



Budget axe's blow to Africa

By Gordon Streeb

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Things are tough all over, but it's a particularly tough time to be an African with HIV/AIDS. If you're receiving lifesaving antiretroviral therapy, there's a decent chance you won't be able to continue treatment to keep yourself alive. If you're not receiving antiretroviral therapy already, there's an even better chance that you'll never get treatment. And if you're one of the 225 million African adults who are HIV-negative and at risk of acquiring HIV/AIDS? Sorry. Even funding for prevention, which we all agree is an excellent, high-return investment, is facing the axe.

If approved, the proposed FY 2011 continuing resolution (CR), now in the Senate, will mean the end of many lifesaving health care and development projects. Unlike postponing the upgrade of a highway or freezing the salaries of federal employees, cutting funds for global health will directly contribute to people's deaths, including many who could otherwise be saved.

The Global Fund to Fight AIDS, Tuberculosis and Malaria will take a particularly hard hit if the CR is approved. The Global Fund will lose almost 50 percent of its U.S. funding — in spite of the fact that its resources provide one-fifth of international support to fight HIV/AIDS. The Global Fund also provides 63 percent of international funding to fight tuberculosis and 60 percent of international funding to fight malaria, according to ONE, the international advocacy organization founded by U2 front man Bono.

As George Clooney learned last year when he contracted malaria in Sudan, an ounce of prevention is worth a pound of cure. Taking the axe to global prevention initiatives is shortsighted and counterproductive.

Countries throughout Africa have made dramatic progress in improving the health of their people and reducing the spread of HIV/AIDS, malaria and TB. The Carter Center's Guinea Worm Eradication Program is on the verge of eradicating that disease, and its programs in combating trachoma, river blindness and other diseases endemic to Africa have saved the lives of millions.

While the Carter Center does not rely on federal funding, it works in partnership with research institutions and NGOs that depend on support from the Global Fund and the National Institutes of Health (NIH), among many others.

In fact, proposed cuts to the NIH budget will paralyze the incredible progress researchers have made in developing an HIV vaccine — even though a vaccine is, hands down, the most affordable biomedical prevention strategy.

Some of the world's most influential and effective global health/development organizations are based in Georgia, and they set the bar for outstanding work. Emory University is a world leader in vaccines to prevent HIV/AIDS and other lethal diseases, and the Emory-based Rwanda Zambia HIV Research Group provides lifesaving

preventive services to Africa's largest risk group through couples' HIV counseling and testing.

CARE International is highly regarded for its commitment and success in fighting global poverty, and the CDC underwrites lifesaving global disease-prevention research. These organizations, and many others, will be devastated by the funding cuts proposed in the CR.

Less than 1 percent of the entire U.S. government budget goes toward funding important organizations that save millions of lives. You don't have to be an economist to see that sacrificing human life on this scale in the name of budget reduction puts politics above progress. Life itself is not a partisan issue, and U.S. support for global health and development initiatives must not be undermined for political expediency.

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