



**House Foreign Affairs Committee Hearing:
PEPFAR: From Emergency to Sustainability and Advances Against HIV/AIDS
Wednesday, September 29, 2010**

Questions submitted by the Global Health Council on behalf of its membership.

Funding

How will PEPFAR leverage public private partnerships to address capacity building of civil society organizations in PEPFAR Partner Countries?

The Administration has focused its messaging on efficiency of funding given the current economic climate. While it is critical to ensure that funds are spent efficiently and effectively, we cannot rely on an efficiency argument alone, and funding must be scaled-up to reach PEPFAR's targets. Where will the funding come from to reach these targets, and what are some of the concrete steps you are taking to ensure money is being spent more efficiently and effectively?

Several RFAs have been released during the Obama administration proposing Abstinence-Be Faithful Only programs? Why is PEPFAR still funding AB-only when it has proven to have no affect on HIV prevalence rates?

The Global Fund is a core partner of PEPFAR and, with its ever-increasing contributions to maternal and child health, a core partner of the GHI as well. The Global Fund is currently in the midst of its Third Voluntary Replenishment. The pledges that have thus far been made are setting the Fund up to have to reduce its size, as they are all aiming at the lowest, austerity scenario offered for donors' considerations. If the Global Fund is unable to expand its portfolio, and in fact is forced to reduce the support it can give, this will limit the GHI's ability to succeed. How are you using your authorities to ensure that the Global Fund remains a strong partner to PEPFAR and is not threatened by a lack of resources?

Country Ownership

When we talk about sustainability and country ownership (even given the just released GAO report on PEPFAR's alignment with country ownership, we tend to refer to government only. How is PEPFAR ensuring civil society participation in country ownership and holding governments accountable to civil society inclusion?

Prevention

Evidence increasingly shows that linking family planning and other reproductive health services to HIV/AIDS services increases both the efficiency and the efficacy of both. Yet, PEPFAR is currently prohibited from using its funds to purchase contraceptives. How can PEPFAR's HIV prevention programs for HIV-positive and HIV-negative people integrate these services so that they meet the real needs of the people whom the programs serve?

What significant advances have been/are being made in preventing HIV/AIDS that could revolutionize the way we look at prevention programs, especially for women, girls, and most at risk populations? And how can PEPFAR integrate these advances into its programs?

Treatment is obviously critical in the fight against HIV/AIDS. Yet another vital piece in ending HIV/AIDS is prevention. How can treatment **and** prevention be prioritized without one being pitted against the other?

Prevention of Mother to Child Transmission Question

Background

Nearly 1,200 children under 15 years of age are infected with HIV every day, most as a result of mother-to-child transmission of the virus. Over the past five years, the international community has made great strides towards increasing access to prevention of mother-to-child transmission of HIV (PMTCT) services. In 2005, only 14 percent of HIV positive pregnant women in low- and middle-income countries received the medicines they needed to prevent mother-to-children transmission and keep themselves healthy - in 2008, that number was up to 45 percent.

Questions

Ambassador Goosby: The U.S. government recently joined other global health partners, including UNICEF, UNAIDS and WHO, in calling for virtual elimination of pediatric HIV by 2015. Where do we stand on eliminating pediatric AIDS? What more can PEPFAR do to help achieve this goal? What sort of global coordination is needed to make this happen?

Ambassador Goosby: As the U.S. response shifts from an emergency focus to a more sustainable one and there is greater commitment to integrating services, do you see prevention of mother-to-child transmission of HIV (PMTCT) services as the entry point for women and their families to access a wider array of medical services that can also reduce illness and death due to other causes among mothers and children?

Dr. Frieden: As you know, across the globe nearly 1,200 children under 15 years of age are infected with HIV every day, most as a result of mother-to-child transmission of the virus. Based on CDC's long experience with PMTCT, what strategies do you think would be most effective for dramatically reducing pediatric HIV infection?

Violence against Women and Girls

Background

Violence against women and girls is both a cause and a consequence of HIV/AIDS and an integral component in the fight to end the pandemic. PEPFAR's new gender-based violence (GBV) initiative seeks to prevent and respond to gender-based violence, thereby reducing women and girls' vulnerability to HIV/AIDS.

Question

How does PEPFAR intend to preserve the multisectoral focus of its new GBV initiative, and how are other agencies supporting the success of this initiative?

Pediatric Treatment

Background

Despite years of expansion in care and treatment for adults around the world, children have continued to lag behind in access to care and treatment and are still not widely accessing lifesaving measures such as antiretroviral therapies (ARTs). Approximately 2.1 million children were living with HIV in 2008, up from 1.6 million in 2001. In fact, children make up approximately 6 percent of the total number of people living with HIV. And without proper care and treatment, half of these newly-infected children will die before their second birthday, and 75% will die before their fifth. Research shows that most children who start ART early in life can and do flourish.

Question

Dr. Frieden: The U.S. government has stated that one of its goals of implementing women-centered and family-centered approaches to global health is to promote earlier identification of HIV infected and affected children. Do you feel that children globally have been left behind with regard to HIV/AIDS treatment? What can be done to overcome the barriers to early infant diagnosis that have for so long prevented children from accessing the HIV/AIDS care, treatment and support they need to survive and thrive?

Operations Research

Background

As the U.S. Government continues to place greater emphasis on maximizing outcomes and results, operations research has become increasingly necessary in order to determine what approaches work best in the field and to ensure that this knowledge is applied on a broader scale. Over the years, HIV/AIDS researchers have studied a wide variety of questions related to the demand for, delivery of, and use of services, sometimes with surprising results, but always with focus on how to translate medical knowledge about the prevention and treatment of HIV/AIDS into better and more widespread medical care. The GHI renews the U.S. commitment to operations research emphasizing that it is critical to identify best practices, to document and disseminate programmatic innovations and lessons learned, and to evaluate new methods and technologies to improve and expand HIV/AIDS service delivery so that we can maximize U.S. tax dollars and ultimately save as many lives as possible.

Questions

Dr. Frieden: At a time of economic downturn, it becomes even more critical to evaluate implementation of HIV/AIDS programs and to replicate “lessons learned” to maximize the life-saving impact of the PEPFAR program. Over the years, HIV/AIDS researchers have studied a wide variety of questions related to the demand for, delivery of, and use of services, sometimes with surprising results, but always with a focus on how to better apply knowledge about the prevention and treatment of HIV/AIDS in real-world settings. How important is it that operations research be made a higher priority in the implementation of PEPFAR and the GHI more broadly?

Dr. Fauci: NIH is a leader in all aspects of HIV/AIDS research, from basic and clinical research to implementation research and impact evaluation. Given the research mandates in PEPFAR, how do you see coordination between PEPFAR, NIH and the GHI? What are you doing to ensure that research is being done efficiently and comprehensively in coordination with PEPFAR, while ensuring priorities are met with minimal overlap?

Orphans and Vulnerable Children

Background

Some PEPFAR programs supporting orphans and vulnerable children include critical support for early childhood development programs, such as paying school fees for children in pre-primary school or providing nutrition for young children. ECD programs for children ages 0-8 have a powerful effect on the cognitive development of young children, help prepare kids to enter and succeed in primary school, and have high rates of return down the road. These critical interventions have an especially high impact on children from the poorest families.

Questions

What are your plans to increase support for early childhood development programs in PEPFAR, including nutrition interventions, stimulation and parent training, and pre-primary programs, in order to most effectively support the growth of the most vulnerable children in HIV-affected communities?

One of PEPFAR’s targets for 2010-2014 is care and support for five million orphans and vulnerable children (OVC). Given the base of evidence that shows that the best place for children to grow and thrive is with their families and communities, what is PEPFAR doing to strengthen families so children are able to remain with their families and receive quality care at home, instead of being forced into institutions or orphanages?