



**President George W. Bush
United States of America
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500**

By Fax: 1-202-456-2461

24 June 2004

Dear President George W. Bush

Invest in Health Not War!

We, the undersigned, are organizations from around the world that campaign for human rights, the alleviation of the HIV epidemic and women's rights to reproductive choices. We are deeply disturbed by the actions and policies that your Administration has taken that seriously undermine prevention and treatment of AIDS. These are our demands:

Help Ensure that the World Health Organization's Plan to Treat Three Million People with AIDS by 2005 Receives the Resources it Needs to succeed.

The World Health Organization (WHO) has called for three million people with AIDS to be treated with life-saving antiretroviral medicines by 2005, but your Administration has shown little political will for promoting this objective or human rights. The points below illustrate the extent to which actions taken by your Administration are undermining global efforts to treat 3 million people with AIDS by 2005.

Reduce Military Spending and War Actions: Spend More Money on AIDS, Tuberculosis, Malaria, Malnutrition and Poverty.

In January 2003, your Administration promised \$15 billion over the next five years to alleviate the HIV epidemic. This was cautiously welcomed by human rights and AIDS organizations. Yet the expenditure approved by the US Congress as part of this commitment for 2004 is only \$2.4 billion. The total amount of US aid money for 2004 is \$17.55 billion. Yet the military budget approved for 2004 is already \$368.2 billion, an amount that does not reflect the \$87 billion war supplemental requested by your Administration. Much of this military budget is being used to fight the so-called War Against Terror and to sustain the occupation of Iraq.

We acknowledge the threat of terrorism. However, the most important and widespread threats to global security are the ones exacerbated by poverty and lack of development: the HIV, malaria and tuberculosis epidemics, as well as malnutrition. In 2003, the United Nations estimated that 2.5-3.5 million people died of AIDS, one million of malaria and two million of TB, yet these diseases can be treated. An estimated 800 million people endured malnutrition, which continues to play a major role in half of the more than ten million annual child deaths in the developing world.

Alleviating these problems together with promoting human rights and negotiating solutions to world problems through international institutions is the best way to ensure long-term global security.

Stop Undermining Public Confidence in Safe, Effective Anti-AIDS Medicines.

Members of your Administration have undermined public confidence in the safety and efficacy of fixed-dose combination (FDC) generic antiretroviral medicines approved by the WHO. These medicines are an essential, affordable tool for the treatment of HIV on a massive scale.

In late April 2004, Mr. Randall Tobias that you appointed to be the US Global AIDS Coordinator stated, "Maybe [FDC] drugs are safe and effective. Maybe these drugs are, in fact, exact duplicates of the research-based drugs [sold in the United States]. Maybe they aren't. Nobody really knows."
(Zavis, Associated Press, 28 April)

This is incorrect. The WHO has put in place a stringent process, known as prequalification, for recommending antiretroviral medicines that are safe and effective. The term prequalified is used because it is still the prerogative of each country's own regulating authorities to approve the drugs for domestic use. To date, ten fixed-dose combination medicines have been prequalified. In South Africa, at least one FDC containing an entire antiretroviral regimen is awaiting approval by the Medicines Control Council (MCC), and it is already widely used through special exemptions granted by the MCC.

Many combination medicines, both brand name and generic, are approved by regulatory authorities around the world (including the FDA) and there is nothing inherent about drugs being in combination that affects their safety or efficacy. Indeed, one of the most important medicines in South Africa's public health system is a four-in-one tuberculosis FDC. It has been used for a number of years and benefited thousands of patients and it was approved on the basis of bioequivalence, not full clinical trials.

Following criticism of Mr. Tobias' unsustainable arguments at a recent high profile WHO meeting, your Administration has retreated and released a statement saying that FDC manufacturers can apply for fast-tracked approval through the FDA to become eligible for purchase through PEPFAR funds. This was to head off further embarrassment at a World Health Assembly meeting.

However, while this compromise suggests a position that is more reasonable than the one articulated by Mr. Tobias, it is still insufficient. This latest compromise by your Administration is part of a long history of blocking access to generics and then relenting when faced with pressure.

The trend has been that as the possibility of distributing generic medicines has come closer, the US government has done everything it can to create obstacles to their availability.

If your Administration proceeds with its new policy that FDCs must be registered with the FDA before PEPFAR funds can purchase them, then it must at a minimum commit unambiguously to the waiving of FDA fees and registration within no more than six weeks of application. Bureaucratic delays in distributing medicines to developing countries have a very tangible cost: lost lives.

Give the Promised \$15 Billion for AIDS to the Global Fund to Fight AIDS, TB and Malaria (GFATM) - Not the US President's AIDS fund (known as PEPFAR).

In your annual State of the Union address in January 2003, you announced the provision of an additional \$10 billion to AIDS programs in Africa and the Caribbean. This should have brought to \$15 billion the US government's total commitment following a \$5 billion allocation under the Clinton Administration that had yet to be disbursed. Only a relatively small portion of this pledge, just \$1 billion over five years, is intended for the GFATM.

The Global Fund to Fight AIDS, TB and Malaria (GFATM) is an independent, multilateral institution established in 2002 with the purpose of funding programs in developing countries aimed at treating and preventing the three highest-mortality infectious diseases in the world. Its success is necessary for the WHO to meet its goal of treating three million people with AIDS by 2005. The GFATM aims to constitute a major source of the \$27 billion in economic assistance to developing countries that the WHO Commission on Macroeconomics and Health has suggested is needed by 2007 (growing to \$38 billion by 2015), yet the GFATM remains underfunded, receiving only \$658 million so far in 2004.

Allocation of funds to PEPFAR leads to wasteful duplication and severely undermines global efforts at harmonizing the response to HIV/AIDS. Your Administration should therefore give promised and any future funding for AIDS to the Global Fund to Fight AIDS, TB and Malaria (GFATM) not PEPFAR.

Stop Using Bilateral Pressure to Undermine the Doha Declaration on TRIPS and Public Health.

In 2001, the World Trade Organization, recognized that the world was facing a public health crisis due to the effects of HIV/AIDS, tuberculosis and malaria. It therefore stated that member states could override patent protection and take all necessary measures such as issuing compulsory licenses to produce affordable generic medicines to treat their populations without falling afoul of international trading norms. This was the essence of the Declaration on the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement and Public Health.

However, your Administration lobbied heavily to prevent this agreement from coming to fruition in Doha, Qatar. It was only under activist pressure and a firm, unified stance by developing world negotiators that the US government backed down. Nevertheless, your Administration continues to undermine the Doha Declaration by pursuing bilateral trade agreements with developing countries, reducing the options for making generic medicines more accessible than these countries would otherwise have under the Doha Declaration.

This is unacceptable and we therefore demand that your Administration immediately stop using bilateral pressure to undermine the Declaration on TRIPS and Public Health.

Stop Using AIDS Money to Marginalize Minorities and Undermine Access to Condoms and Reproductive Choices.

As early as mid-2001, your Administration removed all references to condom effectiveness from the US Centers for Disease Control website. Subsequent funding allocations and policy documents render it clear that the Administration views condom promotion as appropriate primarily for so-called high risk groups. In reality, individuals who engage in any kind of sexual activity at any stage of their lives must have the information to protect themselves and their partners and the ability to act on that information through unrestricted access to contraceptives and reproductive choice.

While promoting delayed sexual activity is an important part of life-skills education, this should not be framed in moral judgments concerning marriage or at the expense of condom promotion and distribution, especially to youth. Your Administration refuses to acknowledge the vital importance of access to and information about condoms in the general population and it has been party to unscientific actions and statements questioning the efficacy of condoms, for example removing information on condoms from the website of the US Centers for Disease Control.

You have also taken the extraordinary step of reinstating and extending the Reagan-era Global Gag Rule on family planning organizations, cutting US funding as well as donations of contraceptives when these organizations provide information on abortion to their patients.

We are concerned that current US policy is doing severe damage to pragmatic efforts to reduce the spread of HIV and denying individuals everywhere reproductive choice and therefore call for an immediate cessation of this policy.

Stop Pursuing a Pseudo-Scientific Response to the HIV Epidemic.

Your Administration has placed religious fundamentalist convictions above science, undermining access to and use of condoms, reproductive choices and access to generic medicines. This has led to a critical editorial in the prestigious medical journal *The Lancet* describing US policy on HIV/AIDS as "perhaps one of the best examples of ideology impeding sound public health policy."

While the South African government has been correctly criticized extensively for its unscientific approach to the HIV epidemic (which now seems to be changing slowly), it is your Administration that now champions irrational responses to the epidemic.

We have therefore called for an International Day of Action on 24 June 2004 to say to your Administration: Invest in Health, Not War!

The following organizations have called for the International Day of Action on 24 June.

**Action for Southern Africa (ACTSA), UK
ActUP/Cleveland, USA**

ActUP/New York, USA
ActUP/Philadelphia, USA
Actwid Kongadzem NGO, Cameroon
Advocacy and Monitoring Network on Sustainable Development, Japan
Advocators of Processes of HIV/AIDS Programs, Kenya
Africa Action, USA
Africa Japan Forum, Japan
Alternative Information and Development Centre (AIDC), South Africa
AIDES, France
AIDS Aceso Foundation, Thailand
AIDS Consortium, South Africa
AIDS Law Project, South Africa
AIDS Law Unit, Namibia
AIDS Legal Network, South Africa
AIDS Task Force of Greater Cleveland, USA
L'Alliance des Radios Communautaires (ARCOM), Mali
American Friends Service Committee (AFSC), USA
Artists for a New South Africa (ANSA), USA
Anti-Privatisation Forum, South Africa
Asia Japan Partnership Network for Poverty Reduction, Japan
Association de lutte contre le SIDA, Morocco
Association Espoir et VIE, France
Association Espoir pour Demain, France
Basic Income Grant Coalition (BIG), South Africa
Blue Diamond Society, Nepal
BUKO Pharma-Kampagne, Germany
The Centre AIDS NGO, Zimbabwe
Centre for Health Policy, Systems, Research and Analysis for Development, Mwanza
Children First, South Africa
Childolescent & Family Survival Organization, Nigeria
Common Ground, USA
Community HIV/AIDS Mobilization Project (CHAMP), USA
Egyptian Initiative for Personal Rights, Egypt
European AIDS Treatment Group (EATG), Europe
Feminist Women's Health Centre in Berlin, Germany
Friends of TAC (FoTAC), UK
Friends of TAC (FoTAC), USA
Gay Mens Health Crisis (GMHC), USA
Gays and Lesbians of Zimbabwe (GALZ), Zimbabwe
Georgian Plus Group, Georgia
Global Network of People Living with HIV/AIDS (GNP+)
Global AIDS Alliance, USA
Globalise Resistance, UK
Gruopo Portugues de Activistas sobre Tratamentos (GAT), Portugal
Grupo de Trabajo sobre Tratamientos del VIH/SIDA (gTt), Spain
Health & Development Networks (HDN), Thailand
Health GAP, USA
Healthpartners, Kenya
Hispanasida, Spain

HIV i-Base, UK
Housing Works, Inc., USA
International Community of Women Living with HIV/AIDS (ICW), UK
Intimate Friends Internationa, Cameroon
Living Hope Organization, Nigeria
Liga Jubileu 2000 Angola - LiJuA
Make Art/Stop AIDS, India & USA
MASANGANE Treatment Project, South Africa
MWENGO, Zimbabwe
New Mexico AIDS InfoNet, USA
Network Against AIDS (BSV Pacifist Peace Network), Germany
OneDiaspora Project, USA
Pan African Treatment Access Movement (PATAM), Africa
Paedagogics for Peace, Germany
Plus and Minus Foundation, Bulgaria
Positive Movement Belarus, Belarus
Positive Muslims, South Africa
Progressive Organization of Gays in the Philippines, Philippines
Rape Crisis Cape Town Trust, South Africa
Regional Network for Equality in Health (EQUINET), Zimbabwe
Reproductive Rights Alliance, South Africa
Rural Health Resources, USA
South Africa Development Fund, USA
South African Communist Party (SACP), South Africa
Southern African Contact, Denmark
Soweto Electricity Crisis Committee, South Africa
Student Christian Movement of Germany (ESG), Germany
Thai AIDS Treatment Action Group (TTAG), Thailand
Tanzania Gender Networking Programme (TGNP), Tanzania
Thai Drug Users' Network (TDN), Thailand
Thai Network of People Living with HIV/AIDS (TNP+), Thailand
Thai NGO Coalition on AIDS (TNCA), Thailand
Treatment Action Campaign (TAC), South Africa
Union Aid Abroad (APHEDO), Australia
Universities Allied for Access to Essential Medicines, USA, UK & Canada
Youth Empowered to Succeed (YES), Kenya

Benjamim A. Castello

Chairperson

Jubileu 2000 Angola

Avenida Cmdte Valdia N. 64 - 1 - 12

Bairro Patrice Lumumba

C.P. N. 2052

Luanda - Angola

Tel. (244 2) 44 58 37

Fax (244 2) 35 24 24

Mobile: (244) 92 600 285

E-mail: jubileu2000.ang@angonet.org

bencastello@hotmail.com

Website: www.angonet.org/Jubileu/jubileu.html