PRESS BRIEFING BY SPECIAL ENVOY FOR HIV/AIDS IN AFRICA
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On 1 September 2001 the Government of Nigeria will begin a process of anti-retroviral treatment for HIV/AIDS -- which initially will be on a larger scale than anywhere else on the African continent, Stephen Lewis, the Secretary-General's Special Envoy for HIV/AIDS in Africa told correspondents yesterday.

At a Headquarters briefing on his recent trip to Africa, Mr. Lewis said the Nigerian Government wanted to provide treatment as soon a possible to 10,000 adults and 5,000 children. The country's President, Olusegun Obasanjo, dispatched his Minister of Health to India a few weeks ago to negotiate with the generic drug company CIPLA Ltd for the purchase of generics to be provided in Nigeria's planned anti-retroviral treatment.

Mr. Lewis said the Nigerian Health Minister had negotiated CIPLA down to $350 per person per year, which was an offer initially made to Médecins Sans Frontières. It had been expected that the generics would have cost more when purchased by governments. CIPLA was now providing the drugs to Nigeria at the same cost level offered to non-governmental organizations (NGOs).

Briefing correspondents, Mr. Lewis said his visit to Africa had started with the Organization of African Unity (OAU) Summit in Lusaka. From there he had gone on to Kenya, Rwanda and Nigeria. In Lusaka, the Secretary-General, Peter Piot, the Executive Director of UNAIDS and Mr. Lewis had breakfasted with the Group of Eight countries which Mr. Annan called his champions and which President Obasanjo, Chair of the Group, called AIDS Watch Africa. The Group is comprised of Nigeria, Mali, Rwanda, Ethiopia, Uganda, Kenya, Botswana and South Africa. The breakfast was held to discuss the collective role of those nations and the Special Envoy's intermediary role.

Mr. Lewis said that in his travels he saw the Presidents of Kenya, Rwanda and Nigeria at some length, various relevant Cabinet Ministers, and the Ministers of Health. He also met with the national AIDS councils or their equivalents, United Nations theme groups and individual agencies, representatives of civil society and people living with AIDS. In every instance he attempted to spend 50 per cent or more of his time on projects, activities or meetings in the field.

Mr. Lewis said that from the time of his original appointment as Special Envoy for HIV/AIDS in Africa, he had been driven by a sense that the convergence of forces suggested the possibility of turning the tide –- of finally putting a stop to the AIDS pandemic and gradually reversing it.

After his recent trip he was even more confident of that possibility, continued Mr. Lewis. He cited three reasons. One was the extraordinary and pervasive sense of awareness, which now existed in country after country, with tremendous educational efforts being made to raise consciousness. Second was the profound determination by political leaders at all levels to get engaged in HIV/AIDS issues. Leaders had undoubtedly overcome -- almost with a vengeance -- the denial that had been explicit before. The third reason was that there was now the possibility of implementing projects to overcome the damage of the grotesque pandemic.

Drawing on live examples, Mr. Lewis said that in Kenya, the Government had now passed explicit legislation to permit the import or manufacture of anti-retrovirals. It had declared a national state of emergency under Article 6 of the TRIPS Agreement, and now, perfectly consistent with the rules of the World Trade Organization (WTO) and the World Intellectual Property Organization

(WIPO), had proceeded on the issue of the import or manufacture of anti-retrovirals. As soon as the legislation became law, which was expected soon, there might well be indigenous manufacture or external import of anti-retrovirals.

Mr. Lewis said there was also an impressive effort under way in Kenya in the quest for a vaccine. The first stage of the trials had been completed and they were now moving into the second. He had visited the biochemical laboratories and there was quite a sophisticated array of equipment, procedures and methodological implementation. Yet even if the second and third stages were all successful it was unlikely that "we will have a DNA-based vaccine before seven or eight years have passed". That was the desperate reality of the vaccine.

Turning to Rwanda, Mr. Lewis said there was something special at work there that everyone could recognize. First there had been the horrendous reality of the 1994 genocide. Now there was the horrendous reality of AIDS that was growing in presence and force. As one woman in Kigali said, "it is as though we are being killed twice". These were women who had been subjected to rape and sexual violence during the genocide, were now HIV-positive, and felt as though there was some kind of conspiratorial Armageddon menaced Rwanda.

Despite the feeling of having to cope with massive debilitating realities, Mr. Lewis said there were extraordinary efforts under way in Rwanda. In the area of mother–to-child transmission, a family package was being developed. That package involved testing and counseling, application of the drug AZT, and the alternative of formula to breastfeeding. If they were able to add anti-retrovirals to treat mothers and male spouses, Rwanda would then have a complete family package “as per the objectives of the undertaking”. What was lacking at this stage, however, were the anti-retrovirals.

Mr. Lewis said that, despite behind-the-scenes negotiations in Geneva with the drug companies, facilitated by the World Health Organization (WHO) and UNAIDS, the cost of drugs available in Rwanda was still so high as to preclude treatment for the majority of people in need. It was estimated that there were only about 500 people receiving treatment in Rwanda, at a cost of $140 per month, which clearly made it inaccessible in a country where the average annual income was equivalent to two months, expected treatment costs.

In Nigeria, according to Mr. Lewis, there was a tremendous laboratory capacity. Both in Abuja and Lagos there were labs which could do everything that those in the so-called Western world could do. Just a week ago, in Lagos, a laboratory was opened which could do both CD4 and viral load counts, simple testing and all kinds of sophisticated analyses. The Ford Foundation had initially funded the whole thing. Thus, when the Government introduced the anti-retroviral treatment in early September, all of the necessary laboratory reinforcement would be available. The latter point was always one that elicited some skepticism internationally, as the question, "Will they be able to do the lab

work?" The answer in Nigeria was "absolutely up to the level required". Another point to note was that in Africa there were moves being made to address HIV/AIDS that were not widely recognized.

Turning to the overall issue of HIV/AIDS in Africa, he said one overriding concern was the desperate need for resources. "Every African country, and all the Presidents, Ministers and people ask me: "What's happening with the Global Trust Fund? When will we have access to it?"

A correspondent wanted to know if it had started to sink in with people and Governments that something positive might be happening. Mr. Lewis said he thought the key moment was clearly the Abuja Summit -- a pivotal point for African leadership. There was no question that the special session of the Assembly on HIV/AIDS, following on the heels of the Summit, helped to reinforce things. But what Africans were inclined to ask about the special session was "does it mean that the international community is now engaged?"

Mr. Lewis went on to say that Abuja had engaged Africa. Africans now expected the special session to engage everyone else. Had that filtered down to the public at large? Whether or not that public had any sense of the special session, there was certainly a strong sense among activists, people living with AIDS, the various community-based organizations providing care, and those providing medicines for opportunistic infections. They all felt as though this was the moment that something was either about to happen, or could happen, that would improve the human condition and make a real breakthrough.

Another correspondent noted that ultimately the success of the programme and the use of the AIDS fund would depend on how it was applied and used at the grassroots level. There had been an argument about whether the Funds should be put in government hands or whether they should go to NGOs and other grassroots organizations. Was it not ironic that the same governments that had watched their infrastructures crumble and their health systems fall apart, had plundered aid from the World Bank and the International Monetary Fund (IMF), and had until recently looked the other way as HIV/AIDS took a hold in their countries, were now suddenly so interested in taking care of the problem, especially when billions might be available?

Mr. Lewis said that was much too cynical a view. While there was a lot of truth in the references to the precedents, it was much too cynical to imagine that anyone wanted to plunder the money coming from the Global Fund or from anywhere else. His sense was that the political leadership and entire strata of society were so concerned about survival and rescuing their national societies, economies and social infrastructures that everything had moved to a completely higher level.

Mr. Lewis added that a country like Nigeria, with a resurgent democracy, had just received a $90.1 million five-year loan from the World Bank. Interestingly enough, that money was going to be dispersed through their National Action Programme on AIDS. It was not purely through the Ministry of Health but was multi-sectoral. One third of that money was going directly through community-based organizations on the ground, while another portion of it was going through other NGOs. So everybody understood that getting the monies to the communities was absolutely key, because that was where the work really happened.

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