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One Effort, One Goal: The Global Fund to Fight AIDS, Tuberculosis, and Malaria

The President's Emergency Plan for AIDS Relief

By Tommy G. Thompson

At the intersection of national self-interest and private compassion lies the opportunity to perform some truly extraordinary work for humanity. A prime example of this intersection is the worldwide fight against AIDS.

In the developing world, and particularly in Africa, AIDS threatens peace and stability as it wipes out entire generations, orphan whole communities, and cripples nations. Three million people died from AIDS last year, and it is estimated that at least another 68 million will die in the next two decades. Of those deaths, 55 million will be in Africa. Life expectancy is suffering concurrently. A child born in Botswana, for example, now cannot even expect to see his fortieth birthday—a predicament not seen there since 1950.

As AIDS cuts its wide swath through the afflicted populations, governments begin to falter—with predictable effects on peace, justice, and public order. The Report of the XIV International Conference on AIDS tells the sad tale:

When the impact of AIDS causes essential services to falter, the State's legitimacy can also be damaged. Through its combined impact on State, enterprise and community capacity, AIDS can thus contribute to social disruption and perhaps even civil unrest, which invariably hurts the most vulnerable sections of society most. . . . Children orphaned as a result of AIDS, for example, are left especially vulnerable in such circumstances and, in some settings, can be lured into military/paramilitary activities with the prospect of 'family' bonds and the promise of food and consumer commodities.

I've been to Africa and seen the damage wrought with my own eyes. The sorrow and the horror defy description—and, it sometimes seems, the powers of science. Where other illnesses fall to the efforts of modern medicine, AIDS marches on.

But we will stop it. We will stop it because we have the will, the means, and the compassion to do so. That's why the nations of the world, in cooperation with non-governmental organizations and community groups, have come together to establish the Global Fund to Fight AIDS, Tuberculosis and Malaria. The extraordinary demands of this crisis demand this extraordinary effort.

Tommy G. Thompson was Governor of Wisconsin from 1987 to 2001. Since January 2001, he has served as United States Secretary of Health and Human Services.

The Fund is an indispensable component of the worldwide struggle against AIDS. A true public-private partnership, it provides desperately-needed financial assistance to nations and communities in desperate straits. This assistance shores up health and medical infrastructures, gives families a fighting chance, and most important, saves lives.

I was honored to be elected Chairman of the Fund this past January. As Chairman, I am happy to report the Fund has approved 154 projects in ninety-two countries and committed more than \$1.5 billion since April 2002. The Fund has signed grant agreements with thirty-two countries amounting to almost \$370 million. Of that, approximately \$20 million has been disbursed so far, and the pace of disbursement is accelerating rapidly. Just a little over a year since the Fund was established, the first people are receiving anti-retroviral treatment under Global Fund grants in Haiti.

The Fund is committed to supporting a range of health programs that will address mother-to-child transmission of HIV and provide care to infected individuals and their families in many of the most affected nations. It will also help build the needed capacity at the local and national levels to implement prevention, counseling, and treatment services.

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The Global Fund has an outstanding opportunity to set an example of what a true public-private partnership can be and do. That's why we have representation at the Fund's Board for the private sector, for non-governmental organizations, and for communities living with the Fund's targeted diseases. It's the common-sense thing to do, and in my role as Chairman, I've been reaching out to increase participation from all sectors of society. It will take the support and initiative of all nations to see it through. I'm proud to note that America is helping to lead the way.

For starters, the largest single contributor to the Global Fund is the federal government of the United States. And that's just the tip of the iceberg. In his State of the Union Address last January, President George W. Bush announced the Emergency Plan for AIDS Relief—a five-year, \$15 billion initiative to turn the tide against the global HIV/AIDS pandemic. This commitment of resources will help the most afflicted countries in Africa and the Caribbean wage and win the war against HIV/AIDS. The Emergency Plan is the logical culmination of American anti-AIDS efforts that began last year.

As the first stage of this unprecedented commitment, the President in July 2002 announced his \$500 million international Mother and Child HIV Prevention Initiative. Jointly implemented by the United States Department of Health and Human Services (HHS) and our partners at the United States Agency for International Development (USAID), this program is a strong model of good government and demonstrates how quickly the United States can get much-needed resources out the door through

our bilateral mechanisms. In consultation with our U.S. Ambassadors, HHS and USAID field staff have worked with host governments and non-governmental organizations in fourteen countries in Africa and the Caribbean to develop—for the first time—a unified U.S. Government country-specific strategic plans of action.

We expect that this initiative will target one million HIV-infected women annually within five years or less, and reduce mother-to-child HIV transmission by 40 percent in the targeted countries. A second goal of the initiative is to improve health care systems that provide care and treatment not only to mothers and babies—but to fathers, children, and their communities.

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We began investing in this initiative even before Congress finished work on the Fiscal Year 2003 appropriations bills. We redirected \$5.2 million of our HHS Global AIDS Program Fiscal Year 2002 resources to permit our joint HHS and USAID country teams to conduct in-depth baseline assessments and draft the interim plans. A multi-agency Steering Committee led by HHS and USAID under the auspices of the Office of National AIDS Policy have approved ten plans in the amount of \$54 million so far, pending approval from the Office of Management and Budget. The first actual cash disbursement went to Haiti in May—just over two months after the President signed the appropriations legislation. The President has asked for an additional \$300 million in Fiscal Year 2004 to complete his commitment to this initiative.

The Mother to Child HIV Prevention Initiative will provide the foundation for implementation of the President's Emergency Plan for AIDS Relief in the same fourteen countries. These countries account for nearly 50 percent of all HIV infections in the world—and nearly 70 percent of HIV infections in Africa and the Caribbean.

We expect to accomplish a lot with the Emergency Plan:

- First, we want to prevent 7 million new infections, representing 60 percent of the projected new infections in target countries. The initiative will involve large-scale prevention efforts, including voluntary testing and counseling. The availability of treatment will enhance prevention efforts by providing an incentive for individuals to be tested.
- Second, we want to treat 2 million HIV-infected people. Capitalizing on recent advances in anti-retroviral treatment, the President's Emergency Plan for AIDS Relief will be the first global effort to provide advanced antiretroviral treatment on a large scale in the poorest, most afflicted countries.
- Finally, we want to provide care for 10 million HIV-infected individuals and AIDS orphans.

The President's \$15 Billion, five-year plan, of which \$10 billion is new money, will virtually triple our commitment to international HIV/AIDS assistance, which now stands at a government-wide base of \$1 billion a year.

Implementation will be adapted to local circumstances and based on a "network model" employed in countries such as Uganda. This model consists of a layered network of central medical centers that support satellite centers and mobile units, with varying levels of medical expertise as treatment moves from urban areas to rural communities. It will build directly on clinics, sites, and programs established through HHS, USAID, non-governmental organizations, faith-based groups, and willing host governments. Over 50 percent of the resources will directly support treatment, and more than a third will expand prevention activities. We will have the flexibility to adjust resource allocation based on scientific data as it becomes available.

Uganda deserves especial note, as it is the only nation in sub-Saharan Africa with an increasing life expectancy. This nation is a shining example of a country that is successfully fighting the HIV/AIDS pandemic. It is important that we assist the countries we aid in developing behavior change prevention methods and treatment programs that are sensitive to their own cultures. Ugandans did this by reaching back into their own culture and employing what they call the "ABCs of Prevention."

- "A" is for abstinence, especially among young people.
- "B" is for being faithful within a relationship.
- And "C" is for consistent and correct condom use—with the caveat that condoms are not as effective in preventing all sexually transmitted diseases as they are with HIV.

This example of behavioral-change based prevention is one that the United States is eager to explore and replicate where possible.

Since the impact of HIV/AIDS in the world is so severe, we need to be flexible and generous with this program. As an example, we have decided that while our projected figure for anti-retroviral treatment is two million people, everyone who receives HIV diagnostic testing through the President's plan and who meets the medical criteria for anti-retroviral therapy will receive it.

We expect that our joint HHS and USAID teams will follow a similar process in designing unified U.S. Government strategic plans for each one of the fourteen countries, again in consultation with our partners, all oriented to the specific, measurable goals the President has set out for us. The President wants to make sure that taxpayers' dollars are making the maximum difference for the maximum number of people. A special AIDS Coordinator with ambassadorial rank at the Department of State will oversee the budget and implementation of the Emergency Plan.

The Mother and Child Prevention Initiative will be fully subsumed and integrated into the larger Plan during Fiscal Year 2004, and we fully expect that the superb inter-agency cooperation we have seen so far in that effort will be the hallmark of the administration of the President's Emergency Plan. We at HHS are planning to take steps so that all of our international AIDS programs dovetail with the President's vision.

The President has asked for \$450 million in Fiscal Year 2004 to begin the Emergency Plan. There is no request for Emergency Plan in the HHS budget for next year, because all of the funding will flow first to the Coordinator at the State Department, who will then make allocations to HHS, USAID and other partners based on their demonstrated ability to implement sections of the unified strategies in each country.

The President's Plan is already building on the expertise of our HHS Global AIDS Program, and that of the rest of our agencies. We work directly with twenty-five countries in Africa, Asia, and Latin American and the Caribbean to prevent new infections, provide care and treatment to those already infected, and develop the capacity and infrastructure needed to support these programs.

Let me emphasize that the President's Plan directly assists the mission of the Global Fund. The Plan includes an additional billion dollars for the Global Fund, bringing the U.S. pledge up to \$1.65 billion. Our efforts, and the bilateral efforts of other nations, provide the foundations for the Global Fund's work. We are all attacking the same problem, we are all serving the same people, and we are doing it together.

We are committed to making the Fund work, and to coordinating the Fund's grants with bilateral assistance from the EU, the United States, and other nations. The Fund's Board has approved thirty-six grants to fight AIDS, tuberculosis and malaria in thirteen of the fourteen target countries included in the President's Emergency Plan. These grants will disburse a total of \$609 million over two years. We are working both within the U.S. government and at the Fund to ensure that our investments are complementary and not duplicative.

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As we press forward in this effort, we cannot forget the simple truth that our resources and our energy in the fight against AIDS are the direct results of our liberty to innovate at will, our capacity to research as we wish, and our ability to communicate freely. Truly, individual freedom is the greatest public health measure of all.

We believe that natural rights, including life, liberty, and the pursuit of happiness are the fundamental birthright, not just of Americans, but of all mankind. Our sense of duty to our fellow man demands that we help our fellow nations along the road to this same end.

That's why we have undertaken projects like the President's Millennium Challenge, instituted to help developing nations improve their economies and strengthen good governance. And that's why, in places like Iraq and Afghanistan, Americans and our

allies are working together to help long-oppressed peoples find their rightful dignity and voice in the community of nations.

Almost 170 years ago, Alexis de Tocqueville observed the charity and generosity of ordinary Americans to one another. In what could be a metaphor for good works everywhere, he wrote:

“Countless little people, humble people, throughout American society, expend their efforts in caring and in the betterment of the community, blowing on their hands, pitting their small strength against the inhuman elements of life. Unheralded and always inconspicuous they sense that they are cooperating with a purpose and a spirit that is at the center of creation.”

As we discuss what can and must be done by individuals and by governments to meet the many challenges of the twenty-first century—and especially the challenge of AIDS—we too must seek our guidance and our motivation from the “spirit that is at the center of creation.” I am confident that we will.

All citations of statistics on AIDS are from the Report of the XIV International Conference on AIDS in Barcelona, Spain, at <http://www.unaids.org/barcelona/presskit/report.html>