

GLOBAL AIDS ALLIANCE FUND

Response to “Putting a Plague in Perspective,” New York Times oped by Daniel Halperin, January 1, 2008

Daniel Halperin's oped raises important issues, arguing that the low level of US funding for clean water programs, family planning, vaccinations, and other programs, is irresponsible and immoral. That is certainly an urgent and valid point, and many AIDS organizations have joined in demands that the US government provide increases in these areas. While clean water programs, in Tanzania for instance, should get a boost later this year from the Millennium Challenge Account, these programs, family planning and other vital programs still could effectively utilize much more funding. Bilateral TB programs also need a major boost.

AIDS activists are united in recognizing that a stronger health systems and water and sanitation infrastructure are vital, since people living with HIV/AIDS suffer the consequences of the lack of basic services. Advocates on HIV/AIDS have actually been at the forefront of efforts to demand not only broader funding but recognition by governments of the right to health and an end to obstacles to realizing that right (such as discrimination and user fees).

However, Halperin implies that clean water, childhood immunization and family planning programs have not gotten the funding they need because of increased HIV/AIDS funding and that the rate of growth of this funding should be slowed in order to make more funds available for other programs. In so doing, Halperin's rhetoric needlessly pits one set of valid concerns against another. In fact, the funding shortage is the result of the failure of Congress and the White House to make budgetary decisions that would free up more money for poverty-focused assistance in general. In recent years, the US government has providing major increases in the regular military budget, while at the same time cutting taxes for wealthy corporations and individuals. It also reserves a large amount of funding for often counter-productive food aid programs for poor countries.

While stating that global health assistance should be increased, unfortunately Halperin does not explicitly argue for an overall increase in poverty-focused development assistance, which would ease the problem of resource trade-offs. AIDS organizations, such as Global AIDS Alliance, along with the One Campaign, the US Global Leadership Campaign and related efforts have, on the other hand, been devoting considerable energy to persuading the US government and candidates for national office to back a large overall increase in well-targeted, poverty-focused aid, including, but not limited to health aid, and this broad effort has strong prospects for success.

The Global AIDS Alliance Fund, along with Iowans for AIDS Action and New Hampshire Fights AIDS, asked candidates for President to sign a pledge committing them to a significant increase in overall poverty-focused aid, and all the leading Democratic candidates agreed in October and November of 2007. Unfortunately, none of the Republican candidates have agreed to sign. If one of the signers is elected President and then Congress agrees to help ensure this promise is kept, then a significant amount of money would become available for the clean water and other programs Halperin cites. The signed pledges are online here:

<http://www.globalaidsalliancefund.org>

The oped dismisses the promise of \$50 billion for global AIDS and other programs included in this pledge as "well-meaning" and says it "outdoes" President Bush's proposal to "nearly

double US foreign assistance to fight AIDS." This is misleading, since Bush has not proposed a doubling of current spending, and in fact his FY 2009 budget is expected to be only slightly above the FY 2008 level, thus stalling the US HIV/AIDS program (and the non-AIDS programs that come along with it). His five year proposal would mean keeping spending exactly where it is, since Congress has approved \$6 billion for AIDS (including contribution to the Global Fund, bilateral TB programs, and HIV research) for FY 2008, which multiplied over 5 years would be \$30 billion. Neither would Bush's proposal be a doubling of spending provided over 2003-2008, since spending during this time period will be \$19 billion. His proposal would also mean a scaling back of the US effort on AIDS treatment, even though he committed the US to backing the goal of universal access to all AIDS services by 2010.

The oped also fails to mention that within the \$50 billion pledge, 23.6% of the funding is reserved for programs that are not strictly AIDS-related. This includes at least \$3.8 billion for programs for orphaned and vulnerable children (regardless of whether their parents were killed by AIDS and not including pediatric HIV treatment), \$8 billion for health system strengthening programs, and at least \$3.28 billion for TB and malaria programs via the Global Fund.

The oped does not mention the fact that a significant proportion of US funding for global HIV/AIDS has *already* had an impact far beyond AIDS. For instance, by law at least 10% of PEPFAR funding is to be used for programs for orphaned and vulnerable children, and this funding is not reserved for HIV-positive children or children orphaned by HIV/AIDS. Through fiscal year 2007, PEPFAR supported care for more than 2.7 million orphaned and vulnerable children. For fiscal year 2008 Congress has required the Administration to spend \$100 million of PEPFAR funds on food security and \$150 million on TB/HIV programs, and it must issue a report on the impact of PEPFAR on the health care workforce within 90 days.

The Global Fund, to which the US has contributed \$3 billion in resources, has also provided significant support for programs for orphaned and vulnerable children, providing basic care and support to 1.2 million children (in Swaziland this support includes money for school fees for orphaned children). The Fund has also provided important resources for health system strengthening, as Josh Ruxin, a Columbia University expert on public health, living in Rwanda, states here:

<http://kristof.blogs.nytimes.com/2007/12/23/elevate-all-boats/>

Daniel Halperin mentions Senator Barack Obama as a proponent of a broad approach that increases funding for health system strengthening. Yet, in fact, all the candidates on the Democratic side, save Gravel, have promised to increase the number of health care workers by 1 million. What actually makes Obama's proposal distinct, and which Halperin does not mention, is that he has also given a specific figure for an expansion of overall, annual foreign assistance. Global AIDS Alliance Fund praised his leadership on this issue, though Obama has not yet specified what the precise balance would be between military aid and poverty-focused aid in his plan. Part of the confusion may lie in the fact that the figures sound the similar: Obama has pledged \$50 billion over 2008-2013 for global AIDS (and other programs) *and* he has proposed increasing foreign assistance to \$50 billion *each year*, which would be an historic increase.

An important and valid point in his oped is that funding to address the terrible death toll among children from water-borne disease, and from a lack of basic immunizations and other health services, is far too low. But Halperin fails to mention that, alone among the candidates, Governor Bill Richardson has proposed a specific, major increase in precisely this area, promising to "ensure that programs which address maternal and child health receive an increase of \$1.5 billion." Senator Hillary Clinton's proposal for an increase of \$1

billion per year in funding for malaria programs also deserves recognition, since there is no question that malaria is still ravaging many parts of Africa.

The last line of the oped implies that the call for the candidates to pledge \$50 billion is not a call supported by Africans, especially those living outside the most AIDS-impacted countries. In fact, a large number of African organizations signed on to "08.STOP.AIDS: A Plan to Stop Global AIDS", including a number of groups from countries *other than* the 10 African countries most impacted by HIV/AIDS. The plan is online here:

<http://www.08stopaids.org/files/08-stop-aids%20platform.doc>

In addition, the Africa Union, as well as many African civil society organizations, including the African organizations within the International Treatment Preparedness Coalition, back the call for universal access to HIV/AIDS services (including not only treatment but also prevention, care and support) by 2010. The US committed to backing this goal at the G8 Summit, while also committing to a three-fold expansion of the Global Fund by 2010, and many African groups support the US providing more funding to accomplish these goals.

There is no question that water-borne disease is a serious problem in the countries Halperin mentions, such as Nigeria, Ethiopia and Congo, yet to help these countries reach universal access to all HIV/AIDS related services by 2010 the US will need to provide greater HIV/AIDS-specific funding. In particular, in the area of treatment, countries will need greater financial assistance to transition to optimized first-line medications, as noted by the International Treatment Preparedness Coalition, since many countries are using AIDS treatment combinations that are not preferred according to WHO guidelines.

There is no question that there is room for improvement in how US HIV/AIDS programs are targeted. There is an intensive process underway in the Congress to make crucial reforms to ensure that the funding can be effectively and quickly utilized and that programs effectively compliment family planning programs. African organizations have suggested a series of important changes to the US program, summarized here, and these are now being considered in the Congress:

<http://www.globalaidsalliance.org/index.php/803>

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