

True African Development Requires Good African Health

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Hilary Clinton's trip to Africa crests a wave of promising gestures by the Obama administration to the cause of African development. Following Obama's short visit to the continent a few weeks ago, Clinton, the US Secretary of State, will now spend several days touring seven African countries, articulating the US' vision of Africa as a 'place of opportunity, built on an ethic of responsibility'. Such encouraging words from the administration, just as anti-Bush cynicism had reached saturation point, captured the hearts of African supporters from Cape Town to Stonetown to Accra; with Obama assuming an almost messianic status as the herald of a new era of hope and change.

It is in the context of this optimism and seeming support for real improvements for the lives of Africans that Obama's early promises have begun to ring hollow - particularly regarding Africa's beleaguered health sector. Arguably the most beneficial undertaking of the Bush administration was the establishment of the President's Emergency Plan for AIDS Relief (PEPFAR), which resulted in at least 1.7 million people gaining access to life-saving antiretroviral treatment (ART) between 2004 and 2008. During the election campaign, Obama promised to steadily increase PEPFAR funding over the next few years in line with the growing demand for TB/HIV treatments as African patients continue to seek out the best biomedical remedies for these co-epidemics. This promise has now been diluted, as the President's latest proposal offers a significantly reduced increase of \$100 million to the PEPFAR budget. This increase is far below what is needed, and will result in opportunities lost to strengthen African health, including through more effective HIV prevention. Moreover, Obama's administration proposed no increase whatsoever in US government funds to the Global Fund to Fight AIDS, Tuberculosis and Malaria - which is now facing a deficit of up to \$6 billion.

For Sub-Saharan Africa, home to 68% of global HIV caseload, the ramifications for the flat-lining of PEPFAR and the Global Fund are immediate and severe. The past few weeks alone have seen an unknown number of patients in need of ARVs in Uganda being turned away from health care facilities due to lack of drugs - a direct consequence of inadequate funding in a country that relies heavily on PEPFAR support. Numerous other HIV programmes in the region which are dependent on US funding could find themselves in imminent jeopardy, with potential impact on millions of lives, unless adequate PEPFAR and Global Fund boosts are implemented.

With only 1 out of 3 people who need ARVs currently receiving them, and with the World Bank and UNAIDS warning that more than 60% of those who are on treatment may be at risk of interruption in the next 12 months due to funding shortages, we hope that Clinton's visit will address the apparent wavering commitment from the US government to combating one of the region's most pressing challenges. Furthermore, we hope that her interactions with regional leaders will draw attention to the continued failure of most African states to meet their own commitments to health funding - namely, the Abuja Declaration of 2001, in which heads of state pledged to dedicate at least 15% of national domestic resources to health. The regional average currently stands at 7%; and most countries' investments in health pale in comparison to investments in military, political extravagance and money lost to corruption. Until the 'ethic of responsibility' of which the US speaks is reflected in global and national funding commitments, development in sub-Saharan Africa will continue to be held hostage to the grim scenario that is health in the region.

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