President's Emergency Plan for AIDS Relief where he works to prevent millions of HIV infections, save lives, and make progress towards ending the HIV/AIDS pandemic.

Prior to this role, Dr. Nkengasong was appointed as the first director of the Africa Centers for Disease Control and Prevention. During his tenure, he was also appointed as one of the World Health Organization's special envoys on COVID-19 preparedness and response.

He has also served in the division of global HIV and tuberculosis at the U.S. Centers for Disease Control and Prevention. It was good to join you in Africa in February, Dr. Nkengasong, where we saw firsthand some of the work that we are doing.

We welcome you to the committee and please proceed with your testimony.

**STATEMENT OF THE HONORABLE JOHN N. NKENGASONG, PH.D., U.S. GLOBAL AIDS COORDINATOR, U.S. SPECIAL REPRESENTATIVE FOR GLOBAL HEALTH DIPLOMACY, UNITED STATES DEPARTMENT OF STATE, WASHINGTON, DC**

Dr. NKENGASONG. Thank you, Chairman Menendez, Ranking Member Risch, and other distinguished committee members. I am deeply honored to appear before the Senate Foreign Relations Committee, which has provided visionary leadership for PEPFAR since its inception in 2003.

In the past 20 years PEPFAR has saved 25 million lives. PEPFAR has strengthened health systems and PEPFAR has changed because of HIV/AIDS pandemic. The American people should be proud of these remarkable achievements of their achievements.

We all know that these gains are fragile and without continued leadership of this Congress, we risk reversing the gains with every surging of the HIV/AIDS pandemic.

Back in 2003, HIV/AIDS was a death sentence and, for instance, in Africa, average life expectancy had dropped significantly by 35 years in Zimbabwe, 12 years in South Africa.

This year we are celebrating the 20th anniversary of PEPFAR and it has been without doubt the greatest act of humanity in the history of fighting infectious diseases. Thanks to the generosity of the American people, PEPFAR's investments are supporting over 20 million people on lifesaving treatments and have prevented HIV infections in 5.5 million babies.

PEPFAR has also played a key role in transforming societies. For example, in PEPFAR-supported countries GDP per capita has grown two percentage points faster, and girls and boys are nine percentage points more likely to be in school.

The previously unthinkable goal of ending HIV/AIDS as a public health threat is now within our grasp, all due to the unwavering commitment of the members of this committee and the bipartisan bicameral support of 10 Congresses and four administrations.

Our focus is on the goal of ending HIV/AIDS pandemic by 2030. On December 1, World AIDS Day, we released a 5-year strategy that provides a plan for how to get there and I want to share a few highlights.

One key area of focus is health equity. There are still 1.5 million new HIV infections globally and over 650,000 AIDS-related deaths each year. A disproportionate number of these are in three categories: adolescent girls and young women, children, and five key populations. We must continue to know our gaps and close our gaps.

To lead with data and follow the science, we must align our programs to locations and populations where HIV/AIDS is the most concentrated. We will work with affected communities, partner governments, the private sector, and civil society partners to ensure the dignity of all people.

Another key area of focus is sustaining the response. HIV is a lifelong disease and our partner countries will be responsible for supporting millions of people on treatment for the remainder of their lives.

For the first time in PEPFAR's history I had the honor of addressing a special session of 33 heads of states at African Union's summit in February.

That session resulted in a declaration that the head of states will host a dedicated summit later this year to develop a roadmap of action and investment through 2030. As PEPFAR we work hand-in-hand with partner country governments to advance these commitments.

Mr. Chairman and all members of this distinguished committee, what once was unimaginable is now very possible. That is ending HIV/AIDS as a public health threat by the year 2030.

Yet, our gains are incredibly fragile. If a person living with HIV does not have access to medication for just 3 weeks their viral load will increase and they will be a risk for transmission and developing AIDS.

With your leadership we can protect our gains and reach the 2030 goals. That is why I look forward to working with this committee to reauthorize PEPFAR. Thank you for the ongoing support for PEPFAR's work and I look forward to your questions.

[The prepared statement of Mr. Nkengasong follows:]

**Prepared Statement of Dr. John Nkengasong**

Thank you, Chairman Menendez, Ranking Member Risch, and other distinguished Committee members. I am deeply honored to appear before the Senate Foreign Relations Committee, which has provided visionary leadership for PEPFAR since its inception in 2003.

In the last 20 years, PEPFAR has saved 25 million lives, PEPFAR has strengthened health systems, and PEPFAR has changed the course of the HIV/AIDS pandemic. The American people should be proud of these remarkable achievements as they are their achievements. We all know that these gains are fragile and without continued leadership of this Congress, we risk reversing the gains with a resurgence of the HIV/AIDS pandemic.

Back in 2003, HIV/AIDS was a death sentence and for instance in Africa, average life expectancy had dropped significantly by 35 years in Zimbabwe and 12 years in South Africa.

This year, we are celebrating the 20th anniversary of PEPFAR—and it has been, without a doubt the greatest act of humanity in the history of infectious disease. Thanks to the generosity of the American people, PEPFAR's investments are supporting over 20 million people on lifesaving treatment and have prevented HIV infections in 5.5 million babies.

PEPFAR has also played a key role in transforming societies. For example, in PEPFAR-supported countries, GDP per capita has grown 2 percentage points faster, girls and boys are 9 percentage points more likely to be in school.

The previously unthinkable goal of ending HIV/AIDS as a public health threat is now within our grasp, all due to the unwavering commitment of the members of this Committee and the bipartisan, bicameral support of 10 Congresses and four Administrations.

Our focus is on the goal of ending the HIV/AIDS pandemic by 2030. On December 1, World AIDS Day we released a 5-year strategy that provides a plan for how to get there and I want to share a few highlights.

One key area of focus is health equity. There are still 1.5 million new HIV infections globally and over 650,000 AIDS-related deaths each year. A disproportionate number of those are in three categories—(1) adolescent girls and young women, (2) children, and (3) the five key populations. We must continue to know our gaps and close our gaps.

To lead with data and follow the science, we must align our programs to locations and populations where HIV/AIDS is the most concentrated. We will work with affected communities, partner governments, the private sector and civil society partners to ensure the dignity of all people.

Another key area of focus is sustaining the response. HIV is a lifelong disease, and our partner countries will be responsible for supporting millions of people on treatment for the remainder of their lives.

For the first time in PEPFAR's history, I had the honor of addressing a special session of 33 Heads of State at the African Union Summit this February. That session resulted in a declaration that the Heads of State will host a dedicated summit later this year to develop a roadmap of actions and investments to 2030. As PEPFAR, we work hand-in-hand with partner country governments to advance these commitments.

Mr. Chairman and all members of this distinguished Committee, what once was unimaginable is now very possible—ending HIV/AIDS as a public health threat by 2030. Yet our gains are incredibly fragile. If a person living with HIV does not have access to medication for just 3 weeks, their viral load will increase and they will be at risk for transmission and developing AIDS. With your leadership, we can protect our gains and reach the 2030 goal.

That is why I look forward to working with this committee to reauthorize PEPFAR. Thank you for the ongoing support for PEPFAR's work. I look forward to your questions.

The CHAIRMAN. Thank you, Dr. Nkengasong. Maybe you could do a little seminar for your colleagues at the Department of State. You did not use your full 5 minutes. It is welcome so that you gave us some time back.

Let me start off—we will start a round of 5-minute questions, and let me just say for the record there are a series of our colleagues who are very interested in this subject matter, but unfortunately there is a hearing at the same time before the Foreign Oper-

ations Appropriations Committee with Samantha Power and so both the chairman, Senator Coons and Senators Shaheen, Murphy, and Schatz have all of their members there.

I just want to express that they are very interested in reauthorization and could not be here because of that conflict.

Ambassador, our respective staffs have engaged as we work towards reauthorization. I understand your office has provided data related to the earmarks on care and treatment in orphans and vulnerable children that already currently reside in the PEPFAR statute.

Can you say with 100 percent certainty that in the next 5 years you will not need to pursue a waiver for earmarks currently in law through the appropriations process? If you are not 100 percent sure, what steps do we need to take to the reauthorization process to ensure you have the tools and the flexibility that you need?

Dr. NKENGASONG. Thank you. Thank you, Mr. Chairman.

Absolutely certain that in 5 years, currently. The current authorities that we have has enabled us to get this far and we believe that—

The CHAIRMAN. Is your microphone on? I am sorry.

Dr. NKENGASONG. Oh. Excuse me.

Mr. Chairman, I can absolutely state that we do not need any additional authority. The current authority that we have will enable us to continue to respond appropriately as we have done over the last 20 years.

The CHAIRMAN. Okay. Can I have your commitment that our staffs can meet within the next week to discuss further the data that you provided to the committee, which has led to the conclusion that earmarks will not need to be adjusted before 2028?

Dr. NKENGASONG. We would certainly continue to work with your staff as we have done previously, Mr. Chairman.

The CHAIRMAN. Now, one of the issues your office has identified as a challenge to ending AIDS by 2030 is that PEPFAR needs to reach the vulnerable 24- to 35-year-old cohort. Young women and adolescent girls in sub-Saharan Africa remain disproportionately vulnerable to infection.

If we do not break that cycle, I fear that the decline in new infection rates will continue to slow and may stagnate, preventing countries from reaching epidemic control.

The DREAMS program—Determined, Resilient, Empowered, AIDS Free, Mentored, and Safe—targets young women ages 15–24 and has proven quite effective in providing young women with the tools to prevent infection.

My question is how are you reaching women aged 24–35 with targeted interventions to reduce their vulnerability? What about men in that age cohort?

Dr. NKENGASONG. Thank you, Mr. Chairman.

As you already said that—the age group 24–35 is extremely concerning, especially adolescent girls and young women. Our statistics from UNAIDS indicate that adolescent girls and young women in that age group are 14 times more vulnerable than the corresponding males in that category.

We have continued to develop a comprehensive prevention program that includes the DREAMS, that program you just men-

tioned, but also very importantly continue to expand and scale up a PrEP, which is a pre-exposure prophylaxis.

We believe that these interventions as a basket or a collective of odd interventions is what is required in this age group.

The CHAIRMAN. Given the youth bulge in Africa and the decline in new infections, what might PEPFAR need to do differently, if anything, to ensure that we meet the 2030 targets?

Dr. NKENGASONG. I believe, Mr. Chairman, that we have to, as we at PEPFAR are promoting, to really scale-up awareness campaigns in the youth population. If you recall, as we have all said in this session that 20 years ago the young people that we are seeing now did not see the ugly face of HIV/AIDS.

Across the board, regardless of whether males or females, now we see that young age are sexually active and we need to create a movement initiative that will create awareness and make sure that this young age understands that HIV/AIDS is not over.

The fact that they are not seeing it every day, they do not see people lying in hospital beds means that it is over. It is far from over.

The CHAIRMAN. Finally, at the International AIDS Conference in 2022 participants launched a new global alliance to end AIDS in children by 2030.

Twelve African countries committed to integrate pediatric treatment into their national HIV/AIDS plans in the wake of the conference, a laudable goal, given that 52 percent of HIV positive children worldwide aged zero to 14 years were on treatment compared to 76 percent of HIV positive adults. Children account for 15 percent of all AIDS-related deaths, despite making up 4 percent of total HIV positive cases.

What are the obstacles to reaching children with treatment and how do you plan to address them, and how are you as the Global AIDS Coordinator working with African leaders to support them in honoring their commitments, including ending AIDS in children by 2030?

Dr. NKENGASONG. Thank you, Mr. Chairman.

The issue of HIV infections in children is critical. If you—as I stated in my statement, it is the top priority, one of the three key areas that—or priority populations that we are engaging, which is the children, adolescent girls, and young women and key populations.

PEPFAR is completely committed and aligned with UNAIDS and Global Fund in the lands you just mentioned. After the AIDS conference in Montreal, an initiative was launched in Tanzania just recently in February where we are all committed to ending—to fighting HIV/AIDS in children.

There are several obstacles that age group—that particular population segment faces: ability to access diagnostics, point-of-care diagnostics, finding those children in communities, and issues of stigmatization.

We would have to work collectively with partner countries, with our Global Fund colleagues and UNAIDS, of course, with WHO to continue to advance our basic critical priority, an area of inequity that a new strategy highlights clearly.

As to what we are doing with engagement with the partner countries, as I just indicated in my statement, that is a top priority for me personally.

I was on the continent of Africa in February and actually for the first time address territory head of states and asked for their commitment to the Abuja Declaration as well as to recommitting their political will and domestic resources to financing HIV/AIDS.

A special summit is planned for October this year and we are working with UNAIDS and, of course, the African Union to host that summit, which will focus uniquely on a roadmap to getting to 2030, what political commitment, domestic financing, and programming are required to partner with us to get us there.

The CHAIRMAN. We look forward to that conference.

Senator Risch.

Senator RISCH. Thank you, Mr. Chairman.

Ambassador, we have before us a reauthorization, which is not uncommon in these legislative halls, and what we are talking about here, hopefully, is we use the word “clean”—a “clean” reauthorization. It is a legislative term of art. “Clean” is in air quotes, I guess.

What is your position on that? The reason I raise this is frequently when we do reauthorizations, people strive to make something better, but sometimes cause a lot more grief as they try to make it better.

Are you satisfied with what would be a clean reauthorization here and that is reauthorizing what we have in front of us. Are you satisfied with that?

Dr. NKENGASONG. Senator, I am very satisfied with that.

As I indicated earlier, I have the authorities in the current format to continue to advance our programming. It is what has brought us this far to saving 25 million lives, preventing 5.5 million children born free of HIV/AIDS, and strengthening our health systems that are being used—currently used in sustaining the gains in HIV/AIDS, but also positioning it to fight other infectious diseases such as Ebola and COVID, as we saw.

I am very convinced that I do have the authority that is necessary in the current format of PEPFAR law.

Senator RISCH. I share that view and I hope others do so that we can move it rapidly through and not get hung up. We get high-centered once in a while when we try to reinvent the wheel.

I do not want to get too far in the weeds here, but we are told the Administration has decided to give you some additional responsibilities for global health security, but placed the additional resources for global health security at USAID.

Can you speak to this issue at all?

Dr. NKENGASONG. Thank you, Senator.

As you know, in December of last year Secretary Blinken announced the establishment of a new bureau, the Bureau of Global Health, Security, and Diplomacy within the State Department, which will be headed by myself, and I believe it is a very exciting moment because it offers a unique opportunity for us to coordinate global health security efforts, to leverage assets USG, and continue to lead with diplomacy across the board and those are elements that I believe are so critical for protecting ourselves and pro-

tecting the world as we see and will continue to fight emerging infectious diseases, including the current pandemic.

In doing so, the goal is to consolidate PEPFAR and, of course, health security into one bureau that I believe will create more efficiencies underneath one roof and under my leadership. I am looking forward to when the bureau will be fully launched.

Senator RISCH. You are satisfied that you can overcome any of the challenges about this dichotomy with responsibility for execution versus responsibilities?

Dr. NKENGASONG. Senator, I think we will continue to work across the agencies. I think the only way to make the bureau as successful as it is intended is to work in unison across the Department and across the agencies.

I think that is the whole intent to increase efficiencies and coordination within the global health security space.

Senator RISCH. Thank you. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

Senator Kaine.

Senator KAINE. Thank you, Mr. Chair, and Dr. Nkengasong, thank you for your long, passionate service in this area.

I want to ask some questions about Latin America, where trends are not going in a positive direction. Between 2010 and 2021, the number of new infections in Latin America increased by about 5 percent. That was at the same time as global infections were dropping by 32 percent, and even in the Caribbean nearby, infections were dropping 28 percent.

In May, about a year ago during a visit to Panama, the First Lady announced some significant additional funding from PEPFAR to Latin America, including direct funding to Panama.

I wanted to ask you, just, how can PEPFAR prioritize its engagement in Latin American countries to try to deal with this trend that is going in the wrong direction?

Dr. NKENGASONG. Thank you, Senator.

Any trends in HIV new infections that are headed in the new—in a different direction is really concerning because it will not—it will continue to be a challenge for us to get to our 2030 goals, which we see differences in countries that have prioritized HIV response and where resources, especially PEPFAR resources and assets, have been applied to. Those tendencies are in the right direction and at times are really speeding towards the 2030 goals.

We currently are investing \$80 million per year in supporting regional programs in the Western Hemisphere. That is excluding Haiti, which has a budget envelope of about \$100 million a year.

We just had a regional meeting in that region just a few weeks ago where we brought our countries together to strategically develop plans to continue to fight HIV/AIDS in the region.

I think we also want to be sure that it continues to be at the fore of the political agenda in the region. I really hope that in the coming months I should be able to go to the region and continue to maintain that political momentum, which I believe is so critical in elevating the issue, because as I said earlier, Senator, the HIV/AIDS phase—ugly phase has disappeared thanks to our efforts.

I call that being vulnerable to our own success and we have to continuously elevate that issue to the political leadership so that it remains visible.

We will continue to work with the 11 countries in the region as equally as we are working in other regions of the world.

Senator KAINE. Excellent. I would encourage you in that, and I think one of the challenges in Latin America has been political instability, COVID, economic challenges that push migrating populations so folks who are disproportionately likely to have HIV/AIDS are also pushed, because of factors, to move country to country.

It is a little bit harder sometimes to deal with migrating populations, but I would encourage you in that way.

The second thing I want to ask, really my last question, is just for folks following this from the 20th anniversary, we think of PEPFAR as a very successful strategy to deal with HIV/AIDS.

It also involved the dramatic investments and improvements in the public health infrastructure in many of these countries that have benefits far beyond just in the HIV/AIDS space. When you build up a public health infrastructure, you are better able to deal with COVID, you are better able to deal with other conditions.

Talk a little bit about how PEPFAR's investment in public health infrastructure has had benefits even beyond HIV/AIDS.

Dr. NKENGASONG. Thank you, Senator, for that question.

I usually refer to—when I look back at PEPFAR 20 years ago the biblical Lazarus effect reminds me and that is true for lives saved, but it is also true for health systems that have been improved in countries that we have worked in and supported.

We currently have supported over 3,000 laboratories across PEPFAR partner countries, supported over 340,000 healthcare workers, invested in over 70,000 health facilities, which are really—and several networks and supply chain systems, which are currently being used in advancing our goal to ending HIV/AIDS by the year 2030, but, in addition, to enabling us to fight other emerging infectious diseases, which are occurring unfortunately very frequently—the Ebola outbreak in DRC in my previous life at the African Union—Africa Centers for Disease Control as the director.

I went to DRC almost twice a year and it is fair to say that a lot of infrastructure that we put in place has been very handy there. Massive cholera outbreaks, Ebola outbreak recently in Uganda benefited a lot from the infrastructure that we have put in place, and COVID.

The PEPFAR infrastructure was very critical early on in advancing testing for COVID in Africa, expanding vaccination—COVID vaccinations—and infection control prevention measures.

That effect is there, which has completely transformed public health systems in several countries.

Senator KAINE. I appreciate you describing that clearly. The reauthorization is very, very important to get to the global goal about eradication of HIV/AIDS by 2030 as a public health crisis.

The additional benefits that we gained by investing in this public health infrastructure are virtually incalculable and I think that this is why this program has been so successful and so supported in a bipartisan way.

I yield back, Mr. Chair.

The CHAIRMAN. Thank you.  
Senator Booker.

Senator BOOKER. Thank you very much, Chairman, and I want to thank our witness for his extraordinary leadership for many, many years.

I want to just start by—I think it is really something that is good. I strongly support this idea that the established PEPFAR infrastructure was so critical during the COVID pandemic in helping to meet a lot of the challenges.

There have been concerns, though, expressed about the potential that this approach has to the integrity of the HIV and AIDS efforts.

From where you sit, what have been the benefits of using PEPFAR infrastructure for strengthening overall health infrastructure and has it negatively impacted the mission around HIV and AIDS care and related services?

I say that understanding that more and more we are seeing comorbidities associated with the deaths, but I am curious, from your perspective, what are you seeing?

Dr. NKENGASONG. Thank you, Senator, for that question.

The way I would describe it is that we need to continually support health systems, which is really the workforce, laboratory systems, supply chain management, that are required primarily in supporting the goal of ending HIV/AIDS as a threat—a public health threat by the year 2030.

Again, just repeating some numbers, we still have a big HIV/AIDS pandemic issue with 1.5 million new infections occurring every year and 650,000 deaths a year. Of that number, about 425,000 deaths occurred in Africa so the pandemic is not over.

By continuously investing in those health systems to advance a goal to get to 2030, we very directly or indirectly provide a platform for responding to other emerging infections without deviating from our core mission, which is to fight HIV/AIDS.

Senator BOOKER. There is a disconnect right now. Children make up 4 percent, roughly, of the global AIDS cases. They make about 15 percent of the people that are dying globally from HIV/AIDS, and I am wondering where you think—and I know the mission, by 2030, there has been a lot of resources focusing on this disproportionate levels of death.

I am wondering what do you see right now as the gaps to addressing issues with children, to addressing issues with mother-child transmission and more?

Dr. NKENGASONG. Thank you, Senator.

As I stated earlier, this is a top priority the next 5-year strategic plan, which we released on December 1. Children, adolescent girls, and young women and the five key populations are a top priority.

We were very intentional in elevating attention to children because of the gaps you just outlined. The mantra is knowing our gaps and addressing our gaps using science. There are a couple of things that we have done in the past.

As I indicated, 5.5 million children have been born free of HIV/AIDS, so we have made progress. In 15 countries we have seen remarkable reduction in pediatric HIV/AIDS, including Botswana, where, if you recall, Botswana had one of the largest burden of HIV

in terms of the prevalence of the disease, about 80 percent of the population. Botswana is very close to eliminating pediatric HIV/AIDS.

There is a lot of work that needs to be done. As you already said, there are a lot of inequities in terms of bringing in those children—identifying the children, bringing them to treatment, and making sure that their viral load is suppressed.

There are a couple of things that we believe we must do: increase the testing, develop new tests, especially the point of care test that will identify the children early and then link them up to treatment.

Issues of stigmatization—make sure that we have very aggressive campaigns that continue to make sure that we identify these women in the community and, of course, community mobilization because the children are in the communities. If we are not finding them; they are in the community.

That is why we are very proud to be part of the alliance that was launched in Montreal at the AIDS conference and also recently in Tanzania by—through a combination of UNAIDS, Global Fund, WHO, and, of course, member states in Africa. That is an alliance that we are committed to because of the unique nature of HIV/AIDS in children.

Senator BOOKER. My time is running out. I want to point out two issues and then maybe hope you can follow up with them.

One is the significant connection between violence and sexual violence against women, child marriages, and the spread of HIV/AIDS to women has me deeply concerned, and then the other—and the chairman mentioned this, but I want to just rehighlight it.

The Ugandan Government's passage of legislation that criminalizes the LGBTQ community is really, really concerning.

If this bill is signed, there are implications on PEPFAR funding and programs in Uganda, given the bill's broad criminalization of activities that encourage or observe, "the normalization of LGBTQ issues." This bill can actually affect our operations and the distribution—and then the work that we do, given that criminalization.

I would love to follow-up with you about the strategies—both on what we are seeing in some places, and the high levels of violence against women, and I would love to hear your thoughts.

I am the subcommittee chair of the Africa and Global Health Subcommittee and really want to find ways that this committee could, perhaps, address a lot of these other issues that are underlying the spread of HIV and AIDS. The great thing about this—and I just want to say that this has been a bipartisan issue in my conversations with colleagues on both sides of the aisle on this committee. There is a lot of hope for more that we could be doing besides just the funding.

I do want to agree with both the chairman and the ranking member. Getting a clean reauthorization is really, I think, something that is urgent, given the light of the progress we have made and the challenges that we still have.

Mr. Chairman, thank you.

The CHAIRMAN. Ambassador, just one final—since we have you here and I hope to have only just this hearing—I hear the chorus on a clean reauthorization. I get it. I have been around here long

enough to know that we do not need to complicate our lives, but it would be a crime that if we know that there is something that we can do today that we did not when we envisioned this program originally or through its reauthorizations, that we did not do it in the search for a clean reauthorization.

Can you tell me—for example, I am thinking about PrEP—can you tell me that you have the authority to be able to adjust to whatever is discovered and/or whether it be in terms of a medicine, a vaccination, a cure, a procedure, that you have the wherewithal to be able to adjust so that we can take advantage of that?

Dr. NKENGASONG. Let me state, Senator, very clearly that I am certain definitely that we have the authorities to do that.

We currently, as PEPFAR, we have supported over 1.4 million PrEP and we hope to continue to use the current authority in advancing that especially in the light of new molecules or new interventions like the long-acting PrEP that you and I discussed when we were in South Africa, the CODEL visit, that we have the right authority to scaling that office exactly built on the backbone of what we have been doing already that we will be able to expand such interventions.

The CHAIRMAN. Okay. Then two last questions.

In response to a request that I made, the Government Accountability Office issued a report entitled, “The President’s Emergency Plan for AIDS Relief.” State has taken actions to address coordination challenges, but staffing challenges persist.

The report indicated that PEPFAR has neither identified nor addressed underlying causes of persistent workload and retention issues at the Department of State, specifically noted that 70 percent of the positions at the Office of Global Health, the global AIDS coordination headquarters, were vacant. Eighty-nine percent of major positions overseas were filled on an acting basis.

I understand that you are working on filling those positions and I appreciate your efforts to do so, but what impact, if any, has staffing vacancies had on program implementation and what are we doing to mitigate those challenges?

Dr. NKENGASONG. Thank you, Senator.

When I came in about 9 months ago, that issue—I read your report and we have been working very actively and aggressively in that. Out of the 90 vacancies that I met, we have filled in 34 of them in 9 months, which I believe is remarkable—good progress.

I hope that we will continue to work aggressively to fill in those positions because they have very direct consequences on morale, burn-out, and the ability to have work-life balance, which is so critical in our ability to continue to supporting countries, the 55 partner countries that we have.

The same issues we see in the field and that is a major focus of us to continue to work with the partner country—our programming in the countries to make sure that the vacancies are actually filled in a timely fashion.

My priority, again, was to fill in those headquarters positions aggressively as much as possible and I think I am very encouraged with the progress we have made so far.

The CHAIRMAN. Okay.

Then, finally, in the course of briefings on the FY24 budget requests, it has been mentioned of an Ambassadors Fund. Can you tell me exactly what is the purpose of that? Are you familiar with it?

Dr. NKENGASONG. Senator, I will need to check on that. Then we will get back to you.

The CHAIRMAN. Okay. If you could inform the committee of what is the purpose of the Ambassadors Fund, how much money is currently in it, how have funds been used in past years, and how do you plan to use them for your priorities over the next 5 years, it would be helpful as we deal with the budget process.

Dr. NKENGASONG. I will definitely get back to you.

[EDITOR'S NOTE.—The requested information referred to above follows:]

While we do not have a formal fund called the Ambassador's Fund. It is possible this question refers to funding that S/GAC has in reserve, which some may have referred to as an "Ambassador's Fund." The primary purpose of the reserve is to ensure sufficient funding is available for responsible programming as we take into account all available funding and needs and to address two primary risks: 1) unforeseen circumstances; and 2) the risk of further decreases in available pipeline funding that PEPFAR relies on to continue operations.

S/GAC has a robust pipeline management process where unused funds from prior years are explicitly brought forward into the next Country Operational Plan (COP) cycle as applied pipeline, thereby ensuring that resources are spent on the most current needs based on the most up-to-date data, and also preventing the buildup of pipeline that cannot be effectively utilized during a COP cycle.

In the COP22 process we are relying on a total of \$336 million in applied pipeline, which enables us to run a program that is larger than we would be able to if we were to rely on newly appropriated funds alone. However, that means that if applied pipeline declines in the future, we would have to reduce programming under a flat appropriation, unless we have reserve funding available. Applied pipeline has come down from \$813 million in COP19 to about \$251 million in COP23 as agencies have effectively programmed and spent the full amount budgeted in each COP year.

In addition to the two primary purposes noted above, some funds in reserve at the beginning of the current Administration were there to ensure that Ambassador Nkengasong would have flexibility for new programming to address high priority needs related to reaching and sustaining the 95-95-95 goals.

At the start of the COP23 planning process, the reserve totaled approximately \$400 million. While COP and Headquarters Operational Plan (HOP) 23 planning is still underway, we expect that at the conclusion of COP/HOP23 planning and subsequent Congressional Notification, the reserve would be approximately \$170 million. With the reserve, we were able to: 1) plan for a total of \$42 million in increased funding to several countries due to contingencies or changing circumstances (Angola, Ethiopia, Haiti, Mozambique, and Ukraine), 2) prioritize \$40 million for high priority health equity initiatives across more than 30 countries in the COP, and 3) plan for approximately \$71 million for critical surveys that will enable us to understand the needs of our populations as we aim to reach 95-95-95 and beyond. Additionally, we planning to fund \$95 million in critical priority initiatives related to youth, national public health institute strengthening, injectable prep, nursing and community health worker leadership, people-centered care and advancing the enabling environment for regional manufacturing.

At \$170 million, the reserve is approximately 3 percent of the total \$5.1 billion that we plan and spend annually in the COP and HOP. If applied pipeline drops further in the future, the reserve would be used in future cycles to help slow the pace at which decreases would need to be made to programs. If applied pipeline approached zero, the need for the reserve would be greatly reduced with the need for only a limited amount for unforeseen contingencies.

The CHAIRMAN. Senator Cardin has gotten here in the nick of time.

Senator CARDIN. Thank you.

First, thank you very much for your service. We appreciate it very much. I want to follow up on Senator Booker's point in re-

gards to the benefits of PEPFAR being far beyond just dealing with HIV/AIDS.

It builds up capacity, healthcare, infrastructure to deal with the challenges in the countries in which we are operating, and it has been transformational and it has been extremely successful. We are very proud of that part of it.

We know that the PEPFAR strategy notes that there is a goal of 70 percent of the resources going for localization. Senator Hagerty and I held a subcommittee hearing dealing with USAID and localization, building up local capacity, but we also understand there is challenges in meeting that particular commitment.

Can you just share with us your commitment to make sure that we have tried—that we reach that goal, that we do make a significant commitment to making sure the resources are going locally so that it not only deals with the direct challenges of PEPFAR, but it provides the type of infrastructure in the country to deal with the healthcare challenges?

Dr. NKENGASONG. Thank you, Senator.

I think when I came on board about 9 months ago that was one of my top priorities, the priority of sustainability, and I see that in the lens—the light of programmatic sustainability, that we will be able to sustain these programs if we have many more local partners that are capable.

I have taken a very hard look at that and what I am currently doing now is to make sure that we do not really get to 70 percent, but we get to 70 percent with strong local partners that have good fiscal systems, procurement systems, governance as a whole.

I am currently developing tools that will be used in assessing all our local partners, identifying gaps that we need to apply ourselves to and support them, and not punish them, but support them so that they can build that capacity in a sustained manner, which is a top priority for me in doing that, at the same time recognizing that we need to continue to have a mixture of those local partners and international partners to get us to 2030 because that is the ultimate goal that we have set for ourselves.

Senator CARDIN. I totally agree that there has to be capacity locally. We want to make sure our resources are appropriately used. Completely agree with you on that, but many times it is used as an excuse because of the existing partners that we have trying to preserve their share of our foreign assistance and, therefore, we do not really build the type of local capacity because of the existing contracts that we have in country.

How do you guard against that type of natural bias against bringing in new partners that are sharing the resources?

Dr. NKENGASONG. Thank you, Senator.

That is exactly why I have decided to develop a tool that will truly tell us where—using evidence and data that where we are with this partner.

Say, for example, if we have 400 partners where are they—where is the capacity so that the discussion about the capacity does not exist or exists should be off the table.

It is only through an evidence-based, systematic, and standardized process that we can be able to answer that question and provide you with the right answer there.

I am committed to that process.

Senator CARDIN. Will you provide this committee with where you are on reaching that 70 percent goal and the challenges that you are having per country as far as capacity building so that we understand the challenges you are confronting and, perhaps, can be your partner to expedite local capacity?

Dr. NKENGASONG. Absolutely, Senator. I will do that.

Senator CARDIN. Thank you.

[EDITOR'S NOTE.—The requested information referred to above follows:]

Regarding the goal of 70 percent of PEPFAR funding going towards local partners, the PEPFAR program is currently estimated at 59 percent based on the COP22 budget (see chart below). We expect further progress towards the 70 percent target be made over the next 2 years as part of the COP23 implementation.

In the PEPFAR 5-year strategy released in December, we highlighted the importance of national capacity building to enable the long-term sustainability of the HIV response. We believe that the key to operationalizing this component of the strategy will be to accurately assess the current capabilities of our local implementing partners in a standardized manner across the program—especially on operational dimensions like financial management and governance. Post this, the PEPFAR program will provide targeted capability building support to critical local partners in order to measurably advance their capabilities. This will ultimately enable those partners to take on a greater responsibility for the future service delivery needs of the program.

We have set up an interagency national capacity building taskforce within PEPFAR who is responsible for advancing this work. We have and will also continue to invest meaningful time and effort to increase the depth and breadth of the financial and operational data we collect on all our partners (including local partners) to improve our oversight and prevent any fraud, waste and abuse.

	FY20	FY21	FY22	FY23
International	52%	49%	44%	41%
Local	48%	51%	56%	59%

The CHAIRMAN. Thank you, Senator Cardin.

Thank you, Dr. Nkengasong, for your service, for your testimony here today. We may still call upon you as we get to the final reauthorization. There are a couple of pending questions you are going to get back to us on, and with the thanks of the committee you are excused at this point.

Dr. NKENGASONG. Thank you, Senator.

The CHAIRMAN. As Dr. Nkengasong leaves the dais, let me begin to introduce our two next witnesses.

Joining us virtually today from London is Sir Elton John, a world-renowned singer, songwriter, philanthropist. In 1992, Sir Elton established the Elton John AIDS Foundation, which today is the sixth largest AIDS funder globally.

Through more than 3,000 projects in 90 countries, the foundation has helped save the lives of over 5 million people and raise awareness of HIV. Sir Elton has traveled extensively in Africa, where I

was privileged to join him in February, Eastern Europe, and across the United States.

He has spoken several times at the United Nations here in the Senate using his platform to advocate for people living with or at risk of HIV.

In 2022, Sir Elton was awarded the Humanitarian Medal by President Biden at the White House. In 1998, he was knighted by Queen Elizabeth II for his charitable achievements. We welcome him.

Joining him on the panel here in Washington is Dr. Mark Dybul, a professor at Georgetown University Medical Center, where he serves as chief strategy officer at the Center for Global Health Practice and Impact, executive chair of Platform Life Sciences, and CEO of Enochian Biosciences.

Dr. Dybul has worked on HIV and public health for more than 25 years as a clinician, scientist, teacher, and administrator.

Dr. Dybul was appointed by President Bush as the second U.S. Global AIDS Coordinator in 2006, served in that capacity until 2009, has served as executive director of the Global Fund to Fight AIDS, Tuberculosis, and Malaria from 2013 to 2017.

Welcome to both of our witnesses and I would ask Sir Elton to please proceed with your testimony.

**STATEMENT OF SIR ELTON JOHN, FOUNDER, ELTON JOHN  
AIDS FOUNDATION, LONDON, UNITED KINGDOM**

Sir ELTON. Good morning, Chairman Menendez, Ranking Member Risch, and distinguished members of the committee. I am delighted to join you today to wholeheartedly support your commitment to extending the lifesaving work of the landmark PEPFAR program.

I was humbled to have been part of your recent bipartisan fact-finding mission to South Africa to experience the awe-inspiring impact this program is having on the ground. It was an inspirational visit that shows the immense gratitude of the African people.

I want to begin by thanking you for your continued focus on the global fight against AIDS. We are living in deeply troubled times with countless global challenges, all of which I know beckon your time and attention.

Beyond that, I am boundlessly grateful for the bipartisan cooperation that has been the hallmark of PEPFAR for two decades now. While this effort was initially conceived by President Bush, it has been enthusiastically supported by four presidents and 10 Congresses and consistently championed by the generosity of the American people.

As I testified to the Senate 21 years ago this week, what America does for itself has made it strong, but what America does for others has made it great. Bravo, my friends. There is no better symbol of American greatness than PEPFAR and you should all be very proud of your extraordinary efforts.

Before PEPFAR, much of Africa was in freefall. Infant child mortality was skyrocketing, life expectancy plummeting, and decades of development progress being rolled back.

Families across the continent were walking miles to bring their loved ones to hospitals in wheelbarrows where they were piled up

three to a gurney in hallways because every inch of the hospital was already full.

In some communities, half of the adults were HIV positive. In others, 80 percent of pregnant women were. A generation of young parents and workers were being wiped out, leaving grandparents and older siblings to raise millions of orphans.

More than 30 million individuals were already HIV-positive, but less than 50,000 in poor countries had access to lifesaving drugs. GDP was dropping and coffin-making was the booming business of the day, including mountains of 24-inch coffins for babies. It was beyond bleak and the future projections even worse.

In those dark days there was little my AIDS Foundation could do for the millions suffering in secret because of the stigma of AIDS. In South Africa, where more than a quarter million people were dying of AIDS each year, we provided basic care to nearly a million people in hopes that they could at least die with dignity.

We gave them food, clean water, bedding, blankets, aspirins, ointments, a hand, a prayer, and a plan for their children once they were gone, but those were the only tools we had at our disposal at the time.

I looked into the eyes of way too many dying people begging for help and hope that was just not possible and available. For them, AIDS was a death sentence every time.

Then came you, compassionate American leaders who decided that it was better to light a candle than to curse the darkness, who decided that whether a mother or child lived or died should not be left to a lottery or geography, and who decided that American generosity and genius could literally change not just the course of the pandemic, but the course of history, and it has.

Thanks to PEPFAR, horror finally gave way to hope. ARV treatment became available and people all of a sudden living with HIV literally rose out of their hospital beds and went home to resume their lives and livelihoods.

In the 20 years since, PEPFAR has saved 25 million lives, more than twice the number of people living in New Jersey and Idaho. That is a lot of lives, and AIDS deaths have been cut by 60 percent and new HIV infections by more than half.

Hundreds of thousands of doctors, nurses, and community health workers have been trained, lab and surveillance systems have been established, and community-based organizations or mobile clinics have been created to bring essential prevention treatment and support services closer to the people in need.

Part of PEPFAR's power was demonstrating the art of the possible. Nelson Mandela often said, they all say it is impossible until it is done, and that is true for PEPFAR. Many said we could never provide lifesaving treatment in Africa. It was too complicated and too expensive, but PEPFAR proved that was nonsense and now millions of people—20 million people in Africa are being supported on treatment and 6 million people in South Africa alone, and mostly paid for by their own government.

As a result, life expectancy is up by 12 years in South Africa, 20 years in Zambia, and the PEPFAR platform has not only transformed HIV into a chronic disease for tens of millions, it has been

leveraged to fight COVID and made countries far better prepared for whatever viral nightmare comes next.

This is great news and a tribute to American leadership, persistence, and strategic investment. We are not done yet. According to UNAIDS, our progress is faltering as one person with AIDS dies and three new people become infected with HIV every minute.

While AIDS deaths and new infections are falling for most age groups, they remain on the rise for young people between the ages of 15–24, particularly young women and girls, and this is especially concerning in Africa where the average age is 18 and where AIDS remains the leading cause of death among teens.

For young people who are not yet born during the horrors of AIDS, they need a wakeup call, accurate information, and the power to use it. In South Africa my AIDS Foundations have partnered with digital platforms to reach young people where they are, on their smart phones, with relatable information and services that resonate with them.

Twenty thousand have joined the platform in the first month and they expect 100,000 in 3 months, just in South Africa. In Kenya, we are working with the first drone delivery company that enables young people with cell phones to order affordable medicine and supplies and receive them within 1 hour. These innovations not only engage and empower young people, they save both money and lives.

In conclusion, you should be rightfully proud of what you have created and the impact that this had and is still having. We have the tools and we need to turn the tide and, increasingly, national leadership, capacity, and ingenuity are taking what is good and making better and more sustainable.

We need to keep our foot on the accelerator. We have come so far in such a short time relatively. By extending PEPFAR for another 5 years and fully funding it, together we can continue the march towards ending AIDS for everyone everywhere and leave no one behind.

Thank you so much for all you do. I give you so much love from United Kingdom. Thank you.

[The prepared statement of Sir Elton follows:]

**Prepared Statement of Sir Elton John**

Good morning, Chairman Menendez, Ranking Member Risch and Distinguished Members of the Committee. I am delighted to join with you today to wholeheartedly support your commitment to extending the lifesaving work of the landmark PEPFAR program.

I was humbled to have been a part of your recent bipartisan fact-finding mission to South Africa to experience the awe-inspiring impact this program is having on the ground.

I want to begin by thanking you for your continued focus on the global fight against AIDS. We are living in deeply troubled times with countless global challenges—all of which I know beckon your time and attention. Given that, I am boundlessly grateful for the bipartisan cooperation that has been the hallmark of PEPFAR for 2 decades now.

While this effort was initially conceived of by President Bush—it has been enthusiastically supported by 4 Presidents and 10 Congresses and consistently championed by the generosity of the American people. As I testified to this Senate 21 years ago this week—“what America does for itself has made it strong—but what America does for others has made it great.” Bravo my friends—there is no better symbol of American greatness than PEPFAR—and you should all be very proud of your extraordinary efforts.

Before PEPFAR—much of Africa was in free fall. Infant/child mortality was skyrocketing, life expectancy plummeting, and decades of development progress being rolled back. Families across the continent were walking miles to bring their loved ones to hospitals in wheelbarrows where they were piled up three to a gurney in hallways . . . because every inch of the hospital was already full. In some communities, half of the adults were HIV positive. In others, 80 percent of pregnant women were. A generation of young parents and workers were being wiped out, leaving grandparents and older siblings to raise millions of orphans. More than 30 million individuals were already HIV positive but less than 50,000 in poor countries had access to lifesaving drugs. GDP was dropping and coffin making was the booming business of the day—including mountains of 24-inch coffins for babies. It was beyond bleak and the future projections even worse.

In those dark days, there was little my AIDS Foundation could do for the millions suffering in secret because of the stigma of AIDS. In South Africa, where more than a quarter of a million people were dying of AIDS each year, we provided basic care to nearly a million people in hopes that they could at least die with dignity. We gave them food, clean water, bedding, blankets, aspirin, ointments, a hand, a prayer, and a plan for their children once they were gone—but those were the only tools we had at our disposal at the time. I looked into the eyes of way too many dying people begging for help and hope that was just not available. For them—AIDS was a death sentence, every time.

And then came you—compassionate American leaders who decided that it was better to light a candle than to curse the darkness. Who decided that whether a mother or child lived or died should not be left to a lottery of geography. And who decided that American generosity and genius could literally change, not just the course of the pandemic, but the course of history. And it has.

Thanks to PEPFAR, horror finally gave way to hope. ARV treatment became available and people—suddenly “living” with HIV—literally rose out of their hospital beds and went home to resume their lives and livelihoods.

In the 20 years since, PEPFAR has saved 25 million lives—more than twice the number of people living in both New Jersey and Idaho. That’s a lot of lives. AIDS deaths have been cut by 60 percent and new HIV infections by more than half. Hundreds of thousands of doctors, nurses and community health workers have been trained. Lab and surveillance systems have been established, and community-based organizations and mobile clinics have been created to bring essential prevention, treatment, and support services closer to the people in need.

Part of PEPFAR’s power was demonstrating the art of the possible. As Nelson Mandela often said: “They always say it’s impossible until it’s done.” And that’s true for PEPFAR. Many said we could never provide lifesaving treatment in Africa—it was too complicated and too expensive. But PEPFAR proved that was nonsense and now millions of people 20 million people in Africa, are being supported on treatment, 6 million in South Africa alone, and mostly paid for by their own government. As a result, life expectancy is up by 12 years in South Africa . . . 20 years in Zambia. And the PEPFAR platform has not only transformed HIV into a chronic disease for tens of millions—it has been leveraged to fight COVID and made countries far better prepared for whatever viral nightmare comes next. This is great news and a tribute to American leadership, persistence, and strategic investment.

But we are not done yet. According to UNAIDS, our progress is faltering as one person with AIDS dies and 3 new people become infected with HIV every minute. While AIDS deaths and new infections are falling for most age groups—they remain on the rise for young people ages 15–24, particularly young women and girls. And this is especially concerning in Africa where the average age is 18 and where AIDS remains the leading cause of death among teens. For young people who were not yet born during the horrors of AIDS—they need a wake-up call, accurate information, and the power to use it.

In South Africa, my AIDS Foundation has partnered with digital platforms to reach young people where they are—on their smartphones—with relatable information and services that resonate with them. Twenty thousand have joined the platform in its first month and they expect 100,000 in 3 months, just in South Africa. In Kenya, we are working with the first drone delivery company that enables young people with cell phones to order affordable medicine and supplies and receive them within an hour. These innovations not only engage and empower young people—they save both money and lives.

In conclusion, you should be rightfully proud of what you have created and the impact it has had and is still having. We have the tools we need to turn the tide and increasingly national leadership, capacity and ingenuity are taking what is good and making it better and more sustainable—but we need to keep our foot on the accelerator. By extending PEPFAR for another 5 years and fully funding it, to-

gether, we can continue the march toward ending AIDS for everyone everywhere and leave no one behind. Thank you.

The CHAIRMAN. Well, thank you, Sir Elton, and let me return the compliment. Thank you for what you have done. Some people use their fame in a way that only enriches themselves.

Others use their fame in a way that saves the lives of others, and in your case that has certainly been the case, so thank you for what you have done.

Dr. Dybul.

**STATEMENT OF THE HONORABLE MARK DYBUL, M.D., PROFESSOR OF MEDICINE AND CHIEF STRATEGY OFFICER, GEORGETOWN UNIVERSITY MEDICAL CENTER FOR GLOBAL HEALTH PRACTICE AND IMPACT**

Dr. DYBUL. Chairman Menendez, Ranking Member Risch, and distinguished members of the committee, thank you for the privilege to be before this body again to discuss the reauthorization of PEPFAR, which has been called and I believe, in fact, is the most successful global health program in history.

Thank you for the—to the members and staff who have provided steadfast support in a bipartisan way for two decades.

Ambassador Nkengasong and Elton have provided you with the breathtaking data on the lifesaving impact of PEPFAR. I would like to spend a few moments focusing on other lasting legacies including the diplomatic benefit from villages to state houses, health system strengthening, and enhanced health security.

In 2006 when I was the U.S. Global AIDS Coordinator, I was fortunate to visit Axum, Ethiopia, which is believed to be the birthplace of Christianity in Africa. At dawn, with the mist over the town, which blocked the electrical wires, it looked as it might have centuries ago.

Local farmers were winding through the streets with donkey-drawn carriages. The spires of the churches peek through the haze. Bells rang all to prayers in the market. We were met at the local clinic by the director and his team.

Now, in a town that small the director of the clinic is an elder, a very important person in the village. He kept referring to PEPFAR. I was a little bit cranky from not sleeping for a couple of days and so I asked him what does PEPFAR mean.

His answer knocked me over. He said, PEPFAR means the American people care about us. The American people care about us. That wonderful phrase captured the sentiments I have heard from nearly every corner of Africa, sentiments that have grown with every life saved and as individuals, families, communities and nations have moved from total despair to the hope for the future.

Now, hope is not just a matter of faith or a good feeling. It awakens a lost desire to find a job, go to school, feed your family, care for your community. It is, in fact, the basis of economic growth and the development of markets for U.S. goods and services.

Indeed, prior to COVID, Africa as a region had the second fastest growing economy in the world. Ambassador Nkengasong noted the positive impact of PEPFAR on GDP. However, there is also a diplomatic benefit.

Senators Risch and Daschle, who were majority and minority leaders when PEPFAR was first authorized, led an assessment of the Bipartisan Policy Center on the impact of PEPFAR on the perceptions of the United States in sub-Saharan Africa.

In PEPFAR-supported countries, 68 percent of respondents had a positive view of our country compared to only 46 percent in non-PEPFAR-supported countries. In fact, many African countries have a higher view of the United States than the United States.

Those results could be in part due not only to the direct impact of HIV on programs, but also because of the broader health system strengthening benefits of PEPFAR. Treatment and prevention of HIV is lifelong, requiring well-trained health providers including community health workers, pharmacists, and pharmacies, lab technicians and laboratories, logistics supply chains, communication systems, and much more.

These systems are public, but also private, including the faith community. Now, at the beginning, because of stigma and discrimination, many of these services were found in separate locations.

However, over time they have become integrated. They are in one place. Doctors, nurses, lab techs, pharmacists, community health care workers, and all the support systems are there for HIV, but also for non-HIV. For that reason, it is not surprising that studies have shown that PEPFAR is associated with a significant improvement in six out of seven key indicators of maternal and child health, including reducing rates of mortality for women and children and childhood immunization.

The power of improved health systems was clearly demonstrated during the height of the COVID pandemic as has been discussed. PEPFAR systems were used to respond to the pandemic and Africa would have had a difficult time without it.

As a former executive director of the Global Fund to Fight AIDS, TB, and Malaria, which as you know is also authorized by the legislation, I would like to thank the committee for your support for that program as well.

The 33 percent cap there ensures that the American people are not the only taxpayers supporting the response to the pandemic. The Global Fund plays a key and complementary role and our engagement in it also helps us diplomatically by being involved multilaterally.

It has been an extraordinary 20 years. PEPFAR is often compared to the Marshall Plan without exaggeration, given what you have heard from Elton and Ambassador Nkengasong about the ravages of HIV in Africa.

As this committee knows, it is now a world—we are now in a worldwide struggle to ensure that democracy and the global economy thrives. While we must lead we also need allies, including an Africa where democracy is threatened and where we have lost ground as the number-one trading partner.

Clearly, PEPFAR is not sufficient, but after nearly a quarter century of working with Africans at all levels, the wisdom of the words from Axum 15 years ago ring truer than ever.

PEPFAR means the American people care about Africans. People know what we stand for when we stand with them. With your continued support, untold millions of lives will continue to be lifted up

and saved, strengthened systems for health will occur, and we will be in a better position to respond to future pandemics and our values will flourish. That will be another remarkable legacy for this committee and the American people.

Thank you for listening and I look forward to your questions.  
[The prepared statement of Dr. Dybul follows:]

**Prepared Statement of Dr. Mark Dybul**

Good morning Chairman Menendez, Ranking Member Risch and distinguished members of the Committee. Thank you for the privilege to be before this Body again to discuss the Reauthorization of PEPFAR, what has been called—and I believe in fact is—“the most successful global health program in history.” It has been the honor of a lifetime to have been one of the architects of the original plan adopted by this Committee in 2003, and to have been deeply engaged with the program for two-thirds of my professional life. Please accept heartfelt thanks to all the Members and Staff who have provided steadfast support in a bipartisan way for two decades.

Ambassador Nkengasong and Elton have provided you with breathtaking data on the life-saving impact of PEPFAR. I would like to spend a few minutes focusing on other lasting legacies, including the diplomatic benefit from villages to State Houses, health systems strengthening and enhanced health security.

With your indulgence, I would like to begin with a story that remains vivid in my memory. In 2006, while I was the U.S. Global AIDS Coordinator, I was fortunate the visit Axum, Ethiopia, believed to be the birthplace of Christianity in Africa. At dawn, with the mist over the town blocking the electrical wires, it looked as it might have centuries ago. Local farmers winding through the streets with donkey-drawn wagons, the spires of the churches peaking through the haze, bells ringing to call all to prayers and the market. We were met at the local clinic by the director and his team. In a town that small, the clinic director was also a town elder and leader in the community. He kept referring to PEPFAR. I was cranky from too little sleep so asked him what PEPFAR means. His answer knocked me over. He said, “PEPFAR means the American people care about us.”

That wonderful phrase captured the sentiments I have heard from nearly every corner of Africa—one that has grown with every life saved and as individuals, families, communities and nations moved from total despair to hope for the future. Hope is not just a matter of faith or a good feeling. It awakens a lost desire to find a job, go to school, feed a family, care for your community. It is, in fact the basis for economic growth and the development of markets for U.S. goods and services. Indeed, prior to the COVID pandemic, Africa, as region, had the second fastest growing economy in the world.

Ambassador Nkengasong noted the positive impact of PEPFAR on GDP growth. However, there is also a diplomatic benefit. Senators Frist and Daschle, who were the Senate’s Majority and Minority leaders when PEPFAR was first authorized, led an assessment by the Bipartisan Policy Center of the impact of the program on perceptions of the United States in Sub-Saharan Africa. In PEPFAR supported countries, 68 percent of respondents had a positive view of our country, compared to only 46 percent in non-PEPFAR supported countries. In fact, many PEPFAR-supported countries have a higher percent positive view of the United States than the United States.

Those results could, in part, be the result not only of the direct impact on HIV, but also because of the broader health systems strengthening benefits of PEPFAR. Treatment and prevention of HIV is a life-long enterprise requiring well trained health care providers including community health care workers, pharmacists and pharmacies, lab technicians and laboratories, logistics, supply chains and communications systems and much more. These systems are public but also private, including faith-based organizations that have been estimated to provide 30–50 percent of health care in Africa, particularly in the poorest communities.

At the beginning, because of stigma and discrimination, many HIV services were provided in separate locations. However, over time, the vast majority of HIV-related activities occur in general health care settings. So the doctors, nurses, lab techs, pharmacists, community health workers—and all the support systems—serve non-HIV roles as well. For that reason, it is not surprising that studies have shown that PEPFAR is associated with a significant improvement in 6 out of 7 key indicators of maternal and child health including rates of mortality for women and children and childhood immunization.

The power of those improved health systems was clearly demonstrated during the height of the COVID pandemic. PEPFAR-supported viral testing was used to detect

the virus, clinics, hospitals and community workers, and commodities procured were all used to help combat the virus. Looking to the future and the threat of another pandemic, the best way to ensure early detection and to respond rapidly is to maintain and strengthen the capacity to respond to an ongoing pandemics, such as HIV, with an intentional design for surge capacity when needed.

As a former Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which, as you know, the legislation also authorizes, I would like to thank the Committee for its support of that important organization. With the 33 percent cap on contributions from the United States, it is a potent means to help ensure the American taxpayer is not alone in this fight. The Global Fund also plays a key, and complementary role in building health systems and pandemic preparedness and response. And our engagement in a results-driven international organization contributes to our diplomatic efforts.

It has been an extraordinary 20 years. PEPFAR has recently been hailed as the best policy decision of the past 50 years and is often compared to the Marshall Plan—without exaggeration given what you have heard from Elton and Ambassador Nkengasong about the ravages of HIV in Africa.

As this Committee knows, the United States is now in a global struggle to help ensure that democracy and a global economy thrives. While we must lead, we must have allies including, and perhaps particularly, in Africa where democracy is threatened and where we have lost ground as the number one trading partner. Clearly, PEPFAR alone is not sufficient. But after nearly a quarter Century of working with and supporting Africans at all levels, the wisdom of the words from Axum 15 years ago rings truer than ever: PEPFAR means the American people care about Africans.

We are fortunate to have Amb. Nkengasong, an African-born American, leading the effort. He has been with PEPFAR since day 1, first building laboratory capacity in Côte d'Ivoire, and then leading that effort globally for the U.S. CDC. He went on to be the founding Director of the Africa CDC. In that capacity, he led the most successful regional response to COVID in the world. As a result, he is still on speed dial with many Heads of State, Ministers and providers. He uniquely knows how to build systems to effectively respond to HIV while promoting health systems. He will lead a renewed diplomatic effort on the Continent and help prepare for the next pandemic. He will be the best U.S. Global AIDS Coordinator yet.

People know what we stand for when we stand with them. With your continued support, untold millions of lives will continue to be lifted up and saved, strengthened health systems for the ongoing HIV pandemic will continue to improve the health of mothers, children, communities and nations. Those systems will better prepare us for, and help respond to, the next pandemic threat. And our values will flourish. That will be another remarkable legacy for this Committee and the American people.

[The testimony of Dr. Eric Goosby and Dr. Richard Marlink follows:]

**Testimony of Dr. Eric Goosby and Dr. Richard Marlink**

Ambassador Eric Goosby, M.D.  
Distinguished Professor of Medicine  
Director of Global Health Delivery and Diplomacy  
Institute of Global Health Sciences  
University of California, San Francisco

Richard Marlink, M.D.  
Founding Director of Rutgers Global Health Institute  
Inaugural Henry Rutgers Professor of Global Health at Rutgers  
The State University of New Jersey

We are at a remarkable time in history. We are celebrating the 20th year of the most ambitious health program ever undertaken with phenomenal impact and continuing promise. It is an honor to offer our perspectives as the Committee addresses the important task of reauthorizing PEPFAR and ensuring this life-saving work continues. It is a sign of America at its best.

When each of us began working on the issue of HIV/AIDS in the early 1980's, no one knew what this silent killer was or the impact it would have on the world. What we were faced with was a mysterious disease that was a certain death sentence for those in its path, a time we will never forget. With the advances of science, the world was changed with the discovery of anti-retroviral therapies (ART), restoring lives and giving hope to families and whole communities here in America. Yet, for

many countries including those across Africa most heavily burdened by HIV/AIDS, millions were dying and doctors and caregivers could do nothing to save them. The sale of coffins was a booming industry. In 2003, an estimated 3 million people died from AIDS, a quarter million in South Africa alone.

That all changed with the advent of PEPFAR.

In 2003, President George W. Bush took the historic step of creating the U.S. President's Emergency Response for AIDS Relief, declaring that "seldom has history offered a greater opportunity to do so much for so many." In the last 20 years PEPFAR has changed the course of the HIV/AIDS pandemic and the course of history. You have seen the numbers—as of FY 2022, 25 million lives have been saved and millions more are HIV-free, more than 20 million people are on ART, and 64.7 million people have received testing services. And there's more—2.9 million adolescent girls and young women reached with comprehensive HIV prevention services, 7.7 million orphans, vulnerable children and their caregivers provided with critical support, and 30 million voluntary medical male circumcisions performed to prevent HIV infections in men and boys.

But the success of PEPFAR goes beyond these statistics. We have witnessed the restoration of livelihoods and communities thriving where, previously, a generation of young and working parents had been lost to AIDS. Economies of countries and local stability have been restored as life expectancy has recovered, enabling a better future for so many. For this, and for the many benefits investment in the global HIV/AIDS fight has afforded, America has earned appreciation and respect across Africa due to the generosity of the American people.

Time is never static. To date, 10 Congresses and four Administrations have reauthorized the program, reaffirming the important work that PEPFAR carries out. This unwavering support continues to demonstrate U.S. leadership in advancing effective strategies to end HIV/AIDS as a public health threat by 2030 while also strengthening systems of care that advance our global health security. Now, under the leadership of U.S. Global AIDS Coordinator Ambassador John Nkengasong, the role of PEPFAR as a model for effective partnerships continues towards the goal of countries managing and sustaining effective responses to epidemics now and into the future.

We have learned much over time. In the earliest days, PEPFAR provided urgent support and technical assistance to bolster health care capabilities, including diagnostic capacities and ARVs that began to change the wave of AIDS across Africa. Working together with national authorities and partners, PEPFAR has supported 70,000 clinics, 3,000 laboratories and country data systems for surveillance and monitoring, and trained over 340,000 health workers. Collectively, this work has undergirded the response to infectious diseases and the associated morbidity and mortality among the population at large. We must also seriously address the all too often unmet need to screen for and treat the diseases that are now taking the lives of HIV positive patients on ARVs, including hypertension, diabetes mellitus and coronary heart disease, as we have done for cervical cancer.

In the long run, it is the responsibility of each country and its Ministry of Health to address the health needs of its population, and tremendous progress has been made towards overcoming HIV/AIDS in countries where PEPFAR is active. All PEPFAR-supported countries are making concrete progress towards sustainability. The level of funding countries has invested in their own response to HIV increased to 56 percent of all funding in 2020. As an example, in South Africa, the country with Africa's largest number of people living with HIV, 7.5 million—of whom 5.5 million are on ARVs paid for by the government. South Africa also funds 80 percent of its HIV/AIDS response. Nigeria funds almost 80 percent and Botswana funds approximately 50 percent. The path towards a sustainable national response has risen from a model of partnerships, with country ownership being at its heart.

Building partnerships by bringing stakeholders to the table is the key driver of long-term success. With PEPFAR, host country governments, the private sector, faith-based organizations, multilateral institutions, civil society and communities of people living with HIV have come together in new ways to work towards a coordinated, effective response. Ambassador Nkengasong has put partnerships and sustainability of national responses at the center of PEPFAR's 5-year strategy, "Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030."

It is through partnerships that programs to prevent mother-to-child HIV transmission (PMTCT) have been hugely successful, with healthy babies born and spared the tragedy of pediatric AIDS. And thanks to PEPFAR's Orphans and Vulnerable (OVC) treatment expansion program, the number of children who have lost one or both parents due to AIDS has nearly been cut in half since the high point of 1.8 million children in 2010. Remarkable partnerships have been formed to screen women for cervical cancer, a major risk for women living with HIV.

Despite the many gains made in the HIV/AIDS response, there is more work to do. AIDS is still the leading cause of death among teens and young adults, with adolescent girls and young women disproportionately at risk.

PEPFAR's DREAMS program is a unique public-private partnership dedicated to providing girls and young women with opportunities to stay in school safely and access prevention services, along with strategies to reduce gender-based violence and expand economic opportunities to lead better and healthier lives.

The work that lies ahead rests in ensuring that the partnerships PEPFAR has fostered continue to focus on the outcomes that define PEPFAR's success—lives saved, infections prevented and strong health systems in place to prepare us for the inevitable future pandemics.

As the former U.S. Global AIDS Coordinator, I am proud of the work we did to establish these vital partnerships to ensure that countries would reach the ultimate goal of sustainability. We went from an emergency phase to one that centered on the ability of countries to eventually move and take up to greater country leadership. We were laser-focused on our efforts to save lives through smart investments and the shared responsibility of all partners to reach the goal of an AIDS-free generation. Now, as Director of Global Health Delivery at the University of California San Francisco (UCSF) I am continuing to focus on the work we started during my time at PEPFAR to bring together the skills and talents of academic institutions to support this and next generation of health leaders.

As was true with Ambassador Goosby's work to establish partnerships that would enable countries to take care of their people, in the late 1990's I helped create the Botswana-Harvard Partnership through the Harvard AIDS Institute, in partnership with the Government of Botswana. This partnership also was initially formed with the Bristol Myers Squibb Foundation and then expanded to involve the Merck and Bill & Melinda Gates Foundations, with a focus on scaling up HIV/AIDS care, treatment and prevention nationwide. Later, I was fortunate to work with multiple African governments, leading the U.S. side of the PEPFAR partnerships in Botswana and in five other African countries for over 10 years. I have seen first-hand how PEPFAR's HIV/AIDS prevention and treatment services were literally lifesaving, with hospitals emptying as people returned to their families and workplaces. Now, as director of Rutgers Global Health Institute, my colleagues and I are able to build on the stronger health systems created by PEPFAR in many developing countries, helping to address both HIV/AIDS and other infectious and noncommunicable disease threats around the world.

We applaud the leadership of Chairman Menendez, Ranking Member Risch, Subcommittee Chairman Booker and all Senators on the Senate Foreign Relations Committee who have recognized that PEPFAR, as the largest global health program in the world, is an investment that has achieved extraordinary results. We also applaud the fact that they are champions in working to ensure, through reauthorizing PEPFAR, that its vital work continues. Much important work remains.

We strongly support Ambassador Nkengasong's call to accelerate progress in reducing new infections, working together with countries and partners to strengthen health systems, and ensuring HIV/AIDS gains continue while also leveraging PEPFAR as a critical backbone of pandemic preparedness and response.

When PEPFAR was launched it brought hope to millions. PEPFAR must remain this beacon of hope. With the leadership and continued commitment from this Congress, it will.

The CHAIRMAN. Thank you, Dr. Dybul. Thank you both for your testimony. We will go through a round of 5-minute questions.

Sir Elton, hopefully we got—we still have you online. I had an opportunity to visit some of the sites supported by your foundation in South Africa. The Foundation's work with youth has really been transformative.

What are some of the unique challenges that are faced by adolescent boys and girls in assessing prevention care and treatment services, and from your experiences of the foundation is there anything you can recommend that that we need to do to overcome those challenges?

Sir ELTON. Well, thank you, Senator.

Most teens are not connected to the healthcare system and they think it is for old and sick people, basically, and not for them.

As we do with all age groups, we need to work with young people to develop messages that are meaningful and relevant to them and engage youth where they already are, in this case, online, as well as in sports, music, and other youth-focused events.

There is no point in designing services that do not get used because they do not work for a particular group. Young people have a saying, “Nothing is for us without us,” and that makes sense to me.

It is so important that you engage the youth of Africa with where they are. As I said, online and, on their phones is the best way of getting to them and they listen. It has been proven that when we do things like that, they listen.

That is what we are trying to do is to get more programs out in the field that can get people on their phones and then they talk to each other, and it helps get rid of the stigma.

Whenever you talk about an issue, it does not seem as bad as it is, especially when you are talking with someone of your same age group.

I remember many years ago when we went to Cape Town and established the first helpline on Cape Town University where people who were afraid of saying they were HIV positive because of their families and the university. We set up a helpline that they could phone other people and talk about their infections and it was a great relief.

If you inform the young and give them a message and they can communicate with each other, it will be fantastic. The most powerful tool for someone who is struggling or afraid is #MeToo and I know that firsthand.

My foundation funded a program called Zvandiri in Zimbabwe. It means “taken as I am.” Youth living with HIV go on into their communities and connect with young people like them who need advice and HIV testing and treatment.

The program has been recognized by the World Health Organization and UNICEF, funded by PEPFAR with a 5-year game changer grant scaled countrywide in Zimbabwe and replicated in nine other African countries.

Young people are amazing. We just need to give them the tools to help them help each other.

The CHAIRMAN. Well, thank you. Thank you very much. I saw some of those tools at work when we were in South Africa.

Dr. Dybul, the anecdote that you shared in your testimony about hearing the clinic director in Axum, Ethiopia saying PEPFAR means the American people care about us is incredibly powerful, especially as how we distinguish ourselves against strategic competitors around the world.

Do you think we are effectively messaging PEPFAR as a program provided by the American people as a commitment to saving lives and ending this pandemic with no strings attached?

Dr. DYBUL. Thank you, Mr. Chairman. It is an excellent question.

I believe we are doing a great job, but it could be better and I think Ambassador Nkengasong is the perfect person to deliver that message. He has heads of state on speed dial from his role as head of Africa’s CDC leading the COVID response.

He is known by ministers throughout the continent. It is well known. It is well understood, but I think we can do even better and Ambassador Nkengasong will be able to deliver that for us and it is absolutely essential because we are in a struggle and we need to show the American people's heart and our values, which PEPFAR does.

The CHAIRMAN. Thank you.

Senator Risch.

Senator RISCH. Dr. Dybul, one of the things that we always struggle with up here is the bureaucracy and you have been at this from the beginning and have a lot more experience than anybody in this room probably on that particular issue.

I want to ask you your thoughts on how important it is to have a single accountable entity at the Department of State coordinating the activities of PEPFAR's implementing agencies, particularly as to USAID and CDC, which occasionally have differences.

Could you—the kindest way I can say it—could you comment on that, please?

Dr. DYBUL. Yes. Thank you, Senator Risch.

I have to say, having had the job it was—is absolutely essential. Without a single responsible person who determines how the resources are allocated, it is very difficult to move things—that piece. Now, that was then.

We still need it and it maintains the impact of the program. By running it through the State Department it also contributes to what Chairman Menendez was talking about because it is seen as part of the entire U.S. Government, not individual agencies.

That founding piece, which we kind of stumbled on, to be honest, was absolutely essential to discuss success of PEPFAR. It remains essential to the success of PEPFAR.

Senator RISCH. Well, thank you for that and I assume that is advice as much as anything else. We will endeavor to follow that advice and appreciate you for the work you have done on this.

Thank you, Mr. Chairman.

The CHAIRMAN. Senator Kaine.

Senator KAINE. Thank you, Mr. Chair, and just add my congratulatory comments, and thanks to Sir Elton for the passion and the work that you have done through your foundation, using your own reputation around the world to really advance, and we appreciate this.

Dr. Dybul, I want to ask questions of you that were similar to those that I asked the previous witness about the Latin American reality.

I am the chairman of the Western Hemisphere Subcommittee of this committee, and it just seems like often when we are in the public health space we are sort of not paying sufficient attention to Latin America—just using COVID as an example.

The chair and I were advocating strongly that the Administration really prioritize Latin America in terms of COVID vaccine distribution and what we did was, we did about 8 percent of our vaccine distribution to Latin America.

About 8 percent of the global population is in Latin America, but 30 percent of deaths were in Latin America, and the migration of Latin Americans to the U.S. back and forth also created a greater

risk of public health infection transmission. We felt like those stats—those kind of facts on the ground really warranted a more robust allocation in Latin America that was not the case.

Here, I am troubled by the stats showing that while global infections are dropping by 32 percent from 2010 to 2021, and even infections in the Caribbean, thank goodness, are dropping in the mid to high twenties, the infection rate in Latin America is increasing by about 5 percent.

Why is this happening, and what more can we do to prioritize really going after this battle and succeeding in Latin America?

Dr. DYBUL. It is an excellent question, Senator Kaine, and it is one that I have struggled with both when I was at PEPFAR and then at the Global Fund, which has a fairly large presence in Latin America as well and, in fact, what you point out in the Caribbean, I think, is largely because of the engagement of PEPFAR, which has always been heavy in the Caribbean and less so in deeper Latin America.

Brazil had a very strong program at the beginning, but then it collapsed a bit, and I think what you are pointing to has a lot to do with the political instability we are seeing in Latin America and the shifts in governments and the shifts in prioritization which used to focus more on health.

It is complicated because there tend to be higher income countries and so foreign assistance money is often not seen or used in the same way.

As Ambassador Nkengasong said, we can still play a role and the role we can play is at the political level, but also at the higher systems level and at the International Development Bank level to use our capacity to support with fairly small amounts of money those community-based links that will reach the people in need.

Also, in Latin America, as in Africa, we have seen younger people forgetting about HIV because they are—they do not see everyone dying anymore and you are seeing marginalized groups, for example, in the Amazon region that are affected.

We can respond. It will just be different because of the high income nature of the countries, but if we engage there, I think we can see a difference as we have seen in the Caribbean.

Senator KAINE. I will just say this and conclude. I know the chairman and I are both focused on this. A number of the programs that we have whether through USAID or other international accounts put income limitations. You can go to countries and they might have a high income under some median measure and yet you find deep and intense poverty and incredible isolation in communities. I worry sometimes that just taking a rough cut with a median income figure does not really do justice to needs and particularly in our own region. I think there can—there is just so much good to be gained by the U.S. being more engaged, not less.

I want to continue to work with my committee colleagues on that, but thank you for that answer. I yield back, Mr. Chair.

The CHAIRMAN. Thank you, Senator Kaine. I share your concern. I think we are being locked out of a lot of opportunities to help our southern neighbors and help ourselves in the context and we look forward to working with you to see if we can find a better pathway forward and I appreciate your focus on the hemisphere.

Senator—Dr. Barrasso.

Senator BARRASSO. Thanks so much, Mr. Chairman.

Sir Elton, thanks for all of your work on this. I know you have had bipartisan cooperation. I know you have been recently with Chris Coons and Lindsey Graham in our efforts on this.

Could you talk a little bit about what is happening with private donors following COVID-19? Are you seeing any decrease in the private donations to this effort here and given the current state of the economy? What strategy do you have working with others to increase the funding?

Sir ELTON. Well, I think—thank you, Senator. I think we are seeing a decrease in private donors, which is dismaying, but there are a lot of other diseases around, and sometimes AIDS falls into the background. We have had COVID to deal with.

I am confident that we can turn that around. That is why PEPFAR is really so important because when people see that this is working so well I think the private donors will get back on board.

We are doing everything we can to because we rely as a foundation on private donors, and so far it really has not affected us so much as an organization, as an AIDS foundation, because I think we do really great work and people know that we are reliable.

In general, we have to get people back on board and that is why PEPFAR is the shining light in all of this, and HIV funding is being used for COVID as well. I mean, it is just a no-brainer. We just have to put our feet in the sand and say, right, this is going down at the moment, but we can pick it back up.

It has not affected the AIDS Foundation, but it has affected funding in general, I think, for every kind of charity on health—regarding health. Am I optimistic? Well, I am always optimistic, but it is because of you guys out there that I am optimistic. Thank you.

Senator BARRASSO. Thank you.

For Dr. Dybul and then for Sir Elton as well, kind of looking forward the next 5 years what do you see as some of the challenges plus opportunities for PEPFAR?

Dr. DYBUL. Thank you, Senator Barrasso and—Dr. Barrasso, as a fellow physician. The challenges will be two-fold, one financial, and secondly, lack of interest or shifting focus—other pandemics.

However, the best way to respond to future pandemics is to fight current pandemics and build the capacity so that you have that surge capacity, and there is the opportunity. We actually have the opportunity to get people to focus on pandemics in a way that was—we were moving away from, but COVID could bring us back to and that is where the opportunity is.

The other opportunity, I think, relates to what was discussed earlier on localization. There is enormous talent capacity at the community level, which relates to the diplomatic benefits.

We can actually reach to community level to shape hearts and minds and to introduce them again to the United States and our values, which are better values than the—what others are offering. I think there is lots of opportunity for us on multiple levels.

Senator BARRASSO. Thank you.

Sir Elton.

Sir ELTON. I think stigma and discrimination—shame stops progress and this is what we are finding in America as well. We must stop this. We must get the opportunity in the hands of young people to stop this.

Stigma is always a challenge—we have the medicine here to shut this disease down, which is truly amazing, but it is the stigma that stops the progress, and the shame.

As I say, I am optimistic and I think with young people, if you give young people the gauntlet they will run with it. Criminalization of LGBT people affects progress as well in certain countries.

We mentioned Uganda earlier on in forum, and it is dismaying to see this. It hinders not only people who have to go underground, but it is inhumane and it will eventually hinder their economy and the global economy and it is just a dead-end situation.

As I have said, I am optimistic, but we have a lot of work to do. We are not just sitting here clapping our hands. We have a hell of a lot of work to do.

Having seen how you guys today—you senators have come together, I am so moved by your enthusiasm, your commitment. When you get a life force like PEPFAR, I think is like that ball that came down in Indiana Jones or “Raiders of the Lost Ark.”

It is an immovable force, and having seen what you senators have to say—I call you guys, sorry—you senators have to say today and your intelligence and your commitment behind this incredible PEPFAR organization that has done so much. I feel so moved to do even more than I am at this present moment in time.

It is an inspirational thing, as I said in my speech before, and I think together we can get rid of this disease. I really believe that, but we have a lot of work to do, and you guys are doing a hell of a lot of work in there and in the background, and you are full of intelligent questions and you have done your homework.

Now, if we do the homework together, we can stop it. We actually can. Thank you for all you do. Thank you for your wonderful time and effort today.

Senator BARRASSO. Thanks to both of you. Thank you, Mr. Chairman.

The CHAIRMAN. Sir Elton, we have been called worse than “you guys.”

[Laughter.]

The CHAIRMAN. Senator Booker.

Senator BOOKER. For the record, I would like a Mother’s Day card. I have been called “mother” so many times followed by something else.

[Laughter.]

Senator BOOKER. Dr. Dybul, I appreciate all your leadership and work. Senator Menendez made a very insightful point about the efforts—really encouraging efforts to get a clean reauthorization, but if there were any changes in the program, is there anything that you would see that could help us to even improve our efforts?

Dr. DYBUL. Thank you, Senator Booker.

Having been involved since the beginning and actually being one of the architects of the original plan you approved in 2003, I do not think they are—I think the 2008 reauthorization did everything that needed to be done and a clean reauthorization is fine.

Report language around issues that are important to you help steer the Administration, but as a piece of legislation, I do not think there is anything that needs to be changed in the legislation itself.

Senator BOOKER. Are there some things that concern you that you hear people calling for that would be bad if it got into the— a reauthorization?

Dr. DYBUL. You always hear rumors in this town as part of the job and so there are things out there you hear. I think the biggest risk or dangers opening up for conversations the chairman mentioned and the ranking member endorsed that we just keep relitigating the same things over and over again and the legislation as it is is actually not just fine; it is excellent. It has served well for 20 years.

Senator BOOKER. You heard my concerns earlier about, obviously, the effort with COVID, I think, educated a lot of people about how co-morbidities contribute to death and, obviously, that is the same thing with HIV and AIDS.

Are there some strategies that we are using to deal with other— TB and other challenges that are going to help us with this effort?

Dr. DYBUL. Definitely, and tuberculosis has actually been part of PEPFAR from the beginning because it is one of the leading causes of death, but in Africa, as in the United States people are living. People have now been on drugs for 20 years in Africa. They are in their fifties. They have co-morbid conditions, and that is the importance of the systems that have been built—the health systems that have been built and, again, I go back to this is a chronic disease like heart disease, diabetes. It is not like tuberculosis or malaria. You have to take drugs your entire life.

Prevention is a lifelong activity. You are at risk for HIV your entire life so the behavioral issues and things that we have to deal with, with diabetes, hypertension, and other noncommunicable diseases, as we call them, actually PEPFAR was built for that and the systems were built for that because it is a chronic disease.

I think the pieces are there and we just need to use them and I think we are using them. Countries are using them wisely as we move from isolated HIV programs to something that is, in fact, part of the health system itself.

Senator BOOKER. Sir Elton John mentioned in a really tactical way about how you get to this new generation that is growing up when you do have people living for 50 years not in an atmosphere where the fear sears into you a sense of urgency, and maybe the young people are not taking it as seriously as possible.

Meeting them where they are on social media and more—I was happy to hear Sir Elton John and his focus on this, but there is another group that still causes concern for me that are younger, young girls in particular, which I think necessitates other tactics as well.

Could you mention some of those?

Dr. DYBUL. Yes. In fact, PEPFAR and the Global Fund and actually are deeply engaged there. There are structural issues related to young girls, their menstrual period, for example, and how—what they do and do not have access to in schools that affects HIV.

Abuse—sexual abuse is a major problem that leads to transmission of HIV because the woman cannot protect herself, and so that is where some of the new therapies—long-acting injectables, for example—could allow women to prevent HIV as a prophylactic.

Instead of taking pills—PrEP—you can do an injectable that will last for 3 months, which actually happens to match family planning injectables.

There are a lot of things coming and—but going back to the legislation that can all be done within the current legislation, but dealing with young girls is a major issue—a structural issue—and there has been a lot of progress, but a lot more needs to be done and it involves some medical intervention, but also behavioral interventions. There has been significant change.

We have seen it and the DREAMS program and other programs that the United States has supported help, but we have to take that bigger picture.

It is not just medical. It has to do with societal and behavioral issues, but it is changing and the United States has played a significant part in that change.

Senator BOOKER. Thank you very much to both of our witnesses. Mr. Chairman.

The CHAIRMAN. Senator Van Hollen.

Senator VAN HOLLEN. Thank you, Mr. Chairman, and let me thank both of our witnesses who are here today. I was honored to be part of a congressional delegation along with Senator Menendez, the chairman, as well as Senator Graham and other members of the committee to South Africa to celebrate the 20th anniversary of the PEPFAR program, a program that more than any other public health program, I think, in history has saved millions and millions of lives.

First, Sir Elton John, thank you for your leadership. It was good to have a chance to meet and talk with you and your team during our visit to South Africa.

I have been bouncing between hearings so you may have covered this, but as my friend, Senator Booker said, because of the success of the PEPFAR program, you have the younger generation of South Africans and others around the world—younger generations not seeing AIDS/HIV as a death sentence and that is a good thing.

On the other hand, the question is making sure that we provide those young people with the information they need to get the help when they need it, and I know you have got an active social media program going through Facebook. We talked about expanding that to other platforms as well, like Instagram.

Sir Elton John, first, thank you, and then if you could just provide us an update on how many young people are currently using the platform, what you see is the future of the platform, and I should say that we had a chance to meet with some of the young people that were using it while we were there.

It is off to a good start. How do you see the future of that social media program?

Sir ELTON. I am very optimistic because God knows the internet is responsible for so many awful things, but it can also be responsible for so many wonderful things and the wonderful thing it can do is we provide young people with information to stay healthy,

services like HIV testing, treatment, PrEP, mental health services, and more.

It is really important to get online services to young people where they need it, not them have to travel, but they need to get it locally, and expanding programs across multiple countries and linked to health systems and it is going really, really well.

I think we have, hopefully, nearly 100,000 people using this now and when we were in South Africa about 30,000 were using it, so it is coming along very well and it is nice to see you again after our wonderful trip.

My adamant thing is use the internet to get to the young. The young are taking this up and they really are responding to the information and the fact that they can talk to each other online about it or on their phone is really, really important and they are the future.

They are our future no matter what it was, whether it is HIV, the world, or whatever. The young people are the ones that are going to take this forward and they are responding to it and that is a great sign.

Senator VAN HOLLEN. Well, thank you. As you said, the way to connect with so many of these young people is to meet them where they are on social media and we know that there is a huge take up of social media in South Africa and so many of these other countries. Thank you for all those efforts—your continuing efforts.

Dr. Dybul, one of the goals of the HIV/AIDS program—that PEPFAR program—has been to make it sustainable over time and we have wanted to work with governments to transition more and more responsibility to those national governments.

Some partner countries have demonstrated both the political will, as well as the capacity to take ownership of managing. Some of them have taken on a larger and larger share of the budgets for administering the program.

Other countries have not shown the political will nor provided the budget support for the program. Can you talk about how we navigate that and how we continue to support the countries that are trying to take responsibility, but also how we address those countries that have not?

Dr. DYBUL. It is an excellent question, Senator, and it is one that all international organizations struggle with. I think PEPFAR has probably done as well or better than any ever have, as you pointed out.

For the countries that are not moving, and here again I go back to Ambassador Nkengasong will be the best Global AIDS Coordinator of any of us by far.

He has the capacity, the contacts, the ability to move that in ways that I do not think any of the rest of us could and part of that is from his time as Africa's CDC director, but also before that when he was leading the laboratory effort in Africa for PEPFAR.

It is a complex issue that involves political, but also ground—top level political, but also ground up forcing, pushing and we have been doing some of this work, actually. PEPFAR has been doing this work to build that strong community push for health services to the government and it is actually worked in Kenya and Eswatini and other places.

We have seen governors double, triple their budgets because of the ground up pressure, not because of the external pressure, and so some of it is the political engagement, but it is also supporting those community groups where it goes back to some of the localization that then puts pressure on the governments to step up healthcare because it is good politics for them.

I have that conversation with heads of state. I used to bore them to tears with statistics and I learned to start off saying health is good politics. They get that in a second and then you can play that out.

Senator VAN HOLLEN. Well, thank you. I appreciate that, and you mentioned Dr. Nkengasong and I am sorry I was not able to make his testimony.

I know this is an area he is focused on and appreciate your laying out the challenges and as well, but I think you hit it on the head, which is to make sure that leaders in those countries understand that this is a good thing for their public and a good thing for their own politics as well.

Thank you.

The CHAIRMAN. Thank you.

Senator Coons.

Senator COONS. Thank you, Chairman Menendez, Ranking Member Risch.

Thank you, Chairman Menendez, for the opportunity to travel with you to southern Africa and in particular to South Africa with Sir Elton John and Dr. Nkengasong to celebrate the 20th anniversary of this landmark program that has saved more than 25 million lives, I think the single best thing President Bush did, I think something that has been sustained over presidencies and majorities of both parties.

I was just at a hearing with the administrator of USAID. One of the significant portions of this year's budget request is to sustain and extend our PEPFAR investment, our investment in transforming public health systems around the developing world.

Sir Elton John, it is great to see you again. It was wonderful to get some time with you and to see the connection that you are able to create and sustain with young people and the services that your foundation is helping facilitate and scale for young people online is a great investment and an encouraging story.

If I could, Mr. Dybul, I just would be interested—I have missed most of the hearing and I suspect you have covered this—what you think are the areas where we most need to invest in innovation, in policy.

As many countries are transitioning towards epidemic control we need to better understand what our sustained investment in PEPFAR will accomplish and what are the key challenges to moving towards an AIDS-free generation.

Dr. DYBUL. Thank you, Senator Coons. In terms of innovation, there are many areas of innovation. There is scientific innovation, for example, the long-acting, anti-virals that I mentioned, which could be prophylactic, but also a treatment potentially; better diagnostics, local diagnostics, so people can be diagnosed and treated rapidly, which we think would then reduce the transmission.

The innovation that we really need relates to localization, which I am sure came up in your conversation with Administrative Power. Reaching communities and sustaining those communities, funding those communities—the faith communities, the community-based organizations—that will not only enhance our ability to reach those most at risk because that is where they are in the communities, but will also then give us the ability to detect and respond to the next pandemic threat.

The innovation, some of that is technological and how people connect with each other, but some of it is just human-to-human innovation and this is a fundamental area. Most of the innovation that we have seen in PEPFAR and Global Fund and other development programs comes from the individuals. We can say go do X, Y, or Z. They figure out in a setting with almost no resources how to make that work.

Supporting that innovation will do two things—one, lead to greater success, and two, provide that ground up pressure for change that will not only be related to health, but democratization and many other things.

The challenges will be financing, the challenges will be distraction from—to other things, and the challenge will be global competition for whose voice are they listening to, and I think the United States is well-positioned and PEPFAR has put us in a position to be able to do that extraordinarily well.

Senator COONS. Last question, if I might. I just spent several days at a retreat looking at nutrition and food security in particular. I assume there are overlaps—Dr. Nkengasong may agree—because those who are immunocompromised, those who are most at risk of infection, those who are living with HIV/AIDS, also need sustained high-quality food and nutrition.

There is a food as medicine movement that I have been trying to better understand and this is one population, or one area of focus, those who are at risk, where I think our work in strengthening food systems can learn a lot from the groundbreaking work that PEPFAR has done in strengthening and transforming public health systems, particularly in rural communities, particularly in communities where food security is also aligned with being at risk for new infections.

I look forward to staying in touch. Thank you, Mr. Chairman, for allowing me to question here at the very end and, again, to both Sir Elton John and to Dr. Nkengasong, thank you for your engagement and leadership in this area.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Coons. Thank you for your work, particularly on the Appropriations Committee. It is incredibly important.

I want to thank our witnesses for appearing before the committee and for speaking with such knowledge and passion about PEPFAR and the fight against HIV/AIDS.

I think it is appropriate to recognize President George W. Bush for his leadership and vision over 20 years ago. Some may not have thought that it would be possible to achieve what we achieved today, but it was his leadership at that time that began us on this course so it is appropriate and fitting to recognize it.

I think we can all agree that PEPFAR shows the extraordinary power of American determination, compassion, and ingenuity marshaled for the purpose of making the world a better place.

I look forward to working with my colleagues across Congress, with the Administration, with experts and advocates to ensure that PEPFAR is equipped to continue its mission to end the HIV/AIDS epidemic.

I asked unanimous consent at this time to enter testimony for the hearing record from former Global AIDS Coordinator, Dr. Eric Goosby, and founding director of Rutgers Global Health Institute, Dr. Richard Marlink, and ask that it appear immediately after the testimony offered by our witnesses on our second panel.

Without objection, so ordered.

[EDITOR'S NOTE.—The information referred to above can be found immediately following the "Prepared Statement of Dr. Mark Dybul" in this hearing.]

The CHAIRMAN. Sir Elton, we wish you good luck on your world tour. I know it will be a smash, and thank you again for joining us virtually from across the pond.

Dr. Dybul, thank you for your extraordinary leadership over this period of time.

The record for this hearing will remain open until the close of business on Thursday, April 20. Please ensure that questions for the record are submitted no later than that date.

With that and with the thanks of the committee, this hearing is adjourned.

[Whereupon, at 11:42 a.m., the hearing was adjourned.]

#### ADDITIONAL MATERIAL SUBMITTED FOR THE RECORD

##### RESPONSES OF DR. JOHN NKENGASONG TO QUESTIONS SUBMITTED BY SENATOR BILL HAGERTY

*Question.* How do you assess the ways in which PEPFAR contributes to overall U.S. foreign policy goals with respect to recipient countries, including U.S. diplomatic, economic, and security objectives? What metrics do you use to measure these linkages and impacts?

*Answer.* PEPFAR has continued to be an expression of U.S. values and demonstrates our deep commitment to health security and prosperity globally. It is one of our strongest foreign policy tools in partner nations, helping to advance all our diplomatic, economic, and security objectives, directly and indirectly. PEPFAR's impact on our diplomatic efforts is immeasurable, strengthening partnerships for over 20 years. PEPFAR has also played a direct role in saving lives, increasing GDP, and in some countries, ensuring the readiness of Armed Forces for UN peacekeeping missions.

*Question.* How does PEPFAR integrate with broader U.S. public diplomacy efforts in recipient countries? What quantitative and qualitative data does PEPFAR collect on the impact of its programs on public perceptions of the United States in recipient countries?

*Answer.* PEPFAR programs in all countries fall under the direct authority of U.S. Ambassadors, and PEPFAR Program Coordinators residing in-country report to the Deputy Chief of Mission or Ambassador. In some countries, PEPFAR employs communications staff, but works in tandem with embassies' Public Affairs offices that have primary responsibility for public affairs and public diplomacy programs in recipient nations. Independent entities such as the Kaiser Family foundation conduct such assessments of PEPFAR's impact.

*Question.* Under what conditions will PEPFAR be able to claim it has largely eradicated HIV/AIDS? When do you anticipate these conditions will be met?

**Answer.** Our focus is on the goal of ending the HIV/AIDS as a public health threat by 2030, a state where new HIV infections and mortality of PLHIV have dramatically declined. The millions of people living with HIV will continue to need ongoing HIV treatment. Eradicating HIV is not possible without a vaccine. Controlling the HIV pandemic with high coverage of effective antiretroviral therapy (ART), pre-exposure prophylaxis (PrEP) and other prevention interventions is possible. The use of data, HIV testing, treatment and prevention strategies will continue to evolve.

**Question.** PEPFAR's funding request has steadily increased over time. Under what conditions would the program require less resourcing to accomplish its goals?

**Answer.** While PEPFAR funding has increased over the past decade, those increases have not kept pace with inflation. Additionally, there are costs to transitioning programs from a scale up mode to a sustainment mode, as well as some additional costs required to find the hardest to reach populations. As countries near epidemic control, we will continue to evaluate what is needed to sustain those HIV gains in consultation with Congress and host-country governments.

**Question.** How is PEPFAR working to improve domestic resource mobilization in recipient countries? Specifically, how is the program working to strengthen local health systems, so they are sustainable without foreign assistance?

**Answer.** PEPFAR has always invested in host government systems and capabilities, as can be seen in the COVID-19 response, which depended heavily on HIV systems. Over the next year each country will develop a measurable Sustainability Roadmap that will document responsibility for the development of core government systems and functions and a financing component that supports the capabilities the PEPFAR program invests in. Over time responsibility for treatment and prevention programs will also be transitioned.

**Question.** How do changes in the epidemiological landscape—such as a decline in HIV/AIDS—affect funding requirements for recipient countries?

**Answer.** PEPFAR has saved more than 25 million lives and prevented millions more new infections. This vital mission should be continued, expanded and shared with other donor and partner countries. As countries near epidemic control and PEPFAR continues to engage partner governments on the sustainability of the HIV response, we will continue to evaluate what is needed to sustain those HIV gains both from a financial and programmatic standpoint in a country-specific manner.

**Question.** How does PEPFAR programming complement the efforts of the Global Fund? Are there areas in which PEPFAR duplicates the efforts of the Global Fund?

**Answer.** PEPFAR works in close coordination and collaboration with the Global Fund on all levels (at headquarters, regionally and in country) to ensure our efforts are well-aligned and complimentary. The PEPFAR Country Operational Planning (COP) co-planning process incorporates staff from the Global Fund to ensure joint programming with the country. At the country level, PEPFAR participates in the Global Fund's Country Coordinating Mechanisms. At headquarters, PEPFAR implements resource alignment activities to deduplicate jointly funded areas.

**Question.** What percentage of global HIV/AIDS pandemic assistance is conducted by PEPFAR compared to the Global Fund and other initiatives?

**Answer.** Globally, most HIV-specific funding comes from PEPFAR and the Global Fund. Of total HIV funding, PEPFAR has a program level of about \$4.5 billion and the Global Fund about \$2.1 billion for HIV, including \$1.95 billion in PEPFAR funded countries. PEPFAR and the Global Fund have detailed aligned data on spending in countries where both programs operate. There are also initiatives from other donors and multilateral development banks that make important investments in health systems and health financing that amplify the HIV effort but are not HIV specific.

**Question.** Why do you believe PEPFAR has been so successful in moving toward localization? What lessons can be drawn for other U.S. foreign assistance programs?

**Answer.** In the first few years of PEPFAR, there was limited local capacity to provide HIV treatment and prevention services. Over the past 20 years, PEPFAR has made tremendous progress building national capacity to implement, while gaining experience through the "Track 1 transition" which identified how to manage and effectively implement clinical services through local partners. PEPFAR has also continued to invest meaningful time and effort to increase the depth and breadth of the financial and operational data we collect on partners to improve our oversight and prevent any fraud, waste and abuse.

**Question.** What barriers remains to full localization of PEPFAR programming?

*Answer.* There is still need for local organizations to scale up their programming in many PEPFAR-supported countries. To do so will require effectively assessing the technical and operational capabilities of our local partners and helping to support them to strengthen those underlying capabilities so they can manage a portfolio of services. There will also be an ongoing need for international organizations to provide targeted expertise, especially to deploy new innovations and share global best practices.

*Question.* What implications does localization have for PEPFAR's overall costs?

*Answer.* Localization does have potential to lower overall costs. However, the cost savings will be more modest than it may appear. For example, most staff of implementing partners are already locally employed and there are unavoidable costs of doing business when working with the U.S. Government around reporting requirements and systems. To the extent that PEPFAR uses local government systems there is the potential for more robust savings, but those savings must be weighed against the risks that government-to-government arrangements bring.

*Question.* How does PEPFAR navigate the challenge of vetting and measuring the performance of local implementing partners rather than larger international organizations?

*Answer.* PEPFAR uses the same high standards for both initially vetting the qualifications of any partner, international or local, as well as the performance management during the contract. In our planning process, every partner is aligned with specific measures of performance for the services they have been enlisted to provide and those performance indicators are tracked quarterly during implementation and steps are taken to remediate any issues with performance if they exist.

*Question.* How does USAID conduct the vetting of local implementing partners to ensure any funding is consistent with the Helms Amendment and other restrictions?

*Answer.* PEPFAR has the oversight mechanisms in place which seek to ensure that PEPFAR funds, including funds provided to USAID, are implemented in a manner consistent with all applicable federal statutory restrictions, including those related to the Helms Amendment. We work with and provide guidance to our implementing partners on implementation of these requirements and implement partner management activities through our USG staff at our embassies.

STATEMENT FROM DAVID J. KRAMER, GEORGE W. BUSH INSTITUTE,  
DATED APRIL 19, 2023



GEORGE W. BUSH  
INSTITUTE

**Statement for the Record**  
**David J. Kramer, George W. Bush Institute**  
**Senate Foreign Relations Committee Hearing**  
**PEPFAR at 20: Achieving and Sustaining Epidemic Control**  
**April 19, 2023**

Dear Chairman Menendez, Ranking Member Risch, Members of the Committee:

On behalf of the George W. Bush Institute, I thank you for convening this hearing, "PEPFAR at 20: Achieving and Sustaining Epidemic Control," on an issue of great importance to President and Mrs. George W. Bush and the entire Bush Institute. Over the past two decades, the President's Emergency Plan for AIDS Relief, or PEPFAR, has saved over 25 million lives through preventing, testing for, and treating HIV. It has given opportunity and hope to millions of men, women, and children who might otherwise have faced a grim future. In doing so, it also has advanced U.S. national security interests and engendered good will toward America and helped thwart extremism. There are few programs that have achieved a better return on investment.

Indeed, PEPFAR stands as one of the most successful U.S. foreign assistance programs ever. It has benefitted from the generosity of the American people and strong bipartisan and bicameral Congressional support. This year, the House and Senate must vote to reauthorize this lifesaving program, as they have done three times previously. All that is needed this time is a clean reauthorization for five additional years, without changes, to sustain significant bipartisan backing for PEPFAR, which has stretched over 11 different sessions of Congress and four administrations, under both Republican and Democratic leadership.

The Bush Institute hosted an event in Washington in February to celebrate the 20<sup>th</sup> anniversary of PEPFAR to bring attention and support for this great program. That celebration was bipartisan in nature and included appearances by President and Mrs. Bush, Bono, Bill Gates, Secretary Blinken, Speaker Emerita Pelosi, former Congresswoman Ileana Ros-Lehtinen, and many others.

Making the world healthier makes the world safer. Before PEPFAR, an entire generation in sub-Saharan Africa was at risk of being wiped out. AIDS was killing millions, destabilizing societies, and impoverishing economies. And yet there was much we could do to help. Accordingly, President Bush launched PEPFAR out of a moral imperative. As he often says, we are all God's children and deserve a shot at life. To whom much is given, much is required.



GEORGE W. BUSH  
INSTITUTE

We also had, and continue to have, national security interests to reduce suffering and desperation that nefarious actors can exploit. Helping save lives in Africa stands us in stark and more favorable contrast to the exploitative approach China and Russia take toward the continent, with no concern whatsoever for human life.

The reason PEPFAR works so well is that it focuses on results, transparency, and critical accountability. From the beginning, we set clear goals, clear outcomes, and definitive impact with clear metrics and expected we and our partners would meet them. Every dollar spent is carefully tracked to prevent waste, corruption, and fraud. Lives depend on such an approach.

The United States is by no means alone in helping combat this disease. The Global Fund to Fight AIDS, Tuberculosis, and Malaria just this past year recorded pledges from more than 70 nations and nongovernmental entities that totaled a record \$15.7 billion over the next three years. This is true burden sharing for a most worthy cause.

Critical to PEPFAR's success has been strong national leadership ensuring the essential policies at the national and local level in countries where the program operates to create the space for service access. Along with essential policies, many governments are funding key aspects of the program taking on greater responsibility. Civil society and community groups and local faith-based organizations have been crucial to PEPFAR's ability to reach everyone with critical prevention and treatment services. These local organizations receive the majority of PEPFAR's funding to implement programs. Public-private partnerships are at the heart of PEPFAR's ability to use data for decision-making and continuously evolve the program to increase impact.

PEPFAR's success in saving lives has reaped benefits above and beyond controlling HIV, both in the countries where it works and for Americans. Economies of countries that received PEPFAR resources between 2004 and 2018 grew 2.1 percentage points faster than they would have without the program, according to the Kaiser Family Foundation. Investments made under PEPFAR in hospitals, clinics, labs, and health workers allow countries to respond quickly when other health crises strike, like Ebola and COVID-19. PEPFAR-trained health care teams have completed tens of millions of COVID-19 tests and put thousands of shots in arms, accelerated the tuberculous response, and improved maternal and infant mortality. PEPFAR's contributions to saving lives, in other words, extend well beyond HIV/AIDS.

PEPFAR is also integrating new services to care for people living with HIV. For example, women living with HIV are six times more likely to develop cervical cancer, so PEPFAR, UNAIDS, and the Bush Institute five years ago launched "Go Further," a public-private partnership to end AIDS and cervical cancer. Through this initiative, PEPFAR has completed more than 5.7 million screenings for cervical cancer and treated over 217,000 precancerous lesions before they grow to threaten women's lives.



GEORGE W. BUSH  
INSTITUTE

American leadership in the fight against AIDS remains critical. Some think AIDS is no longer a problem. They're wrong. Every year over one million people are newly infected with HIV, according to UNAIDS.

We have an opportunity to get the AIDS pandemic under control in all the PEPFAR-supported countries to meet the 2030 global goals. But many people still need help getting access to HIV prevention and care. Most of Africa is facing a significant youth bulge with more adolescents entering the years when they are most vulnerable to HIV, especially young women; the effective DREAMS program must be expanded to ensure continued impact.

Fulfilling our promise to end the burden of HIV requires all our friends and allies, in governments, civil society, and the private sector, to work together. PEPFAR has taught us how to work across communities, governments and private sector partners for impact in an extraordinarily cost-effective manner.

This comprehensive, integrated, data-driven approach can and needs to be utilized in the United States to combat the care deserts in Rural America and among our Tribal Nations that suffered the greatest loss during the COVID pandemic. We can learn from this model and utilize this cost-effective approach to bring prevention and treatment services to these critically underserved areas of America. We have learned in twenty years how to translate funding into immediate impact.

We can take great pride as Americans in the good we have done in saving lives and improving societies, even knowing our work is not yet done. We can end the public health threat posed by AIDS as long as we sustain our commitment. We can't quit now. We urge Congress to reauthorize PEPFAR in its current form for five additional years so that it can finish the job.

A handwritten signature in dark ink, appearing to read 'D. Kramer', followed by a long horizontal line extending to the right.

David J. Kramer  
Executive Director, George W. Bush Institute  
Dallas, TX