

**Statement by Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa,  
on World AIDS Day, December 1, 2005**

**For immediate release**

There are many occasions during the course of the year to pronounce about the pandemic. On the occasion of this World AIDS Day, I'd like to resist the temptation to run with hyperbole. Rather, I'd like to put two specific proposals which may seem obvious, but which speak, I believe, to the heart of the struggle against the virus.

The first involves dollars. The Global Fund to Fight AIDS, Tuberculosis and Malaria --- the best financial vehicle by far to help break the back of the pandemic --- is in terrible trouble. It is over three billion dollars short for 2006 and 2007, and that shortfall will doom millions to death in the following years unless something drastic is done, and fast.

What has happened was completely unexpected. The G8 leaders met at Gleneagles in July, and emerged with ringing promises of financial assistance for Africa. The first test of those promises came just eight weeks later, in early September, at the replenishment conference for the Global Fund. The G8 flunked the test. The assumption was that the Global Fund would go right over the top given the rhetoric of the Gleneagles Summit, but instead, having requested \$7.1 billion, the Global Fund fell billions short.

It's fair to say that everyone was stunned. It took only eight short weeks for the G8's signed agreement to fall apart.

I've just spent the last three days in Rwanda at the regional conference of the Global Fund for East Africa and the Indian Ocean. It's absolutely astonishing to see how determined the countries are to achieve the goal of universal treatment by 2010, but they're frightened by the prospect of not having sustainable resources. They know they can't interrupt treatment once it's started, but what guarantee do they have, under present circumstances, that the G8 will be by their side as promised?

All they can count on, for certain, is betrayal.

That must somehow be reversed. The year 2005 showed that treatment is possible in great numbers, and there is a strong sense that if the momentum can be sustained, the back of the pandemic can be broken. But that will depend on a continuing, reliable flow of resources. It depends on the commitments of the G8 being honoured. With the loss of honour goes the loss of life.

However, in addition to keeping the pressure on governments, we need a new source of dollars. That source must be the private sector. It was always hoped -- indeed, even expected -- that private sector money from major multinational corporations would help to keep the Global Fund going. It hasn't happened. The contributions are negligible. It's as though most of the private sector doesn't know the Global Fund exists.

I want to suggest that companies contribute 0.7% of pre-tax profits annually to the Global Fund. To maintain the symmetry with governments and the Millennium Development Goals, they should phase the money in and reach the full target by 2015. Which corporations? Pretty

obviously, I think, the big multinational corporations that have exacted such huge wealth from Africa's mineral, diamond, oil and other resources over the decades, and certainly the pharmaceutical industry, which resisted the lowering of drug prices for an unconscionable length of time.

But there may be an even better and fairer way to select the corporate contributors. The Global Business Coalition on HIV/AIDS has a membership of some two hundred multinational corporations. Many of these corporations deal admirably with their workforces, providing antiretroviral drugs to their workers where necessary, and sometimes to the workers' partners and children. Others of these corporations make in-kind contributions, or investments in research and training centres. But the true expression of corporate social responsibility would be a 0.7% contribution to the Global Fund. If the principle spread, the dollars would mount unto the billions.

There's no reason to feel cynical about such a proposition. People mocked when Gordon Brown talked of his International Finance Facility, but now it's well and truly launched. People mocked when France advanced the idea of a tax on airline travel to fund development, but now President Chirac seems determined to proceed. There's room for every genuine initiative.

This effort would show the world that the pandemic can be beaten.

Now allow me to switch gears and deal with a particular aspect of children and AIDS which reveals an appalling double standard, and must be dealt with. In fact, it should have been dealt with several years ago.

The overwhelming majority of HIV-positive children are infected by the virus during and following the birthing process. Children infected in early infancy usually die before the age of two. There are more than half a million deaths of children from AIDS every year.

In many countries, primarily in Africa, there are programs in place called PMTCT, Prevention of Mother-to-Child Transmission. Unfortunately, most of these are merely pilot programs: fewer than ten per cent of HIV-positive pregnant women have access to PMTCT. That, in itself, is scandalous.

In most countries the PMTCT program uses what is called single-dose nevirapine ... one tablet of that drug to the mother during labour and a liquid equivalent of the drug for the child within 48 hours of birth. Incredibly enough, the transmission is cut by close to 50 per cent! Half the babies who would otherwise be born positive are born negative.

That, of course, is wonderful. But compare it with North America (or anywhere in the western world). North American hospitals do not use the drug nevirapine; they use full antiretroviral triple-dose combination therapy from approximately 28 weeks through to the end of the pregnancy. The result? The transmission rate drops to between one and two per cent!!

Why do we tolerate one regimen for Africa (second-rate) and another for the rich nations (first rate)? Why do we tolerate the carnage of African children, and save the life of every western child? Is it possible to do full therapy in Africa rather than single dose nevirapine? Of course it is. Doctors Without Borders does it in Uganda; Partners in Health does it in Rwanda; Saint Egidio does it in Mozambique. In fact, Rwanda is introducing a formal protocol to make sure that full therapy is provided in every setting where PMTCT is available. They are the first country to do so.

It leaves the mind reeling to think of the millions of children who should be alive and aren't alive, simply because the world imposes such an obscene division between rich and poor. That's about to change, but why does it always come after an horrific toll is taken?

There is another aspect of saving children's lives that is much neglected and much rationalized. Even when transmission is prevented during pregnancy and birth, the virus can still be passed through breast milk. Therefore, we require safe solutions to infant feeding, including secure supplies of formula where feasible, with careful instruction about clean bottles and preparation, and all of it provided free: there's just no possibility of rural village women in Africa being able to pay for breast milk substitutes.

Research available so far indicates that that, too, must become public policy wherever possible. And where it's not possible or safe, exclusive breast-feeding for six months is undoubtedly the best course. It's worth noting that it took almost a decade to finally develop antiretroviral drug preparations for children with AIDS. The time has come to reduce, dramatically, the numbers of children who begin their lives infected.

On this World AIDS Day, 2005, I have the deep impression that if only we could galvanize the world, we'd subdue this pandemic. We're terrific when it comes to studies and documentation. Reports like the Epidemic Update issued by UNAIDS last week are models of statistical compilation, containing pockets of fascinating material. But the report itself acknowledges that real progress against the pandemic is hard to find.

We need a superhuman effort from every corner of the international community. We're not getting it. At the present rate, we'll have a cumulative total of one hundred million deaths and infections by the year 2012. We call ourselves an advanced civilization.