HIV/AIDS pandemic: Corporate greed killing millions

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While there are treatments to slow the progression of AIDS, adding decades to sufferers' lives, access to them is a case study in the vast gap between rich and poor nations. Few deny that HIV/AIDS is a massive health crisis. What is now clear is that it is also a social one, exacerbated by the contradictions of a world dominated by the wealthy minority of First World countries.

According to the World Health Organisation (WHO), the worldwide AIDS crisis shows little sign of abating. India and China are the new infection "hot spots" and there has been a recent spike in infection rates in the Asia-Pacific, particularly in Papua New Guinea.

Worldwide, some 40 million people are now HIV positive. In the Third World, the life span for HIV-positive people without treatment is between two and five years after infection. By end of June 2006, the total number of people on medication to help treat AIDS in the Third World was 24% of those estimated to need it.

While there were 650,000 more people on treatment than the year before, there were an additional 4 million new infections. Of the estimated 800,000 children who need AIDS medication, less than 10% receive it.

South Africa has one of the most severe HIV epidemics in the world. By the end of 2005, 5.5 million South Africans were living with HIV; almost 1000 people were dying every day from AIDS. A 2004 WHO survey found South Africans spent more time at funerals than they did having their hair cut, shopping or having barbecues. It also found that more than twice as many people had been to a funeral in the past month than had been to a wedding.

The South African health minister, Dr Manto Tshabalala Msimang, denies the seriousness of the level of HIV infection and promotes quack theories on how to deal with HIV/AIDS. At the World AIDS Conference South Africa, she had a stall promoting beetroot, garlic and ginger remedies.

Although a roll-out of medicines was finally promised in September 2003, South African President Thabo Mbeki immediately poured salt on the wounds by saying, in an interview with the New York Times, that he didn't know anyone who had died of AIDS or was even HIV positive.

Last year, the United Nations AIDS bureau of the WHO estimated that an adequate response to the global AIDS crisis would require a mere US$15 billion a year and $20 billion would be needed that year. But funding in 2005 only reached $8.3 billion and in 2006 it only reached $10 billion.

A report released on March 14 by the Congressional Research Service noted that with the US Congress's appropriations for financial year 2007 to cover operations in Iraq and Afghanistan and enhancing security at military bases, US spending in Washington's "war on terror" will have totalled about $510 billion. Australian Treasurer Peter Costello's 2007-08 budget included AU$22 billion

(US$18.2 billion) for “defence”.

The UN has said that India and China need serious assistance if they are to head off a similar AIDS crisis. Both countries have rapidly growing populations with limited health schemes that are unable to fulfill the education and prevention measures necessary to stop infections on their own.

Much of the Third World misses out on the HIV/AIDS treatment medication to extend the lives of those who become infected. The drugs exist in ample supply, but are too expensive for many governments to buy and provide free. Many argue for the manufacture of a generic version of the drugs in Third World countries as a way of getting around this problem.

But because the major pharmaceutical corporations that manufacture anti-retroviral drugs risk losing a great deal of money from the sale of AIDS medication, they have sought to block Third World governments from doing this. Lobbying by international financial institutions such as the International Monetary Fund and the World Bank has meant that the “intellectual property rights” of giant drug corporations, like Pfizer, have been written into new trade agreements that many Third World countries are forced to sign. This means that they must then pay royalties to the drug companies if they wish to manufacture generic versions of drugs. This policy of protecting pharmaceutical profits condemns millions to a premature death.

Preventative measures to avoid infection at the outset are cheaper and more effective than post-infection medication. The two most effective preventative measures, along with the relevant education programs, are condoms and access to needle-exchange programs. Condoms reduce the risk of infection through sexual contact and access to needle exchange reduces the risk of infection through intravenous drug use.

The US government is helping fund what are known as “ABC” “preventative” programs. These encourage abstinence, or, failing that, monogamy, or, failing that, condoms. In reality, the US is funding abstinence-only programs, cutting funding to welfare or charity organisations that promote condom usage.

UN special envoy Stephan Lewis said at a 2005 WHO press conference: “Abstinence-only programs don’t work … it’s an antiquated throwback to the conditionality of yesteryear to tell any government how to allocate its money for prevention. That approach has a name: it’s called neo-colonialism.”

Furthermore, the US does not fund any programs that provide needle-exchange programs, arguing that these diminish Washington’s efforts in its endless “war on drugs”. By failing to help fund these programs in the Third World, the US elite reveals that it is more willing to promote its particular brand of “morality” than to save lives.

In an article in Africa Action in April 2002, Ann-Louise Colgan made the assessment that in the early post-colonial years of most African countries, vast advances in health were made as governments invested in health systems. Colgan argued that had these advances continued, the massive scale of the AIDS crisis may have been avoided altogether.

But in the 1980s, international financial institutions like the World Bank and the IMF pushed neoliberal reforms throughout the continent, encouraging the privatisation of health services, and supporting governments that implemented such regressive policies. This led to a massive increase in the costs of health care for individuals and many of the basic preventative measures necessary to halt the rate of infection became unaffordable. Colgan argued that this is one of the key reasons why the AIDS crisis has not slowed in Africa.

In Australia over the last five years there has been a 41% rise in HIV infections. The AIDS Council of

NSW attributes this to government cut backs and the resultant closures of HIV centres. Infections are growing most substantially in the poorest and most marginalised sections of society, such as among Indigenous Australians. This has been in a country with a “booming” economy, and a long history of relatively decent public health care.

AIDS can be stopped if governments are willing to invest in the solutions. First World governments, whose relative wealth is largely based on their current and historical exploitation of the Third World, have a responsibilty to provide the lion’s share of the funding necessary to combat AIDS. This funding must not be tied to the reactionary or paternalistic outlooks of First World governments, nor to the profit margins of large pharmaceutical companies.

P.S.

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