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Let's reach out to Africa's AIDS victims

AT Uganda's largest AIDS clinic, I recently witnessed a remarkable celebration of life. The performers were a troupe of young African singers, drummers and dancers, ranging in age from roughly 8 to 28. Rarely have I been so profoundly moved.

*This is a land, they sang,
 Where beautiful people
 Laugh and dance in harmony.
 Africa, O Africa.*

And, indeed, these young people laughed and danced not only in harmony but with a *joie de vivre* that lit up their faces and filled us all with happiness. Listening, it was hard to imagine that they could easily be dead — and would be, if not for this clinic.

Each of those splendid performers was living with HIV. Some arrived at the clinic so ill that they could scarcely walk. Others showed few symptoms but, having tested positive, came to be treated. They were mothers and fathers, sisters and brothers, children and grandparents. All were alive and healthy for one reason only: the Joint Clinical Research Centre in Kampala, and the drugs that it provides them.

Uganda was the epicentre of the AIDS epidemic. There the scourge began in earnest; there (as elsewhere in Africa) it exacts its highest toll. Yet Uganda is also a success story. A decade ago, fewer than 10,000 people were taking the new generation of antiretroviral drugs that suppresses the disease and offers the promise of a normal life. Today, that figure is 200,000, thanks in large measure to

generous support from the United States (under its PEPFAR programme) and the Global Fund in Geneva.

We have seen similarly encouraging progress elsewhere. Botswana, among others, has invested heavily to offer universal treatment, and now is well on its way to ensuring that no baby is born with HIV — a reality in developed countries, but not so in Africa, where 400,000 children are born with the disease each year.

South Africa, with the largest number of people living with HIV, has spent nearly US\$1 billion (RM3.5 billion) over the past year in an am-

bitious counselling and testing campaign to roll back the epidemic.

But there is a new and growing danger that these advances might not be sustained. Dr Peter Mugenyi, who runs the Joint Clinical Research Centre, told me that part of the problem is the sheer weight of numbers. In Uganda, only about half of those with HIV/AIDS are being treated. Meanwhile, money for treatment is drying up. Because of the global recession, some international donors are threatening to cap their financial support.

Countries such as Malawi, Zimbabwe, and Kenya, as well as Uganda, are requesting assistance for emergency drug supplies. In Kampala, Dr Mugenyi has begun placing new patients on a waiting list. As many as seven million Africans who should be getting treatment for HIV are not. Worldwide, the number is about 10 million.

Compounding the problem: donors have also been shifting their focus from AIDS to other diseases because there is a sense that more lives can be saved more cheaply. At a time when we should be scaling up to meet the AIDS challenge, we are scaling back.

In our global war on AIDS, the international community is on the verge of snatching defeat from the jaws of victory.

Those who rallied to the fight are alarmed. They fear that the impressive gains of the last decade will be lost.

"We are sitting on a time bomb," Dr Mugenyi told me. Every day, he is forced into moral choices that no one should have to make. How do you choose to treat a young girl but not her little brother? How do you turn

away a pregnant mother, sitting with her children, crying for help?

Surely we can do better. In Kampala, I promised my young friends that I would do everything I could to help. In Washington recently, the United Nations rolled out an action plan that should dramatically accelerate progress on maternal and child health, including HIV.

At the International AIDS Conference in Vienna, next month, I hope that the international community will

rally around UNAIDS' launch of Treatment 2.0 — the next generation of HIV treatment, which must be more affordable, more effective, and accessible to all.

As chair of this year's replenishment of the Global Fund, I urge all donors to see to it that countries such as Uganda get the support they need, so that Dr Mugenyi and other front-line soldiers in the fight against AIDS need not make those difficult choices.

I left Uganda with a snatch of song that still echoes within my heart. Its inherent truth would be obvious, had you been there to see:

*We are still useful,
 To our countries, to our families.
 All we need is a way to live our days,
 All we need is to survive in Africa.*

Yes, times are hard. That is all the more reason to act out of compassion and with generosity. — Project Syndicate

■ The writer is secretary-general of the United Nations



An HIV/AIDS awareness volunteer distributes condoms to local residents ahead of a World Cup game yesterday, in Soweto, South Africa. — AFP picture