

Health plans for Africa remain vague as G8 agrees to meet 10% of the need

Last June the G8 leaders promised an additional US\$ 6 billion in aid to Africa by 2006. Since then, organizations involved with crucial health programmes on the continent have been busy determining what their share should be, but it is a relatively small pie to divide up.

The G8 leaders described their Africa Action Plan as an “initial response” to the New Partnership for Africa’s Development (NEPAD), a revitalization strategy first championed by South Africa’s President Mbeki alongside the Presidents of Nigeria, Senegal, Egypt and Nigeria. NEPAD aims to put Africa onto “a path of sustainable growth and development.”

The leaders of the 15 African countries endorsing NEPAD estimate that US\$ 64 billion of investment is needed annually — 10 times the G8 pledge — for projects to improve health, trade, infrastructure and education. At the same time, NEPAD recognizes Africa’s own responsibility to create the conditions for development by ending conflicts, improving economic and political stability and strengthening regional integration.

Health is a key component of both plans. NEPAD acknowledges that unless HIV/AIDS, malaria and tuberculosis are brought under control “real gains in human development will remain an impossible hope.” The G8 countries for their part cite the persistence of malaria and tuberculosis as a “severe obstacle”, while emphasizing that “HIV/AIDS affects all aspects of Africa’s future development and should therefore be a factor in all aspects of our support.” The G8 statement also gives special attention to polio, supporting the plan for its eradication in Africa by 2005. This is consistent with the WHO programme for eliminating the disease worldwide within the same time frame.

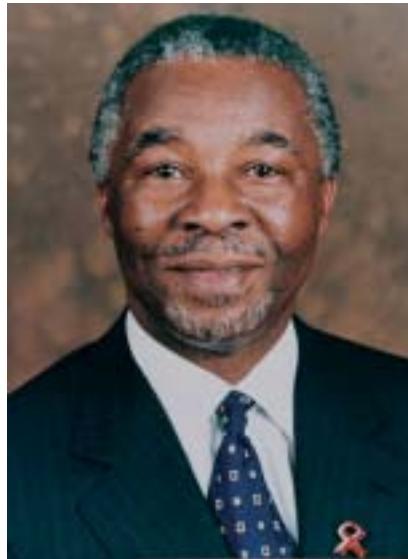
However, critics argue that both NEPAD and the G8 plan lack detail on how they will tackle the continent’s massive health issues. For example,

the HIV/AIDS epidemic ravaging Africa “is *the* major hindrance to development in Africa right now,” says Chinua Akukwe, an adjunct professor of public health at George Washington University. “Yet, I didn’t see a lot of specificity in the G8 action plan in regard to HIV/AIDS. And I blame that on a lack of specificity, or priority attention, in the NEPAD document. I had expected NEPAD, especially since it is home-grown, to be very clear on how the epidemic will be handled in Africa.”

NEPAD leaders are still debating the approach Africa will take in dealing with the crisis. One of the questions under debate is whether Africa should have its own agency to deal with the epidemic or rely on international organizations. Akukwe, a Nigerian by birth, expects that in a year or two NEPAD will take a stronger and more specific stance on Africa’s role in fighting the disease. “And then we can re-engage the G8 leaders in terms of money and technical assistance,” he said.

Funding for health programmes in nations that fail to meet the NEPAD criteria is another tricky question. The ground rule for this new-fashioned partnership is that all aid will be tied to democracy, legal transparency, human rights and sound economic practice. African leaders embracing NEPAD vow to hold themselves and each other accountable for their actions. But health issues that cross borders raise difficulties. Sudan, for example, has not associated itself with NEPAD though it still battles polio. In such cases, multilateral agencies could distribute the G8 funds as unspecified grants to be used “where most needed on the African continent,” says Muller. “The mechanisms that the G8 use to channel funds will be very telling.”

Meanwhile the leaders of the eight largest national economies pledged support for health and other initiatives, but only Canada, the G8 summit host, declared its commitments in concrete terms at the meeting. Canadians will give a total of US\$ 4 billion in the next five years to Africa’s development, but that includes just US\$ 350 million in new funds. Of the new funds, about US\$ 35 million is earmarked for the



President Mbeki of South Africa, a pioneer of NEPAD.

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development of an HIV vaccine for Africa and other Africa-based HIV/AIDS health research. Another US\$ 35 million will go towards polio eradication over the next three years. Some US\$ 70 million will fund agriculture and water projects. Germany said its pledges are likely to be detailed only after the elections in September. ■

Charlene Crabb, Paris

Global AIDS conference finds the issue is cash

Money — or rather the lack of it — was at the heart of discussions at the 14th International AIDS conference in Barcelona from 7 to 12 July. Speaker after speaker denounced the polarization between HIV prevention and HIV treatment campaigns, and emphasized that prevention and treatment were complementary strategies.

There was widespread consensus that antiretroviral drugs should be introduced into poor countries, but much debate about why this was not happening and where the money should come from to ensure that it did.

“Antiretroviral treatment has slashed mortality in high income countries,” said UNAIDS Executive Director Peter Piot at the opening ceremony. “Brazil has shown it can be done elsewhere. So why are only 30 000 Africans getting antiretroviral