Excerpt from “Moving Mountains: The Race to Treat Global AIDS,” by Anne-christine d’Adesky (Verso 2004). All rights reserved

MOVING MOUNTAINS

Moving Mountains is about the global challenge to provide HIV treatment and care to people living in resource-poor settings. It examines the feasibility of that effort in light of existing and emerging obstacles that lie ahead for governments and affected communities. Given the complexity of the AIDS epidemic, the challenges are immense. Each step forward reveals a new layer of complexity.
I began my reporting on the global demand for access to AIDS drugs after the 2000 street protests in Durban, which put the issue of global AIDS center-stage in the world’s consciousness – where it has remained. At that time, the question of whether to treat was still being hotly debated. Many skeptics were demanding concrete proof – hard clinical data – that such a monumental project could work. They worried about the negative consequences of failing, of starting to treat then stopping due to lack of funds, and of the possibility of causing an epidemic of drug resistance to occur – something that is on the rise in the US and Western Europe. These remain concerns for some critics, who have openly doubted the ability of Africans and Haitians and other people living in developing countries to manage the rigors of a lifetime of antiretroviral therapy.

The Global Picture: Millions Lacking Treatment
While many people in the United States and Western Europe have had access to AZT and other antiretroviral drugs for fifteen years, these drugs have been too highly priced for the rest of the world. A three-drug HIV regimen costs $10,000 in the US. Compare that with a $5-a-year per capita health budget for citizens in the poorest countries in sub-Saharan Africa, and the treatment gap becomes very clear.
The headlines have been trumpeting these statistics for years now: 25 million already dead of AIDS, 42 million affected with the virus, including 35 million in less-developed countries. By almost any measure – human, social, cultural, economic, financial, political – the scope and impact of the pandemic makes it almost unfathomable, a many-headed Hydra.
Today, the great majority of people living with HIV and AIDS – 28 million – live in sub-Saharan Africa, the world’s poorest region. In some countries – like South Africa, the hardest-hit nation – infection rates top 70 percent among some groups of young women. In Botswana, where 40 percent of adults are affected, adult life expectancy has fallen from seventy-three to thirty-seven years. AIDS has wiped out entire families and villages, and left no sector of society untouched. The epidemic has so depleted the workforce of southern Africa that several countries are headed into negative economic growth due to a decline in productivity.
These are numbing, staggering statistics; the numbers become abstractions. But each one is a life, a member of a family. Whenever it gets too big, I break it down, think of this person I met or that one. With drugs, they could be alive, they could be pulled back from madness or blindness – another symptom of untreated late-stage AIDS.

Scratch the surface and the AIDS access battle reveals a single, ugly motive: profit. That's what has led the big drug companies to charge so much for their drugs, yet block competitors from selling generic alternatives at a fraction of that cost. There are billions to be made. Patents and international trade laws are the instruments used to keep AIDS and other essential medicines from reaching Africa. It's important, then, to see AIDS as not merely a medical or public health issue, but fundamentally a social and political one. That's why AIDS activists adopt the language of human rights and social justice to discuss the access battle.

In truth, the drugs are too costly for many US patients, too, and there are waiting lists on the federal programs that provide these drugs for those who lack insurance. Most people get the drugs through their employee insurance policies, but many don't. HIV causes disability, and that can lead to unemployment. One thread that connects the access issue in rich and poor countries is poverty, which is linked to AIDS and other diseases of the poor like tuberculosis and in Africa and Asia to malaria and sleeping sickness.

Charting The First Steps

This book focuses on the frontline efforts of pioneering groups who established pilot programs in the months following Durban. I wanted to chronicle the first steps – and missteps – of these groups in order to identify some of the key ingredients of their success or failure. By looking at what was happening in rural hospitals and community clinics, in the field, in prisons, in the halls of government, in classrooms, and in the bedroom, I hoped to offer an early litmus test of our collective progress so far.

If the global effort succeeds, it will radically alter what our world will look like in the future. With so many lives hanging in the balance, the most important questions are: How many can be saved? How quickly? For how long? By then, how many more will have contracted the virus? Will the push to treat bolster prevention and vaccine efforts, as hoped? Will it help hard-hit nations to rebuild their basic health infrastructure? To fight other diseases? To reverse the economic devastation wreaked by AIDS? And what about those with HIV? How will poor rural Haitians and Mexicans and Ugandans and others in developing countries manage HIV treatment-for-life? How well will they adhere to simplified regimens? Will we see a global version of what occurred in the US and Western Europe, where ARV drugs quickly cut the AIDS death rate and extended survival to patients?

If treatment-for-life is going to succeed, we need to develop and implement such plans and programs soon to ensure that the initial benefits of therapy are not short-lived. That also means looking squarely at the potential global downside of treatment, not just the miracles. In other words, what if the grand plan fails? Or the big money doesn't fully materialize? Or begins to flow, then is delayed or stopped, as frequently happens when programs rely on outside funding? What if treatment succeeds in some places, but not as well in others (a likely scenario)? How well can any region contain HIV, if the epidemic is poorly controlled in neighboring countries?

Looking Beyond AIDS

As the recent lessons of SARS remind us, viruses know no borders in a world of globalization and fast travel. What occurs in Dar es Salaam can affect what happens in Bangkok or Moscow. Looking ahead, will ever-wily HIV – with its proven ability to

quickly mutate, recombine into new sub-strains, and lie dormant in the body for a lifetime – gain the upper hand and eventually follow the path of other global diseases of the poor like tuberculosis and malaria, and in time become resistant to the current drug arsenal? By then, will new weapons be available in Africa or Haiti?

Looking beyond AIDS to the greater revolution in global health-care and policy, will the gains of the access movement extend to other arenas? Will medicine for life-threatening diseases be removed from the realm of commercial profits? Will the battle over AIDS drugs and patents lead to wider use of generics globally? Will the anti-globalization battle lead to a reconsideration of proposed international forums like the World Trade Organization (WTO) and Free Trade of the Americas Agreement (FTAA), that stand to have a profound effect on our health in the future?

As I crossed the globe, all these questions and more informed my travels. Then and now, what seems most important is to ask a lot of questions, look hard at the numbers, read the plans, note what is and isn't getting included and why; to talk with people with HIV and their family members, with activists and doctors, researchers and policy makers, with health and trade officials, with drug manufacturers on both sides of the drug war – all in an effort to gain insight into this unfolding epic challenge.

Moving Mountains does not aim be a comprehensive survey of the global AIDS epidemic. It looks more narrowly at the myriad challenges – political, social, medical, technical, cultural – to delivering therapy, and to issues related to disease control and the capacity of nations to mobilize their civil societies and health sectors to deliver accelerated access to AIDS medicines.

Each chapter of this book reflects this unfolding story at a particular time and place, offering a multifaceted view of the fast-changing landscape of global treatment. This book opens with the case of Brazil, widely considered the model for a global scaling up of treatment.