Fund ’n’ Games

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It was simply known as “the global AIDS fund” when UN Secretary General Kofi Annan made his $10 billion challenge last April. By October, UN bureaucrats’ new title gave it a clunky Esperanto spin: “The Global Fund for AIDS, Tuberculosis and Malaria.”

HIV activists say that something bigger was lost in the translation. “There’s no ironclad agreement as to whether the money will, in fact, go toward antiretrovirals,” said Sharonann Lynch, a member of the Health GAP Coalition. “The whole reason this Fund exists was the gap in AIDS treatment.”

The coalition cites Annan’s own words, delivered in April 2001, during the HIV summit held in Abuja, Nigeria: “People no longer accept that the sick and dying, simply because they are poor, should be denied drugs which have transformed the lives of others.”

The Transitional Working Group, the UN body charged with structuring the Fund, is not against HIV treatments per se. But critics say that the funding mechanisms rely too heavily on the goodwill of local governments. Given a choice, many governments would use the money to treat tuberculosis and malaria, they say, since the cost of those drugs is a small fraction of the cost of antiretrovirals (even with recent price drops). Moreover, poorer countries would be tempted to funnel the windfall toward fixing their dilapidated health systems.

That much was confirmed in private conversations with working group delegates, Lynch says. “There has been an overemphasis in this conference about drugs,” Vijay Rajkumar, an HIV consultant from Nepal, told *The New York Times* during a special UN assembly last June. “The lack of drinking water is a much bigger priority in most countries than antiretroviral treatments.”

The Fund’s own website takes an unctuous, noncommittal stance. “Antiretroviral treatment is currently included in the Fund scope,” it states, before adding, “as an example of activities that could be supported. The Board of the Fund will need to balance the available resources against the priorities that countries themselves identify.”

The Health GAP Coalition is pushing to have money earmarked for the direct purchase of HIV medicines, a popular position supported by hundreds of nonprofit HIV groups from Burkino Faso and other developing countries, as well as international medical groups. Kris Torgeson, the chief spokesperson for Médicins Sans Frontières, said, “Anything that doesn’t specify treatment is inadequate.”

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