

"MASS MURDER BY COMPLACENCY"

Stephen Lewis, UN Secretary-General's Special Envoy for HIV/AIDS in Africa Report to the UN on the African HIV/AIDS Pandemic – January 2003

Last month I spent two weeks touring four countries in southern Africa: Lesotho, Zimbabwe, Malawi and Zambia. The primary purpose was to view the link between hunger and AIDS. I want to look back at that visit, because little will have changed between then and now (except, perhaps that things will have deteriorated further), and then look forward to the prospects for addressing the pandemic in 2003.

At the outset, however, let me express, yet again, the fundamental conviction I have every time I visit Africa: there is no question that the pandemic can be defeated. No matter how terrible the scourge of AIDS, no matter how limited the capacity to respond, no matter how devastating the human toll, it is absolutely certain that the pandemic can be turned around with a joint and Herculean effort between the African countries themselves and the international community.

I am weary to the point of exasperated impatience at the endless expressions of doubt about Africa's resolve and Africa's intentions and Africa's capacities. The truth is that in parts of the continent, even in the most extreme of circumstances, such as those which prevail today in the four nations I visited, Africans are engaged in endless numbers of initiatives and projects and programmes and models that, if taken to scale, if generalised throughout the country, would halt the pandemic, and prolong and save millions of lives.

What is required is a combination of political will and resources. The political will is increasingly there, the money is not. A major newspaper in the United States, reflecting on the paucity of resources, used the startling phrase "murder by complacency". I differ in only one particular: it's mass murder by complacency.

You will forgive me for the strong language. But as we enter the year 2003, the time for polite, even agitated entreaties is over. This pandemic cannot be allowed to continue, and those who watch it unfold with a kind of pathological equanimity must be held to account. There may yet come a day when we have peacetime tribunals to deal with this particular version of crimes against humanity.

As bad as things are in southern Africa – and they are terrible – every country I visited exhibited particular strengths and hopes. The little country of Lesotho has a most impressive political leadership but is absolutely impoverished. If it had additional resources with which to build capacity it could begin to rescue countless lives. I remember vividly the prime minister of Lesotho saying to me: "We're told repeatedly by donors that we don't have capacity. I know we have no capacity; give us some help and we'll build the capacity."

It's worth remembering that Lesotho has a population greater than that of Namibia and Botswana, but it has nowhere near the same pockets of wealth. It has, however, one of the highest prevalence rates for HIV on the continent and is fatally compromised in its response by the lack of resources.

Zimbabwe, whatever the levels of political turbulence, has created a sturdy municipal infrastructure for the purpose of dealing with AIDS. For the past couple of years, Zimbabwe has had a three per cent surtax on corporate and personal income, devoted to work on AIDS. A good part of that money has been channelled down to district and village level, through a complex array of committees and structures which actually get the money to the grassroots. For all the convulsions to which Zimbabwe is subject, there remains an elaborate capacity to implement programmes, if only there were more programmes to implement.

In Malawi, we may be about to see an interesting experiment in the provision of anti-retroviral treatment in the public sector. The government of Malawi had originally intended to treat 25 000 people based on receipt of monies from the Global Fund. They then realised that the calculation of 25 000 was based on the purchase of patent drugs, but now that it is possible to purchase generic drugs, the numbers eligible for treatment could rise to 50 000.

There has been, predictably, a great deal of scepticism in the donor and other communities. However, while we were in Malawi, the country was visited by a World Health Organisation (WHO) team that carefully examined the capacity and delivery issues, and came to the conclusion that treating 50 000 people, phased in, of course, was entirely possible. This is an exciting prospect, the treatments are meant to be free, and delivered through the public health sector.

Zambia, whatever the difficulties – and they are overwhelming – is emerging from the dark ages of denial into the light of recognition. The bitter truth is that in the regime of the previous president, nothing was done. He spent his time disavowing the reality of AIDS, and hurling obstacles in the way of those who were desperate to confront the pandemic. There's a new president in Zambia. And although he's been in place for only one year, everyone agrees there's been a dramatic change in the voice of political leadership around the subject of AIDS.

In every country there are signs of determination and hope. Whether they can be harnessed will be known this year. God knows, there are incredible hurdles to leap. If I am to extract from my trip those aspects that made the greatest impression on me, they are six in number.

First, there is absolutely no doubt that hunger and AIDS have come together in a Hecate's brew of horror. We saw it everywhere. In Malawi, for example, analysis of the data shows that 50 per cent of poor households are affected by chronic illness due to HIV/AIDS. You can't till the soil, grow the crops, feed the family, when disease stalks the land.

Add to that the reality of erratic rainfall and drought. I think the nadir was reached for me in the paediatric ward of the University Teaching Hospital in Lusaka. The infants were clustered, stick-thin, three and four to a bed, most so weakened by hunger and ravaged by AIDS (a prevalence rate in the nutrition ward of 56% - in the respiratory section of the ward, 72%), that they had no chance. We were there for 45 minutes. Every 15 minutes, another child died, was awkwardly covered with a sheet, and then removed by a nurse, while the ward was filled with the anguished weeping of the mothers. A scene from hell.

Second, I couldn't help but feel, on occasion, that we were witnessing the grinding down of a society. We've all imagined the catastrophe, but no-one wanted to believe that it could happen. The fact that the agricultural sector is beginning to decay could simply be a harbinger of worse to come. My own sense is that education is on the brink. In all of the countries, teachers were dead, teachers were dying, teachers were ill and away from school, children, especially girls, were being taken out of school to tend to sick and dying parents, children who had lost their parents to AIDS weren't in school because they couldn't afford the school fees.

In Malawi they've done an analysis of the impact of AIDS on four different ministries, and the erosion in each, in human terms, is inescapable. It's necessary to recognise that even at a prevalence rate of 15 or 20 per cent, let alone 30 or 35 per cent as in Botswana, Lesotho, Zimbabwe and Swaziland, the incessant, irreversible, cumulative death of so many productive members of society means, ultimately, that things fall apart.

Third, one of the saddest manifestations of a society coming apart at the seams is the growing rate of sexual abuse of children and adolescents. I was frankly jolted by what we were told. Whether it was the plight of orphans in the mountains of Lesotho, or outreach workers telling gruesome stories, *sotto voce*, as we travelled through Zimbabwe, or the evidence we absorbed in Zambia, there seems little doubt that sexual assaults on children have reached shocking proportions. It's so bad in Zambia that a trio of women parliamentarians is introducing a private member's bill to counter "child defilement".

Towards the end of this month, Human Rights Watch will release a powerful, heartbreaking monograph on the abuse of girls in Zambia and the link with HIV. There's something deeply, deeply wrong when children are the frequent victims of adult sexual violence.

It appears to happen to orphans especially. As they move from place to place, more and more distant from their origins, they become increasingly vulnerable to sexual abuse. Ironically, and bitterly, they also therefore become ever more vulnerable to HIV transmission.

Fourth, I have never before felt the impact of orphans so strongly. It struck me again that we have obvious ways of dealing with most other aspects of the pandemic, but dealing with the astronomic number of orphans is a new phenomenon for which the world has no evident

solution. We have never before confronted the selective destruction of parents that leaves such a mass of orphans behind.

It is necessary, I think, to recognise that the extended family, and the willing community, can never fully cope with the escalating reality of orphan street children, of orphan gangs, of orphan delinquency, as hordes of children, torn from their familial roots, wander the continent, bewildered, lonely, disenfranchised from reality, angry and unable to relate to normal life.

Fifth, if women are at the centre of the pandemic, as they are, acutely vulnerable to infection on the one hand, doing all the care-giving for the sick and the orphans on the other, we saw precious little evidence of efforts at women's empowerment or sexual autonomy.

Finally, the issue of anti-retroviral treatment came up constantly and everywhere. Every single group of People Living With HIV/AIDS pounded the demand home in unrelenting fashion. There is a crescendo of rage and desperation that governments will ignore at their peril. What has changed is the maturity, vehemence and confidence of the organisations of People Living With HIV/AIDS. Time and again we met activists who know everything there is to know about CD4 counts and viral loads; the costs of generic drugs; the treatment regimens. They know that WHO has undertaken to have three million people in treatment by 2005; that the rich members of society vault down to South Africa for treatment, while the poor remain helplessly behind. They know about Doha and intellectual property rights and the WTO; about all the false political promises. Increasingly, we're dealing with sophistication and determination in equal measure.

When I met the group of PLWAs in Lusaka, they presented me with a powerful and encyclopaedic brief, a small part of which reads: "for each day that passes without people accessing treatment, we attend funerals. People die. We hear a hundred reasons for not providing people with treatment. For each reason given, lives are lost ... Any government that fails to put in place measures to ensure the health of its citizens is not a government worth its name."

"What we are seeing in Zambia is a microcosm of what is happening globally. The HIV/AIDS crisis is not a crisis of lack of resources. It is a crisis of conscience. It is the obscene gap between the haves and the have-nots that is driving this holocaust."

It is impossible to overstate how strongly people feel that the Global Fund is the best vehicle we have to finance the struggle against the pandemic. As I understand it, the Global Fund has enough resources to get through the next round of proposals at the end of this month, but then it faces the moment of truth. The Global Fund, after January, can be said to be in crisis.

It is legitimate to ask: what's wrong with this world? What's wrong with the rich countries?

I want to say what we're all saying privately to each other: if as some suggest, there is a war in Iraq come February, then the war will eclipse every other international human priority, HIV/AIDS included. In other words, if the US, and the other members of the G7 don't augment their contributions to the Global Fund in the immediate future, we will be in desperate trouble. Wars divert attention, wars consume resources, wars ride roughshod over external calamities.

People Living With HIV/AIDS are in a race against time. What they never imagined was that over and above the virus itself, there would be a new adversary – a war.

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