

(RED) Spells H. O. P. E.

by

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In analyzing the Africanness or lack thereof of (RED) one would need to initially address the main issue at hand lest we forget – that of the AIDS pandemic one of the most devastating plagues to ever befall mankind in Africa and beyond. The facts are that today of the over thirty-three million people globally living with HIV/AIDS, two out of three of these are Africans living in sub-Saharan Africa. Of the fifteen million children orphaned by this pandemic to date – twelve million of them are children of Africa. In total over fifty million Africans have been infected with HIV/AIDS since reporting began and of these over twenty-two million have died. These are the facts (UNAIDS, 2007).

Of concern to this writer therefore is not how Africa/Africans and (RED) are mutually exclusive as labels but of concern are the lives at stake on my beloved continent. I am a child of Africa who has seen the devastation of AIDS from coast to coast, I have seen mothers and grandmothers helpless as they watched their loved ones die for lack of a cure, I have worked on and participated in research, campaigns, and prevention efforts and have been in remote villages as four people to a bed have consecutively breathed their last for want of a nurse or doctor to provide care. I am also a physician who swore the Hippocratic Oath to keep the good of patients as highest priority – procurement of essential treatment modalities and ensuring accessibility of treatment to prevent needless death thus becomes a prioritized issue.

The world fought to make anti-retroviral (ARV) treatments accessible to those with the greatest need – to Africa the continent with the greatest disease burden on the planet and the least resources, currently less than one percent of global health care spending. Yet as the pharmaceutical giants buckled and the drugs became affordable – we cheered. The question then became how will most Africans ever be able to afford the as little as \$0.40 a day for the pills needed to keep them alive on a continent where approximately seventy percent of the world’s poorest live on less than a dollar a day. Health care services are a basic essential to combating poverty. There can be no economic development without a healthy population. Health, poverty, and economic development are inextricably linked.

“Frictionless capitalism,” “conscience consumers,” “shop until it stops,” “punk rock capitalism,” and “Brand Bono,” call it what you will, (RED) works for me and I dare say for the hundreds of thousands treated in Africa to date. Not just because it has captured the attention of the media, but because the numbers and the lives saved speak for themselves. (RED) money provides access to education, nutrition, counseling, medical services, and the two pills a day that people in Africa need to help stay alive. Discourse on Africa helps too, when *Vanity Fair*’s Africa edition was released, the world sat up and took notice. When Oprah walked down Michigan Avenue with Bono carrying shopping bags, the world paid attention. Africa needs the attention of the world. Whilst much of the world converges into developed economies, Africa continues to fall away and many African countries today are worse off economically than they were forty years ago. A huge part of this is the devastating impact of AIDS on the economically viable population. Africa has a neglected rural majority – the forgotten ones in the remote villages where development tourism has not ventured, where health workers have all but disappeared due to the combined impact of death resulting from AIDS and the brain drain to relatively greener pastures in urban areas. The world’s attention is shifting slowly and people are asking the hard questions of how and why? To influence policy, the voices of the people must be heard.

What Africa needs are solutions, not more theory and rhetoric. These are luxuries that Africa simply cannot afford right now. Critical theory is just that theoretical discourse. This is a time to act and some have chosen that route. (RED) did just that – action towards solutions. What Africa requires is more like (RED) in the marketplace – Westerners, including Americans, shop – let them shop and save lives!

Red was created to engage the private sector and access its marketing prowess and funds in the fight against AIDS in Africa. In less than two years (RED) sales, through partners and events, have generated over \$105 million for the Global Fund; one hundred percent of the contributions from (RED) products go directly to the Global Fund. My understanding is that this money is never sent through (RED). The Global Fund does not take any overhead out of these funds so it is one hundred percent throughput to programs in Africa. (RED) is now funding the entire national ARV program in Swaziland,

a country with the highest HIV prevalence in the world. \$105 million represents twenty times of what the Global Fund was able to raise from businesses in five years and is more than Australia, China, and Russia contribute to the Global Fund. How many lives does that equate to? Can we even begin to put a numerical dollar value on a human life? Even if it were one life saved, I believe that heaven would smile and call us friend.

I have just this week returned from Africa, where I met with people living with HIV/AIDS. Many of these same people a couple of years ago were dying of AIDS related illnesses. This is not theory, but reality; I ate with them, played with them, and rejoiced with them over their newfound lease of life. We prayed together that Africa would be saved and that the continent would reach her majestic potential. I asked them about their journey and the difference they told me was the access they now have to ARV treatment. We talked about the fact that ARV treatment requires a healthy food intake and that the global food crisis is making this difficult, but the overwhelming feeling was that of hope. A few years ago this was unimaginable; ARV treatment was available only to those with money in the western world. Whilst HIV/AIDS became a chronic disease in the West it meant a certain death sentence in Africa and much of Asia. I came back with an addendum to my dictionary; (RED) is not spelled r.e.d. but spells H. O. P. E.

To date almost three million people living with HIV/AIDS have access to ARV treatment and figures released by the Global Fund in June 2008 indicate that sixty percent of these are through Global Fund supported programs. While these numbers are encouraging, they still are insufficient in reaching mid-point Millennium Development Goals. Three million out of over thirty-three million is less than ten percent. Pediatric access to ARV treatment still is rare and uncharted territory. There is much work to do and more funds required.

I disagree that Africans and (RED) consumers are mutually exclusive. As an African, I wear my (RED) t-shirt with pride and have a teen daughter who when asked to wear a red-colored shirt for Valentine's Day at school chose to buy a GAP (RED) t-shirt. She did so because she has been educated about the issues, having visited villages in Zambia and Kenya and seen her peers heading households because their parents died without access to ARV treatment. She wore the GAP (RED) t-shirt with pride knowing that her pocket money would contribute to about two weeks of life for one of her African brothers or sisters. If every child in an American school or college did this, no Africans living with HIV/AIDS would be without ARV treatment and there would be more children like my daughter with living parents and hope for a brighter future – I defy anyone to argue with that.