75th Anniversary of AIDS Pandemic: 10 Cents for Every $100 Could Save Millions of Lives

Opinion by Dr. Jeffrey D. Sachs Director, Earth Institute at Columbia University, and Director of the UN Millenium Project. He weighs on the importance of fighting AIDS.

— - According to the official rhetoric, we are now in the 25th year of the AIDS pandemic. The anniversary refers to the first diagnosis of the disease in San Francisco in 1981. Yet this "anniversary" reveals something deep and tragic about our approach to the disease. In fact, the disease is roughly 75 years old, as it originated in Africa sometime around 1930. By 1981 there were perhaps 1 million Africans already infected with the HIV virus, and tens of thousands or more were dying each year. We therefore date the disease to 1981 mainly because the lives, and deaths, of impoverished Africans have been so readily overlooked for so long. The discovery of AIDS came only when the disease claimed lives outside of its continent of origin.

The scientific dating of the emergence of AIDS is based on a genetic "clock" of the HIV virus. AIDS as a human disease is new and came into existence when a chimpanzee virus (Simian Immunodeficiency Virus, or SIV) spread from chimpanzees to humans somewhere in West Africa around 1930. The best and most recent guess for the actual site of this "zoonosis," the transfer of the pathogen from animals to humans, is Cameroon. Of course the event itself is lost to history. It may have resulted from a hunter butchering or eating the bush meat of a chimpanzee infected with SIV, followed by a mutation of SIV to HIV. The genetic changes from SIV to HIV provide the biological clock that scientists use to determine the most likely date and site of the new disease's emergence.

Between the 1930s, or thereabouts, and 1981, the disease mainly spread throughout Africa. By looking back at stored blood samples in Africa from the 1960s and 1970s, some early HIV/AIDS cases have been identified decades after the fact. By 1981, when the disease was finally diagnosed in the U.S., perhaps one million Africans were already infected. This number can be estimated by running the epidemic "backwards," to account for the fact that by the early 1990s there were already many millions of Africans infected with HIV.

Of course by the time that the disease was first recognized in 1981, the HIV/AIDS epidemic had already spread silently and massively to all parts of the world, including the U.S. By neglecting the deaths of the poorest of the poor in Africa for so many years, the richest of the rich in other places of the world were thereby also left vulnerable. The prophetic wisdom that when lives are neglected anywhere, lives are at risk everywhere proved again to be dramatically true. And the same lessons apply to new zoonotic diseases of today, such as avian flu, which once again is spreading across national boundaries.

It is, of course, utterly dismaying that a killer disease already infecting a million or so Africans by 1981 would not have been diagnosed in situ in Africa. Yet for those of us working in Africa, this failure is not really shocking. Even today, the world remains largely oblivious to massive African suffering and death from preventable and treatable diseases other than AIDS. Malaria, TB, diarrheal diseases, respiratory infections, measles and other killers still claim millions of African lives every year, though these deaths could readily be prevented at low cost to the rich world. And a full decade after the efficacy of anti-

retroviral combination therapy for AIDS was first demonstrated, the vast majority of Africans with advanced AIDS still have no access to these drugs, though their price has now fallen to as little as $0.30 per person per day.

This is not mainly the fault of African neglect, but of Africa's extreme poverty and the continued under-investments by the rich world in solutions. It is very difficult for Americans to understand the nature of extreme poverty in Africa. Tens of millions of African households in rural areas have little or no cash earnings. These impoverished farm families live hand to mouth from their own meager farm production. Most African governments are far too impoverished to provide essential health care services. Disease runs rampant and remains unaddressed. In fact, disease leads to more poverty, which leads to more unaddressed disease, in a vicious circle of suffering.

When the rich countries wake up to such grim realities, as happens on occasion, it is possible to make a profound and lasting difference. Smallpox was successfully eradicated, and we are nearing the same with polio, thanks in large part to the valiant leadership of Rotary International. President Jimmy Carter's heroic efforts have similarly led to great successes against African Guinea Worm and other parasitic diseases. And since President George W. Bush launched an emergency response to AIDS in Africa in 2003, the U.S. program has set a trajectory to save millions of lives. The irony is that despite all of the rhetoric against aid, international assistance to control disease has worked time and again. The problem is not that aid fails, but that aid doesn't get delivered at the needed scale and with the needed urgency.

It would require about one-tenth of one percent of the income of the rich world to carry forward a decisive attack against AIDS, TB, malaria, and other controllable killer diseases. That's just 10 cents for every $100 of rich world income, or about $35 billion per year in total, to save millions of lives per year now being lost to controllable diseases. Unfortunately, actual aid flows have been running roughly a fifth of what's needed, with some improvements in recent years, but still not enough to turn the tide.

It's surely long past time to get serious about the value of human life anywhere on the planet, even the very poorest regions. It is clear enough that the diseases of the poor become our own diseases, and the instability of the poor becomes our own as well. When Osama Bin Laden threatens to take his jihad to Sudan, America should stand up and reply that it is taking medicines, bed nets, high-yield seeds, and safe water technologies to Africa instead. We can and must stand for the value of life, confident of the dramatic and inspiring results that would follow, for the poorest of the poor, and surely for ourselves and our children as well.

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