

# Press Statement: HIV is not in recession! TB is not in recession!

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### **HIV is not in recession! TB is not in recession!**

A coalition of Sub-Saharan HIV/TB activists demand that African governments and international funders close the gap on health financing. The right to treatment and health is non-negotiable.



(Cape Town - Nairobi - Port Louis, 6 May) On the occasion of the Conference of African Ministers of Health in Addis Ababa, Ethiopia, a coalition of health advocates from Sub-Saharan Africa warn that the lives of millions of people in Sub-Saharan Africa are in jeopardy because of the lack of political will and investment to realise the right of access to life-saving treatment.

Only one third of HIV-positive people in need of antiretroviral therapy (ART) to survive have access to treatment in the African region. The coalition fears that national and donor governments are betraying their health commitments, particularly promises to support the universal roll-out of ART by 2010.

"The broken promises and skewed priorities of governments and donors have reduced the right to health and access to treatment to unattainable rhetoric. In the last few months, we have seen trillions of dollars spent on financial ?bailouts? to stimulate economic recovery?, said Nonkosi Kumalo of the Treatment Action Campaign. "A tiny portion of this sum could have bought quality, sustainable healthcare for millions of people."

Dr Bactrin Killingo of the HIV Collaborative Fund warned that ?if the current cost constraints faced by HIV treatment programs are not addressed, while the demand for expensive second-line treatment increases, we will find ourselves in a situation similar to the ?90s, where millions of lives were lost unnecessarily because people could not afford the treatment they needed to stay alive?.

The region of sub-Saharan Africa bears the greatest burden of disease, and has 68% of the world?s HIV-positive people but only 1% of the global expenditure on health, and 2% of the global health workforce. A recent African Union report states that sub-Saharan Africa faces ?a grim scenario with respect to the health of its people?, estimating that only 7% of total government expenditure in the region goes to health despite the 2001 Abuja Declaration commitment to commit 15% of government expenditure to health.

These shortcomings will be highlighted at the CAMH in Addis Ababa this week, where the Africa Public Health Alliance is submitting a petition to African heads of state and ministers of health and finance to close the US\$10.7

billion funding gap for regional implementation of the Global Plan to Stop TB.

Most governments in the region cover less than half of their national health budgets with national resources, while the rest comes from out-of-pocket spending or international funders – most notably, for HIV and TB, the Global Fund. The financial support of the Global Fund and other donor agencies has had a remarkable impact on scale-up of services in sub-Saharan Africa.

The Global Fund reports that it has saved an estimated 2.5 million lives worldwide and has disbursed 57% of international donor aid raised for TB, 50% of malaria, and 23% of funds for HIV/AIDS. However, the increasingly steep trajectory of demand for Global fund grants, coupled with dwindling donor input and the global economic crisis, have resulted in the Global Fund announcing that it is at least \$4 billion short of the money that it will need to continue funding essential HIV, TB and malaria services in 2010.

In 2005, the leaders of G8 countries, the richest nations in the world, committed to the goal of universal access to ART by 2010 – a goal that governments across the world pledged to support. Many of these same countries are now becoming antagonistic towards disease-specific funding, calling instead for ‘horizontal’ approaches to health financing such as the International Health Partnership, without committing to the massive increases in funding that would be necessary to finance health across the board.

The coalition rejects pitting HIV against other diseases. Contrary to what some influential health economists and ‘development experts’ are claiming, there is ample evidence that ARV roll-out has strengthened health systems, and the work done by AIDS service organisations has revolutionised healthcare in the developing world.

African heads of state in 2001 stated that ‘We are fully convinced that containing and reversing the HIV/AIDS epidemic, tuberculosis and other infectious diseases should constitute our top priority for the first quarter of the 21st century’. This conviction is not reflected in the resources that African governments have committed to health, nor in the lethargic progress towards scaling up TB and HIV programs in the region. The global economic crisis threatens to worsen this situation, with a recent World Bank report estimating that the negative impact of this crisis on HIV programs will affect 70% of people on ART in Africa within the next 12 months.

Said Paula Akugizibwe of the AIDS and Rights Alliance for Southern Africa (ARASA): ‘We need to ensure that African lives do not become a silent casualty of the global financial downturn. Our lives are not cheap or expendable. We expect health to be prioritised over weapons, sports and lavish politics.’

ARASA hosted a meeting on financing for Eastern and Southern African HIV/TB activists last week, out of which this coalition was formed to advocate around several key messages: ‘We believe that health is our right. We are committed to sustained, universal access to ART. We are committed to prevention and treatment for TB, malaria and other illnesses that devastate our communities. We demand that African governments and donors honour their commitments to funding for health, and close the resource gaps as needed to secure universal access to HIV and TB treatment. Through a sustained and coordinated regional campaign, we will fight for our non-negotiable right to health until it is realized.’

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