

**Remarks for Consul General Andrew A. Passen  
ZuziMpilo HIV Treatment Center  
November 25, 2008**

Thank you very much for the opportunity to speak here today; I am so very pleased to join Minister Hogan at this ceremony. Just two years ago this week, U.S. Ambassador Eric Bost came to ZuziMpilo, to cut the ribbon and open the doors of ZuziMpilo to HIV-positive people who want high-quality and affordable treatment.

And so now, two years later, I am thrilled to be here, to see ZuziMpilo expanding, to celebrate the opening of ZuziMpilo's new wing, and to acknowledge ZuziMpilo's staff for their commitment and cooperation in confronting the scourge of HIV and AIDS.

Let me talk a bit about PEPFAR, since it is through PEPFAR funding that the U.S. government is connected to ZuziMpilo.

PEPFAR – as I hope many of you here already know – stands for the U.S. President's Emergency Plan for AIDS Relief. Launched in January 2003 at President Bush's annual State of the Union address, PEPFAR constitutes the largest commitment by a single country against a single disease in history.

PEPFAR, throughout its first five years, has enjoyed massive bipartisan support – Republicans and Democrats alike – in the U.S. Congress. This is extremely important, because it is Congress which provides the annual funding for the many PEPFAR programs throughout the world. During its first five-years, PEPFAR funded more than \$15 billion in bilateral and multilateral HIV/AIDS programs around the world. More than half of this funding was targeted on 15 “focus” countries, 12 of which are in sub-Saharan Africa – the region worst affected by AIDS – the region known as the center of the pandemic.

South Africa – home to the highest number of HIV-infected people in the world – has received the highest annual funding under PEPFAR among the 15 focus countries. In the first four years of PEPFAR, the U.S. has contributed a total of \$850 million (or about 7.7 billion Rand) to fund high quality care, treatment, and prevention activities throughout the country. In this year alone, South Africa will receive more than \$590 million (5.3 billion Rand).

But I assure you it is not just the amount of money that makes PEPFAR effective; it is the focus on partnership and the focus on results. Our PEPFAR team at the U.S. Mission – from five different U.S. government agencies (USAID, CDC, Peace Corps, Defense Attache's Office, and the Department of State) – ensures that all our funded programs support South Africa's national strategy to fight this pandemic, and that our implementing partners work closely with the relevant host government agencies to combat HIV and AIDS.

One key element of this coordination and collaboration is ensuring that our agencies support the priorities and practices of health centers and NGOs in the field. These partnerships are indispensable, ensuring that together we are accomplishing our goals, that our efforts are achieving measurable results on the ground.

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ZuziMpilo represents an excellent example of this result-oriented partnership. After opening in 2006, ZuziMpilo quickly and steadily proved that it was onto something; that its vision for providing an option that bridges the public and private sectors – its vision for providing top-quality but inexpensive HIV treatment – could work in South Africa.

With funding from PEPFAR through USAID, ZuziMpilo provides HIV treatment, charging its patients only half of what the treatment costs the clinic and employing technically-skilled staff to provide the treatment. In other words, PEPFAR funds cover the deficit between what patients pay and the cost of treatment. Attracting approximately 50 new patients per month, ZuziMpilo is now providing life-saving, antiretroviral treatment to more than 1,000 people.

PEPFAR's worldwide goal is to support antiretroviral treatment for 3 million people infected with HIV by 2013. ZuziMpilo is helping achieve that goal. I am not just referring to the 1,000 people already on ARV treatment here at this facility. Rather, I am referring to ZuziMpilo's compelling model for service provision. By offering an alternative option for HIV care – something that bridges the gap between a large hospital and an expensive, private-sector clinic – ZuziMpilo is helping to reduce the pressure on public health facilities and increasing the competition in South Africa's market for health care provision.

ZuziMpilo does more than simply dispense anti-retroviral drugs: people who wish to have an HIV test are counseled before and after being tested. If they test positive, ZuziMpilo staff conduct a CD4 count during the same visit. The CD4 count is essential to assess the need for ARV therapy. Key to the ZuziMpilo model is that this clinic provides high quality care in a "one-stop shop" where the consultation, blood taking and pharmacy are all available at the same site. Finally, a ZuziMpilo helpline and website offer further information: 0860 IMPILO (467456); <http://www.zuzimpilo.co.za>

To my friends working at ZuziMpilo, I say: our PEPFAR colleagues, and indeed the entire U.S. Mission, is proud of the results you have achieved, proud of the model that you offer, and proud to call you our partner. Yes, it is true that South Africa is home to the highest number of people living with HIV, and, yes, it is true that the region is the center of the HIV pandemic. But I would like to note that based on my experience working with PEPFAR partners like you – in Zambia and now in South Africa – this region should also be known as the center of dedication and the center of vision in this global fight against AIDS.

I mentioned before the strong bipartisan support for PEPFAR over the past five years. I imagine that many of the people here today already know this, but in case you don't, let me point out that, this past August, our Congress re-authorized what we call "PEPFAR II" for an additional five years, to the tune of \$48 billion. Some of this funding will go to fight tuberculosis and malaria, but the bulk of the funding – about \$39 billion – will go to

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bilateral and multilateral efforts to stem new HIV infections, to provide treatment therapies for those infected with the virus, and to provide high-quality care for those infected with or affected by HIV and AIDS. Like the first authorization, PEPFAR II enjoyed remarkable support for the program across party lines; our commitment to partnering with nations around the world, with health clinics in urban and remote settings, with NGOs in Africa, Latin America, Asia, and elsewhere, to fight this pandemic will not waver.

This is our promise; a promise in advance of World AIDS Day next Monday, December 1<sup>st</sup>, whose theme is “Stop AIDS. Keep the Promise.”

ZuziMpilo – your work offers hope to thousands of South Africans. I am so very honored to serve with you in this battle against HIV and AIDS.