



Independent observer
of the Global Fund

Stephen Lewis on AIDS, Africa, and the Global Fund

The following represents excerpts from a Press Briefing on 8 January by Stephen Lewis, the UN Secretary-General's Special Envoy for HIV/AIDS in Africa:

"Last month, I spent two weeks touring four countries in Southern Africa: Lesotho, Zimbabwe, Malawi and Zambia. The primary purpose was to view the link between hunger and AIDS...

At the outset, however, let me express, yet again, the fundamental conviction I have every time I visit Africa: there is no question that the pandemic can be defeated. No matter how terrible the scourge of AIDS, no matter how limited the capacity to respond, no matter how devastating the human toll, it is absolutely certain that the pandemic can be turned around with a joint and herculean effort between the African countries themselves and the international community.

I am weary to the point of exasperated impatience at the endless expressions of doubt about Africa's resolve and Africa's intentions and Africa's capacities. The truth is that all over the continent, even in the most extreme of circumstances, such as those which prevail today in the four nations I visited, Africans are engaged in endless numbers of initiatives and projects and programmes and models which, if taken to scale, if generalized throughout the country, would halt the pandemic, and prolong and save millions of lives.

What is required is a combination of political will and resources. The political will is increasingly there; the money is not. A major newspaper in the United States, reflecting on the paucity of resources, used the startling phrase "murder by complacency". I differ in only one particular: it's mass murder by complacency.

You will forgive me for the strong language. But as we enter the year 2003, the time for polite, even agitated entreaties is over. This pandemic cannot be allowed to continue, and those who watch it unfold

with a kind of pathological equanimity must be held to account. There may yet come a day when we have peacetime tribunals to deal with this particular version of crimes against humanity...

I vividly remember the Prime Minister of Lesotho saying to me “We’re told repeatedly by donors that we don’t have capacity. I know we have no capacity; give us some help and we’ll build the capacity”...

In Malawi, we may be about to see the most interesting of experiments in the provision of anti-retroviral treatment in the public sector. The Government of Malawi had originally intended to treat 25,000 people based on receipt of monies from the Global Fund. They then realized that the calculation of 25,000 was based on the purchase of patent drugs, but now that it is possible to purchase generic drugs, the numbers eligible for treatment could rise to 50,000. There has been, predictably, a great deal of skepticism in the donor and other communities. However, while we were in Malawi, the country was visited by a WHO team which carefully examined the capacity and delivery issues, and came to the conclusion that treating 50,000 people, phased in of course, was entirely possible. This is an exciting prospect: the treatments are meant to be free of charge, and delivered through the public health sector...

The issue of antiretroviral treatment came up constantly and everywhere. Every single group of People Living With HIV/AIDS pounded the demand home in unrelenting fashion. There is a crescendo of rage and desperation which governments will ignore at their peril. In Malawi, the prospect of 50,000 people eligible for treatment in the foreseeable future brings a strong quotient of hope. But in Zambia, the amorphous prospect of perhaps ten thousand people entering into treatment, over time, the eligibility criteria not yet known, prompts nothing but anger. And in Zimbabwe and Lesotho, where treatment is at the earliest stage of discussion, there is a festering despair among those who need it now...

The crucial new component that emerged from the trip to Southern Africa was the role of the Global Fund. It is impossible to overstate how strongly people feel — from Cabinet Ministers to People Living With HIV/AIDS — that the Global Fund is the best vehicle we have to finance the struggle against the pandemic. Every country yielded the same questions: When will the money come? Does the Global Fund have enough money? Why don’t governments contribute to it? What happens if it goes bankrupt?

The questions are germane. As I understand it, the Global Fund has enough resources to get through the next round of proposals at the end of this month, but then it faces the moment of truth. The Global Fund, after January, can be said to be in crisis.

it’s legitimate to ask: what’s wrong with this world? What’s wrong with the rich countries? Why are they willing to jeopardize the integrity of the most hopeful financial instrument we have to combat the cruelest disease the world has ever seen?

But it gets worse. I want to say what we’re all saying privately to each other. If, as some suggest, there is a war in Iraq come February, then the war will eclipse every other international human priority, HIV/AIDS included. In other words, if the United States, and the other members of the G7, don’t augment their contributions to the Global Fund in the immediate future, we will be in desperate trouble. Wars divert attention, wars consume resources, wars ride roughshod over external calamities.

People living with HIV/AIDS are in a race against time. What they never imagined was that over and above the virus itself, there would be a new adversary, and that adversary would be a war.”

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