

Global partnership against AIDS in Africa

UN leads the way with governments, civil society and private sector

By Michael Fleshman

In urgent response to a deepening crisis, the UN has launched an International Partnership Against AIDS in Africa. The Partnership is bringing together the key stakeholders — African governments and civil society, creditor governments, non-governmental organizations (NGOs) and philanthropists, multilateral institutions, the medical and scientific communities and the private sector — to mount an intensified and sustained attack on the disease and mobilize the human and material resources necessary. The initiative was developed by the Joint UN Programme on HIV/AIDS (UNAIDS), which includes the UN Development Programme, (UNDP), the UN Children's Fund (UNICEF), the UN Educational, Scientific and Cultural Organization (UNESCO), the UN International Drug Control Programme (UNDCP), UN Population Fund (UNFPA), the World Health Organization and the World Bank.

To date, almost 14 million people in sub-Saharan African have died from the disease, with a staggering 23 million Africans — 70 per cent of the world total — currently infected. In some East and Southern African countries as

many as one in four people tests positive for the virus. Current funding for HIV/AIDS programmes in Africa is about \$160 mn per year — a far cry from the \$1.5-\$3 bn UNAIDS estimates is needed annually. The epidemic is so severe that it was the subject of an unprecedented 10 January Security Council briefing chaired by US Vice-President Al Gore.

UN efforts got a major boost in early April with a \$57 mn grant from the Bill and Melinda Gates Foundation to the UNFPA. The funds will be used to expand national AIDS prevention and educational programmes in Botswana, Ghana, Tanzania and Uganda. The programmes will be designed and implemented by both public and private institutions in the four countries in partnership with UNFPA and two US-based NGOs — the Programme for Appropriate Technology in Health (PATH), and Pathfinder International.

UNFPA Executive Director Nafis Sadik described the Gates Foundation grant as the largest single private donation ever made for AIDS programmes. Individual country grants range from \$7.9 mn for Botswana to \$16.5 mn for Tanzania, with \$3 mn budgeted for regional coordination, technical assistance, policy advocacy and monitoring. The programme targets youth and young adults aged 15-24 — the group with the highest rate of new infection — and emphasizes education and prevention, including the use of male and female condoms and changes in cultural mores and personal behaviour that tend to increase the risk of infection.

UN Secretary-General Kofi Annan applauded the Gates Foundation grant, predicting that the funds “will save the lives of hundreds of thousands of young men and women in Africa,” and serve as a “gentle nudge” to the international community to step up

support for AIDS education, prevention and treatment efforts.

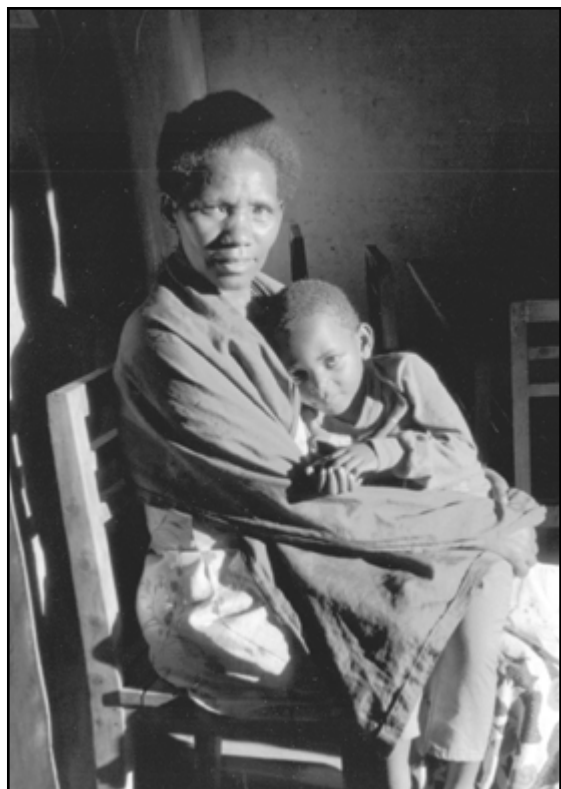
The grant is a sign of increased private sector and foundation participation in the UN effort. In February the UNDP received a \$500,000 grant from the M-A-C AIDS Fund to fund AIDS awareness programmes in Africa. Fund president John Dempsey told UNDP Administrator Mark Malloch Brown that the M-A-C Fund, associated with the Estee Lauder cosmetics company, was committed “to work with UNDP to break the silence that still surrounds the HIV/AIDS epidemic in Africa.” In March, the UN Foundation, which disburses funds donated to the UN by media entrepreneur Ted Turner, approved \$6 mn in grants to UNAIDS and UNDP for HIV/AIDS programmes in Mozambique and Zimbabwe.

Public-private partnership

Last December, Mr. Annan opened a two-day meeting of the International Partnership in New York that included representatives of many African and donor governments, African and European NGOs, senior UN officials and philanthropists. The pharmaceutical industry was also well represented, with executives from Glaxo Wellcome, Merck and Co., Bristol-Myers Squibb and the Geneva-based International Federation of Pharmaceutical Manufacturers Associations.

The Secretary-General's message was one of urgency: “The world faces a humanitarian emergency in Africa beyond the imagination of those who do not live there.” In East and Southern Africa, he noted, “a whole generation of children is now losing its parents to AIDS... It is devastating the economies of their countries. It is taking away both breadwinners and those who look after the young, the old and the infirm. It is destroying the very fabric of society.”

He cited Uganda's success in stabilizing infection rates through a massive public education and prevention campaign as one of many examples of how, “In many cases Africa itself is leading the counter-attack.” The private sector has a vital role to play in supporting African



A Rwandan child orphaned by AIDS with his grandmother.

UNICEF / Howard Davies

efforts, he said, by educating employees, underwriting community education and prevention programmes and addressing the urgent need for affordable medicines and further research.

The largest private sector initiative against AIDS in Africa is the five-year, \$100 mn Secure the Future programme launched by the Bristol-Myers Squibb company last year. The project operates in Botswana, Lesotho, Namibia, South Africa and Swaziland in partnership with UNAIDS, the host governments and the medical and NGO communities. With a focus on women and children, Secure the Future combines funding for community education and prevention with training for health care professionals and medical research.

In Swaziland, Secure the Future is providing \$660,000 over three years to train the country's 2,500 Community Health and Social Welfare Development Monitors to teach AIDS awareness and prevention and provide care to the afflicted. A Catholic medical society, the Cabrini Mission Foundation, has joined the Secure the Future effort, contributing an additional \$200,000 to the project.

In Botswana, Secure the Future underwrote the opening of the country's first HIV/AIDS research facility in Gaborone on 15 February. The laboratory will be jointly operated by the Ministry of Health and the Harvard University AIDS Institute and will study the particular viral strain, HIV-1C, which is most common in Africa. Bristol Myers Squibb has committed over \$18 mn to the research facility, including \$13.3 mn for drugs used by HIV-positive people enrolled in research studies. An additional \$432,000 has been provided for community outreach and prevention programmes.

Deadlier than war

The Secure the Future programme has drawn criticism over the issue of access to vital drugs. According to Mr. Eric Sawyer, of the AIDS Coalition to Unleash Power (ACT UP), a leading US AIDS advocacy and protest organization, "We call it 'Secure the Profits,' because the project fails to address the high cost of life-saving drugs." Much of the Secure the Future funding, he said, goes into the purchase of drugs used by HIV-positive participants in the medical research programmes. These medicines are only available to individuals enrolled in the tests and is money the



In Bujumbura, Burundi, this primary school girl's T-shirt reads: "We are taught and we teach AIDS prevention."

UNICEF / Giacomo Pirozzi

company would spend anyway for research and development. "Bristol Myers is just conducting field trials in Southern Africa and calling it charity," he told *Africa Recovery*.

The pharmaceutical industry has been under sharp attack from African, US and European NGOs and some African governments for opposing efforts to reduce the cost of HIV/AIDS medicine. The need is staggering. UNAIDS estimates that 3.8 million Africans contracted HIV/AIDS in 1999, with new infections increasing at a rate of 10 per minute. Some 13.7 million Africans have died of AIDS since its diagnosis in the early 1980s — 80 per cent of the fatalities worldwide. They have left behind over 10 million orphans, who enter health and educational systems further weakened by the loss of trained staff to the disease. In Zambia, four teachers die every day because of AIDS — among the 5,500 daily AIDS deaths in Africa. Life expectancy in Southern Africa reached 59 years in the early 1990s but is expected to fall to 45 years by 2010. UNAIDS notes that since the early 1980s, AIDS has killed 10 times as many Africans as have the continent's conflicts.

The drugs that have reduced AIDS mortality rates in industrialized countries are far beyond the means of most African sufferers. Without them, virtually all HIV-positive people will die, as will the millions who

contract the disease in the years ahead. In January, Ugandan health minister Crypus Kiyonga told the UN Security Council that treating his country's 2 million HIV-positive citizens would cost over \$24 bn a year — 12 times Uganda's annual budget.

Mr. Malloch Brown told the Security Council that "While the emphasis must be on prevention we cannot ignore treatment, despite its costs...We cannot lapse into a global two-tier treatment regime: drugs for the rich; no hope for the poor...We must work with the cooperation of the pharmaceutical industry to bring down treatment costs."

The major drug companies, however, have been notably reluctant to support efforts that reduce profitability. In 1998, the pharmaceutical industry launched an all-out effort to prevent the South African government from lowering the cost of HIV/AIDS drugs by authorizing the mandatory licensing of some of the medications and "parallel importing" others from low-cost manufacturers in

India. International trade law permits countries to authorize the "emergency" manufacture of drugs without the patent owner's permission as long as the owner is paid a royalty. Parallel importing occurs when products made under license in one country are purchased by another.

Although the South African measures are legal under international trade laws, the major drug companies saw the move as a threat to their patents and their profits. The companies even enlisted the support of the US government, which brought heavy political and economic pressure on South Africa to rescind its proposed cost-reduction measures. The US eventually dropped its opposition to the South African plan and later adopted policies easing access to essential drugs around the world. A lawsuit filed by the pharmaceutical industry against the South African government has been "suspended" but not withdrawn, pending clarification of the final details of the South African measures.

To defeat AIDS, says Mr. Annan, business and government must become partners: "AIDS is far more than a medical problem. AIDS is far more than a national problem. AIDS is a threat to an entire generation — indeed a threat to human civilization as a whole...Our response so far has failed Africa. From now on, let us resolve that failure is not an option." ■