



Contact your members of Congress:
Demand \$1.5 billion for the Global AIDS Fund
Time for in-district visits during February recess

Global AIDS Catastrophe must be a high priority

Escalating infection rates have lead to untold human suffering, preying most heavily on Africa and Asia.

The economy and industry of entire nations are being destabilized by massive waves of death sweeping away working people. Entire regions are being depopulated, leaving countries made increasingly of orphans and the elderly. The spiraling destabilization will impact even rich countries. Meaningful assistance from wealthy countries can dramatically increase access to medication and care that has made AIDS a chronic manageable disease in the United States.

After years of worldwide activist campaigning, UN Secretary General Kofi Annan launched the Global AIDS and Health Fund at an OAU Summit in Nigeria on April 26. An international fund to treat and prevent AIDS, TB, and malaria is a long overdue attempt to bring vital resources to address the plague that threatens to erase many parts of the South.

International health experts have produced data demonstrating that only \$9.2 billion is needed to provide access to health care facilities, medicine, and large scale prevention programs needed to stop the spiraling AIDS emergency engulfing the planet. \$9.2 is less than 1/3 of the airline bailout, and less than 1/4 of one Osprey helicopter.

President Bush starves the Global AIDS Fund of resources

In April 2001, President Bush announced the first contribution to the fund of \$200 million (of redirected existing spending) for 2002. By setting the bar so low, momentum was dramatically slowed around the world. Major donors scaled back contributions.

In February 2002, Bush released Budget Recommendations to Congress for fiscal year 2003. Bush again requested only \$200 million for the Global Fund, despite promises that the U.S. contribution from 2002 would be a "down payment." Bush's budget also requests flat funding for key domestic AIDS programs like Ryan White, despite an 8% increase in HIV infections in the U.S.

Compassion matched with action from wealthy countries to the Global AIDS Fund will reduce the rate of new infections and create a bridge to survival for the 95% of the world with no access to medicine. Bush has shown every intention of turning his back on millions who face unnecessary death worldwide.

What can I do?

Without pressure from constituents, Congress will accept Bush's criminally small for global AIDS programs and domestic AIDS programs—and 2003 will be another year of business as usual: 3 million will die from AIDS in 2003 alone.

The President's Day Congressional recess starts February 15 and ends February 26. During this time, your members of Congress will be working in their home offices. It is an extremely important time to set up an appointment to address concerns about funds to fight global AIDS.

We are requesting that people use their meetings over the recess to request that their members of Congress write a letter to the Chair or Ranking Member of the Budget Committee requesting \$2.5 billion in global AIDS funding, with \$1.5 billion of that going to the Global Fund.

BACKGROUND AND FAQ on the FUNDING ALERT for the GLOBAL FUND:

Aren't AIDS drugs too complex to take properly in poor countries?

It is extremely uncommon for a person with HIV starting therapy to be required to take complex pills regimens with difficult food restrictions. Most patients starting treatment now simply take 1-3 pills in the morning and 1-3 pills in the evening. Data indicates that regimen adherence rates are comparable between the United States, Côte d'Ivoire and Brazil.

How can we get lab tests and pills to 30 million people?

New treatment guidelines in the U.S. encourage people with HIV to delay starting therapy until they are at a higher risk of illness, measured by symptoms or low T-cell counts. Therefore, it is estimated that only 5-6 million of the world's 30 million people with HIV/AIDS are in need of treatment at any given moment, and that disease management can be tied to symptoms rather than lab tests.

Treatment or prevention?

Treatment access is a key component of a comprehensive prevention program. Access to treatment stimulates dialog about HIV and access to testing. Prevention services plateau at a low level of effectiveness without access to treatment. There is little incentive to seek HIV testing if the only possible result is a death sentence.

Aren't AIDS drugs too expensive?

Generic competition from high quality manufacturers has been shown to dramatically bring down the cost of medicine. But the Bush Administration is objecting to the use of affordable WTO-legal generic medicines, or even funding large-scale purchasing programs that could negotiate for best prices or issue competitive bids. These kinds of objections are why activists have pushed for an internationally administered fund, less subject to the political whims of the donors. In June during meetings of the WTO's TRIPS Council, the Bush Administration strongly opposed a request from over 60 countries — almost every nation present, rich or poor — to reform international drug monopoly laws to create more affordable medicines for poor countries that are being destroyed by AIDS.

In the United States, drug company monopolies on the products of publicly funded research result in drug costs of \$10,000 to \$18,000 per person with HIV per year. Legal generic manufacturers in Brazil, Canada, India, and Thailand have brought the costs of a year's supply of triple combination therapy treatment down to as little as \$350. With the economies of scale that could come from large-scale purchase and manufacture due to donations from the Global Fund and other resources, we are told by manufacturers and governments that drug costs could decrease to less than \$200 per person per year.

Patents have one purpose: to protect high prices. Drug companies sometimes talk about the need to protect profit incentives in order to spur research and development. While most AIDS drugs are invented at substantial U.S. taxpayer expense, there is very little profit for the pharmaceutical industry to be made or lost in the global South. Africa accounts for 1.3% of the global pharmaceutical market.

CALL YOUR LEGISLATORS.

(1) Call the Congressional switchboard at 202-224-2131 to get connected to your state's Senators.

(2) Call your Senators at their District Offices and Representatives:
go to <http://www.visi.com/juan/congress> for contact info

GET MORE INFORMATION AND RESOURCES.

For more information and resources: contact Asia Russell of Health GAP (Global Access Project)
(215) 474-9329 tel | asia@critpath.org email | www.globaltreatmentaccess.org web