

Notes for Press Briefing, United Nations, New York: Noon, March 3, 2004
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I've asked for this press briefing in order to sound an alarm. It's an alarm relating to the World Health Organization's plan, with the support of UNAIDS, to put three million people into anti-retroviral treatment by 2005.

The "3 by 5" initiative, as it is called is, in my view, one of the most important initiatives that has emerged from the United Nations in the life of the pandemic. We're dealing with a new World Health Organization, under new leadership, and as a hallmark of that new leadership, they have launched this herculean effort to confront and subdue HIV/AIDS; to introduce hope where there was only despair. It's an extraordinary undertaking, suffused by courage and commitment. It deserves the unqualified support of the international community. Millions of lives are at stake.

Astonishingly, that support is not forthcoming. Hence this alarm.

The World Health Organization needs \$200 million, over 2004 and 2005, to put 3 by 5 in place. So far --- and we are into the third month of 2004 --- donor governments have been unwilling to contribute the money. WHO must have the money to train 100,000 people, to marshal the groups of experts to provide technical assistance, to establish the logistical supply lines, to improve and upgrade every aspect of the health systems infrastructure. Without the money, 3 by 5 will be a pipedream.

How is it possible that the resources for WHO can't be mobilized? Thus far, only the United Kingdom, Spain and Sweden have indicated a willingness to consider some relatively modest sums. We shall wait and see.

This is the best chance we've had in more than twenty years to turn the pandemic around. To be sure, the challenge is huge. There are roughly 300,000 people now in treatment throughout the world: to ramp that up tenfold in two years may sound as impossible as reversing Greek mythology so that Sisyphus actually rolls the boulder up the mountain. But it can be done. It simply requires a single-minded exercise of political will, the kind of political will that reverses the moral paralysis of the last twenty years.

One by one, the thirty countries of the OECD have to cough up the money. No one is exempt. The Millennium Development Goals are being held hostage by AIDS, entire societies are staring into the abyss, twenty million people are already dead, three million people are begging for the right to cling to life, another three million are behind them, and millions more after that, and we can't raise one-tenth of one per cent of what we're spending on war and reconstruction in Iraq and Afghanistan, to break the back of the pandemic.

How do we explain it to the generations of the future?

Just three months ago, I was in Botswana, observing their free provision of anti-retroviral drugs. The waiting-room of the Princess Marina hospital was packed with hundreds of people calmly waiting for treatment. Botswana has the highest known prevalence rate in the world, but everywhere I went, hope was in the air because people living with AIDS

knew they had a chance to prolong their lives. The process of testing, and the provision of the drugs has been a slow, arduous experience, with painful lessons along the way, but twelve thousand people are now in treatment, and adherence rates are incredibly high. It will be much tougher in other, poorer countries, than it is in Botswana, but Botswana gives a vivid glimpse of what can be done, with resources, when a country resolves to do it, and the world rallies in support.

By way of contrast, let me mention a trip I made last summer with Graca Machel to Uganda. We visited the parish of Mbuya at ground zero of the Ugandan pandemic, where there was an extraordinary community-based organization called “Reach Out Mbuya” doing a remarkable job of prevention and care and psycho-social support and income-generation ... a kind of all-embracing palliative bubble to ease the pain of infection. I’ve kept in touch with Mbuya since that time. Just a few weeks ago, I had a letter from the administrator of the project. She wrote to say that normally, ten or eleven women died each month, but in that particular week, on one particular day, the death toll was five. It broke her heart because all the women were young, leaving behind infants, young children and grandmothers.

Here you have a situation of a country that has triumphantly reduced prevalence rates to single digits, but without having had adequate resources to put a universal treatment plan in place, the sense of a death sentence still hangs heavy over the land.

It’s this all-pervasive, untimely death, so disproportionately of women, that 3 by 5 will bring to an end. What more does the international community need to free 200 million dollars? What greater motivation is required?

Let me be clear: virtually every African country, with medium to high prevalence rates, has a treatment plan in place, replete with guidelines. Virtually every African country has done some training to create the minimal staff requirements. Many of the countries have some money from the Global Fund, or the World Bank, or the Clinton Foundation, or the Gates Foundation or the United Nations family or bilateral donors. For the first time, they stand a chance to sever the cycle of despair. What they need is exactly what the World Health Organization can provide: the capacity to give overall co-ordination and direction so that the treatment regimens succeed and countries can move to scale. It’s the most exciting prospect of the last twenty years. It would be the first time the world could thumb its nose at the apocalypse.

The increments towards the goal have been set out by the World Bank and WHO: five hundred thousand in treatment by June of 2004; seven hundred thousand by December of 2004; one million, six hundred thousand by June of 2005; three million by December 31st, 2005. There has never been a more determined plan of action.

If 3 by 5 fails, as it surely will without the dollars, then there are no excuses left, no rationalizations to hide behind, no murky slanders to justify indifference.

There will only be the mass graves of the betrayed.