



An Oxfam spokesperson already commented that there was a general feeling that not much would be achieved on the issue. The AU's Cairo Declaration and Road Map on the Doha Work Programme wants to ensure that existing special and differential treatment of developing countries' exports should not be prejudiced. Could the developed countries try to negotiate some form of phasing out of agricultural subsidies in exchange for dropping such preferential treatment? Or would they demand greater market access and liberalisation (read privatisation) in exchange? Or would African countries be forced to lose market shares when it comes to the export of bananas (an arbitration procedure is currently taking place that could have disastrous effects on African banana exporters)? Or would Africa have to concede larger tariff reductions compared to developed countries (another proposal submitted to the December agenda) when it comes to non-agricultural market access (NAMA)?

In short, Africa may end up paying a high price for some concessions on agricultural subsidies. Already the informal summit of 30 WTO members in Dalian, China, coming directly after the G8 Summit has confirmed that negotiations are moving slowly and reports suggest disappointment with the lack of consensus on the how and when of phasing out agricultural subsidies. The EU and US failed to condone the G20 agricultural proposal and WTO chief Supachai Panitchpakdi sounded a pessimistic warning that time was running out on these issues and that not much hope was left for achieving success at the December meeting in Hong Kong.

Negotiations in December will be tough. One can expect attempts at dividing poor countries and playing them off against each other (as has happened in the past) and it remains doubtful that the developed countries will be willing to swallow their own medicine, given the fact that trade liberalisation has caused so much damage in so many poor countries.

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*Schoeman is a professor of international relations at the University of Pretoria.*

## 2010 too late to make HIV/Aids history

HIV/AIDS remains the main killer of adults in Africa. **Angela Ndinga-Muvumba** argues that the pledge made by the G8 Summit to increase resources for universal access to treatment only in 2010 could be too little to late.

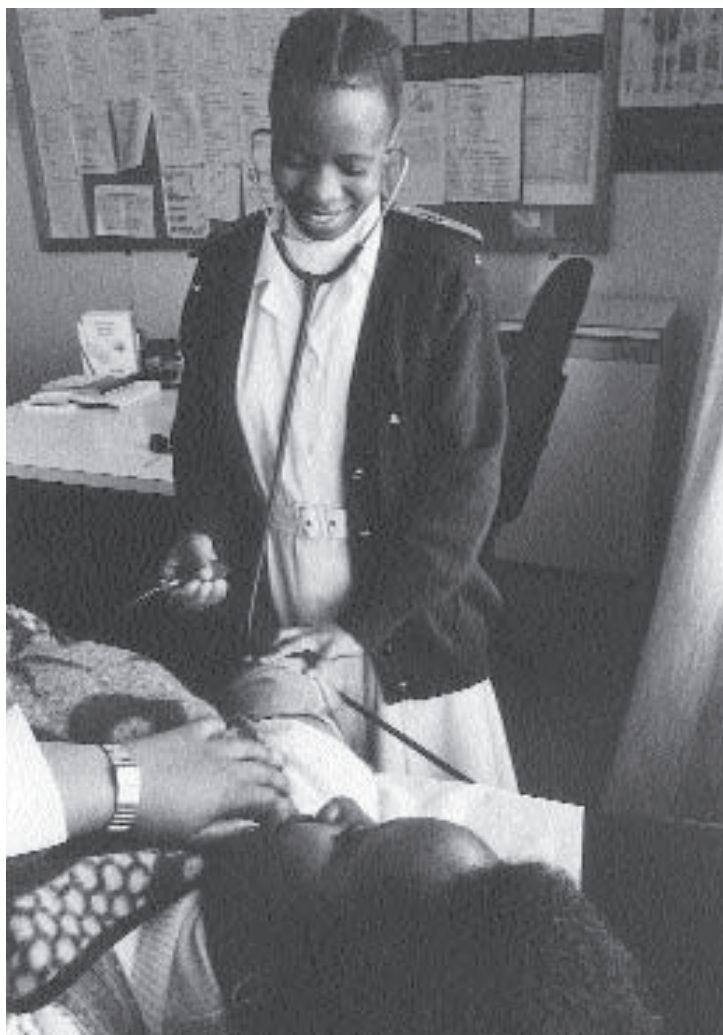
An estimated 25 million adults and children are living with HIV/AIDS in Africa while the disease has claimed the lives of an estimated 20 million Africans in the last 20 years. The disease has orphaned over 12 million children under the age of 15 while 57% of the infected are African women. In sub-Saharan Africa, less than 10% of those who need anti-retroviral treatment receive it. The pandemic, operating in a climate where other preventable but deadly diseases such as malaria and tuberculosis are prevalent, is taxing the continent's already weak health care systems, with AIDS patients occupying nearly 50% of hospital beds in some countries. The slow puncture of HIV/AIDS to states and societies is so profound that experts have deemed it a security threat.

Despite the impact of the disease on the continent, the G8 pledged to increase resources for universal access to treatment only from 2010. However, much could happen between now and 2010. The Make Poverty History Movement has summed it up thus: the G8 promise of 2010 is too little, too late. Even if the wealthiest nations in the world are willing to increase aid, their

track record is spotty. On HIV/AIDS alone, they have made promises but failed to deliver resources through the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria.

Established in 2002, the fund was designed as a new type of international funding mechanism. It is a partnership between wealthy and poor governments, civil society, the private sector and affected communities. It works through country coordinating mechanisms, which develop and submit grant proposals to the fund. The process is revolutionary (though imperfect), involving government agencies, NGOs, community- and faith-based organisations, private sector institutions, individuals living with HIV, TB or malaria, and bilateral and multilateral agencies. Relatively little funding has gone toward strengthening health systems with an estimated \$3-billion approved, but less than \$1-billion disbursed. The fund and its supporters state that over five years, nearly 1.6 million people will receive much-needed HIV/AIDS drugs, making important strides in bridging the gap between those that need treatment and those that do not get it.

According to the report by the G8



Africa Personal Representatives on implementation of the Africa Action Plan, G8 contributions to the Global Fund to date are as follows: Japan \$327-million, France \$316-million, Russia \$20-million, US \$1.08-billion, Canada \$300-million and UK £259-million. Surely, this is good news. However, at its inception, the fund was meant to have \$10-billion per annum available to disburse. Yet, for the duration of its existence, it has never reached that target in pledges. In 2005, both the UK and US failed to meet their pledges of \$92 057 762 and \$435-million, respectively. The reasons for this are complex. Tensions over the management of the fund, US legislative restrictions and other issues have resulted in under-funding of this important, life-saving institution. New money is needed to catch up. A March 2005 high-level meeting in London on 'The Global Response to AIDS: Making the Money Work' established a working group to determine what resources are needed. Their

findings – that the fund needs approximately \$15-billion in 2006 rising to \$18-billion in 2007 and \$22-billion in 2008 – helped to fuel the G8's pledge to move toward universal access to treatment.

In the wake of the Gleneagles Summit, AIDS activists are urging the G8 to fulfill their pledges. Their hope is that more aid could save the Global Fund, which needs \$2.3-billion in 2005 just to honour existing pledges. The Gleneagles decision is visionary in that it raises the bar. However, civil society organisations have estimated that the increase in aid is mostly old money or previous pledges for overseas development assistance (ODA). Only about \$20-billion is new money, and many development experts worry that future resources will be siphoned off from future aid budgets. AIDS activists have noted that of the money promised by the US in Gleneagles, only 7% is new aid. Moreover, the G8 leaders did not put forward any concrete proposals for financing

## POLICY RECOMMENDATIONS

### AFRICAN GOVERNMENTS:

- Support the implementation of the AU Commission's HIV/AIDS Strategy, which positions the AU as an advocate and coordinator of a continental response to the emergency posed by HIV/AIDS.
- Develop a common position on HIV/AIDS resource mobilisation, in anticipation of global policy processes and negotiations such as the Hong Kong WTO meeting in December 2004, and in coordination with civil society actors.
- Promote public-private partnerships and corporate social responsibility in order to provide HIV/AIDS prevention, care and affordable treatment.

### THE G8 COUNTRIES:

- Develop a credible plan for financing the Global Fund to Fight AIDS, Tuberculosis and Malaria that is predictable, durable and reaches the targets for needed resources.
- Deliver on existing commitments to the Global Fund.

### CIVIL SOCIETY:

- Work with African governments to increase their capacity to negotiate for equity on issues such as HIV/AIDS.
- Build on the successes of the G8 Summit in Gleneagles in July 2005 by developing a common position on aid allocation and priorities for poverty eradication.

their pledge of universal access to HIV/AIDS treatment by 2010. Without a clear roadmap, the fund will not get the financing it desperately needs.

In September 2005, another important meeting will take place. Donors will meet at a UK-sponsored Global Fund replenishment conference. Hopefully, the outcome of Gleneagles will be realised, and the wealthiest nations will deliver on their promise to increase funding for HIV/AIDS.

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*Ndinga-Muvumba is the programme manager of the Cape Town based Centre for Conflict Resolution's HIV/AIDS and Security Project.*