

As prepared for delivery

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Moving to the Next Phase in HIV Prevention
January 14, 2004

Thank you. I am pleased to be here at the Academy for Education Development and have the chance to discuss what the Bush Administration and the US Agency for International Development are doing to fight HIV/AIDS.

Introduction

The scope of the HIV/AIDS pandemic is of terrifying proportions: every six seconds another person becomes infected. Some 8,500 people a day are dying. That is almost three Nine Elevens every single day.

The absolute urgency of containing and ultimately defeating the HIV/AIDS pandemic is one of the defining issues of our era. It is, as President Bush has said, “a moral imperative.”

“Fighting AIDS on a global scale,” the President has said, “is a massive and complicated undertaking. Yet, this cause is rooted in the simplest of moral duties. When we see this kind of preventable suffering, when we see a plague leaving graves and orphans across a continent, we must act. When we see the wounded traveler on the road to Jericho, we will not, America will not, pass to the other side of the road.”

But it is not only a question of being a Good Samaritan, important as that is to a country such as ours, whose tradition of private and public humanitarian assistance goes back to the earliest days of our republic. It is also a question of clear and overwhelming national interest – even national security interest when one considers the potential impact of HIV/AIDS in such places as India, China and Russia.

We are seeing countries now in Africa where more than a third of the adults are infected. That means huge numbers of the most productive people these countries have are either sick or care for those who are. And it leaves children and the elderly to tend the fields and shops and do whatever they can to keep their families going.

We can only assume that the prospects for sustainable economic growth under these circumstances are greatly compromised. We have a growing concern that in the displacement, chaos and disruption of the wars in Sudan and Liberia, the disease may spread more rapidly. Our ability to monitor the spread of the disease in these circumstances is limited. But as the President has said, HIV/AIDS “is a terrible disease, but it is not a hopeless disease.”

We now have the right leadership an enormous increase in funding thanks to the President, the right organizational structure in this new office in the State Department and the right strategy which is field-driven and technically based. I am more optimistic now that the conditions are right to slow the pandemic.

I believe the President has made an inspired choice in Randy Tobias as the USG's HIV/AIDS Coordinator to lead this effort.

The technical leader within USAID on this massive effort is Dr. Anne Peterson, the head of our Global Health Bureau. Anne's understanding of the complex medical issues facing the developing world and her experience in Africa at the grassroots level, with faith-based and community approaches have made her a genuine asset to USAID and the US Government. Our regional bureaus, particularly Africa, are well led. Connie Newman is arguably the best manager and leader the Africa Bureau has ever had, according to many career officers.

We are also very fortunate to be working hand-in-hand with over 50 organizations, including our hosts today, AED, that are helping us deliver solid service in the field and develop the new techniques and strategies that will define our approaches in the future.

The three main points

I would like now to turn to the main focus of my remarks and make three main points:

- First is to discuss the President's Emergency Plan for AIDS Relief and the unprecedented commitment the President has made to fighting the pandemic;
- Second, to highlight USAID's role in this process;
- And third, to discuss the focus and direction of HIV AIDS prevention activities supported by USAID within and outside of the Emergency Plan focus countries.

The President's Record

When President Bush took office, US spending on international HIV/AIDS totaled about \$400 million. This was far more than any other country was doing, but clearly unequal to the task of containing – let alone defeating – the pandemic.

Nobody saw that more clearly than the President and Secretary of State Colin Powell. As the Secretary said at the UN General Assembly in June of 2001, “I know of no enemy in war more insidious or vicious than AIDS, an enemy that poses a clear and present danger to the world. The war against AIDS has no front line. We must wage it on every front. And only an integrated approach makes sense, an approach that emphasizes prevent and public education. But it also must include treatment, care for orphans, measures to stop mother-to-child transmission, affordable drugs, delivery systems and infrastructure, medical training. And, of course, it must include research into vaccines and a cure.”

Doing that is a tall order. But that is precisely what the Administration has done. And the President and Congress have given us the resources to do it.

By Fiscal Year 2002, the Administration was putting more than \$1.2 billion into the fight against the HIV. That figure rose again in FY '03, reaching \$1.629. And in FY '04 we expect it to top \$2 billion. No other country comes even close to that level of commitment. But that is hardly the full extent of it.

From day one, the United States has been the largest donor to the Global Fund to Fight AIDS, Tuberculosis and Malaria that President Bush and Kofi Annan announced at the Rose Garden in 2001.

In June 2002, the President took another bold and compassionate step with the International Mother and Child HIV Prevention Initiative. This has been focused on two areas: preventing transmission of AIDS from mothers to their babies and care to keep the mothers alive and reduce the number of orphans. This includes expanding drug treatments and building stronger health care systems so that as many women as possible can be reached.

Then last year, the President went even further, launching the Emergency Plan for AIDS Relief, a visionary program to increase HIV/AIDS spending to \$3 billion annually by FY '08.

The President's Emergency Plan

As you know, the President's Emergency Plan focuses on the 14 countries that together are home to 50 percent of those living with HIV and AIDS. It has three key goals:

- Providing ARV (anti-retroviral) treatment to 2 million people
- Preventing 7 million new infections
- And caring for 10 million people living with AIDS or are affected by it, including orphans and other vulnerable children.

USAID's role

USAID has had a major role to play in each of these presidential initiatives, and thanks to the resources the President and Congress have made available

to us, we have expanded our programs and pioneered a number of new ideas. Accordingly, our budget for HIV/AIDS has grown from \$433 million in FY '01 to \$510 million in FY '02 and \$795 million in FY '03.

At the same time, we will continue to be an implementing agency, facilitating the work of the Global AIDS Coordinator's office. We are very pleased that the Coordinator is following a field based approach. Within the technical framework established in legislation and by the Coordinator's office, leadership has been delegated to field missions, where interagency collaboration among all USG actors is flourishing. We in USAID have always considered the field to be our particular strength.

There have been many aspects to our work since we began our HIV/AIDS programs in 1986. Many of you in the audience have worked with us and deserve considerable credit for what we have achieved. Still, the threat the virus poses is such that we are always seeking new partners -- companies, foundations, NGOs, and colleges and universities with whom we can work and share expertise, experience and resources.

The point of these partnerships, as Randy Tobias recently said, is "to engender new leadership and commitment and to leverage the competitive strengths of different partners."

One of USAID's new partners is Coca Cola, one of the largest employers in Africa, with whom we are working in 56 African countries to ensure that staff and their families are fully aware of the resources available for AIDS prevention, care and treatment.

Another partnership is with Catholic Relief Services, CARE, and others to provide food assistance to 29,000 people a month in Rwanda. Among the key recipients are child-headed households, children orphaned by AIDS and families with HIV-positive members. This food aid is also linked tied in with other education and income-generating activities.

An important and evolving aspect of our work is on Mother-to-Child Prevention. This past July, I was in Haiti to witness the start-up of a \$4 million Mother-to-Child Transmission Prevention program there.

As part of that program, five new faith-based centers will be opened that offer Mother-to-Child prevention services. Through the Haitian Ministry of Health 48 voluntary counseling and testing centers will have these services, too.

The ABC Model

The topic of this meeting is “The Next Phase of HIV Prevention.” What have we learned from our many years of support to HIV/AIDS prevention programs?

First, we have learned that behavior change is possible and that we can reduce, if not completely eliminate, high risk behavior in all groups (youth, adults, high risk groups). And, second, we have learned how to design effective messages to address all groups.

It has been widely perceived that USAID promotes condom use to the exclusion of other behavior change approaches. This is not true. Balance is the key to our behavior change approach, or as it is commonly known, the ABC strategy.

Our strategy in large part evolved from our long and pioneering work with President Museveni and the Government of Uganda. I was particularly struck by a comment made by President Museveni on one of his recent trips to Washington, that behavior change approaches were the only way he could empower his people to address the catastrophic impact HIV/AIDS was wreaking in Uganda in the absence of other available resources (drugs, diagnostics, and even condoms at the beginning.)

According to US Census Bureau and UNAIDS estimates, Uganda's HIV/AIDS prevalence rate peaked during the early 1990s at around 15 percent. But by 2001, it had dropped to only five percent. Why? The evidence suggests that this precipitous drop has been due to major, positive behavior change in all three ABC categories.

First is increased abstinence, including deferral and considerably reduced levels of sexual activity among youth.

Second is increased faithfulness and a reduction in the number of partners among the adult population -- sometimes known as "zero grazing" in Uganda -- as well as increased condom use by casual partners.

As a recent USAID report states, “the most significant of these appear to be faithfulness or partner reduction behaviors by Ugandan men and women, whose reported casual sex encounters declined by well over 50 percent between 1989 and 1995.... Uganda’s successful combination of ABC strategies was rooted in a community-based national response in which both the governmental and non-governmental sectors (including faith-based, women’s and other grassroots organizations) succeeded at reaching different population groups with different messages and interventions appropriate to their need and ability to respond.”

Stigma reduction and active and effective political leadership are also key elements in Uganda’s success story. And we are beginning to see similar results in countries like Zambia.

Condoms clearly need to be a part of the equation, especially for high risk populations. So we have been increasing their availability worldwide. Shipments increased from 233 million in 2002 to nearly 480 million condoms in 2003.

There are some five million new cases of HIV every year. According to the National Institutes for Health, it could take at least 20 years before we have an effective vaccine available. So it is imperative that we build solid strategies, based on experience, solid science and the best practices that exist.

New Trends in Prevention

I would like to conclude by pointing to some other ideas we are working on:

- Because of their effectiveness, we are scaling up our ABC programs to national levels wherever possible.
- Putting more emphasis on youth and expanding our abstinence and behavior change programs. To this effect, we put a Request for Proposals in December. The response has been overwhelming, and we hope to have that new program finalized within the month.
- Developing new technologies, such as microbicides, to empower women and prevent HIV/AIDS transmission; and new technologies that facilitate prevention and treatment, like simple blister packets to administer drugs to newborns in Mother-to-Child transmission programs.
- Reinvigorating programs to prevent the medical transmission of HIV, improved blood banking, and improved medical protocols.
- Continuing active operations research to determine best practices in all aspects of HIV/AIDS programming, including prevention, ARV treatment, links with nutrition, food and water, and programs for vulnerable groups.

The scope of this pandemic and the strength of the President's response are such that we will continue to need to count on strong partners like AED and all of you assembled here, as well as look to the new partnerships we are forming. We look forward to our work together over the next year.

Thank you.

