Winning the Fight Against Killer Diseases

MAPUTO – One of the greatest successes in development aid in the past decade has been the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The Global Fund has saved millions of lives and helped countries around the world beat back three epidemic diseases. Now it is appealing to the world’s governments and the private sector for another three years of funding, with governments set to decide on further financing in early December in Washington, DC.

Back in 2000, the HIV/AIDS epidemic was devastating the world’s poorest countries, especially in Africa. New antiretroviral medicines had been developed and were being used in rich countries, but were too expensive for the poorest. Millions of poor people were dying of AIDS, even though the new medicines could have kept them alive.

Two other major killer diseases, malaria and TB, were also resurgent. Deaths from malaria were soaring, partly because poor countries’ health systems were dramatically underfunded, and partly because the malaria parasite had developed resistance to the usual medicines. Yet the potential to control malaria was actually improving, thanks to several newly emerging technologies: long-
lasting insecticide-treated bed nets to prevent the mosquitos from biting, better diagnostics to identify infections, and a new generation of highly effective medicines.

TB was also running out of control, with a massive disease burden in both Asia and Africa. As with malaria, the TB bacteria had developed resistance to the traditional therapeutic drugs. A frightening new epidemic of multi-drug-resistant TB – or MDR-TB, which was much harder to treat than mainstream TB – had erupted. There were also cases of extreme MDR-TB, soon called XDR-TB, which resisted even the back-up medicines.

Back in 2000, the rich countries were not taking adequate steps to fight AIDS, TB, and malaria. Aid flows were tiny. At the time, I had recently been appointed by the Director-General of the World Health Organization (WHO) to help bring finance ministers and health ministers together to see what could be done, both immediately and in the longer term.

Our advisory group, known as the Commission on Macroeconomics and Health, recommended that rich countries scale up their health-care aid to poor countries, including efforts to fight AIDS, TB, and malaria. This aid would save lives, improve well-being, and help strengthen economic development.

Former Norwegian Prime Minister Gro Harlem Brundtland, the remarkable director-general of the WHO at the time, strongly supported this recommendation. At the international AIDS conference in Durban, South Africa, in July 2000, I described why a new global fund was needed to fight AIDS. In early 2001, former United Nations Secretary General Kofi Annan launched a powerful and persuasive appeal to establish the Global Fund.

Leaders around the world responded to Annan’s call; within months, the Global Fund was born. I remember those days vividly.
In international public-health circles, there was great excitement.

Yet there was also frustration and bewilderment, as vocal opponents of foreign aid began to oppose the increased funding for disease control. Several economists with little knowledge of public health became outspoken opponents. They argued on the basis of free-market ideology rather than evidence, claiming that foreign aid always fails.

Fortunately, world leaders listened to public-health specialists and not to the aid skeptics. US President George W. Bush’s administration provided strong and important support for the Global Fund – and also created new US programs to fight AIDS and malaria.

By the second half of the 2000’s, programs to fight the three main killer communicable diseases were scaling up around the world. Over the objection of the aid skeptics, the Global Fund provided financial support for massive free distribution of bed nets, diagnostics, and medicines to address malaria.

Lo and behold, for the first time in a generation, deaths from malaria in Africa began to fall (steeply in some places). Hundreds of thousands of lives, mainly African children, were now being saved every year. Children were spared not only death but also debilitating infections, enabling them to attend school and lead more productive lives in the future.

The same thing happened with HIV/AIDS and TB. Back in 2000, before the Global Fund was established, infected people in developing countries died of AIDS without any chance to receive life-saving antiretroviral medicines. By 2010, more than six million people in developing countries were receiving antiretroviral treatment. Similarly, testing and treatment for TB rose sharply, including a strong increase in several heavily affected
Asian countries.

The aid skeptics were proved wrong. Aid for health has worked. The world has benefited enormously from the triumph of generosity, professionalism, common decency, and good sense.

Yet the battle to mobilize adequate financing remains. The same skeptics repeat their tired opposition without reference to a decade of evidence. It is shocking how their free-market fundamentalism (or simply ideological opposition to aid of any kind) can blind them to life-and-death needs and the efficacy of practical approaches that are well known to health professionals. (They are also blind to professional methods in other areas, such as food production.)

The Global Fund is urgently appealing for a minimum of $5 billion per year for the next three years – a tiny sum relative to the world economy (and equal to roughly $5 per person in the high-income countries). It could wisely use twice that amount.

It seems likely that the US Government will agree to contribute one-third of the $5 billion if the rest of the world delivers the remainder. The United Kingdom recently made a strong pledge, and the world now awaits the announcements of Germany, Canada, Australia, Japan, and other long-standing and new donor countries in Europe, the Middle East, and Asia.

Millions of people around the world will live, or die, depending on what these governments decide in December. May they, and we, choose life.