A Global Fund for the Fight Against AIDS
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7 April 2001; The Washington Post
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AIDS has become the greatest killer epidemic in modern history, and it may be the worst ever by the time it comes under control. Yet, with effective treatments now available at low prices, and global attention as never before, we can actually fight the scourge and save millions of lives in the process. A few moments of thinking could change history.

The key step would be to add $1.5 billion to this year's budget targets for fighting AIDS in Africa, the epicenter of the disease. Sen. Bill Frist (R-Tenn.) has led a valiant effort this week to begin the process, sponsoring an amendment to the budget bill calling for $200 million more in fiscal year 2002 and $500 million the following year. This an important start but not yet enough.

The needed $1.5 billion should be deposited in a global trust fund with leadership of the World Health Organization and UNAIDS, with critical scientific support of the National Institutes of Health, Centers for Disease Control and other relevant organizations. The U.S. contribution would be augmented by $3 billion from donors in Europe and Japan. The path-breaking Gates and Rockefeller foundations are also committing support to the battle.

The money would be made available to finance increased AIDS prevention and treatment, especially anti-retroviral therapy, in the poorest and hardest-hit countries. A rough estimate is that $1.1 billion would go for treatment at the start and perhaps $3 billion for prevention and care of orphans created by the pandemic, as well as treatments other than anti-retrovirals. Another $400 million should be added for massive training and buildup of medical infrastructure. In later years more people would come under treatment, and five years from now the total cost might rise to around $7.5 billion, with a U.S. share of perhaps $2.5 billion.

Americans would not shrink from the $5 per American that prevention and treatment would cost this year. Even if the price tag rose to $10 per American in future years, it would seem a small price to pay for keeping 5 million people alive.

Many Americans, of course, are skeptical about the effectiveness of foreign aid. Yet in the case of disease control, and AIDS treatment in particular, America's financial help would translate into dramatic, rapid and easily observable benefits. More than 100 of my colleagues at the Harvard Medical School and the School of Public Health this week spelled out how this can be accomplished according to sound scientific, medical and public health standards. Experts such as these in national agencies and academic centers would help to ensure the success of the global effort, as opposed to the amateurism that has sometimes characterized assistance programs.

The biggest risk is not coldheartedness on the part of the Bush administration or Congress but simple inattention as Congress and the president wrangle over our fiscal future. There is also a nagging but mistaken doubt in political circles that AIDS is just too big and costly to address. It's time for these doubts to be put to rest by the evidence.
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