



The global AIDS crisis and the first 100 days of George W. Bush's Administration

A REPORT CARD FROM THE HEALTH GAP COALITION

After threatening to revoke all Clinton Executive Orders, the Bush Administration garnered international attention with its decision to retain the Executive Order that affirmed the rights of sub-Saharan African countries to manufacture and import affordable generic medication without facing sanctions from the US, as they had in the past.¹

However, more recent Administration comments and policy positions reveal a lack of leadership, racist stereotypes about the capacity for HIV treatment compliance in Africa, and a particular unwillingness to move beyond lip service in the arena of the US response to the crisis in lack of access to HIV treatment in poor countries.

• **The Bush Administration and new funds to fight the global AIDS crisis**

“[The AIDS pandemic] is an economic crisis, a health crisis, a security crisis. It's the destruction of families, cultures, tribes, nations—all of that is there. The more time I spend on this, the worse it gets.”

Secretary of State Colin Powell, testimony before the Senate Foreign Relations Committee, 8 March 2001

In an era in which well-sourced estimates of the costs of adequately funding AIDS treatment, care, support, and prevention in poor countries are made in tens of billions of dollars per year, the Bush Administration's funding plan would turn drops of US funding into a mere trickle—despite the “emergency-minded” rhetoric of senior officials such as General Colin Powell, above.

overall performance: F

While pushing a \$1.3 trillion tax cut through Congress, Bush will announce only two small funding commitments for global AIDS for 2002:

1. a 10 per cent increase to the pre-existing \$450 million LIFE Initiative for HIV care and support;
2. a mere \$200 million toward UN Secretary General Kofi Annan's newly announced Global AIDS “war chest.”² The UN hopes a “war chest” would accumulate \$7 to \$10 billion for HIV prevention and treatment, and for malaria and tuberculosis. Secretary General Annan estimates that US contributions to UN joint assistance programs such as this “war chest” typically amount to 25 per cent of the overall amount, or \$1.75 to \$2.5 billion.³ By comparison, the Osprey Aircraft Program currently costs \$40 billion.

The Bush Administration intends to lobby for donations from corporations, in an effort to deflect overall attention from the paltry US contribution with an infusion of corporate charity. Already the lack of commitment from the Bush Administration to the UN Fund has had a chilling effect, as other G-8 nations have de-emphasized their support of the fund, or have announced significant reductions in the amounts of earlier donation proposals.

• **The Bush Administration and access to AIDS treatment in poor countries**

“[The official said that Africans] lacked a requisite ‘concept of time’ implying that they would not benefit from drugs that must be administered on tight time schedules.”

***The New York Times* on remarks made by an unnamed Department of Treasury official, 29 April 2001**

“I mean, there's a whole question of prevention and education that ultimately is going to be more important even than providing drugs for those who are already infected.”

Vice President Dick Cheney, Meet the Press, 8 April 2001

overall performance: F

For more than a decade the US response to the AIDS crisis in poor countries has amounted to not much more than paltry funding for HIV prevention and palliative care. Overt US policy has therefore been to disregard the lives of

¹McNeil, Donald. “Bush Keeps Clinton Policy on Poor Lands' Need for AIDS Drugs,” *The New York Times*, 22 February 2001.

²Phillips, Michael M. “Bush Administration Weighs Donation of \$200 million to UN AIDS Fund.” *Wall Street Journal*, 4 May 2001

³Ibid.

more than 30 million people already living with HIV who have little or no access to life extending treatment. While the US government is finally grown capable of mentioning HIV treatment as an acceptable part of the response to the AIDS crisis, comments such as those above indicate a deep resistance within the Bush Administration to mounting an adequate response to the crisis in lack of access to desperately needed HIV treatment and care.

Treatment access is not only a moral imperative—it is also a pragmatic necessity: the success of HIV prevention efforts is critically linked with the availability of HIV treatment. Rates of HIV testing acceptance in high-risk populations are affected by the presence of treatment access;⁴ the viral control achieved through effective HIV disease management is correlated with decreased rates of perinatal⁵ and sexual⁶ HIV transmission. But the Bush Administration is choosing to disregard the fundamental link between prevention and treatment.

During a recent briefing on position and activities of the US delegation to the upcoming UN General Assembly Special Session on HIV/AIDS (UNGASS), Department of State and Health and Human Services officials argued that funding HIV treatment in poor countries could do “more harm than good,”⁷ and emphasized their anxiety that the increased availability of life-extending treatment access could create drug resistant HIV.

The Administration’s paralyzing anxiety about fostering drug resistant HIV is ill-informed and biased: Brazil’s National AIDS Program reports medication compliance rates equivalent to those reported for patients in wealthy countries.⁸ Moreover, widely reported epidemic rates of drug-resistant HIV in treatment experienced and newly infected patients in wealthy countries have not resulted in calls to prohibit HIV treatment access and allow people to die. Activists predict that the new Administration will attempt to derail other countries’ efforts during the UNGASS to focus the UN response toward access to treatment for HIV disease, effectively blocking attempts to formulate a cohesive response to the devastation wrought by AIDS related death and suffering in poor countries.

In the midst of complacency in response to the crisis in treatment access, the Administration is also refusing to call for the World Bank and the International Monetary Fund to use its own resources to cancel the crushing debt owed by the world’s poorest countries. The countries that are being bled for billions of dollars every year for debt servicing and debt repayment are the same countries that could benefit most from funds freed up by debt cancellation put toward effective, civil society driven AIDS treatment, care, support, and prevention initiatives. The colossal failure of the Administration on this issue ensures the continued devastation of poor countries hardest hit by AIDS and debt burden.

• **The Bush Administration on intellectual property protection and drug access**

HIV is a death sentence for millions of infected people who live in poor countries, and a manageable illness for those who live in rich countries.

overall performance: F

This unethical dichotomy has resulted in increasing public outcry, and a search for affordable, generic alternatives to unaffordable brand-name HIV drugs. The threat of generic competition—even in poor countries where there is little or no pharmaceutical market—has resulted in announcements of price reductions from Big Pharma. In virtually all cases the price reductions are too slight to create viable access, they are not available in all countries or to any employer or charitable entity, and still exceed the prices offered by generic companies. However, the pressure and threat of generic competition has been spurring major pharmaceutical companies to action.

Drug companies are finding a vocal supporter in the Bush Administration, which is unfortunately endorsing a drug company controlled solution to the problem of lack of drug access and high prices, claiming that the piecemeal industry price reductions have actually settled the question of drug pricing in poor countries.

Moreover, the US supports the dangerous idea that unchecked intellectual property protection for pharmaceutical industry patent holders has no impact on drug access in poor countries. In its recent response to the UN Draft Declaration of Commitment on HIV/AIDS, the Bush Administration denounced the UN recommendation that intellectual property

⁴eg, Goemaere, Eric. “South Africa: how access to treatment helps prevent the spread of HIV.” Access to Essential Medicines Campaign Dossier 3, July 2000.

⁵Goedert, J.J. et al. “Perinatal Transmission of HIV-1 from Pregnant Women with RNA Viral Load Less than 1000 Copies/ml.” Abstract 517. 8th Conference on Retroviruses and Opportunistic Infections.

⁶Quinn, Thomas C. Viral Load and Heterosexual Transmission of Human Immunodeficiency Virus Type 1. *The New England Journal of Medicine*, 342 (13). March 2000.

⁷U.S. Government for NGO and industry briefing on the UN General Assembly Special Session on HIV/AIDS 18 April 2001.

⁸Rosenberg, Tina. “Look at Brazil.” *The New York Times Magazine*. 28 January 2001.

protection and international trade rules be assessed for their negative impact on essential drug access.⁹ The US describes such recommendations as neither “relevant” nor “productive,” despite clear evidence that the regime of twenty-year patent monopolies for pharmaceuticals for all WTO member countries, regardless of income and development levels, is directly blocking life-extending drug access.¹⁰ The objectionable position of the Administration—that drug companies will lower their drug prices sufficiently, from a place of altruism, and that a review of existing agreements on intellectual property is counter productive—must be reformed immediately.

Despite international acclaim for their National AIDS Program, the cornerstone of which is free generic HIV medication, the Bush Administration has chosen to pursue a dispute settlement before the World Trade Organization (WTO) with Brazil regarding their domestic patent laws, threatening Brazil’s ability to do compulsory licensing under their “local working” clause. While the US claims the WTO case has nothing to do with the Brazilian HIV treatment program, the US refuses to bring similar cases against several wealthy countries who have local working clauses similar to Brazil’s. Brazilian health officials assert that the US’s WTO case will threaten the health of their program and of generic drug access in Brazil.

The US Trade Representative (USTR) went so far as to rebuke Brazil in its 2001 301 Watch List regarding the dispute, attacking Brazil for—among other things—its pattern of blaming “only the pharmaceutical companies, without fully examining the many issues involved in addressing the AIDS crisis.”¹¹ Brazil’s national response to AIDS has resulted in more than 50 per cent drop in death rate since 1996 while saving more than \$422 million. Clearly their focus on the issue of drug pricing and pharmaceutical industry monopolies has saved lives and therefore demands the wholehearted support and respect of USTR and all Administration branches, not outrageous attacks.

Finally, when news emerged that the government of Brazil intended to table a non-binding resolution at the April 2001 UN Human Rights Commission that linked access to medication with the human right to the highest attainable standard of health, the US government responding by pressuring Brazil to abandon the resolution. Despite the pressure, Brazil presented their resolution and received the support of all country members of the Commission—with the marked exception of the US, which abstained. Shortly thereafter, the US was booted off the Human Rights Commission altogether.

• **The Bush Administration and HIV prevention**

Although often effective as political rhetoric, abstinence-only HIV prevention efforts largely fail those populations at greatest risk of HIV infection.¹² Despite the facts, the Bush Administration is prioritizing abstinence as a prevention strategy in multiple fora. The US delegation to the UNGASS has already insisted that abstinence be included in the UN Draft Declaration of Commitment on HIV/AIDS.¹³ The US has also rejected UN efforts to focus HIV prevention by clarifying categories of high-risk populations including injecting drug users, women, displaced persons, and adolescents.¹⁴

overall performance: D-

In the early weeks of the Administration, Bush reinstated the federal gag order outlawing US funding to all developing world health care clinics that even mention abortion as a family planning option. This policy further weakens HIV prevention efforts in poor countries, as many clinics that provide voluntary HIV counseling and testing, as well as STD prevention, education, and treatment services, depend heavily on external funding from the US. These vital clinics have lost significant portions of their budget as a result of this dangerous and far-reaching Administration policy.

HEALTH GAP COLITION DEMANDS THE BUSH ADMINISTRATION:

- **Allocate \$2 billion in new US money to the UN fund for AIDS treatment, care and prevention**
- **Allocate proportional financial support to both treatment and prevention**
- **Support global AIDS drug distribution and procurement at lowest prices, including access to generics**

⁹US Response to UN Draft Declaration of Commitment on HIV/AIDS, May 2001.

¹⁰eg Chirac, Pierre. “Patents in French-speaking Africa.” Access to Essential Medicines Campaign, Dossier 3, July 2000

¹¹Office of the USTR. Special 301 Watch List. 30 April 2001.

¹²eg D. Kirby, et al, "Evaluation of Education Now and Babies Later (ENABL): Final Report," Berkeley, CA, University of California School of Social Welfare, Family Welfare Research Group, 1995.

¹³ U.S. Government for NGO and industry briefing on the UN General Assembly Special Session on HIV/AIDS 18 April 2001.

¹⁴Ibid.

- **Immediately call on the IMF and World Bank to use its own resources to cancel debt owed by the world's poorest countries; the US must also call on the World Bank to abandon its support for user fees for health care and education**
- **Immediately end the WTO dispute against Brazil's over compulsory licensing and Brazil's domestic patent law**
- **Support the creation of health exceptions to trade agreements, such as the Agreement on Trade Related Aspects of Intellectual Property Rights (the TRIPS Agreement).**