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HOUSE OF REPRESENTATIVES

PROOF

Main Committee

PRIVATE MEMBERS' BUSINESS

**Global Fund to Fight AIDS,
Tuberculosis and Malaria**

SPEECH

Monday, 22 November 2010

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

SPEECH

<p>Date Monday, 22 November 2010 Page 84 Questioner Speaker Sidebottom, Sid, MP</p>	<p>Source House Proof Yes Responder Question No.</p>
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Mr SIDEBOTTOM (Braddon) (7.00 pm)—The point of my motion today is to draw member’s attention to the plight of millions of the world’s population, predominantly the poor, who are afflicted by the world’s three main killer diseases, being HIV-AIDS, TB and malaria and what it is that governments can do to save lives and ease suffering. Each year about five million people in the world die from these three diseases: approximately two million from HIV-AIDS, two million from TB and one million from malaria. These figures represent huge personal suffering for family and friends who lose loved ones, as many of us would know from our own experience. To many of those left behind, they also represent a familiar life sentence of poverty, disability, sickness and lost opportunity. The loss of the family breadwinner can mean that the remaining family members have insufficient food and may not be able to afford even the most basic health care and that children, particularly girls, must forego a primary education, something that most would universally acclaim as a basic human right.

In 2000 the United Nations created the Millennium Development Goals, a set of eight goals based on the world’s main development challenges and designed to build a safer, more prosperous and more equitable world. Goal 6 of the MDG specifically aims to halt and reverse the spread of HIV-AIDS and the spread and incidence of TB and other major diseases, including malaria. I am pleased to say that significant progress on this goal has been achieved. In 2000, the number of people dying from HIV-AIDS, TB and malaria was estimated to be six million annually. Today that figure has been reduced—if I can use such a term—to five million annually.

While there have been many governments and international organisations responsible for achieving that reduction, there is one organisation that stands out for its effectiveness in delivering health programs successfully. I refer specifically to the Global Fund to Fight HIV-AIDS, Tuberculosis and Malaria—pandemic nonrespecters of borders, yet all three are easily preventable and treatable. The global fund is the largest multilateral funder of public health programs in developing countries. It was established in 2002 as an international public-private partnership for the purpose of mobilising and intensifying the international response to the global epidemics of HIV-AIDS, tuberculosis and malaria. To the end of 2009 the fund has disbursed nearly US\$10 billion.

The work of the global fund has undoubtedly made a significant contribution to the global reduction in the number of deaths from the three diseases. The fund estimates that its own programs have saved 5.7 million lives since its creation. Indeed, in May 2010, *The Lancet* said, ‘There is no sector of government expenditure that gives a better human return’ than the global fund. The global fund is an international success story that serves as a model for the delivery of international development assistance not only for its effectiveness in saving lives but for the innovative approach it adopts. Financial allocation decisions are technically based and are transparent and there is a high level of civil society involvement in its decision making. On 4 and 5 October this year, donor nations to the fund promised to replenish funding to the fund of US\$11.7 billion over the 2011-13 period.

I am pleased to say that the Australian government increased its 2008-10 commitment of \$145 million to \$210 million. These funds will be a good investment. They will enable the global fund to continue and expand on its existing programs, they will save the lives of millions more people, they will help to keep more people out of the poverty cycle and they will make a significant contribution towards achieving the health goals of the Millennium Development Goals, particularly goal No. 6.

While I do not want to be critical of the international community’s replenishment of the \$11.7 billion US fund, it needs to be acknowledged that, unfortunately, the level of funding promised will not be sufficient. Health advocates estimate that, in order for the global fund to fully realise its objectives, a total of US\$20 billion is required. That is almost double the total amount promised.

Time is fast running out for achieving the Millennium Development Goals by the target date of 2015. It will require more urgent action from the governments of the world, both donors and recipients. I call on members of all parliaments and governments to review their personal and collective commitment to achieving the MDGs and funding their nation’s fair share of the required global funding for the global fund to fight HIV-AIDS, TB and malaria in particular.

It is time to make the achievement of the MDGs an urgent priority, the likes of which were illustrated in the global response to the recent global economic crisis. At the important microlevel of the program and on funding provisions, it is encouraging to note the following. In relation to HIV, by the end of 2009, global fund programs were providing: antiretroviral therapy—or the so-called ART—to 2.5 million people; 1.8 billion male and female condoms; treatment to nearly one million HIV-positive pregnant women to help prevent mother-to-child transmission of HIV; 105 million counselling and testing sessions; and 4.5 million basic care and support services to orphans and other AIDS-vulnerable children.

As regards tuberculosis, six million people who have had active TB were treated, along with \$3.2 billion invested in detecting and treating new smear-positive TB cases in some 112 countries. TB prevalence is declining as are TB mortality rates. Malaria prevention has been greatly aided by the distribution of 104 million insecticide treated nets. A variety of prevention programs have been funded, to the total of \$5.3 billion, covering some 83 countries. Morbidity and mortality rates worldwide due to malaria have declined markedly and, in some cases, by more than 50 per cent in an increasing number of countries. It is estimated that some five million lives have been saved and hope restored for 33 million people living with HIV, the hundreds of millions of people who contracted malaria or who are at risk each year and the 10 million who contract active TB annually.

The global fund is realising the extraordinary vision of its founders, donors and implementers. It has drastically intensified the fight against HIV, TB and malaria, as I mentioned, while contributing to improving health systems in the progress of achieving the MDGs.

Virtual elimination of mother-to-child HIV transmission globally by 2015 can be achieved. Massive scale-up of HIV prevention programs and the provision of ART continues, as I mentioned earlier, although unfortunately universal access to comprehensive and evidence based HIV prevention, treatment, care and support remains distant. As I also mentioned, the prevalence of TB has significantly decreased over the last decade and the international target of halving the prevalence of TB could be met by 2015. Unprecedented coverage with ITNs and effective novel treatments have made great inroads into combating malaria. A rapid scale-up of prevention, treatment, care and support for these three pandemics has meant hope and, as the global funds annual report for 2009-10 testified, has had a positive impact on millions of lives.

The report notes:

Such unprecedented progress would not have been possible without the support of donors and partner organizations.

That is at the heart of the global fund. The report goes on:

In the coming years, continued, substantial increases in long-term financial commitments by donors—

—such as Australia—

—will be needed to consolidate these gains and to reach the MDGs by 2015 and universal coverage of HIV, TB and malaria services. 2010 is the year that should inspire extraordinary commitments from the public and private sectors to safeguard and build upon the already substantial achievements made over the past decade.

I thank Ingrid Smethurst and Ian Sansom of the RESULTS Burnie group for bringing the work of the global fund to my attention as they have and for conducting their public campaign to make us all aware of what is a global issue and a global responsibility.