

How Can Resources Be Mobilized To Confront a Global Health Emergency?—An Introduction to the Problem

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A painful duality underlies the international response to the AIDS epidemic: Despite growing political momentum to address the crisis, current resources fall far short of those required to meet the global burden imposed by HIV/AIDS. In 2003, an estimated minimum of \$6.3 billion was needed to address the epidemic through programs of prevention, care, and treatment; an estimated \$14.9 billion will be needed by 2007.¹ Actual funding for HIV/AIDS in 2003 totaled around \$3.6 billion and is unlikely to increase at a rate adequate to meet projected need.² As millions continue to die, it is clear that the question of resource mobilization for HIV/AIDS has yet to be answered.

Five million people became infected with HIV in 2003, the worst year so far in the burgeoning epidemic.³ The majority of these new infections occurred in sub-Saharan Africa, where HIV prevalence hovers around ten percent.⁴ The spread of the virus has harmed the economies of many developing countries, draining them of workers and depressing their agricultural and industrial sectors, as well as damaging already strained education systems. In response to this stark reality both the World Health Organization (WHO) and the United Nations Joint Programme on HIV/AIDS (UNAIDS) have stressed the importance of mobilizing

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1. UNAIDS, REPORT ON THE STATE OF HIV/AIDS FINANCING, 6, 7 (June 25, 2003), http://www.unaids.org/html/pub/governance/pcb03/pcb_14_03.03.2a_en_pdf.pdf (last visited Dec. 24, 2003). Note that these figures represent funding for what UNAIDS has characterized as a “barebones” package of prevention, treatment, care and support.

2. TODD SUMMERS & JENNIFER KATES, THE HENRY J. KAISER FAMILY FOUND., GLOBAL FUNDING FOR HIV/AIDS IN RESOURCE POOR SETTINGS 1 (Dec. 2003).

3. UNAIDS, AIDS EPIDEMIC UPDATE (Dec. 2003), http://www.unaids.org/wad/2003/Epiupdate2003_en/Epiupdate2003_en.pdf (last visited Dec. 29, 2003).

4. *Id.*

resources to expand access to antiretroviral treatment.⁵ In 2003, WHO and UNAIDS released the so-called “3 by 5” plan which sets the goal of providing three million people with HIV treatment by 2005.⁶

By what mechanisms will such ambitious goals be achieved? Government actors, non-governmental organizations, private foundations, and pharmaceutical companies have already taken steps to alleviate the burden imposed by HIV/AIDS. Notable among these efforts are the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria (“the Global Fund”), the production of generic antiretroviral medicines by nations such as Brazil, China, and India, and the negotiation of differential pricing plans to enable resource-poor nations to access costly antiretroviral therapy.

Individual wealthy nations are beginning to take steps to confront the crisis. The United States has recently emerged as a leading donor, allocating over one billion dollars to fight global HIV/AIDS in 2003.⁷ In that same year the United States donated more than \$300 million to the Global Fund, with an additional \$322 million contributed by other G8 nations and private donors.⁸ The Canadian government is considering a bill that would allow Canadian generic drug manufacturers to export inexpensive antiretroviral medicines to poor countries.⁹

Despite these positive developments, the current pace and scope of the world’s response to HIV/AIDS fall short of what is required.¹⁰ Few developing countries have in place the systems, incentives and mechanisms

5. Peter Piot, AIDS: The Need for an Exceptional Response to an Unprecedented Crisis, Presidential Fellows Lecture Before the World Bank (Nov. 20, 2003), http://unaids.org/html/pub/media/speeches02/piot_worldbank_20nov03_en_pdf.pdf (last visited Dec. 31, 2003).

6. WORLD HEALTH ORG., EMERGENCY SCALE-UP OF ANTIRETROVIRAL THERAPY IN RESOURCE-LIMITED SETTINGS: TECHNICAL AND OPERATIONAL RECOMMENDATIONS TO ACHIEVE 3 BY 5, at 4 (Nov. 2003), http://www.who.int/3by5/publications/documents/en/zambia_doc_final.pdf (last visited Jan. 5, 2004).

7. SUMMERS & KATES, *supra* note 2.

8. *Contributions to Date*, Global Fund to Fight AIDS, Tuberculosis and Malaria, *available at* <http://www.theglobalfund.org/en/files/pledges&contributions.xls> (last visited Jan. 5, 2004).

9. Heather Scofield & Paul Knox, *Big Drug Companies Embrace AIDS Plan*, GLOBE AND MAIL, Oct. 2, 2003, *available at* <http://www.globeandmail.com/servlet/story/RTGAM.20031002.udrug1002/BNStory/National/> (last visited Dec. 24, 2003).

10. UNAIDS, *supra* note 3.

to support a full-scale response to the crisis. International investment in capacity building and infrastructure are badly needed, as well as increased funds for antiretroviral treatment and other interventions. What can be done to mobilize the massive additional resources needed to truly confront this epidemic? The pieces included in the Case Study section of this issue of the *Yale Journal of Health Policy, Law & Ethics* offer a variety of strategies to invigorate global resource mobilization.

Stephen Lewis begins by highlighting the importance of the Global Fund.¹¹ As a participant in the efforts to establish the Global Fund, Special Envoy Lewis is keenly aware of the challenges that were overcome in creating the fund, and the potential of the fund to effectively distribute resources. He discusses the very real threat of bankruptcy currently facing the Global Fund, calling upon wealthy nations to contribute at a rate commensurate with their share of the world gross domestic product.

Asia Russell, Director of International Health Policy at the Health Global Access Project, then reviews the global HIV/AIDS policy of the current Bush administration, focusing on its failure to provide adequate support for the Global Fund.¹² Russell describes how, despite the political rhetoric in support of global AIDS spending, the White House has lobbied to decrease support for the Global Fund and has failed to encourage the development and use of cost-effective generic antiretroviral medications. Russell, too, calls for a resource mobilization framework in which wealthy countries contribute according to their overall wealth.

Linda Distlerath and Guy Macdonald, of the pharmaceutical company Merck & Co., recount the challenges and successes of the African Comprehensive HIV/AIDS Partnerships (ACHAP), a cooperative effort between Merck & Co., the Bill and Melinda Gates Foundation, and the government of Botswana.¹³ Their story highlights the productive role that the private sector can play in funding practical solutions to confront the AIDS epidemic.

Finally, Mary Crewe, the Director of the Centre of the Study of AIDS at the University of Pretoria, offers a perspective from South Africa, the

11. Stephen Lewis, *The Precarious Promise of the Global Fund*, 4 YALE J. HEALTH POL'Y L. & ETHICS 129 (2004).

12. Asia Russell, *The Bush Administration's Global AIDS Promises—and Praxis*, 4 YALE J. HEALTH POL'Y L. & ETHICS 133 (2004).

13. Linda Distlerath & Guy Macdonald, *The African Comprehensive HIV/AIDS Partnership—A New Role for Multinational Corporations in Global Health Policy*, 4 YALE J. HEALTH POL'Y L. & ETHICS 147 (2004).

nation most severely impacted by the epidemic.¹⁴ She argues that western voices often dominate discussion of the extent and the means of responding to the epidemic, and these voices often either misconceive or misrepresent the challenges that Africa currently faces. She calls for greater attention to the moral and ethical aspects of international trade, so that globalization can become a vehicle for mobilizing resources to combat poverty and marginalization.

The diversity of the perspectives represented here reflects the complex nature of this problem; no single approach to resource mobilization is likely to overcome HIV/AIDS. Instead, the international community must continue to seek innovative strategies *and* must demonstrate the perseverance to implement those strategies effectively. As these authors show, there is considerable opportunity for imaginative solutions directed at reducing the global impact of the epidemic.

14. Mary Crewe, *Spectacular Failure—A View from the Epicenter*, 4 YALE J. HEALTH POL'Y L. & ETHICS 157 (2004).