

**Newsmaker Interviews: Mark Dybul, M.D.
XVI International AIDS Conference
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JACKIE JUDD: Ambassador Dybul, thank you for joining us, and congratulations on your confirmation, which happened in the Senate last Friday.

MARK DYBUL, M.D.: Thank you.

JACKIE JUDD: As the ambassador now, what is the number one priority for you?

MARK DYBUL, M.D.: Number one priority is achieving goals the President set for us, which is to support treatment for two million people. Support care for 10 million HIV infected people, orphans and vulnerable children.

JACKIE JUDD: Through PEPFAR.

MARK DYBUL, M.D.: Through PEPFAR, and to support the prevention of seven million new infections, and do all this within the five years of the emergency plan. We're on our way to do it, but we still have a lot to do.

I think the important part is the way to achieve that and the unspoken underneath the 2-7-10 goals is in a sustainable and accountable way.

JACKIE JUDD: Explain the 2-7-10.

MARK DYBUL, M.D.: 2-7-10 is just the goals, treatment - two million, prevention - seven million, care - 10 million. But we have to do it in a certain way, which is building local capacity to achieve those goals.

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JACKIE JUDD: The World Health Organization, of course had its Three-by-Five Initiative, three million by 2005, it fell short. Were you reluctant at all because of bad experience to set those kinds of goals?

MARK DYBUL, M.D.: No, because we had a funding and a plan for it. Unfunded mandates are very difficult to achieve. At WHO, the Three-by-Five was important as an advocacy tool, by it didn't have \$15 billion behind it. President Bush committed \$15 billion over five years so we could achieve those goals and so we're on track to do it, and we're going to do it by building local capacity, building the systems in country. This is not fundamentally Americans doing the work. This fundamentally Africans, Asian, Caribbean, people from the Caribbean doing the work.

JACKIE JUDD: In a recent speech that you gave summarizing where PEPFAR is at the moment, the one word that stood out to me was your sustainability, sustainability, sustainability. Why?

MARK DYBUL, M.D.: Well, first of all you can't get to 2-7-10 without building a local capacity for it. You can do pilot projects nicely with Americans or others running the programs, but you're going to have national scale, it has to be a country on program, which means it has to be sustainable. It needs to be built into the country itself. It has to be a part of the country, and it needs to be owned by the country in a

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multi-sector way. Country ownership doesn't equal only government. It's private sector, faith based, community based organizations. Everyone taking ownership.

Now that's not the same as resources. We fully understand that countries will not be able to take over \$0.5 billion budgets where some of the support will be at in a couple of years, but we can have it totally owned by the local folks, so that what we're doing is supporting financially their work, their leadership. President Bush, himself, has said that very clearly. It's the American people supporting with resources the work of the people in country in fighting their epidemic.

JACKIE JUDD: You just arrived in Toronto today, but you will be surprised to know that preceding your arrival there has been considerable criticism of PEPFAR. Stephen Lewis of Canada, UN Ambassador, went so far as to call some of the restrictions that you put on the PEPFAR dollars amounting to insipient neo-colonialism. What's your reaction to that?

MARK DYBUL, M.D.: Well, first I'd say that there may be some criticism from people who don't spend an awful lot of time on the continent, but there is considerable support – President Clinton, Bill Gates, both mentioned in their opening address the great work that PEPFAR is doing. Many of the presentations talk about the great work that PEPFAR is doing. When you talk to people on the ground, ministers of health who

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I'm going to spend my time with when I'm here. If you talk to them, if you talk to the people who are running the programs, they'll have very good things to say about PEPFAR.

Unfortunately, the comments like that are actually the reverse. It's neo-colonialism for a bunch of people in capitals to set things for people in country, to tell them how they should run their programs. We support the local programs. We support ABC. We support the expansion of local networks in the sustainable system. We support the local people in a multi-sectoral way, so we're actually the opposite of colonialism. I'm afraid some of the things people want us to do, to me, are more colonistic, because they don't support the locally developed programs.

JACKIE JUDD: The criticism as you implied, is specifically about ABC; abstinence, be faithful, use condoms, and the dollars tied to that program. There was the GAO report earlier this year that quoted several program managers who said they had difficulty meeting the requirements for the PEPFAR dollars. Do they understand the program the way it's meant to be, or are they inadvertently reading in restrictions that may not exist? What's the situation?

MARK DYBUL, M.D.: Well, it's actually; I think it's important to read the report and where they said they had difficulty. What they said they had difficulty doing was within the resources available, meaning everything that needed

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to be done. It wasn't just A, and B, and C. I think an important point in that is that there was consensus and the GAO mentioned it three or four times. Consensus among US government personnel that ABC is the most effective prevention strategy relative to what Ambassador Lewis tried to say. In fact, it was developed by Africans for Africans. So that's what we're supporting, but of course, we don't have all the money that we would like. Unfortunately the President has requested more for the focus country budgets, the bilateral program than Congress has appropriated it. They've had other priorities. We've had a great relationship with Congress, but we have a slight disagreement on the amounts that should go to multi-lateral organizations versus our bilateral programs. So had the President full request for the bilateral resources been met, the resource difficulties would not have been a problem. But I really think it's important to read that report. It did not say that it didn't think ABC was a good approach. It said they thought ABC was the approach. They just had difficulty meeting all the different requirements.

JACKIE JUDD: But some program managers were quoted as saying that they needed to reduce their spending in other parts of their overall program in order to meet the requirements attached to ABC.

MARK DYBUL, M.D.: Of course they did, because there wasn't enough money to do everything. So they had to reduce

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many things across the board because we didn't have the full funding. We actually have the capacity. We have done so much work supporting building of local capacity that we could treat more people tomorrow if the President's full request could be funded. So it's across the board where we have difficult resource situation.

I think it's important to note we support the broadest prevention program, which is why they have this difficulty. We support ABC for sexual transmission, prevention, mother-to-child transmission, safe blood, safe medical injection, the most comprehensive program available. Actually, I find it's somewhat colonistic to say that we should do C only, which is what some are advocating for, because Africans don't want it, and it presupposes that Africans can't change their behavior, which is an insidious concept that goes back to this old concept that Africans are more promiscuous than Americans, which is completely untrue. We know it's untrue, so I think it's more colonistic to say we ought not do these things to support the ABC program.

JACKIE JUDD: You may have just answered my next question, and that is, there are the critics who say PEPFAR, the way it's currently constructed has been harmful in terms of the prevention effort, but let me turn that around and say, does that criticism harm the efforts of prevention and treatment, in your view?

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MARK DYBUL, M.D.: Well, I think it's a great question. First of all, the evidence is with ABC, so I have no doubt in five years, just like five years ago, people, including some very prominent people were saying treatment isn't cost effective. That's been changed by the evidence. In five years there will be no question about ABC, because it is rock solid and it will be there.

I think what's harmful is not criticism. We need criticism. We need an open dialogue. We need a discussion. No one has all the solutions to this problem. Look where we were ten years ago, using mono therapy with AZT. We now know that was a mistake. It was the best we could do then, but it was a mistake. We have to have this back and forth. What's harmful is mischaracterization, and at this point it goes beyond mischaracterization, because the data is there. The evidence is clear. The facts are there in terms of what we do and don't support what our guidance says. At this point, no one can say I don't know, because it's out there in the public. That misinformation, which is polarizing, is harmful. Polarization is the enemy of the global effort for HIV/AIDS. Whatever fringe you're on, it's harmful. Polarization means we don't have common support. We don't have common ground. We're not all going in the same direction, so criticism is welcome as long as it's based on the facts, it's respectful and we're all

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trying to achieve the same goal. But polarizing criticism doesn't harm PEPFAR. It harms the global effort.

JACKIE JUDD: Do you think that kind of polarization is part and parcel of this conference and conferences that have come before?

MARK DYBUL, M.D.: I'm afraid polarization is often promoted for reasons that I don't particularly understand, because on most issues, 90-percent of people agree completely. 90-percent will agree on most things, and then where we need to disagree, we should disagree. Unfortunately what is generally covered by the media or the things that get promoted are the fringe, the polarization. I guess it makes good stories.

To me, what makes good stories is we were at 50,000 people in sub-Saharan [misspelled?] Africa getting treatment five years ago, we're at over 700,000. We're seeing hope restored on the continent of Africa, orphans being treated. We're finally seeing prevention efforts come to fruition, behavior change in difficult environments with reduction of prevalence. That's what we should be talking about and celebrating, and then talking about how best to achieve the next stage, not these polarizing debates. Unfortunately, that seems to make news more than the good stuff.

JACKIE JUDD: Then what is your hope or your expectation about what this conference will do? What purpose it will serve?

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MARK DYBUL, M.D.: Well, actually if you go back to the Durbin meeting in 2000 that was an important meeting. That galvanized people to say, "Enough is enough. We need to be treated." I think if we could have this meeting come out as - let's isolate the fringes where they belong, in the dust bin of history, so that they don't put AIDS as a global effort in the dust bin of history. Let's all come together and talk about, in a common sense way, in a respectful and rational way, how we can get to the next step. How we can build those systems? How we can have national scale up? What are the impediments? What can we overcome? I think the opening session set the right tone. Many of the reports I've seen despite efforts by some to continue to polarize, many of the editorials and op-eds, and many of the stories I've seen are heading in that direction. So maybe we've turned a corner. Maybe we are going to isolate the people who want to polarize, get them out of the picture, and those of us who actually want to do serious work, let's get together and see what we agree on and what we disagree on, but work together because working together, nothing is impossible.

JACKIE JUDD: You mention the opening session where Bill and Melinda Gates spoke, and the focus of their remarks was, one - the empowerment of women, and two - the urgent need for the development of an effective microbicide or a prevention tool. How much do their words now help set the agenda of where AIDS research goes?

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MARK DYBUL, M.D.: Well, anyone who doesn't listen to Bill and Melinda Gates, not only because of their vision, I mean whatever they are talking about, they have extraordinary vision, but also they have quite a bit of resources. So they have the ability to set an agenda, and it's a right agenda. A microbicide would be extraordinarily important in the fight against HIV/AIDS. Empowering women on the prevention front is an incredibly important effort. We're doing an awful lot of the empowerment of women, and what we're trying to do is build, support that building of a local infrastructure so when a microbicide or a vaccine or another intervention becomes available, we can rapidly get it out.

So I would agree completely with what they said at the opening session. We need new technologies. We need the next frontier, which is why I wish we could all just talk about what the next frontier is, instead of allowing people to dominate the debate or want to polarize.

JACKIE JUDD: You seem very frustrated.

MARK DYBUL, M.D.: Oh, I wouldn't say I'm frustrated. I'm not frustrated at all, and why I'm not frustrated is I go to the countries. I know what's there. I see the change, the hope. It's extraordinary. You go to the same clinic, the same community at six-month intervals, where there was total despair; there is now a sense of ownership. A sense that they can run their lives. They don't care about what happens in

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newspapers. They know what is happening on the ground, and so do many of the people that have been speaking at this session. Many of the people have been to the countries who know that good work.

I'm not frustrated at all, because I know in the end, as John Adams use to say, "Facts are stubborn things." In the end the facts are going to win. In the end, President Bush will get the credit he deserves for turning the tide against HIV/AIDS with PEPFAR, but more than that, credit is not important. What matters is we all move in the same direction. We all go towards tackling this epidemic together. I'm not frustrated at all. I'm very optimistic.

JACKIE JUDD: Thank you very much, Ambassador Dybul. I appreciate it.

MARK DYBUL, M.D.: Thank you.

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