



Independent observer  
of the Global Fund

## DEMONSTRATORS RALLY TO URGE AFRICAN LEADERS TO SPEND MORE ON HEALTH

Concerns expressed that cancellation of the Global Fund's Round 11 will have devastating consequences

Editor's note: This is the first article written by the Key Correspondents (KC) Team to appear in GFO. We hope to publish additional KC articles in future. See the note at the end of this article for more information on the KC Team.

Medicins Sans Frontieres (MSF) Health Policy Analyst Dr Mit Phillips described the cancellation of the Global Fund's Round 11 as a "catastrophe," as protesters demonstrated to call on African leaders to commit more internal resources to the HIV response. Dr Phillips said the cancellation will have devastating consequences on millions of people who are yet to access ARV drugs.

"The Global Fund is the main instrument. Don't take it away; more people need treatment. It is not right for the Global Fund to pull out. Africa has invested so much energy and time and more people need treatment," Dr Phillips said during a media briefing organised by the Global Fund at the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) in Addis Ababa, held on 4-8 December 2011.

Prior to the media briefing, AIDS activists from 40 African civil society organisations marched around the conference centre, chanting and displaying messages, reading "Where is the money for HIV and AIDS?"

The demonstrators were campaigning to get African leaders to commit resources to health. On the march was James Kamau a representative from the Southern African Treatment Access Movement (SATAMO), a network of AIDS advocacy organisations. Mr Kamau described the move taken by the Global Fund as "a

reverse gear,” and said countries in Africa should learn from Kenya, which has come up with a sustainable health financing programme with support from UNAIDS, the National AIDS Control Council and civil society organisations. The Kenyan government has introduced a tax levy on mobile phones, Mr Kamau said; subscribers pay 10 cents per phone call and the money generated from the tax levy is allocated to health.

At the press conference, Dr Phillips said that by 2013 an estimated 86,000 people in Zimbabwe will not be receiving antiretrovirals (ARVs) if the Global Fund doesn't reverse its decision to cancel Round 11. In Malawi, people living with HIV who were on the ARV drug tenofovir will be switched to stavudine, which has severe side effects. In Mozambique, 15% of people in need of ARVs don't have access to them and those who are sick are told to wait until their CD4 count drops to 250 to receive treatment. Dr Phillips said that due to the cancellation of Round 11, Mozambique will not have resources for the prevention of mother-to-child transmission of HIV (PMTCT) programmes.

Dr Phillips said Africa has made some progress in putting people on life saving drugs, hence the need to sustain existing programmes and to scale-up in order to reach out to people that need treatment.

Also at the media conference was Lynette Mabote, from AIDS and Rights Alliance for Southern Africa (ARASA), who lashed out at African leaders for not keeping the promise of allocating 15% of their national budgets to health. She said that Africa was at a “critical moment” and that there was an emergent need for “an innovative financing mechanism to be put in place to finance the health sector.”

Ms Mabote urged governments to be accountable to its people, citing the case of Zambia where social audit and expenditure budget tracking is being implemented to make leaders accountable and promote transparency in the health sector. She also bemoaned the lavish life that most African leaders live when others are without basic health services. Ms Mabote added: “The Global Fund was meant to fill up the gaps in health sector. We cannot entrust our health to the donors. Africa should start funding the health sector.”

Nearly 50 organisations are part of a broad coalition of HIV/AIDS organizations working under the banner of the “Where Is the Money Campaign” to push African governments to do more and give more in the fight against HIV/AIDS and in promoting health and life.

Many organisations working in Africa are advocating for local health and HIV funding. They include the African Council of AIDS Service Organizations (AfriCASO), ARASA, the Global Network of People Living with HIV (GNP+), the International HIV/AIDS Alliance, the International Treatment Preparedness Coalition (ITPC), the Networking HIV/AIDS Community of South Africa (NACOSA), the Eastern Africa National Networks of AIDS Service Organizations (EANNASO) and the World AIDS Campaign. Along with many other NGOs and stakeholders working in the HIV/AIDS and health fields, the Where is the Money Campaign coalition is pushing for African governments to own, scale up and sustain funding for HIV and health in Africa.

This article was written by Dennis Chibuye, a member of the KC Team. KCs are “citizen journalists” whose network is supported by the International HIV/AIDS Alliance. By posting dispatches and engaging in debate on [www.keycorrespondents.org](http://www.keycorrespondents.org) – read by activists, health professionals, academics, policy makers and journalists – KCs are able to communicate the reality of health and development to key influencers as a way to advocate for political and social change. For more information, contact [kcteam@aidsalliance.org](mailto:kcteam@aidsalliance.org).

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