



What Can be Done About AIDS?

By Helen Epstein & Lincoln Chen

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1. Public concern over the global AIDS epidemic, particularly in Africa, has grown enormously in recent years, but there is considerable debate about what the international community can and should do about it. A coalition of governments and nongovernmental organizations, led by the UN, recently launched the Global Fund Against AIDS, Tuberculosis, and Malaria (referred to here as the Global Fund), and its performance will test how well such a global institution can confront the most serious health crisis of our time, and perhaps in all of human history.

2. To date, an estimated 50 million people have contracted HIV; about 25 million people in sub-Saharan Africa are infected, and about three million of these people die annually. In some countries, average life expectancy has fallen by more than a decade because of HIV/AIDS. By 1985, many epidemiologists were already warning about the scale of the global AIDS epidemic. Unfortunately, it has been only in the past two or three years that the gravity of the AIDS problem in Africa and other parts of the developing world has been fully recognized by those in the best position to do something about it; this includes many African presidents and prime ministers as well as Western government leaders.

3. Perhaps it should not surprise us that the AIDS crisis in Africa in particular has taken so long to become a matter of concern at such high political levels. The post-World War II

history of the West's relationship with Africa suggests that when millions of Africans die, or when African states collapse, Western leaders often look away. In fact, during the cold war, the US actively supported regimes in Liberia, Zaire, and South Africa that were responsible for the deaths of thousands of their citizens. The US and Western Europe failed to intervene during the Rwandan genocide, and had it not been for a group of rock stars, Americans and Europeans might well have ignored the Ethiopian famine in the 1980s. Moreover, diseases like malaria, respiratory infections, measles, and diarrhea, all preventable or curable and largely controlled in the West, continue to kill millions of African children, and yet US overseas bilateral aid to Africa fell by half in the 1990s.

4. In contrast, throughout the 1990s, US funding for HIV prevention in developing countries averaged some \$70 million per year. Why did AIDS in Africa at last grab the rich Western world's attention? Why haven't similar deadly scourges of the third world done the same?

5. For many reasons, the suffering of African AIDS patients has drawn international sympathy in a way that the suffering of malaria and diarrhea victims do not. For one thing, AIDS is a manifestly "global" disease; by the time it was first recognized in the early 1980s, HIV had already spread to nearly every continent. It has killed people of all races and classes, from the economically flourishing gay



neighborhoods of San Francisco and New York to the poorest slums in Africa, Asia, Latin America, and the Caribbean.

6. Indeed, AIDS is part of a wave of infectious, environmental, and behavioral pathologies that have accelerated in recent years. Some of these may be seen as "diseases of globalization" because they affect all countries and their ultimate control will require unprecedented global cooperation. During the past two decades, more than two dozen new infectious agents have been identified, along with new environmental health problems like global warming and ozone depletion. In addition, health problems associated with hazardous behavior, such as drug abuse, unsafe sex, traffic accidents, and violence, have also increased, particularly in societies undergoing rapid social change. The global distribution of these emerging diseases may explain why AIDS in particular is no longer seen as just another "third world" problem that people in the West feel they can largely ignore.

7. The new awareness of AIDS has highlighted some troubling issues surrounding the global influence of private markets and the spread of infectious diseases. The collision between these two trends has created a moral problem. Since 1996, HIV-positive patients in rich Western countries have had access to "cocktails" of drugs called antiretrovirals that can slow the progression of AIDS. These drugs are designed to attack the HIV virus, allowing the patient's immune system to repair itself and fight off opportunistic infections. Although the drugs do not cure AIDS, can have serious side effects, and do not work for all patients, their use has added many healthy years to the lives of thousands of people living with HIV in rich countries.

8. Partly because they are so expensive, these life-saving drugs are largely inaccessible to the world's poor, especially the millions of HIV-positive people in Africa. One reason they are expensive is that international trade rules allow pharmaceutical companies a twenty-year patent, which effectively grants them a monopoly. During this time, the companies can charge whatever the market will bear.

9. Patenting drugs that could, if they were cheaply available, extend the lives and postpone the suffering of thousands or even millions of poor people in developing countries raises serious ethical concerns. The development of antiretroviral drugs and awareness of the moral issues involved owe a great deal to gay HIV activists in rich countries, particularly in the US, who, beginning in the late 1980s, picketed the US National Institutes of Health (NIH) demanding that more money be spent on AIDS research. The activists demanded that the Food and Drug Administration accelerate the regulatory approval process for promising drugs. And they claimed the pharmaceutical industry set exorbitant prices to enrich their shareholders while ignoring the plight of the world's poor. Why, they asked, were these life-saving drugs, now finally available, so expensive? Could they not be sold more cheaply to HIV-positive people in poor countries?

10. Concerns about the high cost of drugs in general have led to increased public scrutiny of the pharmaceutical industry, and this is beginning to pay off. Activists calling for greater use of generic drugs in poor countries with serious public health problems recently won a number of concessions. In addition, indignation over the high cost of AIDS drugs has helped focus international attention on the global AIDS epidemic and by the end of 2001,



an antiretroviral drug cocktail could be obtained in some developing countries for \$300 to \$500 per year, many times less than the price in the West. However, for a variety of reasons, including the sluggishness of government bureaucracies, the stinginess of drug companies, and the fact that even at these low prices the drugs are still too expensive and difficult to distribute, few AIDS patients in developing countries are actually receiving these drugs or, for that matter, any modern medications at all beyond the cheapest antibiotics.

11. With this dilemma in mind, the UN recently launched the Global Fund for AIDS, Tuberculosis, and Malaria. Difficult decisions will have to be made about how to allocate its limited resources to prevent and treat these three diseases. Opinions vary, for example, about how much of the Global Fund should go to pay for AIDS treatment. Last year, a group of Harvard academics proposed that some of the money be spent on buying discounted antiretrovirals from Western pharmaceutical firms. They cited various small-scale AIDS treatment programs including ones based in Haiti and South Africa as evidence that administering antiretroviral drugs to poor AIDS patients in developing countries is feasible. The greatest obstacle, say the directors of these programs, is the cost of antiretroviral drugs.

12. These small pilot projects are admirable and offer many practical lessons and hope, but there are grounds to question whether they could easily be extended throughout sub-Saharan Africa. Both the Haitian and South African projects are currently administering antiretrovirals to only around one hundred patients each, while there are millions of people in Africa alone who might

benefit from antiretrovirals. But experience shows that distributing even relatively simple drug regimens on such a large scale poses formidable obstacles. Programs in developing countries that aim to treat people with syphilis and tuberculosis, or even to distribute Vitamin A supplements to children, show how difficult it is to deliver health care in such countries, even if the drugs are free or nearly so. An estimated 1.6 million women who give birth every year in those countries have syphilis, a disease that puts their newborns at high risk of deformity or death, even though the tests and drugs to treat it cost only about twenty-five cents. Hundreds of thousands of children go blind every year, and more than a million die, because they are deficient in Vitamin A. Vitamin A supplements, which need to be taken only twice a year, are virtually free.

13. Treating AIDS patients is far more complicated than testing for syphilis or administering Vitamin A drops. AIDS patients need counseling, laboratory tests, and ongoing clinical care to treat opportunistic infections and monitor drug side effects. Even if the drugs and other necessary supplies were available, and in most cases they aren't, antiretroviral treatment programs require considerable effort on the part of public sector health workers. But because of political instability, economic stagnation, and misguided health sector reform policies mandated by donor institutions such as the World Bank, the health workforce throughout sub-Saharan Africa has been collapsing. Thus, any effective AIDS treatment program must endeavor to strengthen the health care system generally, especially the human infrastructure of front-line health workers, as well as meet the concerns of people affected by AIDS.

14. A strong case can be made that the pharmaceutical companies should either



donate their drugs to Africa entirely for free or permit the use of generics, in exchange for some guarantee that their markets in industrialized countries will be protected. The companies can well afford to do this. A similarly strong case can be made that projects like the Faraja Trust in Morogoro, Tanzania, or the Friends of Street Children Project in Kampala, Uganda—to name just two of thousands of such groups in East Africa alone—should get most of the support from the Global Fund. Antiretrovirals could then be part of such programs whenever feasible.

15. The governing board of the Global Fund seems to recognize the importance of both national health systems and nongovernmental programs that strive to meet the complex and specific needs of particular communities. Under the fund's guidelines, made public at the end of January 2002, National AIDS Coordinating Councils, quasi-governmental bodies that include members from nongovernmental organizations, will submit proposals to the fund, and the money will be disbursed to the government, which will then pass the money on to nongovernmental entities. However, there are already concerns that many groups will be overlooked. Cronyism and corruption, perennial problems with international aid in general, will also have to be addressed, but as yet, it is not clear how this will be done, or how the spending will be monitored.

16. Addressing the AIDS crisis in Africa will require an emphasis on more than antiretroviral drugs alone, important as they are. What sub-Saharan Africa seems to need even more than it needs AIDS drugs is the improvement of its health care systems, the creation of livelihoods for families impoverished by AIDS illnesses and deaths,

and the alleviation of the loneliness, poverty, and despair that are likely to motivate risky sexual behavior. The Global Fund cannot deal with all this on its own. Until scientists discover an effective vaccine to prevent HIV infection, sustained relief from the African AIDS epidemic may depend on the subcontinent's social and economic stability, which in turn will depend on better governance by Africa's leaders. But it will also depend critically on greater support for Africa from the international community.

17. Nevertheless, it is of enormous importance that the Global Fund succeed, not only because it could reduce much human suffering, but also because it could advance the credibility of new mechanisms to manage the negative consequences of globalization. If the fund's performance were to generate cynicism, it could undermine similar efforts in other areas. If successful, it could become a model for global governance in the future.



SCORE

QUESTIONS – What Can be Done About AIDS?

1. Why wasn't the AIDS epidemic taken seriously before it became a global problem?

6 pts

2. The writers mention a “wave of infectious, environmental, and behavioral pathologies” in paragraph 6.

a. Give one example from the text of each of the following types of pathologies.

Environmental: _____

Behavioral: _____

4+4=8

pts

b. How have these pathologies affected people's attitude towards AIDS?

6 pts

SUB-TOTAL



- 3. a. Paragraphs 7-9 discuss how the collision between the trend of global influence of private markets and the trend of the spread of infectious diseases has created a moral problem.

What is the moral problem?

- a. AIDS drugs are designed to save the lives of AIDS patients, but they do not cure AIDS, and have serious side effects.
- b. Even though life-saving drugs are available to rich patients in Western countries, they are not available for poor patients in Africa.
- c. Even if the AIDS drugs were cheap, they still wouldn't be accessible to HIV-positive people in Africa.
- d. HIV activists in rich countries only made efforts to help AIDS patients in Western countries while ignoring the world's poor.

6 pts

- b. Who is to blame for this moral problem? (*Answer in 3 words or less.*)

6 pts

- 4. What are some results of the protests against the high cost of AIDS drugs?

- a. In poor countries more _____ will be used.

- b. AIDS drugs have become _____ in Africa than in the West.

6+6=

12 pts

SUB-TOTAL



5. Have the protests helped most AIDS patients in poor countries? **YES / NO**

*Support your answer by quoting from the text. (Do **NOT** give reasons for the answer.)*

(Paragraph Number ____) _____

6 pts

6. What is the **general** topic of paragraphs 7 through 13?

- a. Ethical problems that are caused by the African governments
- b. The advantages and disadvantages of various AIDS treatments
- c. Problems that arise in dealing with the AIDS epidemic in Africa
- d. The negative influence of globalization on the fight against AIDS

6 pts

7. What point is made about AIDS treatment through the discussion of Vitamin A and the treatment for syphilis?

6 pts

8. (par. 13) Besides political and economic problems, what has led to the decline of the health workforce in sub-Saharan Africa?

Fill in each blank with 1-2 words.

Mistaken _____ that are promoted
by _____

4+4=
8 pts

SUB-TOTAL



9. According to Paragraph 13 what is needed to successfully treat AIDS patients in addition to medical care, counseling and laboratory tests?

6 pts

10. The authors give recommendations for dealing with the AIDS crisis. Which one of the following statements is true according to the text?

- a. Money from the Global Fund should mostly support government agencies dealing with the AIDS crisis.
- b. Because African governments have problems with corruption, the Global Fund should distribute the money directly to particular communities.
- c. The main focus of the programs should be on research to find an effective vaccine to prevent HIV infection.
- d. The quality of African governing policies must be improved in order to help with the crisis.

6 pts

11. In paragraph 15, what potential problem may lead to some groups not receiving money from the government?

Answer in 1-2 words.

6 pts

SUB-TOTAL



12. According to the writer, what is the indirect implication of the success of the Global Fund?

- a. The Global Fund will help to undermine future efforts at global disease control.
- b. The success of this program will bring the suffering of many innocent people to an end.
- c. The treatment of AIDS can provide a model for dealing with other global issues.
- d. The success of the Global Fund in this area will prove to countries that globalization is not negative.

6 pts

13. What is the main idea of this text?

- a. The problem of AIDS in Africa can be managed, but it will require a multifaceted approach including international cooperation.
- b. The problem of AIDS can probably not be solved, since acquiring drugs and implementing treatment are expensive and complicated.
- c. The global nature of the AIDS epidemic necessitates immediate funding to solve the problem.
- d. The Global Fund can succeed in dealing with the AIDS crisis in Africa if the drugs can be made more affordable.

6 pts

SUB-TOTAL

TOTAL



PLACEMENT
EXAM

What Can Be Done About AIDS

KEY

1.	<p>When millions of Africans die ... Western leaders look away / It was an African (or Third World) problem / it did not affect Western countries</p> <p>Accept reasonable paraphrases Do NOT accept: Because of the relationship between the West and Africa (without further elaboration) or Western leaders look away (with no reference to Africa)</p>	<p>(par. 3)</p> <p>6 pts</p>
2.	<p>a. <u>Environmental</u>: global warming / ozone depletion (4 pts)</p> <p><u>Behavioral</u>: Do not accept just: “hazardous behavior” drug abuse / unsafe sex / traffic accidents / violence (4 pts)</p> <p>b. BE CAREFUL!! Do NOT accept the quote about the pathologies from par.6 (“These can be seen as “diseases of globalization”...) <u>without any reference to AIDS.</u></p> <p>b. people can no longer ignore AIDS (as just another 3rd world problem) / people pay more attention to AIDS / new awareness/ understand that AIDS may be seen as a disease of globalization / the global distribution of the disease cannot be ignored (6 pts)</p>	<p>(par. 6)</p> <p>4+4= 8 pts</p> <p>6 pts</p>
3.	<p>a. Even though life-saving drugs are available...</p> <p>b. pharmaceutical companies / governments / international trade rules / twenty-year patent / rich Western countries / free markets / private markets / national institutes</p>	<p>(par. 7-9)</p> <p>6 pts</p> <p>6 pts</p>
4.	<p>a. generic drugs b. cheaper</p> <p>Do NOT accept: a. AIDS drugs / antiretrovirals (or anything other than what’s written) Do NOT accept: b. many times less / less</p>	<p>(par. 10)</p> <p>2 x 6= 12 pts</p>

