



Independent observer
of the Global Fund

TOMMY THOMPSON'S AFRICA TRIP

During the first week of December, nearly 100 corporate and other leaders from the US flew to Africa to visit AIDS projects in Zambia, Rwanda, Kenya and Uganda. The trip was led by Tommy Thompson, who serves both as US Secretary of Health and Human Services and as Chairman of the Global Fund. The purpose of the trip was primarily to see the impact of AIDS-related projects that are funded by the US government. Thus, Global Fund projects were not a primary focus, though many references to the Fund's work were made throughout the trip.

Participants included Randall Tobias, the newly appointed US Global AIDS Coordinator; Richard Feachem of the Global Fund; Julie Gerberding, Tony Fauci, and other leaders of the US National Institutes of Health, Center for Disease Control, and USAID; J.W. Lee, head of WHO; Peter Piot, head of UNAIDS; and leaders of various US NGOs and pharmaceutical corporations.

Thompson said he had organized the trip partly because he was "transformed" during his first visit to Africa last year, when encounters with AIDS sufferers moved him to tears. "I held a baby girl in my arms and could feel her love and warmth," Thompson said. "All she wanted was an opportunity to live."

"We're tired of these photo op trips to Africa," countered Paul Zeitz, executive director of the Global AIDS Alliance in Washington, D.C. "Another photo with Secretary Thompson and Ambassador Tobias hugging AIDS patients and watching orphans sing is not what is needed." Other critics were concerned that the trip served in part to showcase the compassionate side of the Bush administration's conservatism, and perhaps to shore up the nation's international standing after months of worldwide criticism of the Iraq war.

"The trip was extraordinary," said Richard Feachem, Executive Director of the Fund. "It gathered senior American public and private leaders, from CEOs to the Directors of the CDC and NIH. And it brought us out into the field to witness the good work that governments and NGOs are doing to roll back AIDS, TB

and malaria. We met with many people living with HIV, some now receiving ARVs, and heard about their challenges, triumphs and hopes.”

“It was clear,” added Feachem, “that there is tremendous local capacity to increase the scale of our efforts to turn back these diseases, and that all parties concerned – public and private – have a role to play. The Global Fund was a constant feature in our discussions, and communities throughout these countries talked often about the promise of the Global Fund and, in some cases, the reality of what our resources are now purchasing and enabling. It was a wonderful feeling to see in Zambia and Kenya the nets and 3rd generation malaria treatments that Global Fund grants had made possible.”

The party traveled on a chartered plane that one participant described as being incredibly cramped and uncomfortable; he said that it was a joy, after the trip was over, to fly Economy on a commercial flight within Europe. Two participants – the CEOs of Pfizer and Bristol Myers Squibb – flew on their own much more comfortable corporate jets, but other participants were not given a chance to ride with them.

Daily schedules generally lasted from 6 am until late evening. One participant who has devoted most of his working life to AIDS said that although he was very impressed with the hard work of the organizers, he felt that a somewhat sanitized view of AIDS was presented – that there were plenty of meetings with HIV patients whose lives were improving thanks to ARV treatment, but none with patients who were close to death as a result of lack of treatment. Another participant, whose career has been equally devoted to AIDS, said that this would not have been appropriate. The key point was to give a sense of the hope that is now possible.

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