



2004

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Recommended Citation

Stephen Lewis, *The Precarious Promise of the Global Fund*, 4 YALE J. HEALTH POL'Y L. & ETHICS (2004).
Available at: <https://digitalcommons.law.yale.edu/yjhple/vol4/iss1/7>

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The Precarious Promise of the Global Fund

Stephen Lewis*

The following is an abridged transcript of remarks delivered by Mr. Lewis on April 3, 2003 at a conference co-sponsored by the Center for Interdisciplinary Research on Aids (CIRA) and the Yale Journal of Health Policy, Law, and Ethics.¹ Mr. Lewis's speech opened a panel on global resource allocation, which asked: How best can the global community mobilize resources to combat HIV/AIDS in poor nations? This question inspired the Case Studies in this issue.

When we reached the end of the 1990's, and the AIDS pandemic had been in place for virtually two decades, a great many people began to understand cumulatively that there was a profound moral default occurring in the world. The absence of resources was crippling the response to this global epidemic. The willingness to abandon, for example, the entire continent of Africa and to lose millions upon millions of lives unnecessarily had become one of the most repugnant and odious manifestations of western policy that could possibly be imagined. There was an intensive scurrying about to see whether something could be fashioned by way of a legitimate response. The amount of money coming from the western world as late as the final years of the 1990's was somewhere in the vicinity of two to three hundred million dollars a year—an amount so microscopic in terms of the need as to challenge levels of moral propriety.

Then, in April 2001, Kofi Annan, the Secretary General of the United Nations, floated an idea at the Abuja Summit on AIDS, Tuberculosis and Malaria, which seemed to have real promise. He recommended establishing a fund for AIDS, Tuberculosis and Malaria (the Global Fund) which would attempt to gather somewhere between seven and ten billion dollars a year in order to address the priorities of the pandemic. In the

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1. The editors of this Journal would like to thank the staff of CIRA for transcribing Mr. Lewis' speech, which was delivered extemporaneously. A version of these remarks was published in CIRA's Autumn 2003 Bulletin. Stephen Lewis, *The Global Fund: Does It Have a Future?*, CIRA NOTES, Autumn 2003, at 12.

subsequent eighteen months, the Global Fund raised a total of \$2.1 billion spread over four years from the major donor nations, drastically short of the goal. We were failing. The inability to gather the consciousness and resources of the developed world, given the possibilities of the Global Fund, was a dreadful shock to everyone.

The Global Fund was designed to create a new multilateral, financial vehicle. The Global Fund's Board of Directors would include representatives from countries of the developed and developing world, from non-governmental organizations, from groups of people living with AIDS, and from the private sector. A Country Coordinating Mechanism (CCM) within a country would bring together all interested parties including the government, community-based organizations, faith-based organizations, non-governmental organizations, the diplomatic community, the United Nations community, and associations of people living with HIV/AIDS. This CCM would fashion a proposal that was representative of the panoply of needs in the country rather than simply representing government priorities, and the Global Fund would not accept a proposal unless the proposal was broadly representative of a whole range of needs. The Fund would run the proposal through a technical review committee that would appraise its inherent worth and recommend its approval (or not) by the Board. Ultimately the proposal, in whole or in part, would be accepted or would be returned with suggested alterations. It was an artful, pretty intelligent, quite committed vehicle for disbursing sufficient amounts of money where that money was needed most—at the community level—rather than simply through the apparatus of the government.

The Global Fund has had lots of problems. It took a long time to get going (it didn't have an executive director until the middle of 2002), to hire staff, and to put its processes in place. It is resented by some governments that regard it as being too slow in making the necessary disbursements. And the romantic, idyllic idea of NGO participation was somewhat limited in practice. But even within those general constraints, the Fund stood and stands as probably the best multilateral channel we have for obtaining and distributing large amounts of money to confront the pandemic. Of the \$2.1 billion that has so far been apportioned, some sixty percent of funds are used to combat AIDS, with other funds going to tuberculosis and malaria. Some sixty percent of funding is going to Africa, which is an appropriate distribution in light of Africa's needs. Fifty percent of funding is going to treatment, fifty percent to prevention and other forms of behavior change. Altogether this is a pretty rational and thoughtful distribution of the money.

Now we find ourselves in April of 2003 and suddenly the Global Fund is effectively facing bankruptcy. How is it possible that we could have gone this far into the pandemic and fashioned a vehicle for fundraising, initiated by the Secretary General of the United Nations, only to have it reach a dead end in a relatively brief period of time? The Global Fund needs \$14.5 billion to cover the resource needs of 2003, 2004 and 2005. It is between \$12.5 and \$13 billion dollars short of that target. President Bush, in his otherwise admirable proposition to provide \$10 billion in new money over five years to combat global AIDS, decided that only ten percent of the new money would go to the Global Fund—meaning \$200 million a year.

If you assigned an amount of money which should go to the Global Fund from the United States based on the American proportion of world gross domestic product (which is the kind of formula that most of us use when we apportion the financial responsibilities of various countries), then the United States should be providing somewhere around \$1.5 billion a year, not \$200 million a year. For whatever reason, we continue to resist obdurately the proposition that there is some responsibility for responding to the ravages of the pandemic in Africa and in the world. As a result, all of the western countries are in a shambles around their contributions. Everyone is short and very few are showing an inclination to do anything about it.

I beg you to look at the implications for a moment. In Africa, close to thirty million people are infected. Of those thirty million, probably at least six million should have treatment now. We're lucky if three hundred thousand (five percent) are in treatment in tiny pockets here and there on the landscape of the various countries. This calamitous shortfall results in the death, completely and totally unnecessarily, of huge numbers of people. Why should people die needlessly? What kind of international society are we fashioning? What's happened to the moral anchors of the world? How is it possible to come to the year 2003 and still not be willing to respond?

The thing that always distresses me most is the large numbers of young women I meet (in Africa the pandemic disproportionately and savagely targets women) with their children in tow. They say to me, "Mr. Lewis, who's going to look after my children when I die?" They say, "You have treatment in your country and people are allowed to live. Why can't we have the drugs for treatment?" I never know how to answer that question, because it bespeaks a double standard in this world so excruciating as to be beyond definition. If there is anything that will give the world a sense of moral compass again it will be the fashioning of resources to respond to a

pandemic that is killing more than two million people on the African continent alone every year, unnecessarily.