

UNAIDS Conference Shows Bush Administration's Imperial Attitude

by Colin Lowry

The United Nations AIDS program released its annual report on July 6, before the opening of the 15th International AIDS conference; it shows that in the last year, 3 million people died of AIDS, and 5 million became newly infected with HIV—more than in any previous year. The report documents what *EIR* forecast as early as the late 1980s: The epidemic is accelerating rather than slowing down under containment policies which have remained essentially the same for more than a decade. The devastation caused by the epidemic in Africa is destroying whole societies, as 25 million out of a 600 million population are infected with HIV, while 12 million children have become orphans. Asia is now facing a rapidly growing epidemic, targetting the huge populations of India and China.

In spite of the urgency of responding to this global epidemic, the Bush Administration cut the U.S. delegation attending the conference by 60%, and reduced its contribution to the UN Global Fund for AIDS, Tuberculosis, and Malaria to just \$200 million this year, one-fifth of what was requested by UN Secretary General Kofi Annan. Dozens of scientists from the National Institutes of Health and Centers for Disease Control, who were to present their research work at the conference, were unable to attend due to the cuts in financial support. The original conference plan called for a meeting of heads of state from several Asian and African nations, the United States, Britain, and European countries, to discuss in a closed-door session what plans would be enacted to combat the AIDS epidemic. This was scrapped, when Bush and many European leaders refused to attend.

The biggest political fight at the UNAIDS conference was the resistance to the U.S. demand that patent protections (and high prices) on anti-retroviral drugs be enforced upon developing sector nations. The patented drugs that are part of the “triple drug cocktail,” now cost about \$550-650 per year per patient, while the generic versions manufactured by Thailand, India, and Brazil cost \$140-270 per year. This fight broke into the open when President Jacques Chirac of France sent a written statement calling “tantamount to blackmail,” the American practice of using bilateral trade agreements to coerce nations to give up their own production of generic drugs. France’s Ambassador on AIDS, Mireille Guigaz, said at the conference that “the United States wants to put pressure on developing countries who try to stand up for their own industries.”

Anti-Generic Strategy Backfiring

The government of Thailand was the host for the conference, which took place in Bangkok from July 12-16. Thailand is a major producer of very effective fixed-dose generic anti-retroviral drugs. The government recently announced it will provide anti-retroviral treatment free of charge to 50,000 of its citizens. Further infuriating the Anglo-American pharmaceutical cartel, the Thais have offered to sell their generic drug manufacturing technology to African nations. The United States is currently negotiating a bilateral trade agreement with Thailand, which, Doctors Without Borders has warned, could halt Thailand’s production of generic AIDS drugs, and threaten its entire AIDS treatment program, putting millions of people at risk.

The pharmaceutical cartel, which controls the much-hyped President’s Emergency Plan For AIDS Relief (PEPFAR) through the former CEO of Eli Lilly and Co., Randall Tobias, now the U.S. Global AIDS Coordinator, has run a smear campaign against generic drugs made by developing nations. Adding further insults to the Thai hosts, the front group for the cartel, the AIDS Responsibility Project, took out a full-page advertisement in the *Bangkok Post* to attack generic drugs as unsafe, singling out the Indian generic drug manufacturer Cipla. This strategy seems to have backfired completely.

Doctors Without Borders presented several of their clinical studies with fixed-dose generic anti-retroviral drugs. The studies prove that the drugs are more effective than their patented rivals, because patient compliance is better, and lower cost allows wider use. Ironically, the triple-drug generic fixed doses require only two pills per day, while the patented American-made drugs only exist as separate doses, requiring six pills a day to achieve the same treatment. This is because the drugs are made by three separate companies, which, because of the patents, will not bundle the doses into a single pill. The generic drugs tested by Doctors Without Borders came from India and Thailand, and the studies put to rest the smear campaign being waged by the Anglo-American cartels.

However, the issue was far from settled. In typical unilateralist fashion, the PEPFAR initiative announced by Bush in 2003 duplicated many of the goals set by the UNAIDS program; but the money would be controlled completely by the United States. This fantasy plan to provide anti-retroviral drug

FIGURE 1

Life Expectancy at Birth in Selected Most-Affected Countries, 1980-85 and 2005-2010



Source: UN Population Division, World Population Prospects: the 2002 Revision

treatment to 2 million people in 15 countries over five years at a cost of \$15 billion, garnered great public relations for the White House, but so far almost nothing has happened. It mimics the “3 by 5” initiative of UNAIDS, which was to provide 3 million people in the poorest nations with anti-retroviral drug treatments by 2005. The PEPFAR initiative has as one of its conditions, that the drugs bought using its grants be brand name, patented versions, dominated by U.S. manufacturers. This requirement has come under intense criticism, and it seems that the Thai government has gotten the Bush Administration to back down for now. Tobias announced at the end of the conference that the PEPFAR funds could be used to buy generic drugs, as long as they were deemed safe by the U.S. Food and Drug Administration. This extra requirement ignores the World Health Organization’s already strict standards for its drug approvals, which have already been met by the generics in use. Nevertheless, the Thais have agreed to submit their generics to the FDA for approval.

The PEPFAR initiative has only spent about \$350 million so far, and the vast majority of that was not spent on treating anyone outside the United States. A GAO report released in July is highly critical of the PEPFAR, showing that the plan is constraining itself, as it cuts across three agencies—USAID, Health and Human Services, and the State Department—with poor coordination of efforts. The report says the plan lacks infrastructure in the 15 target countries, and has almost no drug supply system. Further investigation also shows that millions of dollars in grants go to U.S. universities, with no real conditions on how the money is spent. This mostly bogus program has only been allocated \$400 million this year, not the \$3 billion promised by Bush in 2003. At the same time, re-

duced U.S. aid to the UN Global Fund will have left UNAIDS with only half of the funds required to carry out its programs, including the “3 by 5” initiative.

Report Shows Epidemic Still Increasing

The UNAIDS annual report shows that the AIDS epidemic is still increasing, with approximately 38 million people infected worldwide. Of the 5 million newly infected last year, half were young people 15-24 years old. Since the epidemic was first recognized in 1981, about 60 million people have been infected, of which more than 20 million have died of AIDS. In several countries in southern Africa, infection rates have reached beyond 25% of the population, and life expectancy has been slashed to as little as 35 years (see **Figure 1**). The impact of the AIDS epidemic in southern Africa is creating a demographic crisis, where the future existence of entire nations

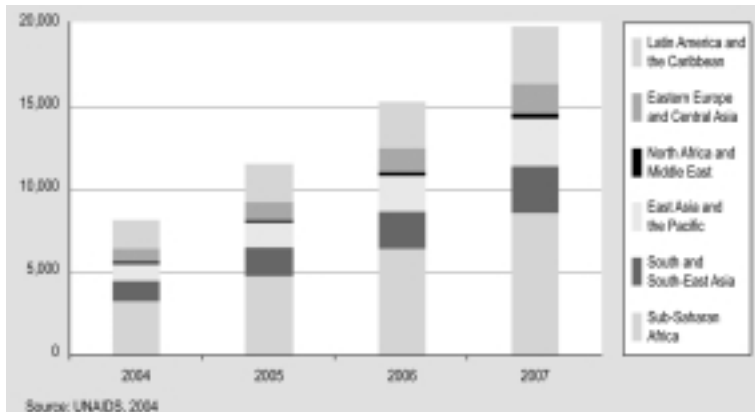
is in jeopardy. The number of orphans due to the death of one or both parents from AIDS, has increased worldwide from 11.5 million to 15 million just in the last 2 years. UNAIDS estimates that this tidal wave of orphaning will add another 18.4 million children by 2010 in Africa alone.

Women, especially young mothers, make up the majority of those living with HIV in Africa today, and this has imperiled the existence of the next generation. In 2003, 630,000 children became infected with HIV, and among infants born with HIV, 60% die before their second birthday. Mother-to-child transmission of HIV is 15 times more likely in the absence of anti-retroviral treatment, and in Africa, less than 7% of the HIV-infected population receives any treatment with anti-retroviral drugs. HIV prevalence in pregnant women has been sustained for three years in several African nations at levels previously considered impossible. In South Africa, antenatal clinic testing shows the HIV infection rate at 26.5%, and in Botswana at 37% in 2003. In the countries of southern Africa hardest hit by the epidemic, the increase in mortality means that 60% of 15-year-olds will not live to see their 60th birthday. AIDS has already cut at least 13 years from the life expectancy of people born in southern Africa between 1995-2000; but the situation is getting worse, with the life expectancy of people born in the next decade in Zambia, Swaziland, and Zimbabwe projected to drop below 35 years in the absence of a large-scale treatment program. By 2025, UNAIDS projects that the population of 38 African countries will be 14% smaller than they would have been without AIDS. In the seven countries in southern Africa with the highest HIV prevalence, one-third of the population will be wiped out.

FIGURE 2

Projected Annual HIV/AIDS Financing Needs, 2004-07

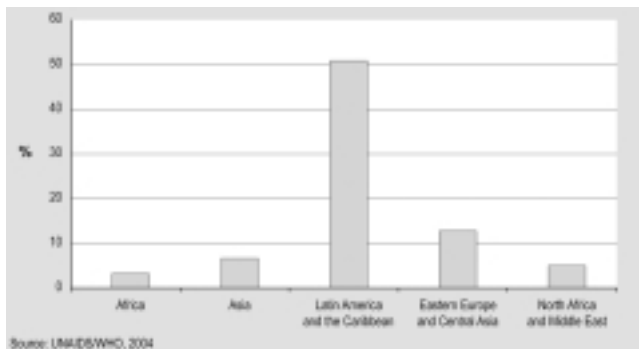
(in Millions U.S.\$)



The United States is still contributing only a few hundred million dollars annually to what is already a \$7 billion/year international need, rapidly growing, for funding to fight the AIDS pandemic.

FIGURE 3

Anti-Retroviral Therapy Coverage for Adults, 2003



The impact of Third World generic drugs production—in this case, the large-scale and publicly supported Brazilian program—is shown in the higher number of those being treated in Latin America, than in the rest of the Third World.

The full impact of the epidemic also includes the loss of nations' workforces, and especially agricultural workers, leading to less food production. In Zimbabwe, AIDS had already eliminated about 10% of the agricultural workforce by the end of 2000. Studies in South Africa and Zambia, of families caring for a member with AIDS, showed these households' monthly income fell by 66-80%, which in turn led to nutrition levels dropping. HIV patients who are malnourished progress much more quickly to AIDS, and in 2002-03, 15 million people in ten countries in southern Africa required emergency food aid to avoid starvation.

The HIV epidemic is also fueling a resurgence of tuberculosis in Africa. Estimates are that 70% of TB patients in Africa

are co-infected with HIV. Of these patients, only 30% are ever treated for TB, leading to a virtual breeding ground for TB in immune-suppressed (by HIV) individuals. TB remains the leading cause of death for people already infected with HIV worldwide.

HIV Spreading in Asia

Asia is the world's most populous region, and unfortunately, HIV infection rates there have increased rapidly over the past five years. China has localized epidemics among injecting drug users, prostitutes, and in rural areas where unsafe blood donation practices may have infected thousands of people. Current UNAIDS estimates put the number of HIV cases in China at about 1 million, but prevention and treatment programs are very small and not well organized. Experts are warning that China could see 10 million HIV cases by 2010 unless effective measures are taken.

India has the largest number of HIV cases outside of South Africa, with an estimated 5 million. HIV prevalence in pregnant women in several large Indian states is at 1-3%, indicating that the virus has moved into the general population. Since India has 1 billion people, it could surpass Africa in total numbers of cases if treatment and prevention programs are not greatly expanded.

Despite the lack of media attention in the United States, the American AIDS epidemic is increasing steadily too. The United States added approximately 50,000 new HIV cases last year, though the reported deaths from AIDS have declined due to better anti-retroviral treatments. The United States has very incomplete testing for HIV, and only certain regions have good surveillance data. In New York City, a new system for tracking HIV infections shows that for the year 2001, almost 2% of the adult population of Manhattan was infected with HIV.

UNAIDS says that the current policies of treatment and prevention programs have not turned the tide against the epidemic. Speaking at the closing ceremony of the conference, Dr. Peter Piot, UNAIDS director, said, "Africa's crippling debt must be relieved—the \$15 billion annually that disappears down the money pit." A call for debt relief has been made by him and by many developing sector nations before, and has been ignored by the creditors so far, even though it is crucial for any chance to stop the epidemic.

UN Secretary General Annan gave an interview to the BBC outside the conference, calling on the United States to lead the fight against the AIDS epidemic. "We hear a lot about terrorism," Annan said, "and we are worried about weapons of mass destruction because of their potential to kill thousands of people. Here we have an epidemic that is killing millions. What is the response?" The response from the Bush Administration is one of imperial arrogance, a neglect leading to more deaths.