

AIDS and Africa: Where is the US

By Sonia Ehrlich Sachs and Jeffrey Sachs, 2/4/2002

BLANTYRE, Malawi -

THE SIGHT WAS shocking. Peering into the medical ward of Queen Elizabeth Hospital was like peering into a corner of hell. AIDS has overtaken the hospital. Seventy percent of the medical-ward admissions are AIDS-related, but the hospital lacks the proper medications to treat the sick. So the patients come to die in ever increasing numbers, far beyond any capacity to manage. Two to a bed; sometimes three to a bed. When the beds overflow, the next wave of the dying huddle on the floor under the beds, to stay out of the way of families, nurses, and doctors passing through the wards. The constant low-level moans and fixed gazes of emaciated faces fill the ward.

These patients are dying of poverty as much as they are dying of AIDS. In the next corridor is an outpatient service that offers AIDS drugs. Four hundred or so patients are successfully being treated with antiretrovirals. They are the tiny fraction who can afford to pay approximately \$1 per day out of pocket for the medicines.

The treatment has been successful. CIPLA, the Indian generics producer, supplies the drugs; the patients take them twice a day; and they get better. No great complexity, no unusual complications of toxicity, no struggles to achieve patient adherence to the drug regimen. Just a doctor prescribing medicines, and his patients responding.

A few miles away, one sees the implications of the dying fields that Africa has become. A village in Malawi is like a giant orphanage, in which a few elderly and wizened grandmothers look after the children of their dead and dying sons and daughters.

Enter a village and suddenly one is surrounded by dozens of children, a handful of elderly, and almost nobody of working age. On the day of our visit, it turns out, the few remaining men are off to a funeral. The grandmothers talk softly of their lost children as their orphaned grandchildren squat quietly nearby.

One grandmother shows us the rotting, bug-infested millet that she will use to make the gruel that keeps her and her wards barely alive. A beautiful young girl proudly tells us that she is in the second grade. She walks barefoot 3 kilometers early each morning to get to school. She wants to go to college, says her grandma. To make it, she will have to beat forbidding odds.

The rich world is an accomplice to the mass deaths in Africa. Why aren't US leaders visiting the hospitals, villages, and health ministries in Africa to ensure that the United States is doing all it can do to stop the deaths? Why aren't US leaders talking to African doctors? We are spending tens of billions of dollars to fight a war on terrorism that tragically claimed a few thousand American lives. Yet we are spending perhaps one- 100th of that in a war against AIDS that kills more than 5,000 Africans each day.

A report of the Commission on Macroeconomics and Health of the World Health Organization shows that a tiny share of rich-country income - one penny of every \$10 of GNP - would translate into 8 million lives saved each year in the poor countries.

The rich world is running out of excuses. Every misconception we've heard about treating AIDS patients - that the drugs don't work in Africa, the patients wouldn't adhere to "complex" regimens, that the doctors aren't qualified or can't be trained - has been matched by similarly lazy misconceptions about foreign assistance.

We've been told that any aid would be wasted, that debt relief would be squandered by corruption. We've been told that it's not "cost effective" to spend a tiny fraction of our own income to save

millions each year, as if it's cost effective to let a generation die, to allow the collapse of Africa's tottering health care system, and to stand by as tens of millions of children are orphaned.

Debt-relief foes in Congress have warned that the benefits of debt cancellation would never reach the poor. We found the opposite. In each country that we visited on this trip - Malawi, Uganda, Ghana - the government is pursuing a meticulous and transparent process to ensure that budgetary savings from debt relief are actually channeled into urgent social sectors. The problem is not waste or corruption, the problem is that the extent of help from the United States and Europe is so meager in the face of the enormous crisis.

In a small room in Uganda, the intermingling of beauty and unnecessary suffering touched us more deeply than we could have imagined. A singing troupe of HIV-infected individuals, all likely to die in the next few years for lack of access to life-saving meds, sang to us with great power, charm, and bravery of their struggles.

Rock star Bono, traveling with our group, reached for his guitar. With haunting beauty, he responded with his magnificent ballad "I Still Haven't Found What I'm Looking For." The Ugandans swayed rhythmically to his pure and gripping tones. The tears flowed freely.

The US complicity in Africa's mass suffering, unless reversed, will stain our country. Africa is the place where we will confront our own humanity, our morality, our purposes as individuals and as a country.

Sonia Ehrlich Sachs is a pediatrician. **Jeffrey Sachs** is director of the Center for International Development at Harvard University and chairman of the Commission on Macroeconomics and Health of the World Health Organization.

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