

**Statement by Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa, in response to The Clinton Foundation, The World Bank, UNICEF, and The Global Fund initiative on the provision of antiretroviral drugs**

I wish to join today with the legions of activists and advocates in Africa and worldwide who salute the quite remarkable collaboration on the provision of anti-retroviral drugs, jointly announced by The Clinton Foundation, The World Bank, UNICEF and the Global Fund. This initiative, along with WHO's "3 by 5" (putting three million people into treatment by the end of 2005) could well spell the turnaround of the HIV/AIDS pandemic in Africa.

We've been desperately looking for a breakthrough. This could well be it.

Simply put, the Clinton Foundation will negotiate the drug prices, UNICEF will employ its procurement capacity, and the Global Fund and World Bank will provide the funding. There will be protocols and administrative requirements of course, but nothing should now stand in the way of rolling out treatment to hundreds of thousands --- soon to be millions --- in the immediate future.

The best dimension of all of this is the price tag to be paid. We're talking of fixed-dose combinations of generic drugs, pre-qualified by the World Health Organization, to be purchased overwhelmingly from generic companies based in India, at prices as low as \$140 per person per year. It falls entirely within the World Trade Organization consensus agreement negotiated on August 30<sup>th</sup>, 2003. And it puts to rest the self-defeating jousting between generics and brand name pharmaceuticals. Clearly, when you have the power, the imprimatur and the dollars of the Clinton Foundation, World Bank, UNICEF and Global Fund weighing in behind generics, the debate is over. These four bodies make it clear in their statement that brand name companies are free --- indeed, invited --- to tender, and to meet the low prices. But it's equally clear that huge numbers of African lives will be prolonged and saved by generics ... generic drugs at one-third to one-half the cost of the patent drugs. Just think of how much further the money will go.

This is all tremendously exciting, and it will be made even more so if WHO finally receives the seed money it needs --- \$200 million over two years --- to help to coordinate the interventions at country level, to train the tens of thousands of additional people, to provide the emergency technical assistance, to keep the drug supplies flowing and to address the ongoing problems of infrastructure. In a phrase: to achieve 3 by 5.

The inexplicable financial torpor which has anaesthetized the donor world may now be broken, as the donor countries will see the extraordinary opportunity to come in behind this initiative and give it an additional dramatic push. Surely the increasingly realistic prospect of prolonging and saving the lives of millions of men, women and children, will galvanize the international community, and open the vaults of compassion.

If ever there was a test of human solidarity, that test is now.

TUESDAY, APRIL 6, 2004