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African activists decry backtracking on health funding commitments at opening of World Economic Forum on Africa

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4 May 2010, Dar Es Salaam ? Donors and African governments are making callous and unwise decisions on funding commitments to HIV and global health, according to a group of African health and human rights activists gathered in Dar Es Salaam, Tanzania, to carry out strategic planning and advocacy in the lead-up to the World Economic Forum on Africa from 5-7 May.

Vuyiseka Dubula of South Africa-based Treatment Action Campaign highlighted the far-reaching benefits of initiatives such as the Global Fund to fight AIDS, TB & Malaria, and the United States? government?s President?s Emergency Plan for AIDS Relief (PEPFAR), both of whose future is uncertain due to funding cutbacks. ?Thanks to the combined effort of the Global Fund and PEPFAR, more than 5,000 lives a day have been saved for the past ten years?, she said, ?but we know that the success does not end there?.

There is a large body of scientific evidence demonstrating that HIV funding has strengthened health systems, improved maternal and child health and reduced the incidence of other major diseases like TB. By 2015, HIV in newborns could be ended if adequate funding is provided. Dubula warned that ?if we do not invest adequately to sustain and build on this hard-won success, then we are effectively dismissing the right to health and throwing out the health-related Millennium Development Goals?.

There is increasing political hostility towards funding the universal access to HIV prevention, treatment and care that has been repeatedly promised by leaders around the world. Paula Akugizibwe from the AIDS and Rights Alliance for Southern Africa said that clear public health and socio-economic gains do not appear to have convinced funders of the need to sustain scale-up of HIV programs, stating that ?we have heard every line in the book from funders except the truth ? namely, that because HIV treatment is expensive, they are no longer interested in universal access. This is callous and short-sighted, and sets an unacceptable precedent for the global response to costly health needs in the future such as drug-resistant tuberculosis.?

Bactrin Killingo of the International Treatment Preparedness Coalition (ITPC) described the backtracking on universal access as ?heartbreaking?. He outlined the findings of a 6-country community-driven research report issued by ITPC last week, which warned that HIV could once again become a ?death sentence? for people in the developing world if funding cutbacks persist.

He further warned that ?all that these cutbacks achieve is to defer and increase costs,? pointing out that research by various institutions including the World Bank has shown that the long-term costs associated with neglect of HIV and other health needs are far greater than the immediate costs of associated with mounting an adequate response to these needs.

Florence Umunna-Ignatius from Nigerian group Positive Action from Treatment Access elaborated on some of the

consequences of funding cutbacks that have already been witnessed in Nigeria, where shortages of test kits are restricting access of new clients to testing and treatment. Similar reports have emanated from Uganda, where people in need of HIV treatment to stay alive are being turned away from clinics due to flat-lined PEPFAR funding, and the National AIDS Commission recently announced that treatment for the 350,000 people in need is unaffordable. ?Let us not forget that each of the figures in these big numbers represents a real person for whom decisions on funding are literally a life or death matter,? she urged.

But to governments, these decisions are often more a matter of political sport ? according to James Kamau of the Kenyan Treatment Access Movement. ?In 2001 in Abuja, African heads of state promised us 15% of budget spending on health ? where is this money?? he asked. Only two countries in the continent have met the Abuja target, which African finance ministers recently dismissed as a colossal mistake.

According to Kamau, ?the true colossal mistakes are the wasteful spending habits of many governments who prioritise wars, luxury for politicians and sports over social spending, which cost thousands of lives every day?. He brandished spoof dollar bills highlighting examples such as the cost of President Yoweri Museveni of Uganda?s private jet, which could have paid for HIV drugs for more than 200,000 people.

Tapiwa Kujinga of the Pan-African Treatment Access Movement outlined the activists? demands to leaders at the World Economic Forum on Africa, which include setting a clear time-bound roadmap to achieving the Abuja target of 15% of health and ensuring more transparent and accountable use of health funding. They are also calling on global leaders, particularly the G8 and G20, to fully replenish the Global Fund in October 2010; and on President Obama to ensure that PEPFAR supports addition of new patients onto treatment in future. Tomorrow (Wednesday 5 May) they will stage a demonstration at the World Economic Forum where a memo detailing these demands will be handed over to a representative of the Tanzania Minister of Health and the Global Fund, to champion these messages at the WEF.

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