

Huge funding shortfall for global AIDS epidemic

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The UNAIDS report released at the fifteenth International AIDS Conference last week shows that there is an escalating shortfall in the funding required to deal with the global spread of AIDS.

Using the most up to date statistics and medical studies, UNAIDS conclude that worldwide an estimated \$12 billion will be needed to combat AIDS by 2005, increasing to \$20 billion by 2007. This would provide antiretroviral therapy for over six million people, support for 22 million orphans, HIV voluntary counseling and testing for 100 million adults and include education for 900 million students.

Total funding in 2003 was less than \$5 billion, not even half of the amount required. This includes all AIDS spending—the UN Global Fund to Fight AIDS, western governments, nongovernmental organisations and private individuals. In 2003 only 400,000 patients—seven percent of those needing antiretroviral medicines in low and middle-income countries—actually received them. The report explains that even those that did get drug treatment may not get the necessary advice and treatment to make it effective: “It is important to avoid the kind of chaos reported from some countries, where desperate patients buy antiretrovirals without medical advice and often without prescriptions.”

The UNAIDS report does not mention the failure of the majority of rich countries to meet even their own inadequate target of contributing 0.7 percent of their Gross Domestic Product (GDP) to fighting AIDS. Mohga Kamal-Smith, a health policy adviser for Oxfam commented, “As the epidemic spread, the donor contributions from richer countries went down. Hardly any of the governments have achieved the 0.7 per cent GDP contribution that they committed to.”

The cost of combination antiretroviral treatments has fallen from more than \$10,000 a year in 2000 to only \$300 a year for certain types of generic drugs. However, availability of such generic drugs depends on the existence of producers and trade agreements.

Many so-called “middle income” countries that are now facing rapid increase in AIDS, such as Russia and others in

Eastern Europe, are still paying extremely high prices for drugs.

Another aspect of drug pricing was highlighted by the NGO Médecins Sans Frontières (Doctors without Borders) in relation to backup antiretroviral drugs, used when a patient does not respond to the usual drugs, or has an adverse reaction to them. MSF’s spokesperson explained that whilst the average price for the first line of treatment is around \$350 a year per patient, the drugs for the second line of treatment cost around \$3,000. This means that the average cost of treatment will rise significantly as the first line drugs become more widely used, and strains of HIV that are resistant to them become more common.

The UNAIDS report provides the most accurate statistics yet available on the spread of AIDS, basing their estimates on data collected from 78 countries. The number of people infected with HIV is still growing, from 35 million in 2001 to 38 million in 2003. In 2003 almost three million people died with AIDS.

In sub-Saharan Africa AIDS is taking a devastating and increasing toll, with about 25 million living with HIV. In 2003, around three million people became infected with HIV, and 2.2 million died.

AIDS is reducing life expectancy to less than 33 years in some areas of sub-Saharan Africa. With nearly a quarter of its population HIV-positive, Zimbabwe has seen the greatest drop in life expectancy—falling from 57 in 1990 to 39 in 1999, and to 34 in 2002.

The profile of those affected by the disease is also changing. On a global scale, the number of women suffering from HIV is now greater than the number of men. In sub-Saharan Africa, 57 percent of the infected adults are women, and 75 percent of the young people (15 to 24) infected are women and girls. The increase in the proportion of women suffering from HIV is also apparent in North America and several other regions of the world. The young are also being hit disproportionately hard by HIV: “15-24-year-olds account for half of all new HIV infections worldwide; more than 6,000 contract the virus every day.”

If current infection rates continue in the worst-affected countries of sub-Saharan Africa, without any new large scale treatment programme being started, “up to 60 percent of today’s 15-year-olds will not reach their 60th birthday.”

In sub-Saharan Africa HIV is now spreading throughout the general population, rather than being confined to particular groups such as drug users or gay men. The report makes the point that the speed with which AIDS has spread across the region is bound up with the very high levels of poverty.

The report confirms the alarming trend that other reports have highlighted in the last year in Asia and Europe. In Asia the epidemic is rapidly expanding. The report estimates that 7.4 million people are living with HIV, with 1.1 million people becoming infected in 2003—more than any previous year. In China, the report warns, 10 million people may become infected by 2010 unless action is taken to prevent it. Although current levels of HIV in China are low (between 0.1 and 0.2 percent), current incidences are concentrated in several areas and the national rates are rising. The report points out that although the infection is mainly concentrated among groups such as injecting drug users, prostitutes and gay men if Asian governments fail to target them, “the epidemic will affect much greater numbers in the general population.”

Expansion of the epidemic is also continuing across Eastern Europe and Central Asia, caused mainly by injecting drug use. About 1.3 million people were living with HIV at the end of 2003—a big increase compared to the figure of 160,000 in 1995. During 2003, the report estimates that 360,000 people in the region became infected, while 49,000 died of AIDS. In Russia, HIV infection levels among pregnant women increased from less than 0.01 percent to 0.1 percent—a 10-fold increase—between 1998 and 2002. In St Petersburg, figures increased a 100-fold in the same period.

Whilst UNAIDS and the NGOs are of necessity concentrating their efforts on the provision of antiretrovirals, HIV testing and counseling, and education—little development has been made in providing a cure for the disease. Seth Berkley, president and chief executive of the International AIDS Vaccine Initiative (IAVI), said at the conference that the number of potential vaccines in clinical trials had doubled since 2000, but the research effort remained inadequate: “The world is inching toward a vaccine, when we should be making strides... Only a vaccine can end the epidemic.”

Protesters at the conference concentrated their fire on the US administration’s AIDS policy. The much-heralded aid programme announced in January 2003 to provide \$15 billion over five years to fight AIDS in 14 of the most affected African and Caribbean countries has so far spent

just \$350 million, with President Bush promising a further \$500 million “shortly”. This year the US has contributed a mere \$540 million to the UN Global Fund to Fight AIDS and Bush is proposing a cut back to \$200 million in 2005. MSF singled out the Bush administration for its policies aimed at undermining the use of generic AIDS drugs. The Global Fund uses these medicines, but the projects backed by the US will not do so.

Only a tiny official delegation from the US was sent to the conference, primarily because the overwhelming majority of AIDS experts advocate the use of condoms to stop the spread of AIDS and refuse to promote the “abstinence” approach of the Christian right favoured by the Bush administration.

However, the catastrophe that the whole of humanity faces from the AIDS epidemic cannot be tackled by condemning some governments, like the US, and praising others, as many AIDS campaigners have done in relation to Britain. (Prime Minister Tony Blair pledged to double spending after the AIDS conference). AIDS, more than any other disease, has shown the necessity of a bold, well-planned international response that has become impossible in the present political order.

Not only is the funding pledged from Britain—\$2.8 billion over the next three years—still well below the levels required, but most of it will be targeted at only the poorest countries and the NGOs that the UK decides are acceptable. In other words it will follow the example of the US in moving away from coordinated responses and tying aid to neocolonialist foreign policy considerations.

See Also:

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[16 February 2004]

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