Underfunding AIDS is a 'grotesque obscenity'

The United Nations special envoy on HIV/AIDS has denounced as a "grotesque obscenity" the lack of cheap anti-AIDS drugs in Africa. Stephen Lewis, speaking at the opening of a major international AIDS conference in Nairobi, Kenya, condemned the behaviour of Western powers, saying "we can find over $200bn to fight a war on terrorism, but we can't find the money... to provide the anti-retroviral treatment for all those who need such treatment in Africa!"

> **"I'm enraged by the behaviour of the rich powers... how much more grievous - by their neglect - they have made the situation in Africa"**
> Stephen Lewis, UN secretary-general's special envoy on HIV/AIDS

NAIROBI - The Western world's refusal to supply Africa with enough anti-AIDS drugs while spending billions of dollars fighting terror is a "grotesque obscenity," said Stephen Lewis, the UN's special envoy on HIV/AIDS.

Lewis, the former Canadian ambassador to the United Nations, made the comments at an international conference on AIDS and sexually transmitted infections in Africa. About 8,000 delegates are attending the convention in Nairobi.

"How can this be happening in the year 2003 when we can find over $200 billion to fight a war on terrorism but we can't find the money to prevent children from living in terror," Lewis said. "We can't find the money to provide the antiretroviral treatment for all of those who need such treatment in Africa."

He called the double standard "the grotesque obscenity of the modern world."

United Nations officials say 30 million people are living with AIDS in Africa and estimate the continent has nearly 50 million AIDS orphans. On Sunday, the UN released a report saying AIDS is the biggest barrier to improving the lives of people in Africa, but it can be contained with the right programs.

The report by UNAIDS, the agency responsible for co-ordinating the worldwide fight against AIDS, says there are proven programs to prevent infection. It adds that there are also promising treatments for those infected with HIV.

Written by CBC News Online

Speaking at the opening of the conference, Stephen Lewis, U.N. Secretary-General Kofi Annan's special envoy for HIV/AIDS in Africa, said that the slow pace of Western countries in delivering money and programs to help fight AIDS in Africa, as well as the years of debating how to address the epidemic, was "morally unconscionable," the *Boston Globe* reports. "I'm enraged by the behavior of the rich powers, how much more grievous, by their neglect, they have made the situation in Africa," Lewis said, adding, "That isn't to take Africa off the hook: The behavior of many former African leaders was indefensible. But Africa has moved mountains in the last couple of years, while the Western world remains mired in the foothills." Lewis said that the $1 billion gap in spending on the AIDS pandemic at a time when the West has spent more than $200 billion in the last two years fighting terrorism is a "grotesque obscenity." Lewis asked how the West could spend so much money fighting terrorism but could not find a portion of that amount of money "to prevent children from living in terror?" (Donnelly, *Boston Globe* , 9/22).

He condemned the behaviour of Western powers, saying "we can find over $200bn to fight a war on terrorism, but we can't find the money... to provide the anti-retroviral treatment for all those who need such treatment in Africa!" Just $1bn was spent on combating Aids in Africa last year, he said. An estimated 30 million people in Africa are infected with HIV - the virus that causes Aids - and some 15 million have already died from the disease.

Address by Stephen Lewis
UN Secretary-General's Special Envoy for HIV/AIDS in Africa

at the Official Opening of the
XIIIth International Conference on AIDS and STIs in Africa
Nairobi, 21 September 2003 5:00 p.m.

Your Excellency, Mr. President; Madam the First Lady of Gabon, Honourable Ministers (including the Minister of Health, who just yesterday joined the ranks of Kenya's famous long-distance runners), Distinguished Guests, Ladies and Gentlemen.

I am obviously delighted to have the privilege of participating in this opening session of ICASA. But I'm also aware that the speaking list is lengthy. So quite frankly, I'm going to scrap the remarks I intended to make --- primarily on financial resources and treatment --- which would have required elaboration and time, and I will use this opportunity instead to pursue the theme of Access to Care in the context of children orphaned by AIDS, and other vulnerable children. I choose to focus on orphaned children because they remain perhaps the most intractable of all issues related to care and support We've obviously been dealing with legions of orphaned children -- sometimes adequately, mostly inadequately - for well over a decade But something startling is happening: the increased spiral of adult deaths in so many countries means that the numbers of children orphaned each day is expanding exponentially. Africa is staggering under the load.

In late July, early August I made a trip to Uganda and Zambia with Mrs. Graça Machel. Graça Machel is, as you know, the former Minister of Education of Mozambique, the former First Lady of Mozambique, and is now married to Nelson Mandela. Graça knows every corner of Africa intimately.

The trip left us both with an overwhelming sense of dismay, anxiety, even dread at the situation of orphans. Uganda and Zambia aren't unique; they are mirrors of the continent.

Let me attempt to illustrate some of what we experienced with four brief anecdotes.

First, in Kampala, Graça and I visited Mulago Hospital and the clinic running "Prevention of Mother to Child Transmission Plus". The 'Plus' as you're surely aware, represents overall care for the family -- not only the treatment of the mother, but where necessary, her partner and any children who are HIV-positive. It's a new initiative in Africa, with pilots in a number of countries, overseen by the Columbia University School of Public Health working in conjunction with governments, UNICEF and the Elizabeth Glazer Pediatric AIDS Foundation.

The principle here --- and it's the most powerful principle that could be invoked --- is that the one foolproof way to reduce the orphan population is to keep the mothers alive. At Mulago, we met with a number of women enrolled in the programme who were on antiretroviral treatment. You will know that in most countries, eligibility for treatment requires a CD4 count below 250 or 200. We met a woman whose CD4 count had dropped to 'one' -- yes, '1' – when she was given drugs. It was unheard of. When we saw her, she was a month into treatment, looking good, feeling good, and equally important, her two lovely children played at her feet while their mother laughed with us.

If ever the skyrocketing orphan population- already pushing 13 million -- is to be brought under control, then treatment is absolutely imperative to success. When WHO says three million people will be treated with anti-retrovirals by 2005, the world must make it happen. Anything less is an ethical abomination.

Second, this time in Zambia, Graça and I were taken to a village where the orphan population was described as out of control. As a vivid example of that, we entered a home and encountered the following: to the immediate left of the door sat the 84-year-old patriarch, entirely blind. Inside the hut sat his two wives, visibly frail, one 76, the other 78. Between them they had given birth to nine children; eight were now dead and the ninth, alas, was clearly dying. On the floor of the hut, jammed together with barely room to move or breathe, were 32-orphaned children ranging in age from two to sixteen. Graça and I looked at each other, and wordlessly communicated the inevitable fear: What in God's name is the future for these youngsters?

It is now commonplace that grandmothers are the caregivers for orphans --- I've certainly seen it in every country without exception --- but that is no solution. The grandmothers are impoverished, their days are numbered, and the decimation of families is so complete that there's often no one left in the generation coming up behind. We're all struggling to find a viable response, and there are, of course, some superb projects and initiatives in all countries, but we can't seem to take them to scale. In the meantime, millions of children live traumatized, unstable lives, robbed not just of their parents, but of their childhoods and futures. How can this be happening, in the year 2003, when we can find over $200 billion to fight a war on terrorism, but we can't find the money to prevent children from living in terror?

Third, towards the end of the trip to Zambia, I visited an unplanned community of approximately five thousand people in a tiny settlement just outside Lusaka. The people were bursting with pride: they had graded a rough road and built a community centre, with two of the rooms used as a makeshift school-- albeit without benches, desks, blackboards, chalk, paper or pencils. They showed me around and then asked me to say a few words as they gathered in their hundreds on some rocky ground in front of the community centre.

I looked out at the crowd, and was suddenly jolted by a shock of recognition. In the front row were a handful of young mothers, their babies at their breasts. And then, as far as the eye could see into the crowd, made up mostly of women, everyone else was elderly. I asked: "how many of you are grandmothers?" and a forest of hands shot up. I asked: "how many of you are caring for children?" and the same hands shot up.

And I suddenly realized, in a vivid momentary photograph of life, that the entire middle generation seemed to be missing: there were children, very young women, old women, and a handful of older men -- and almost nothing in between. We all know that that's the way the pandemic works. But there comes a moment when the statistics on paper, the intellectual abstractions suddenly hit home. And at that moment, they hit home for me with an almost visceral force.

Thus it is that orphaned children are the most vexing issue related to care, because there are not enough adults left to do the caregiving – no one to hand down knowledge or experience, or -- perhaps most important of all-- values -- from one generation to another. It's appalling that so many children are growing up without the kind of emotional anchor that leads to a life of stability.

The final anecdote takes place in Uganda, in Masaka Distrist, at what is known as "ground zero" in the pandemic. It was there that the first case of HIV/AIDS was diagnosed in 1982. The villagers were anxious that we visit one of the many child-headed households, in this instance headed by a fourteen-year-old girl, with two sisters, 12 and 10, and two brothers, aged 11 and 8. Theirs was not a dramatic story of sexual violence or property theft. The injustice of their young lives was much more straightforward, but as deeply compelling.

We went into the children's hut, and Graça told everyone to leave: media, UN staff, hangers-on. The only people who remained behind were a translator and the local World Vision staff woman who helped tend to the village. We sat down side by side with the children, our backs to the wall, the two boys on my left, and the three girls on Graça's right. I had no idea what to expect.

Graça turned to the young girls, and very gently asked: "Have you started to menstruate yet?" Very shyly, the 14-year-old and the 12-year-old girls said they had. . "Do you know what it means?" said Graça. "What did you think was happening to you? Do you talk about it with other girls at school? Do you talk about it with your teacher?" And as the two girls answered, in whispered voices, I suddenly realized that they were experiencing their first act of 'parenting' around one of the most anxious moments of a young girl's life. I couldn't get over it. I thought to myself: this is the gap that women all over Africa are trying to fill, but the ratio of children to adults is completely out of whack. (In both Uganda and Zambia, orphaned children constitute 10% or more of the population.) The depth of psychological distress that plagues an entire generation of children numbering in the millions is simply overwhelming, and the struggle to cope is complicated fiercely by a lack of resources at the grass roots.

There are emerging, internationally, strong plans for dealing with orphaned children, plans focusing on the removal of school fees, on school feeding programmes, on the cultivation of school gardens, on health care for vulnerable children, on protection from sexual violence, on significant and lasting community support. Here in Kenya, there's reason for optimism. When you removed primary school fees, Mr. President, and nearly one and a half million new children turned up at school, you set a precedent for the entire continent. Everyone is talking about it, and a campaign to abolish school fees in Africa is now in the works. What is more, just yesterday, the Women's AIDS Run showed the astonishing solidarity that exists at community level amongst women across this country, in providing access to care and support. Despite their disproportionate levels of infection, and the poisonous absence of any semblance of gender equality, African women are incredibly strong.

But the women can't do it alone. That's how I want to end. You can't do it alone. The women of Africa, all the people of Africa, the governments of Africa: they can't do it alone. This is a full-blown emergency; in every emergency there is a division of labour. Africa is struggling to hold up its end; the west is not.

I have to say that what's happening to the continent makes me extremely angry. And I don't feel I have to apologize for being angry. The job of an Envoy isn't merely to observe and to report back, but also to identify with those he serves. And I serve Africa. And I'm enraged by the behaviour of the rich powers … how much more grievous, by their neglect, they have made the situation in Africa. That isn't to take Africa off the hook: the behaviour of many former African leaders was indefensible. But Africa has moved mountains in the last couple of years, while the western world remains mired in the foothills.

Africa needs no instructions from the west; Africa needs no arrogance from the west; Africa needs no churlish lectures from the west. Africans know HIV/AIDS in all its manifestations and requirements. Admittedly, no one in the world has yet developed a plan for coping with this new phenomenon of millions of orphaned children, but Africa has vastly more experience of orphans than the rest of us, and we should simply stop barracking, and provide the resources for Africa to find solutions. The knowledge and human resources are there: organizations of People Living With AIDS, the inspired youth peer counselors, the political leadership, the religious leadership, the activist women's groups, the community-based and faith-based organizations: there is overwhelming sophistication and strength on this continent. What's missing are the tools and support to do the job. Provide those to Africa, and we can break the back of this pandemic.

But that requires money. Money, for example, for the Global Fund -- and the money is not there. Africa is unrelievedly poor. In the straitjacket of poverty, whole countries are fighting for survival. And that, my friends, is morally unconscionable. There's just no time for debate: the crisis has gone on for so long that those who were once orphaned children are now young adults having children of their own. How do you bring up a child, when you've had no parenting to fall back on? It's a blessed thing that against all odds, there remains such tremendous determination and spirit among Africans to save this continent. The world need only feed that spirit, and Africa will prevail.

Please find below the text of a statement by Stephen Lewis, the UN Secretary-General's Special Envoy for HIV/AIDS in Africa, delivered at 14h00 in Nairobi on Thursday, September 25 at a panel discussion on "The Politics of Resource Allocation" at the XIIIth International Conference on AIDS and STIs in Africa.

Allow me to make one point directly on the matter of resources at the outset.

It is worth noting that the industrial world is spending $600 billion a year on defense, and $350 billion on agricultural subsidies. That is to say, on those two items alone, the rich world spent almost a trillion dollars while Africa had slightly

less than a billion dollars to spend on AIDS. That's a ratio of a thousand to one. For the mathematically-inclined, it means that the rich world, annually, spends 600 times as much on defense as Africa has for AIDS, and 350 times as much on subsidies as Africa has for AIDS

My use of the phrase "grotesque obscenity" at the conference opening may sound strong, but it wilts in the face of those numbers.

However, there are many ways to free resources. I want to suggest an approach that is somewhat unorthodox, but gains significant credibility in the light of recent events.

At the end of August, the World Trade Organization finally reached a compromise on generic drugs. After two painful years of dispute and delay, it was agreed that African countries could import generics if they were clearly in need, and other countries could export generics to meet that need. It was also decided that any such import/export activity would not violate international trading rules, or trade-related intellectual property rights.

This week, at the UN General Assembly session on Monday in New York, the World Health Organization announced its determination to achieve the goal of "3 by 5", that is, to make sure that three million people are receiving treatment by the year 2005. In the UNAIDS report that accompanied the debate, it was said that 50,000 people are in treatment now in Sub-Saharan Africa, as compared with 4.1 million who are eligible for treatment. In other words, the numbers receiving treatment represent roughly 1% of those eligible.

I want to suggest that the two events --- the WTO agreement and the WHO pledge --- yield a truly interesting possibility which I should like formally to advance.

It's time for one of the major industrial countries, in particular, one of the G7 countries, to announce the manufacture and export of generic drugs to Africa. I would wish it to be my country, Canada, but it doesn't really matter which.

The proposition is simple: if the WHO is going to move from 50,000 now in treatment in Africa to over two million by 2005 (Africa's share of the 3 million target), then they will need a fast, reliable, scientifically sound, continuous flow of generic drugs in order to keep the prices low enough --- roughly $250 to $300 per person per year --- for the plan to succeed. There will obviously be some provision from Brazil, Thailand and India, but much more will be needed. A western country could fill that need and do it at the highest standards of quality.

All that is required is to issue a compulsory license which lifts the patent protection from anti-retroviral drugs on the WHO approved list. Every G7 nation has a robust generic industry with great production capacity. In Canada, the Generic Pharmaceutical Association has already asked the government to issue a compulsory license so that they can export to Africa. The big pharmaceutical industry would suffer not one whit: these drugs would be for export only, domestic prices would not change, and there could even be a time limit on production … say, five years, until Africa develops an indigenous manufacturing capacity of its own. It would be expected that the generic manufacturers would help build this manufacturing capacity in Africa by transferring the necessary technology.

If this were done, it would be entirely consistent with the WTO negotiations completed at the end of August. No rules broken, millions of lives prolonged and saved. It would be a huge testament of good faith from the industrial world towards Africa.

I want to emphasize that there is absolutely nothing standing in the way of such an initiative except a paralysis of political will and the influence of the big pharmaceutical companies. But the political will can change. And the drug companies could do the right thing. If the pharmaceutical industry were to throw up obstacles, they wouldn't have a leg to stand on: on the one hand, it's entirely legal, and on the other, there is no damage whatsoever to the corporate balance sheet. You'd have to have pretty twisted motives to oppose a compulsory license. After all, we're talking about millions of lives.

When the WTO agreement was reached, the drug companies said they could live with it. Some of the major NGOs, like MSF and Oxfam and Health Gap, fear that the big drug companies really agreed to the deal only because it imposed conditions on the African countries which those countries would fail to meet. The result, they feel, would be that Africa wouldn't be able to import generic drugs, and would have to fall back on non-generics from the big pharmaceutical companies at higher prices.

So what were those conditions? The importing country would have to go before the WTO Council to prove the need to import (that is, to show that there was no local manufacturing capacity); the importing country would have to go before

the WTO Council to show that the drugs were for “health purposes” and not “commercial purposes”; the importing country would have to guarantee protection against black market activity; and any third country could challenge the transaction by issuing a formal complaint within the WTO.

The NGOs see these conditions as potentially crippling obstacles to the import of generics. But they want to test the agreement before deciding that it won’t work.

And that’s a key reason for one of the industrial countries to leap into the fray. If a G7 country issues a compulsory license so that its generic industry can provide the drugs, then the G7 country can join the African importing country when it goes before the WTO Council or responds to some challenge. The presence at the table of Canada, or the UK, or France would change everything. It would make the entire process possible. It’s all a matter of clout and influence.

One final item: It was only ten days ago, in Cancun, that the wealthy nations of the west took a position on agricultural subsidies so intransigent and unjustified as to cause a collapse of the talks. In so doing, they doomed Africa to continuing poverty. It would at least be a small act of redemption if the same wealthy countries now provided low cost generic anti-retrovirals to help to diminish the scourge of AIDS.

It might not usher them into the kingdom of heaven, but they’d be further removed from the inferno.

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The East African

Special Report
Sunday, September 28, 2003

Leaders and drug firms assailed

By MIKE MWANIKI

Participants warm up for the first International Aids Run which was flagged off by President Mwai Kibaki at Uhuru Park, Nairobi, last Sunday: The event preceded the Aids conference at the Kenyatta International Conference Centre. Photo by Stephen Mudiari

The issue of access to affordable life-prolonging drugs by the 30 million Africans infected with Aids featured prominently at the six-day International Scientific Conference on Aids, which ended in Nairobi last Friday.

Aids lobbyists and sufferers poured scorn on African leaders, especially the politicians, accusing them of ignoring the plight of the infected, but who cannot afford the anti-retroviral drugs.

Transnational pharmaceutical companies, which had a big presence at the talks at the Kenyatta International Conference Centre, were also not spared. The firms were accused of failing to lower the prices of anti-retrovirals, and putting them out of the reach of the poor, who equally need them.

The "people's tribunal" held on Tuesday, marked the beginning of dissent. More than 200 Kenyans infected with Aids accused the Government of paying lip-service to need to provide the life-prolonging drugs to the 250,000 people living with the virus.

They then went ahead to pass a "guilty" verdict against the Government. However, some welcomed reports that Kenya would soon supply free ARVs to 6,000 Aids patients in public hospitals.

The demonstrators said that although they welcomed last week's Government move on treatment in public hospitals, it has yet to design and implement a national ARV treatment policy.

Assist health workers

However, contacted by the *Sunday Nation,* the National Aids and Sexually Transmitted Infections programme director, Dr Kenneth Chebet, disputed this allegation.

He said: "I think people living with Aids may not be aware that the Ministry of Health has already formulated a national treatment policy. The guidelines will assist health workers in our various health facilities while offering treatment to those who will be put on the ARV programme."

The "tribunal" also accused and "convicted" transnational pharmaceutical companies of being "profit-driven" and failing to make the ARVs available to the poor.

In Kenya and other poor African countries, access to HIV treatment forms a critical area of concern.

According to UNAids, at the end of 2002, about 800,000 people worldwide, out of the 42 million people infected with Aids were receiving anti-retroviral treatment. About 500,000 of those receiving the life-prolonging treatment live in high-income countries.

"In sub-Saharan Africa, where 2.4 million people died of Aids in 2002, only about 50,000 were getting treatment. In Asia and the Pacific, where 485,000 died of Aids last year, only 43,000 people were receiving treatment, " UNAids says in a report.

In Kenya, where 3 million people are infected with Aids, only 10,000 are on anti-retroviral treatment, Dr Chebet said.

During the "people's tribunal" held outside the conference centre and moderated by a Nairobi Holy Family Basilica priest, Fr Emmanuel Ngugi, singer Mercy Myra and 13-year-old Local Government junior minister (children's cabinet) Antony Kaguara, the protesters also passed a "guilty verdict" against employers, families and society for perpetuating discrimination, stigma and denial against those infected with Aids.

The "tribunal", however appeared to be a curtain raiser to another protest demonstration the next day.

Meeting under the umbrella of the Pan-African Aids Treatment Access Movement, more than 200 angry but orderly protesters stormed into the conference centre, waving placards and shouting as they picketed the booths of the transnational drug firms exhibiting at the Icasa talks.

As they made their dramatic entrance, the protesters managed to disrupt a Press conference by the World Bank, as journalists rushed to cover them.

At the GlaxoSmithkline stand, they shouted: "Keep your promises. Aids treatment now! You talk; we die!" while at the USAid stand they chanted: "Shame!...shame!...shame!...where is the $10 billion to treat the 6 million people (infected by Aids)?".

At a press conference held later, they accused the pharmaceutical companies of spending millions sponsoring delegates to the Icasa and other Aids meetings instead of making available cheaper anti-retroviral drugs for poor people living with the virus.

And during the closing ceremony, the protesters were at it again. They briefly interrupted the ceremony as they booed a US embassy official. Ms Leslie Rowe was addressing the delegates when the activists moved towards the podium, waving placards and chanting: "Keep your promises! Aids treatment now! You talk; we die!".

But Ms Rowe remained composed and resumed her speech five minutes later. Commenting on the protest, she said they were exercising the freedom of speech being enjoyed in Kenya under the Narc Government.

However, two days after the Icasa meeting began, the World Health Organisation unveiled an ambitious plan that will see more Aids patients accessing anti-retroviral drugs.

The WHO announced that it would spend $100 million (Sh7.8 billion) annually on the provision of cheaper life-prolonging Aids drugs in Kenya and other African countries.

A substantial amount of that money will be spent on training the thousands of health workers who will be needed to deliver anti-retroviral treatment.

The WHO HIV Department director (Geneva), Dr Paulo Teixeira said: "The funding will also be used to improve the existing health care infrastructure in developing countries and in building a global Aids drugs and diagnostics facility to help these countries to get quality anti-retroviral medicines."

Dr Teixeira said the WHO was developing simplified technical guidance based on fixed-dose combinations, basic laboratory examinations and simpler drug regimen schemes.

The WHO and UNAids unveiled an ambitious plan to provide anti-retrovirals to 3 million people by the end of 2005 in an initiative dubbed "3 by 5".

The UN body described as a global emergency the failure by the developed world to provide medicine to millions of needy patients. Six million people in the developing countries are living with HIV and need the anti-retrovirals. But fewer than 300,000 have access to them. In sub-Saharan Africa, where most of the people requiring treatment live, only 50,000 are receiving care.

Dr Teixeira, who was accompanied by UNAids executive director Peter Piot, said the plan to provide the anti-retrovirals was feasible and urged African governments, non-governmental organisations, community and faith organisations to give the necessary support to the initiative.

Dr Piot observed: "The scale of the global treatment emergency should not be underestimated. About 99 per cent of HIV positive people who need HIV treatment in sub-Saharan Africa do not have access to it.

"However, Aids therapy is a long-term commitment, not a one-shot. We need dramatic and sustained increases in resources and political commitment."

The two organisations are calling for cooperation to ensure that millions of people who urgently need ARVs receive them.

During the talks, traditional healers also called for "official" recognition and inclusion by their governments in the fight against the pandemic.

They said: "Since 85 per cent of the population in sub-Saharan Africa consult us, we call for recognition and involvement in the fight against Aids,".

And the Kenya Government was not left behind. It released a new HIV and Aids Prevention and Control Bill. One of the penalties contained in the Bill is that a person who knowingly infects another with the Aids virus risks a seven-year imprisonment or a fine exceeding Sh500,000.

Such a person would also be classified as a danger to society and could have his or her HIV status made public. The proposed law was approved at a Cabinet meeting chaired by President Kibaki on Tuesday. It aims to provide a legal framework for the prevention, management and control of HIV/Aids.

More than 7,000 delegates from 109 countries attended. The US military research programme announced that its new vaccine would be tried on Kenyans in 2005.

The programme's Kenya Country Director, Ms GenMarie Foglin, announced that feasibility studies are being done in Kericho on a group of nearly 2,000 volunteers.

She said trials of the vaccine in East Africa would first begin in Uganda next year. Ms Foglin said $3.5 million had already been spent and more than $15 million would be used in developing the vaccine, once the trials begin.

Already, a vaccine developed by University of Nairobi scientists and their British counterparts is in the second phase of trials, which involves testing on HIV negative volunteers.

Uganda's minister in-charge of the presidency, Mr Kirunda Kivejinja, challenged Kenyan politicians and other leaders infected with Aids to publicly declare their status. He said this would help de-stigmatise the disease.

Mr Kivejinja told journalists: "The commendable efforts by President Kibaki in the war against Aids should be supported by politicians and other leaders for it to bear fruit...

"This is the way we did it in Uganda and that is why our HIV prevalence among adults now stands at five per cent from a high of 30 per cent and above a few years back..."

During the talks, a committee on national and community response recommended that sources of drugs be established to ensure sustainability of anti-retroviral treatment programmes when donors pull out. Anti-retroviral treatment should also be integrated into the existing health care systems in the region.

"You Talk, We Die"
Activists protests poor access to treatment in Africa

by Kingsley Obom-Egbulem
Nigeria-AIDS eForum correspondent
Nairobi, Kenya

The 13th International Conference on AIDS and STIs in Africa (ICASA) would not have been complete without their presence and action.

And they had waited patiently to make their presence and feelings felt.

Just as delegates were about settling down to business on the third day of the conference, they rose and spoke, and ensured that everyone heard their voices.

Numbering just about a hundred, the activists under the aegis of the Pan-African AIDS Treatment Access Movement (PATAM) spoke, kicked, railed and acted up against many 'enemies' of access to treatment for HIV/AIDS in Africa: Big Pharma, the unfeeling, profit-focused multinational corporations, African leaders who have refused to provide treatment for their peoples.

"You talk, we die", yelled the activists, as they mounted a blockage of the VIP and heads of governments lounge at the Kenyatta International Conference Centre, venue of the ICASA.

"I am alive today because of access to treatment", cried Prudence Mabele of the Positive Women?s Network South Africa, as she joined others to stage a lie-in on the conference grounds.

"AIDS treatment now", the activists chanted as they marched round the premises, making quick stops at the stands of Bristol Myers Squibb, Glaxo Smithkline (GSK), Merck Sharp Dome (MSD), - all major western pharmaceutical companies - as well as that of the United States Agency for International Development (USAID). Each stand was blockaded and covered up in posters bearing messages: 'Guilty', 'Keep your promises', 'You talk, we die'.

"No thanks to these people, Africans are dying because we can't get drugs", said one of the activists. The death, last month, of Togolese AIDS activist Iris Kavege must have infuriated the activists who felt her life would have been prolonged if she had access to life-saving but unaffordable treatment.

About 60,000 Africans are said to have access to drugs. This figure is about 1 percent of the actual number of people who need treatment. Several promises have been made to improve the situation but the activists feel it needs to be backed by necessary action so as to prolong the life of PLWHAs.

Mercy Otim of the Kenya Coalition for Access to Essential Medicines called this "the height of government neglect."

"In Kenya, about 250,000 people living with HIV need immediate treatment or they will die," she said.

Ironically, the 13th ICASA was partly sponsored by some of the pharmaceutical companies the activists are protesting against. Could they still be accused on insensitivity considering this gesture? Mohammed Farouk Auwalu of the Treatment Action Movement (TAM) Nigeria described that as a Greek gift.

"It is a fraction from the money they made from those of us who are infected that they are using to sponsor these conferences so that they can launder their image. We don't want conferences...we want drugs, affordable or even free drugs".

At a press conference called after the protest, the activists also criticized some African governments for holding the view that what people living with HIV is nutrition, not treatment.

"We are eating. We have food in Africa, but we cannot eat food alone. We must take drugs to compliment good nutrition," said Patricia Asero of the Kenya Treatment Access Movement.

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New York Times Op-Ed

When Prudery Kills

By NICHOLAS D. KRISTOF
Published: October 8, 2003
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JOHANNESBURG

Here on the ground where President Bush's big anti-AIDS program is supposed to unfold, it looks as if the program was

drafted more to win American votes than to save African lives.

"We have the opportunity to save millions of lives abroad from a terrible disease," Mr. Bush told the nation in his State of the Union address. But we're busy missing that opportunity.

Mr. Bush was happy to bask in the praise that his announcement of the AIDS program attracted. But now he is delaying some of that spending, holding back $1 billion in the first year, at a time when three million people die of AIDS annually and five million are newly infected.

In fairness, Mr. Bush is doing more about AIDS in Africa than President Bill Clinton ever did. But one can hail these advances and still recognize that administration officials are taking only baby steps.

"They've been in office three years, and they've done almost nothing to get the sick and dying on treatment," said Jeffrey Sachs, a Columbia University economist and expert on public health. "Despite a lot of talk and one famous speech, and one plan that isn't in operation, they've essentially accomplished nothing."

"It's utterly inexcusable," Mr. Sachs added, "that 7.5 million people in Africa have died on their watch, and they've not yet reached even 500 Africans on treatment in U.S.A.I.D.-supported programs. They've talked and procrastinated and dissembled while millions of impoverished people have died. Ultimately, history will judge them very severely."

In his State of the Union comments on AIDS — which were deservedly praised — Mr. Bush pledged $15 billion for AIDS in Africa and the Caribbean over five years. But instead of $3 billion for the first year, Mr. Bush backtracked to just $2 billion (much of it already in the pipeline). He's also trying to cut urgently needed contributions to the Global Fund, an international partnership to fight AIDS.

The administration is also fumbling the AIDS initiative by requiring that one-third of AIDS prevention funds do nothing but encourage sexual abstinence until marriage. This is the kind of stipulation set by people who sit in Washington and have never actually set foot in an African village.

In fairness, there is a growing body of evidence that promoting conservative religious and social mores can reduce the scourge of AIDS. But the only religion that does this effectively is Islam. Muslim parts of African countries like Nigeria tend to have much less promiscuity and much less AIDS than Christian parts.

Somehow I doubt that the lesson that conservatives will take from this is that we should buy veils, encourage stonings and build fundamentalist mosques across Africa.

Frankly, it's going to be very hard to change sexual mores, and pious lectures aren't enough. Countries like Uganda and Thailand that have enjoyed some success in preventing AIDS suggest that abstinence campaigns can be effective, but only in conjunction with straight talk about condoms — not with the administration's approach of beginning and ending the conversation with abstinence.

Restricting funds to abstinence, and nothing more, looks as if the administration is more interested in showing that it shares the Christian Right's sexual squeamishness than in fighting AIDS. And all over Africa you see heartbreaking evidence both that sex kills, and that so does this kind of blushing prudishness.

Incredibly, young men in Botswana pay more to play Russian roulette: several prostitutes there told me that the basic price for sex is $6.50 with a condom or $11 without.

One study found that only 42 percent of at-risk Africans can easily get condoms. As Dr. Marlin McKay, a Johannesburg AIDS doctor, describes the need to promote condoms as well as abstinence: "This isn't condoning sex. It's condoning life."

Sibulele Sibaca, a 20-year-old AIDS orphan from Capetown, put it this way: "I don't think that wasting a lot of money on abstinence is going to work. It's like saying, `AIDS kills.' So what? The government had billboards saying, `AIDS kills,' and AIDS just went up and up."

After he announced his AIDS initiative, Mr. Bush was praised as a humanitarian. But unless he delivers on his promises, then it will all look like the most cynical of gestures — using the great health tragedy of our age as a cheap photo-op to drape the White House with compassion.