## Written Testimony The Honorable Mark Dybul, MD Professor of Medicine, Georgetown University Medical Center Executive Chairperson, Platform Life Sciences CEO, Enochian BioSciences

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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 US 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 US 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 to 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 US 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 US 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.