Podcast Interview: Ambassador Deborah Birx

PNAS: I’m Jessica Johnson. Welcome to Science Sessions.

How could two neighboring countries, equally impoverished, and with similar HIV incidence, have markedly different success in fighting the HIV/AIDS infection within their borders? I talked with Ambassador Deborah Birx about this question and other challenges in the fight against the global HIV/AIDS epidemic. Ambassador Birx is a medical doctor and the U.S. Global AIDS Coordinator who oversees implementation of the U.S. President’s Emergency Plan for AIDS Relief, called PEPFAR. In August, Ambassador Birx spoke at the National Academy of Sciences’ Symposium on Science, Technology, and Innovation for Economic Growth and Development in Africa to an audience of scientists, policymakers, and other stakeholders from Africa and the U.S. about global collaborative efforts to stem HIV infection.

PNAS: Ambassador Birx, a 2013 report by the Joint United Nations Programme on HIV/AIDS estimated that more than 70% of global HIV infections occur in sub-Saharan Africa. Are current efforts keeping the rate of infection steady, or is it increasing or decreasing?

Ambassador Birx: It’s a great question to ask where the epidemic has been going because it’s a country-by-country situation. So if you look at the example of Malawi and Mozambique, poor countries, health resource poor, health capacity poor as far as health workers, the epidemic is very similar in the HIV prevalence, and they have exactly the same type of HIV called HIV 1C. But if you look at the control of the epidemic, Malawi from the very beginning took a very aggressive approach with their global fund dollars to absolutely saturate and provide services in a comprehensive way. So it’s not always a matter of the dollars that have been invested. It’s how those dollars have been focused and what kind of leadership in-country is supporting the response.

PNAS: Malawi accounted for 2% of new HIV infections in sub-Saharan Africa in 2013 whereas Mozambique accounted for 8%. Why was Malawi more successful in its efforts to stem HIV?

Ambassador Birx: They rolled out anti-retroviral treatment, they were the first to roll out what we call B+, that’s ensuring that every pregnant woman has the option to be on lifelong treatment to protect their baby during pregnancy and throughout their lives so that they can be there with their children and raise their children. It has had a tremendous impact on the incidence of disease. Mozambique was not as aggressive in their scale-up of services.
PNAS: What are PEPFAR’s primary goals in fighting the HIV/AIDS epidemic?

Ambassador Birx: About 3 years ago, President Obama and Secretary [of State] Clinton announced the ability to achieve an AIDS-free generation. To have the president believe that goal has been inspirational. So that’s what we’ve been working towards. We’re up against the issue that the epidemic could re-expand at any time without continued effort to control it. We have to be faster, we have to be more focused, we have to be more efficient, and we have to be more effective. We’re focused very much on where the epidemic really is. Are the healthcare workers in areas where the epidemic is still out of control and need additional services? Is our funding aligned in that same way? Are all of our healthcare system-strengthening work focused on those areas that need to have additional work done? What’s been really gratifying to me is to see the real willingness of our country teams to undertake this body of work and to do it quickly.

PNAS: What were you hoping to achieve at the 2014 Africa Leaders’ Summit in August?

Ambassador Birx: My primary objective was to ensure that health remained a priority of all of the countries, and particularly sub-Saharan Africa. I think the Summit was extraordinarily important for the official meetings that occurred but also the satellite meetings – the meeting that was hosted at the National Academy of Sciences, bringing together scientists and others to talk about data from resource-limited settings, from the developed world. Every single meeting, and there were hundreds of them, were really bringing together a concentrated intersection where US individuals learned from Africans and Africans learned from US personnel.

PNAS: How far has PEPFAR come in fighting the HIV/AIDS epidemic in sub-Saharan Africa since the program’s inception?

Early on when PEPFAR just started in 2003/4, people were so devastatingly ill that they didn’t have enough energy or capacity to look up and even see who was walking through the clinic. You walk into those same clinics now and patients are talking to one another, they’re sharing stories, they’re sharing how best to live effectively with HIV/AIDS. We’ve gone from 50,000 people under treatment at the time PEPFAR started in all of sub-Saharan Africa to 6.7 million. At the same time there have been scientific advances like the ability to measure people’s viral load and know whether they’re undetectable or not because when a patient’s undetectable and don’t have circulating HIV virus in their blood, they not only are healthier themselves, but they don’t transmit the virus. So it’s a real way to ending of the pandemic. We have increased life expectancy by 10 or 15 years. Those are the 10 or 15 years are the most productive years of individuals in these countries, allowing all of them to return to work, full employment, and really drive an engine behind economic development. It’s due to programs like PEPFAR together with
the host country that have really changed the entire complexity, and the entire continent is different because of these programs.

PNAS: Thanks for listening. You can find more Science Sessions podcast interviews at PNAS.org.