

URGENT ACTION ALERT: Call Senators to demand \$2 billion for the Global AIDS Fund!

Bipartisan Consensus: Global AIDS Catastrophe is Low Priority

In the capital of Zimbabwe, city morgues have been operating 24 hours a day to receive the dead. Running out of burial space, the Harare City Council has requested that citizens bury their loved ones deep enough that there will be room to bury the next family member's casket above them.

Escalating infection rates have led to untold human suffering, preying most heavily on Africa and Asia. The economy and industry of entire nations are being destabilized by massive waves of death sweeping away working people. Entire regions are being depopulated, leaving countries made increasingly of orphans and the elderly. The spiraling destabilization will impact even rich countries.

At times it feels like there is no way to stop the death toll from AIDS. But meaningful assistance from wealthy countries can dramatically increase access to medication and care that has made AIDS a chronic manageable disease in the United States.

After years of worldwide activist campaigning, UN Secretary General Kofi Annan launched the Global AIDS and Health Fund at an OAU Summit in Nigeria on April 26. An international fund to treat and prevent AIDS, TB, and malaria is a long overdue attempt to bring vital resources to address the plague that threatens to erase many parts of the South.

International health experts have produced data demonstrating that only \$9.2 billion is needed to provide access to health care facilities, medicine, and large scale prevention programs needed to stop the spiraling AIDS emergency engulfing the planet.

This spring, President Bush announced the first contribution to the fund of \$200 million (of redirected existing spending) for 2002. By setting the bar so low, momentum was dramatically slowed internationally. Major donors scaled back contributions.

After assuming control of the Senate, Democrats are not contributing meaningful dollars either. Vermont Senator Patrick Leahy authored a foreign operations budget with less money for the Global Fund than President Bush!

Compassion matched with action from wealthy countries contributing meaningfully to the Global AIDS Fund will reduce the rate of new infections and create a bridge to survival for the 95% of the world with no access to medicine. If wealthy countries turn their back, almost all of the 30 million people living with AIDS will die.

"The problem is not lack of money—many institutions and some individuals could write a check for the entire amount required from all countries in the world—but lack of political will. In the U.S., we are hearing from political experts that the biggest problem is not policy disagreements about what to do about global AIDS, but rather that global AIDS is not a priority for either political party—simply because Congress is not hearing from constituents that this is a problem for them. These experts tell us that if Congress got 10,000 calls or letters per month expressing concern about the global AIDS epidemic and other infectious diseases, the entire situation would be transformed."

- John James, editor, AIDS Treatment News

Our elected leaders must hear from us before they will change their priorities. WAVES OF SUSTAINED GRASSROOTS ACTION NEEDED!

STRATEGY: The global AIDS fund does not have real opponents; it simply does not have enough champions. In order to change the priorities of the US Government, we must show broad and sustained support for the Fund this summer and fall, using phone calls, letters, and visits. Activists have set a goal of thousands of calls in waves during August, September and October.

Visit, call and write *both* of your Senators, AND Senate Majority Leader Tom Daschle

1. August 20 – August 24: *contact the Senators at their home offices — contact them as often as possible!*

During the month of August, the Senate is on recess. That means they will be in their home office.

• **PLEASE CONTACT BOTH SENATOR'S HOME OFFICES:** check www.vote-smart.org/vote-smart/data.phtml for contact information. It is *extremely* useful and often not very hard during recess to meet the Senator in-person. The sooner you or your organization make the meeting request, the better. E-mails to congress are not usually counted.

• **Tom Daschle's office in South Dakota:** 320 North Main • POBox 1274, Sioux Falls, South Dakota, 57101 • **tel: (605) 334 9596**

2. September 10-14 AND October 8-12: *flood the Senate with calls and letters. Call more than once!*

• **CALL BOTH OF YOUR SENATORS in DC:** 202.224.2131 is the Congressional Switchboard. The operators will connect you.

• **Tom Daschle:** tel. 202.224.2321 • fax 202.224.2047

• Senate mailing address: Honorable [name], US Senate, Washington DC, 20510

**Demand Action and compassion in the face of cataclysm: \$2 billion new dollars
for the Global AIDS and Health Fund now!**

BACKGROUND:

• Why focus on the Senate?

The House has requested at least as much money as President Bush. A substantial number of House Republicans have already voted for a much larger contribution to the fund. Senate Democrats, while not opposed to the fund, are not paying much attention. If not corrected, this will have very negative results when the House and Senate resolve and combine several different global AIDS bill in a conference committee as early as the beginning of October. In preparation for these 'end-game' budget negotiations, it is critical that the Senate comes to the table with a *large* number, rather than the smallest!

Calls to Senate leaders on this issue or in positions of leadership are extremely useful. Target Senators Daschle (SD), Leahy (VT), Kerry (MA), Frist (TN), Helms (NC), Biden (DE). Calls to one's own senators at this juncture are critical.

• Aren't AIDS drugs too complex to take properly in poor countries?

It is extremely uncommon for a person with HIV starting therapy to be required to take complex pills regimens with difficult food restrictions. Most patients starting treatment now simply take 1-3 pills in the morning and 1-3 pills in the evening. Data indicates that regimen adherence rates are comparable between the United States, Côte d'Ivoire and Brazil.

• How can we get lab tests and pills to 30 million people?

New treatment guidelines in the U.S. encourage people with HIV to delay starting therapy until they are at a higher risk of illness, measured by symptoms or low T-cell counts. Therefore, it is estimated that only 5-6 million of the world's 30 million people with HIV/AIDS are in need of treatment at any given moment, and that disease management can be tied to symptoms rather than lab tests.

• Why not wait till next year?

The governance and priorities of the fund are being established now, and are being established in the context of inadequate political commitment from rich nations. Under a storm of worldwide criticism, President Bush and Secretary Powell have indicated that more money will be made available for the fund next year, *if* the fund performs acceptably. However, by setting the bar so low at the outset, the fund is being starved of resources before it starts. Policy makers have used the shortage of capital as grounds to argue against purchasing affordable generics or providing treatment at all — choosing instead to focus solely on prevention.

A global response to disaster should not be designed to fail or be hobbled at the outset. It must never be acceptable for the world's wealthiest countries to offer only spare change in the face of a human calamity unprecedented in history. **It is *not* 'too late' this year.**

• Treatment or prevention?

Treatment access is a key component of a comprehensive prevention program. Access to treatment stimulates dialog about HIV and access to testing. Prevention services plateau at a low level of effectiveness without access to treatment. There is little incentive to seek HIV testing if the only possible result is a death sentence.

• Aren't AIDS drugs too expensive?

Generic competition from high quality manufacturers has been shown to dramatically bring down the cost of medicine. But the Bush Administration is objecting to the use of affordable WTO-legal generic medicines, or even funding large-scale purchasing programs that could negotiate for best prices or issue competitive bids. **These kinds of objections are why activists have pushed for an internationally administered fund, less subject to the political whims of the donors.** In June during meetings of the WTO's TRIPS Council, the Bush Administration strongly opposed a request from over 60 countries – almost every nation present, rich or poor– to reform international drug monopoly laws to create more affordable medicines for poor countries that are being destroyed by AIDS.

In the United States, drug company monopolies on the products of publicly funded research result in drug costs of \$10,000 to \$18,000 per person with HIV per year. Legal generic manufacturers in Brazil, Canada, India, and Thailand have brought the costs of a year's supply of triple combination therapy treatment down to as little as \$350. With the economies of scale that could come from large-scale purchase and manufacture due to donations from the Global Fund and other resources, we are told by manufacturers and governments that drug costs could decrease to less than \$200 per person per year.

Patents have one purpose: to protect high prices. Drug companies sometimes talk about the need to protect profit incentives in order to spur research and development. While most AIDS drugs are invented at substantial U.S. taxpayer expense, there is very little profit for the pharmaceutical industry to be made or lost in the global South. Africa accounts for 1.3% of the global pharmaceutical market.

• Why an international fund?

SCALE: Single-nation controlled funds were not able to attract the significant contributions needed to provide medicine and care to the 30 million people with AIDS with no access to medicine. Almost entirely prevention-focused bilateral efforts have not been large enough to mount the scale of prevention programs needed to staunch new infections.

POLITICAL FREEDOM: An international response not owned by a single country is needed to break outside of the political considerations of donors. For instance, a multilateral fund program reduces the influence of pharmaceutical companies opposed to the purchase of high quality, affordable WTO-legal generic medicines.

ADDITIONALITY: While the global fund will be able to serve many functions that bilateral aid programs cannot, it is important that contributions to the Global AIDS and Health Fund are *in addition* to funds administered by USAID.

SPEED: A new, nimble entity is being created to ensure that the fund is fast-moving and not subject to the bureaucratic delays associated with United Nations or USAID programs.