

'Africa's capacity to deliver is huge'

Interview with Stephen Lewis, UN special envoy for HIV/AIDS in Africa

Canada's former ambassador to the UN, Stephen Lewis, was named Secretary-General Kofi Annan's special envoy for HIV/AIDS in Africa on 1 June. His job, the straight-talking diplomat told *Africa Recovery* in mid-June, is to represent Mr. Annan's personal commitment to the battle against AIDS, made at the African leadership summit in Abuja (see page 6), "and energize it as much as possible."

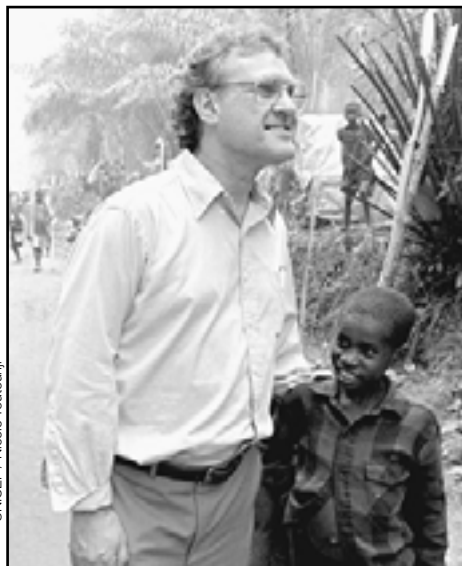
"The world has been terribly delinquent," in responding to the AIDS crisis in Africa, he said, as were some African leaders. Even in the late 1990s, "a lot of them simply weren't engaged ... and their countries were clearly in terrible trouble. To be fair to them, the world wasn't engaged either.... Everybody was ... frozen in time, while all around us this pandemic was wreaking havoc."

The 64-year-old diplomat has for decades been involved in African affairs, in part as a key figure at the UN special session on Africa in 1986, as deputy executive director of the UN Children's Fund during 1995-99, and as a member of the Organization of African Unity's investigation of the 1994 genocide in Rwanda. Although his primary task is to work with African leaders to meet the commitments made in Abuja, he also will liaise with the donor community, private sector leaders and multilateral agencies involved in Africa.

Sense of urgency

Thankfully, Mr. Lewis said, "the entire atmosphere has changed in the most astonishing way in just the last 4 to 6 months. There is a sense of urgency and emergency that is unmistakable. What has happened since the beginning of this year is a tremendous consciousness-raising and determination on the part of the African leadership. No one hesitates to talk about [AIDS] any more."

Another key factor, he said, has been a dramatic turn-around by the major drug companies, which were forced in April to withdraw a legal challenge to South African efforts to lower drug costs, and to sharply reduce AIDS drug prices in developing countries. "The pharmaceutical industry, recognizing tremendous



Stephen Lewis visiting Rwandan refugees.

anger around the world and recognizing that they were involved in a public relations disaster ... made a specific policy decision to change their approach. There began this snowballing effect of one drug company after another dropping their prices, offering their drugs free ... offering sums of money to build clinics in Uganda and Botswana.... It's a change in which the Secretary-General himself has been personally and intimately involved."

The third encouraging development, he said, is funding. The Secretary-General's Global AIDS and Health Fund, which aims to ultimately mobilize \$7-10 bn annually in new resources for the fight against AIDS, malaria and tuberculosis in developing countries "is a shockwave to the system." With initial pledges of about \$450 mn, Mr. Lewis conceded that the fund's growth would be incremental.

"But it is going to happen. More and more money will come in and it will make a big difference.... We are on the brink of stabilizing the pandemic [in Africa] and then beginning slowly to turn it around."

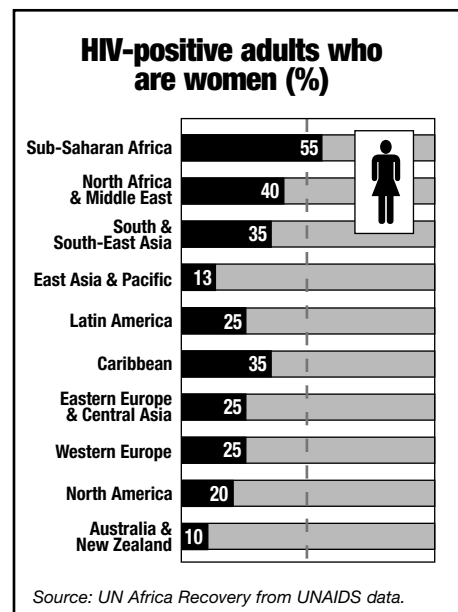
Gender and lender attitudes

Underlying it all, Mr. Lewis asserted, has been an exponential increase in understanding of the

scope and nature of the AIDS crisis in Africa — most critically its links to gender oppression. "Finally the world seems to understand that [in Africa] this is a gender-based pandemic. Unless there is recognition that women are most vulnerable ... and you do something about social and cultural equality for women, you're never going to defeat this pandemic. This is the fundamental centerpiece of the whole blessed crisis! Men haven't changed their behaviour, so women somehow have to be strengthened to be able to ward off the men."

The behaviour of the international financial institutions, whose policies for decades undermined African health and education systems, Mr. Lewis observed, also will have to change. He described the level of funding committed to AIDS by the World Bank and other multilateral agencies as "pathetic." While institutional lenders have finally begun to examine past mistakes, he said, "I'm not satisfied that they're being ironed out."

"It's all terribly late," he said. "We've lost 17 million lives and have 25 million people [in Africa] infected," while people with AIDS in industrialized countries have had their lives prolonged for years by anti-retroviral drugs. "It's only now that we're contemplating treating



UNICEF / Giacomo Prozzi



Members of an anti-AIDS club addressing students at a UNICEF-assisted primary school in Zambia.

people in Africa with anti-retrovirals. There has been an unacceptable, indefensible double standard... People in Africa who have AIDS have as much right to life as people in the Western world.” But he cautioned that making affordable drugs available cannot be at the expense of prevention, which “underlies everything.”

Mobilizing Africa's strength

In June, Mr. Lewis travelled to Botswana to meet with President Festus Mogae, UN offi-

cial and community-based HIV/AIDS organizations. Botswana has the world's highest rate of HIV infection. Early in 2002 it will also become the first African country to attempt large-scale treatment of the 300,000 people believed to be HIV-positive, including with anti-retroviral drugs. “President Mogae is fighting for his country's life,” Mr. Lewis said.

The initiative will challenge skeptics in the North who argue it is impossible to treat HIV/AIDS in Africa and that only prevention

programmes are feasible. “If it is successful and people start feeling better, looking better, start gaining weight, are productive again, it is bound to have an impact on surrounding countries and the way we look at the continent.”

What impressed him most about Botswana, he noted, is the awareness and determination of ordinary people. “You get this sense of mass mobilization. It's really quite awesome. It gives one hope, this great strength of Africa. Once you get treatment and prevention and care in place, you have this tremendous human resource. You get the feel for what is possible. At the moment you can't get food. You can't get blankets. They don't have

medicine to distribute. But the capacity on the ground to deliver is huge!”

“The key is the women,” he asserted. “It is always the village women who drive these things.” With awareness, treatment and funding finally coming together, he concluded, the challenge for the UN is to engage the international community with those village women in the struggle against AIDS. “My role on behalf of the Secretary-General is to make sure that engagement happens.” ■

Less preaching and more money

“Africa's health crisis is an extreme crisis and cannot be handled by Africa alone,” argued Prof. Jeffrey Sachs at a meeting on the “Economics of Health in Africa” at UN headquarters on 17 April. It is a mistake, he said, to think that greater political commitment by African governments will by itself overcome the continent's health crisis. What is needed above all are far more external financial resources, stated the prominent Harvard University professor, who is also chairman of the Commission on Macroeconomics and Health, established by Ms. Gro Harlem Brundtland, director-general of the World Health Organization (WHO). The meeting was organized by the WHO in cooperation with the UN Economic and Social Council and the UN Department of Economic and Social Affairs.

For much of the past 20 years, Mr. Sachs said, donors encouraged Africa to mobilize its own resources for health, with the World Bank pushing for user fees and the establish-

ment of local health insurance schemes. “But this failed utterly,” declared Mr. Sachs. With most Africans living on \$300 or less per year, they simply could not afford user fees, and the continent's health systems deteriorated overall. Recalling a tour of health facilities in a number of African countries, he remarked, “These are not health centres, but places where you go to die.”

Even if Africa were able to generate resources for health equivalent to 5 per cent of gross domestic product, that would still be only about \$15 dollars per person, he pointed out. That amount pales in comparison with the average \$2,000 spent annually in some rich countries.

On AIDS specifically, Mr. Sachs cited a study of recent donor assistance up to the end of 1999. It averaged about \$70 mn per year. Some might call this doing a little, he observed, but “I'd call it doing nothing.” For practically an entire generation, the donors

watched the AIDS crisis unfold with the “most shocking neglect.”

The three top priorities for Africa's health systems, he said, are: “One, money. Two, money. Three, money.” He estimated that the continent needs \$10-20 bn a year to help adequately combat AIDS and other infectious diseases. The individual donor agencies also must not act separately, but coordinate their efforts by pooling contributions into global disease funds, and then recruiting as many African health professionals and experts as possible to direct and run the campaigns. Moreover, this assistance should be in the form of outright grants, not concessional loans. “We cannot lend Africa money to fight AIDS,” he said. “We have to give Africa the money to fight AIDS.”

Given the grave shortcomings of Africa's health systems, Mr. Sachs advised the donors: “It is no good preaching, no good lecturing, until substantial new resources are provided.”