

Governmental Funding for the Development of Self-Sustaining Communities: The Stabilization of the HIV/AIDS Crisis

At the end of 2006, over 39.5 million people were living with HIV globally. The year saw over 4.3 million new infections, with over one-third of HIV-AIDS cases in sub-Saharan Africa, the epicenter of the pandemic (Global). On a continent where two-thirds of the population lives on less than one or two dollars a day, the disease devastates poor communities (World Vision International). Because HIV/AIDS can infect anyone (not just the young, elderly, and sick), the disease frequently infects middle-aged people in vital societal positions. These people then can no longer function as agricultural workers, health-care providers, and teachers within communities (World Vision Aids Experience). The United States, along with the Group of Eight leading industrialized countries, should increase funding for the development of HIV-AIDS-educated, sustainable communities in Africa and globally to combat the HIV/AIDS pandemic. Educated, sustainable communities will stabilize the pandemic by creating environments where those affected by HIV/AIDS have the necessary resources to combat the disease successfully.

Currently, the Joint United Nations Programme on HIV/AIDS (UNAIDS) is fighting the battle against the disease. UNAIDS is an organization of ten smaller United Nations groups. The organization does much of its work creating action plans for leading industrialized nations to follow to combat the disease. UNAIDS presented a plan to stabilize and eventually even phase out HIV/AIDS in 2005 (Schroering). This plan, titled the Universal Access Plan, discusses the current needs of the countries most seriously affected by the pandemic. The Universal Access Plan outlines the necessary monetary support needed to combat HIV/AIDS globally, including a tiered system to yearly increase the amount of funding for HIV/AIDS. The underlying theory of

the plan is that if the appropriate amount of financial support is received, HIV/AIDS could be so effectively subdued that infection rates would stabilize and begin to taper, eventually even diminishing. The tiered system would provide complete funding for all necessary programs to stabilize infection rates by 2015, totaling approximately 100 billion US dollars of funding (Financial 13). The necessary programs envisioned would include traditional programs that provide medicine, food, and sexual education, in addition to more innovative programs targeting some root-issues exacerbating the disease: sustainable community development for communities ravaged by HIV-AIDS, and education programs targeted at the myths and stigmas that surround and attribute to spread of the disease.

While the work UNAIDS did to create the Universal Access Plan is an amazing step in the right direction to eradicate HIV/AIDS, no leading country has yet collaborated with UNAIDS to enact the plan. The United States and its global partners should be working with UNAIDS to complete the proposed plan. After creating the Universal Access Plan, UNAIDS presented it to the Group of Eight (G8), a global needs awareness collation, which includes the United States, Canada, the United Kingdom, France, Italy, Germany, Russia, and Japan. The G8, one of the most powerful global entities, showed great support for the Universal Access Plan; however, to date it has not implemented the plan. Using the tiered scale-up plan, the G8 is more than capable of providing the prevention and education programs, medical therapies, sustainable-community programs, and ambitious attitude needed to start curbing infection rates and reducing the incidence of HIV/AIDS and related concerns. However, the G8 has not lived up to its identity as a global leadership team. The G8's past involvement in HIV/AIDS crises proves that it is the best candidate to enact the Universal Access Plan. When the governments of the G8 countries work with HIV-affected areas, they motivate the local and national governments to make

ambitious goals leading to stabilization of the virus (Financial 15). The G8 needs to reengage in the HIV/AIDS crisis immediately, to prevent the pandemic from becoming even bigger.

There is a certain urgency needed to effectively combat the HIV/AIDS pandemic. The concept of an ever-increasing pandemic holds a dually evil nature. The longer the G8 waits to implement the Universal Access Plan, the more people will struggle against HIV/AIDS, and the more lives will be lost to the pandemic. Less intuitive, however, is the fact that the longer the G8 waits, the more difficult curbing the virus will become. Because of the explosive nature of HIV/AIDS, increasing infection rates create more people who need care, and more programs needed to assist those who need care. Thus, as the pandemic continues to reign unchecked, more financial support is needed to effectively stand against the disease. By taking a passive stance concerning the Universal Access Plan, the G8 is only exacerbating the HIV/AIDS problem. For example, the Universal Access Plan projects that per year, about 10 billion US dollars are needed for the next ten years to supply every HIV/AIDS infected person with necessary healthcare, and implement effective national education and prevention programs to decrease infection rates (Financial, 15). However, if no group takes initiative within the next five years, the numbers will be even larger. Immediate application of the Universal Access Plan would prevent over half of the new infections that are projected to occur between 2005 and 2015. The 2005 UNAIDS Financial Resources report cites the implications of the G8's passivity the best:

“The high levels of funding that will be needed to move towards universal access [care for all HIV/AIDS-affected persons] in the coming years reflect the world's failure to respond to the epidemic before it achieved crisis dimensions. Had the world made prudent investments 10-20 years ago – in prevention, in strengthening health systems in low- and middle-income countries, in preserving and building essential human resources,

in addressing the corrosive effects of gender inequities and other drivers of the epidemic – much smaller amounts would be required today (Financial 5).”

Just as the lack of response from global leaders in the past created a crisis today, careless attitudes concerning HIV/AIDS today will render a catastrophe of epic proportions if the G8 and other global leaders do not make some financial contribution now.

Some would say that the United States and other national governments should not be responsible for dealing with the financial burden of HIV/AIDS, because that job belongs to the various humanitarian organizations like UNAIDS that already work with the disease. It is true that national governments have many concerns to balance, and the weight of AIDS does not make the burden lighter. The reality is, however, that global governmental groups are by far in the best position to move against HIV/AIDS. Humanitarian organizations are most effective in providing on-the-ground support running medical clinics, supplying food and shelter, and running educational camps to teach people about HIV/AIDS. However, they are not as well suited to build a financial support system of the proportion needed to eradicate HIV/AIDS. Relief organizations are funded by donations from private individuals, in addition to occasional corporate funding. Because funding for these organizations comes from individual people, it would be impossible for any group of relief organizations to raise the 100 billion of projected need. Additionally, it is difficult for relief organizations to obtain permission to be present from both national and local governments in foreign areas affected by HIV/AIDS. Often relief is only provided to countries that invite the relief organizations to participate in the combat of HIV/AIDS. This makes it difficult to implement the necessary health, educational, and sustainability programs needed to relieve stress on struggling communities.

In contrast, global governmental groups like the G8 can easily provide the funding needed for HIV/AIDS. The countries that comprise the G8 represent approximately 65 percent of the world economy (Of the eight countries involved, seven of them hold positions as the highest military expenditure countries globally) (G8). If each of the G8 countries pledged an equal share of the needed 100 billion in funds, each country would contribute 12.5 billion US dollars. In a nation where hundreds of billions of dollars are spent on military funding and war every year, it seems that 12.5 billion in funding is a minor expense to pay to curb the HIV/AIDS pandemic. Additionally, world-recognized groups like the G8 are in a better position to provide needs to struggling areas because they have more political power and can work directly with national governments to implement plans that affect local communities. They do not have to struggle with the same bureaucratic red tape many humanitarian organizations deal with. As a globally recognized authority, the G8 has both the financial resources and the political influence to enact such a comprehensive plan.

Because the G8 as a united entity needs to step up to the challenge of HIV/AIDS, one might ask why the United States should contribute more money to the HIV/AIDS crisis when President Bush has already generously implemented The President's Emergency Plan for AIDS Relief (PEPFAR). One could argue that the United States is already concerned about HIV/AIDS and that the other G8 countries need to do more. President Bush's concern and active stance against HIV/AIDS are admirable. Unfortunately, the PEPFAR program falls short of the need for intervention. PEPFAR has guaranteed 20 billion for AIDS funding sometime in the next ten years. However, the funding is geared to treat 2.5 million people living with HIV/AIDS by 2015. While these efforts are commendable, UNAIDS predicts that by 2010 there will already be over 10 million people in need of treatment (Schroering). By simple mathematical analysis,

this means that the format of the PEPFAR program would dictate a need for 120 billion (over four times the promised amount of funding) to actually provide universal access to HIV/AIDS prevention measures outlined in the Universal Access Plan. Clearly, it seems that the PEPFAR program misallocates its resources to serve such a small number of people. The PEPFAR program's flaws are that it allocates most of its funds for the physical treatment of HIV/AIDS through antiretroviral therapy (medicinal) provision and some sexual education, in an untimely fashion. While these issues need to be addressed to combat HIV/AIDS infection and death rates, they do not get to the root problems of the HIV/AIDS virus. PEPFAR has no programs focused on disease education and sustainable community development, and it does not follow the projected UNAIDS timeline. Thus, the United States needs to remain actively engaged combating the disease because its current measures against the disease will not work. The United States is the most powerful nation in the world, so it needs to lead a powerful plan to combat HIV/AIDS that includes funding for solutions to the root problems surrounding HIV/AIDS.

The type of funding that will curb the HIV/AIDS pandemic has already been outlined by UNAIDS in the Universal Access Plan. Plans like PEPFAR need to provide funding for antiretroviral treatments and sexual education programs, but they must also provide funding for programs that educate about the actual circumstances of the disease. They additionally need to provide funding for sustainable community development. Because the PEPFAR program does not fully address problems like food shortages, education about HIV/AIDS, and other issues the Universal Access Plan does address, the money, time, and effort given to PEPFAR has a small return in terms of its impact on the pandemic. Without funding to combat issues that are root problems of the HIV/AIDS crisis, progress against the disease that leads to an eventual phase-out

of funding will not be made. Education programs that teach people about the stigmas and myths associated with HIV-AIDS are much more effective in slowing its transmission as sexual education programs. Sustainable community development programs build communities that become economically self-dependant, creating opportunities to end funding. Without funding for the education and sustainable community development programs that the Universal Access Plan calls for, financial support for HIV-AIDS becomes a life-line to struggling communities. Funding that only provides medicine and sexual education programs is like putting a Band-Aid on a broken arm; the arm will only get more infected because it was not given the proper treatment. PEPFAR is not a solution to the HIV/AIDS crisis; it is only a basis to begin larger-scale efforts like those presented by the UNAIDS Universal Access Program.

The two most necessary focuses of HIV-AIDS prevention are sustainable community development and HIV-AIDS education. HIV-AIDS education should be focused on sexual education, but the actual facts about what the disease is and how it affects people are just as important. The stigmas and myths that surround the virus increase its transmission, while deplorable living conditions make maintaining a healthy HIV-positive status difficult (World Vision Aids Experience). Education about the disease will diffuse these myths, while learning domestic skills like growing crops or producing a retail good like jewelry, baskets, or cloth will help people in HIV-affected communities stabilize their economic need, decreasing constant dependence on relief money.

Uganda is a model country that has implemented effective educational programs about HIV/AIDS. The programs it implemented serve to teach people the difference between reality and the myths and stigmas that contribute to high infection rates. Many think AIDS is a curse from God, witchcraft, or a means of warfare by industrialized countries like the United States

(World Vision Aids Experience). These false beliefs create stigmas that cause a plethora of problems. Frequently, people struck ill with HIV/AIDS do not receive care because family and community members believe casual contact, like being coughed on or touching infected people can transmit HIV. When the parents of young children in Africa die from AIDS, relatives who could care for them often abandon the children; in some cases they are even rejected from the community. This rejection and lack of care yields the child-headed household phenomenon: one child caring for several younger siblings while dually trying to provide basic needs like food, without the opportunity to pursue an education. Likewise, some people believe that having sex with virgins cure HIV or that condoms spread HIV. This myth increases incidents of rape and unprotected sexual activity (World Vision Aids Experience). By implementing a national educational program about HIV/AIDS, Uganda successfully diffused these types of myths, decreasing its infection rate to fewer than three percent of the national population (World Vision Aids Experience). Those who already have the virus are less stigmatized, receiving better care from health clinics and their families or friends. Funding for more national educational programs like those in Uganda would slow down the infection rate and reduce stigmas around HIV/AIDS patients. The G8 should be funding these kinds of education programs. Because these programs target the unhealthy trends that spread HIV-AIDS, educational programs will lead to eradication of HIV-AIDS much faster and with much less funding than only giving people antiretroviral drugs and condoms.

Apart from stigmas and myths, the problem of non-self-sustainable communities generates multiple economic issues for countries fighting HIV-AIDS. Inadequate food supplies and clean drinking water cause those who could be healthily living with HIV to struggle. Antiretroviral drugs will not work without proper nutrition. This poses a huge problem in areas

where agricultural workers often contract HIV and cannot accomplish their job of producing food (World Vision International). The labor supply for the agricultural community dwindles, and food shortages become abundant. Governments themselves feel economic repercussions from lower agricultural production, inhibiting their ability to provide relief to their own citizens. The few relief programs that attempt to develop sustainable communities teach individuals and communities how to cultivate gardens that can produce the grains, fruits, and vegetables needed to feed the community. Many humanitarian organizations have tried without success to develop the sustainable community programs needed to help HIV-AIDS-ravaged areas become economically independent again.

The reality simply is that humanitarian organizations do not have the might to create comprehensive, far-reaching sustainability programs. While they may teach an individual to grow vegetables for daily food, they cannot mandate governmental programs to provide employment or education. Industrialized nations like the United States that have previously experienced economic crises have an advantageous position in assisting struggling countries. National governments understand the economic needs of the individual people, but also of the country as a whole. For example, during the Great Depression, President Roosevelt created the New Deal program to serve many issues experienced due to the strained economy. One part of his program generated jobs for individual people through civil service industries like building and repairing infrastructures. The all-encompassing financial reformations, however, provided relief to the nation as a whole. The United States with the G8 can assist third world countries to develop the necessary sustainable community programs to help create governments that deal with HIV-AIDS internally, without need for funding in the future. If the G8 would provide the basis funding to launch comprehensive sustainable community development programs, later

funding would be unnecessary. All of the countries represented in the G8 have experienced national crises before and successfully emerged from them. Thus, it is much better for the experienced G8 to help struggling communities, both locally and nationally.

Many humanitarian organizations are passionately committed to eradicating HIV-AIDS. Funds raised by the private sector are helpful in providing community-to-community support through education, health needs, and development of sustainable community programs. Unfortunately, the HIV/AIDS pandemic is already too big for these relief organizations. National governments like those involved in the G8 should increase the funding for HIV/AIDS relief and develop programs that deal with the root-problems exacerbating the effects of the virus. If nationally funded programs were in place to create communities where local citizens were self-sufficient and well-informed about HIV-AIDS, instead of providing short-term relief through medicinal support and sexual education for suffering countries, governmental monies would create environments that no longer depended on foreign aid. The HIV/AIDS pandemic would stabilize and in a few decades eventually recede, ending the need for funding. The G8 and other national governments can only help themselves by fighting HIV/AIDS. With the proper resources and allocation of funding, the G8 could easily stabilize HIV/AIDS by 2015, eliminating a pandemic that will only present more problems in the future if not dealt with immediately. The United States, the most powerful nation in the world, should set an example for the rest of the G8 by implementing the full Universal Access Plan, and as soon as possible. It is our responsibility both as leaders and human beings, and making the right decisions for funding as soon as possible can prevent a future epic disaster.

Works Cited

AllAfrica, Inc. "Cameroon; The complexity of HIV/AIDS Strains in the Country." Africa News.

30 January 2007. LexisNexus. University of Michigan, Ann Arbor, MI. 1 October 2007.

< <http://www.lexisnexus.com>>.

AllAfrica, Inc. "United States, Canada, and Africa; President's Emergency AIDS Relief Plan

Funds Program in Rwanda." Africa News. 14 October, 2005. LexisNexus. University of

Michigan, Ann Arbor, MI. 1 October 2007. < <http://www.lexisnexus.com>>.

Caiti Schroering. "How to Stop AIDS Now. " Foreign Policy in Focus 20 August 2007: Alt-

Press Watch (APW). ProQuest. University of Michigan, Ann Arbor, MI. 1 October

2007. <http://www.proquest.com/>

Group of Eight Information Center. Home Page. 17 December 2007. <http://www.g8.utoronto.ca/>

UNAIDS. "Financial Resources Required to Achieve Universal Access to HIV Prevention,

Treatment, and Support." UNAIDS. 26 September 2007. 1 October 2007. <[http://](http://data.unaids.org/pub/Report/2007/20070925_advocacy_grne2_en.pdf)

data.unaids.org/pub/Report/2007/20070925_advocacy_grne2_en.pdf>.

UNAIDS. "Global Facts and Figures." UNAIDS. December 2006. 1 October 2007. < [http://](http://data.unaids.org/pub/EpiReport/2006/20061121_EPI_FS_GlobalFacts_en.pdf)

data.unaids.org/pub/EpiReport/2006/20061121_EPI_FS_GlobalFacts_en.pdf>.

UNAIDS. "Universal Access Factsheet." UNAIDS. 27 September 2007. 1 October 2007.

<http://data.unaids.org/pub/FactSheet/2007/20070925_rn_factsheet_ua_final_en.pdf>.

World Vision International. Home page. Date unknown. 1 October 2007. <[http://](http://worldvision.org/)

worldvision.org/>.

World Vision Aids Experience. Home page. Date Unknown. 1 October 2007. < [http://](http://worldvisionexperience.org/)

worldvisionexperience.org/>.