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World Bank, IMF must not block AIDS funding

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Mozambique, Africa -

At 8 a.m. in the Beira HIV treatment center, there is barely room to move through the narrow waiting room. Every seat is occupied. Children sit cross-legged on the floor, and on one of the wooden benches, a man lies curled under a brightly patterned cotton shawl, too weak to lift his fragile frame. The Mozambican doctors and nurses who staff this clinic work overtime to meet the seemingly unending demand.

Right now, these patients are in the fortunate minority in sub-Saharan Africa: They have access to anti-retroviral drugs, but if the ambitious HIV treatment scale-up plan here is fully implemented, they'll be joined by tens of thousands of other Mozambicans across the country in the next few years. Mozambique, like other African countries, has the will, the strategy and the medications. The only question remaining: Will it be allowed to succeed?

This summer's "Live-8" concert and debt relief announced by the G-8 nations stimulated a long overdue discussion on Africa's deepening crisis. But the spotlight has faded, and promises for a major rechanneling of funds to the continent are being threatened by the strings attached by the World Bank and the International Monetary Fund. With the world's attention diverted, the international lending and monetary institutions are meeting to discuss implications of the deal and make demands that might render it meaningless. A World Bank report obtained last month by Reuters suggested that the debt relief be conditioned on the "performance" of poor countries; that donor countries reimburse the bank's lending arm for the full "cost" of the relief (up to \$50 billion); and that the G-8 plan be put off until mid-2006.

"Performance" has historically been a code word for "structural adjustment." Decades of these harsh economic austerity programs promoted by the World Bank have cut back government services, slashed civil servant salaries and placed limits on future hiring in favor of debt service. The policies undermined public sector health systems and crippled their ability to respond to the AIDS epidemic. Now as the aid flow is finally increasing, countries such as Uganda and Tanzania have been faced with the specter of turning back funds in order keep public expenditures under imposed ceilings. It is a cruel kind of game to offer aid on one hand and then limit the ability to spend it on critical services on the other.

In Mozambique, up to \$60 million a year previously lost to debt service could be freed up for building the health work force and infrastructure - unless World Bank and IMF imposed limits on public employment rolls and public spending get in the way. Continued "structural adjustment" programs as a condition of debt relief will mean that less aid will flow through public systems and more will be directed through private sector and non-governmental organizations that do not suffer under the same constraints. Somehow, according to the economic experts, paying a public nurse a living wage upsets macroeconomic stability in a way that providing first-class airfares for foreign consultants does not.

In its report on the global AIDS epidemic last year, UNAIDS recognized the trade-off implicit in spending ceilings: "The short-term inflationary effects of increased and additional resources applied in tackling the HIV epidemic pale in comparison with what will be the long-term effects of half-hearted responses on the economies of hard-hit countries. AIDS is an exceptional disease; it requires an exceptional response." After decades of inaction, the world is finally poised to respond.

Our experience in Mozambique, one of the poorest countries in the world, shows just how quickly and effectively AIDS treatment can be scaled up through the public sector. In less than a year, Mozambique has gone from several hundred on treatment in a haphazard private system to more than 12,000 people receiving free anti-retrovirals - one of the fastest expansions in Africa. Hospital infrastructure has been improved; health professionals have been trained; laboratories have been upgraded; and thousands of people who would have been dead a few years ago have the chance to see their children grow up.

Because diseases like AIDS are dramatically distributed along the fault lines of social inequality, public sector health systems are the best investment to rapidly improve the health of Africans. The basic necessities to address the epidemic, especially health care and education, must be provided for free to everyone in a way only the public sector can accomplish. Moving forward in partnership, with the African people in the driver's seat, should be the goal of debt relief and development aid. This partnership is essential to building stable, enduring, national health systems adequately staffed by well-trained and motivated personnel equipped to treat millions of Africans for many years to come.

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