

Fighting Disease: Are Global Funds Misallocated?

Chana Messinger

Of the many global issues the world faces, one of the most prominent is allocation of the world's resources to fight disease. Three of the eight Millennium Development Goals agreed to by 192 nations and over twenty-three international organizations relate to combating disease and promoting health. These goals, set forth in 2001, are the markers by which the United Nations evaluates progress on important global issues. Unfortunately, policy decisions are not always entirely based on the scientific and statistical evidence available. In fact, there are severe misallocations in the way that limited funds have been used to fight disease. Current policies on AIDS, malaria, diarrhea and other diseases are almost entirely at odds with the way that the money could save the most lives, focusing money and attention on the first, an expensive and as yet unsolved problem, and underfunding and marginalizing the others, which are curable and less costly.

In deciding how much funding to funnel towards a particular disease, one important factor should be fatality. Malaria kills over 1 million people every year, AIDS kills 2 million, and diarrhea causes the death of up to 6 million [1-3]. The numbers are even starker when specifically children are considered, as they should be, given that the fourth millennium development goal relates to child mortality. In Nigeria and Ethiopia, 237,000 people died from AIDS [4]. Over twice

that number of children under five died of pneumonia and diarrhea [5]. Researchers at the Johns Hopkins Bloomberg School of Public Health and the WHO estimate that 10.6 million children die before their fifth birthday worldwide. Diarrhea accounts for 17% of these deaths and malaria for

“ Malaria should receive at least as much fiscal attention as AIDS. This is not the case.”

8%. In fact, diarrhea has been described as the leading cause of death for children. In contrast, AIDS caused the deaths of only 2.5% of these children [8]. It makes sense then, that based solely on the relative preponderance and fatality of the diseases at hand, that diseases such as malaria and diarrhea should receive at least as much fiscal attention as AIDS. This is not the case.

The actions of the United States, the most powerful and wealthy participant in this global summit, are quite telling. In 2008, United States aid, mostly in the form of direct bilateral donations to combat AIDS and HIV, constituted half of the world's funds allocated to this particular problem [6]. Of the United States Agency for International Development's (USAID) total Health budget of \$4.15 billion, 24%, combined, is allocated to fighting infectious disease, child mortality and promoting maternal health. AIDS/HIV, alone, constitutes a 64% slice of the budget, which amounts to over 2.5 million dollars [7]. The President's Emergency Plan for AIDS Relief, created in 2003, gave \$15 billion to fight AIDS, and this amount was increased to \$48 billion when it was renewed earlier this year. To fight malaria, which kills one person every 15 seconds, \$1.2 billion was given in 2005 by USAID, to be spent over a period of five years [8]. An argument might be made for research, given that AIDS has no known cure, whereas the others do. However, only 12% of the US budget for AIDS is allocated specifically to research, undercutting this line of reasoning [9]. Money allocated to combat diarrhea-related illness and pneumonia was not even listed on the USAID site. Those diseases, which are leading causes of death in the developing world, are part of a larger initiative to promote maternal and child health and suppress infectious diseases.

Not only, however, is money not donated in proportion to how deadly a disease is, but also, the costs of prevention and treatment are not being addressed. Treatment of some diseases is, overall, more cost-effective than treatment of other diseases, and so would save more lives per dollar donated. Even if AIDS were responsible for as many deaths as it might appear to be from the amount of money the US apportions against it, the fact remains that AIDS is a much

Disease funding - is it fair? Reproduced from [28]



more expensive disease to treat than are the others. Yet, all the aforementioned diseases – AIDS, diarrhea, pneumonia, malaria – are preventable: AIDS with safe sex practices and drugs for mothers, diarrhea with clean water, pneumonia with vaccines and malaria with drugs and the use of bed nets. Diarrhea requires a one-time investment into clean water and hygienic sewage for any given community, which might be expensive, but could easily recoup its own cost as these simple but effective measures reduced the prevalence of the disease. Vaccines, such as the one for pneumonia, must be distributed on a case-by-case basis, but once it is eliminated from an area, it often never returns, as is clear from the example of the United States. Bed nets are extremely inexpensive, and hugely reduce the rate of malaria if used correctly. But stopping the spread of HIV and AIDS requires continued education, voluntary implementation of safe sexual practices and an intensive drug regimen.



Malaria - 1 million deaths a year. Shouldn't we be doing more? Reproduced from [29]

The treatments themselves put the disconnect between disease fatality and funding for treatment into sharper perspective. Oral Rehydration Salts, the most widely accepted treatment for acute diarrhea, cost 8 cents per person. Pneumonia antibiotics generally cost \$1 a day, and only have to be taken for a few weeks [10]. Malarial drugs are more expensive, about \$4 a day, but a new program has been implemented that combines pressure on drug companies and subsidies to make them cost approximately 5 cents [11]. By comparison, an HIV cocktail in the United States costs thousands of dollars a month. UNAIDS estimates that to treat and care for all Africans infected with HIV/AIDS in a given year would cost \$1.5 billion [12]. Implementing prevention programs and antiretroviral therapy would cost billions more. From a strictly utilitarian perspective, money allocated to fight malaria, pneumonia, diarrhea and other preventable, curable diseases would help and save more

“ Money allocated to combat pneumonia was not even listed on the USAID site ”

people than money given to fight AIDS. As Nigerian President Olesgun Obasanjo noted, “It should be recognized that given the nexus of malaria and HIV/AIDS, it makes no practical sense to spend so much on one while leaving the other underfunded” [13].

There are four main reasons why AIDS is overly emphasized. The first is that it is treated as separate from other diseases. The 2004 annual World Health report from the World Health Organization (WHO) addressed AIDS and the need for a comprehensive strategy to stop and reverse the spread of this pandemic. It asked for expanded treatment, more community involvement and further integration of different sources of knowledge [14]. In order to achieve such a goal, the WHO called on the international community to respond quickly, with money and aid, so as to effectively fight the

disease. The very next year, the annual health report focused on child mortality, noting that almost 11 million children under the age of five die each year [15]. An emphasis on child mortality would necessarily include a focus on AIDS, as this disease kills 270,000 children each year. However, the artificial division created by emphasizing them separately quickly gives rise to allotment of funding that equates one disease, AIDS, with the rest of the illnesses that affect children. AIDS is still extremely important, and needs funding, but these other diseases are being unfairly dismissed. The problem is that, as separate causes, any money donated to combat AIDS is not given to alleviate any other disease and vice versa.

Secondly, societal perspectives on the issues, which often inform political decision-making, seem to be playing a large part. AIDS is at the forefront of the national and global consciousness. Google Trends, for example, a fairly accurate measure of internet-user sentiment, puts searches for “AIDS” and “HIV” at 4 to 10 times more frequent than “malaria”, “pneumonia” or “diarrhea” [16]. Similarly, the New York Times has published almost 6,000 articles dealing with AIDS in the last 27 years, with articles on the subject of diarrhea numbering just 48 [17]. The reasons are varied. Tropical diseases have been a part of the human condition for hundreds of years, whereas the first known cases of AIDS were discovered in 1981. Another aspect of popular pressure is the fact that AIDS is still a problem in the US, whereas the other diseases mentioned are not, and furthermore, while the tropical diseases mostly affect children, AIDS is widespread across the age spectrum, and in fact mostly affects people of prime working and child-bearing age [18].

Thirdly, lobbyists fighting for more funding for AIDS appear to have been hugely successful. As Philip Lee, University of California at San Francisco professor of social medicine says on the subject, “The system is a political process” [19]. There is not one AIDS lobby, but rather multiple organizations that have formed powerful coalitions, such as National Organizations Responding to AIDS, which has over 170 member organizations [20]. They even have specific lobby

days in Congress, which are May 24 through June 3 [21]. Just last year, in Massachusetts, over 500 people lobbied their state Congress for the yearly AIDS Lobby Day on behalf

“ Popular opinion is a major factor in the way money is allocated to combat disease ”

of Project AIDS Budget Legislative Effort (ABLE) [22]. The AIDS Action Council claims to have successfully helped in the reauthorization of the CARE Act and attained agreement in House of Representatives for removing a ban on funding of syringe exchange programs in Washington, DC. Their mission involves “advocacy on a national level” and they profess to have assisted in implementing important public health policies in the United States [23]. A centralized source of information on South African NGOs called NGO pulse runs a class called the Advanced HIV and AIDS Lobbying and Advocacy Course [24]. This is but one example, but it is indicative of a broader trend. There is no malaria lobby, pneumonia lobby or diarrhea lobby; such lobbies simply do not exist.

All such causes are in desperate need of funds, and charitable policies of any kind should be encouraged as much as possible. At the same time, there is also the matter of responsible giving. Good intentions are not enough. Political decisions, even if made in the name of doing good for people around the world, generally ought to be done on the basis of good evidence. When money is given with as much thought to the status of the cause as the help that is needed, there is a substitution of opinion for fact. Ezekiel Emanuel, a bioethicist, calls the ignored issues “mundane but deadly diseases,” emphasizing not only the danger of these illnesses but also the effect that social approval has on

the attention and support they receive [25]. Philanthropists are free to distribute their monies as they wish, but the federal government of the United States must be held to a higher standard. Obasanjo’s message, given in the year 2000 at a world summit on malaria is still relevant. As he said, “Africans have consistently put it to the world that malaria is the number one health problem. When recognition of the HIV / AIDS virus came to the fore, Africans continued with their message that malaria was still killing more people. But we went unheeded” [26].

It seems to be a fact that popular opinion is a major factor in the way money is allocated to combat disease, one that is perhaps stronger than how the money can be used to save the most lives. The future of change in this area is the molding of public opinion to make underfunded diseases as well known as those such as AIDS. People who feel that these other, ignored, diseases need more attention and funding are likely to create organizations dedicated solely to one of these problems. This focus demonstrates the importance of each particular illness. Then, coalitions can form and eventually give rise to lobbies, which can affect political decisions. More importantly, the rise of organizations in relation to one disease, for example, malaria, should work to raise awareness and disseminate important information. In this way, it will become part of the national consciousness and relevant evidence, such as that found in this article, will become common knowledge among both the public and politicians. These strategies have been used successfully by those concerned, rightfully, about AIDS, and they can be appropriated for use to fight other diseases. When all of the causes are equally well-known, then the relative importance and opportunity costs will be brought into question and funds may be allocated more fairly. ■

Chana Messinger is an undergraduate at University of Chicago.

References

1. NIAID Malaria Research Program. “National Institute of Allergy and Infectious Disease. October 30, 2009. <http://www3.niaid.nih.gov/topics/Malaria/>
2. “Global HIV / AIDS estimates.” AVERT. January, 2008. <http://www.avert.org/worldstats.htm>
3. “Deaths from Diarrhea.” Wrong Diagnosis. January, 2005. <http://www.wrongdiagnosis.com/d/diarrhea/deaths.htm>
4. “Global HIV / AIDS estimates.” AVERT. January, 2008. <http://www.avert.org/worldstats.htm>
5. Dugger, Cecilia. “As Donors Focus on AIDS, Child Illnesses Languish.” New York Times. October 29, 2009. http://www.nytimes.com/2009/10/30/world/30child.html?_r=2&sc=1&sq=AIDS childhood mortality&st=cse
6. “Report on funding for AIDS by G8 countries and other major donors.” Kaiser Family Foundation & UNAIDS. July, 13, 2009. http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2009/20090708_kaiser_G8.asp
7. “Funding.” USAID. November 20, 2009. http://www.usaid.gov/our_work/global_health/pop/funding/index.html
8. “AIDS funding from national governments.” AVERT. November 19, 2009. <http://www.avert.org/aids-funding.htm>
9. U.S. Federal Funding for HIV / AIDS: The FY 2007 Budget Request. February, 2006. <http://74.125.95.132/search?q=cache:Phsd8QOPH18J:www.kff.org/hivaids/upload/7029-03.pdf+AIDS+funding+us+research&cd=1&hl=en&ct=clnk&gl=us&client=firefox-a>
10. “Pneumonia Treatments and Drugs.” Mayo Clinic. May 9, 2009. <http://www.mayoclinic.com/health/pneumonia/DS00135/DSECTION=treatments-and-drugs>
11. McNeil, Donald. “Plan Tries to Lower Malaria Drug Cost.” New York Times. April 17, 2009. <http://www.nytimes.com/2009/04/17/health/18malaria.html>
12. Hernandez, Julia. “The High Cost of AIDS Drugs in Africa.” July 23, 2001. <http://www.law.uh.edu/healthlaw/perspectives/HIVAIDS/010723.html>
13. “Africa-malaria-funding: One billion dollars a year needed on malaria: summit.” Agence France-Press. April 25, 2000. <http://www.aegis.com/NEWS/AFP/2000/AF000477.html>
14. “Annual World Health Organization Report: 2004.” World Health

15. “Annual World Health Organization Report: 2005.” World Health Organization. January, 2006. <http://www.who.int/whr/2005/en/>
16. “Google Trends.” Google Trends. November 20, 2009. <http://www.google.com/trends?q=AIDS%2C+HIV%2C+malaria%2C+pneumonia%2C+diarrhea>
17. “Diseases, Conditions, and Health Topics.” New York Times. January 24, 2010. <http://topics.nytimes.com/topics/news/health/diseasesconditionsandhealthtopics/aids/index.html?s=oldest&>
18. “AIDS & HIV Statistics for the USA by Race and Age.” AVERT. January 24, 2010. <http://www.avert.org/usa-race-age.htm>
19. Thompson, Dick. “The AIDS Political Machine.” Time Magazine. January 22, 1990. <http://www.time.com/time/magazine/article/0,9171,969229-2,00.html>
20. “National Organizations Responding to AIDS.” NORA. <http://www.aidsaction.org/legislation/nora.htm>
21. “National AIDS Lobby Days.” AIDS.org. <http://www.aids.org/atn/a-126-03.html>
22. Jacobs, Ethan. “As funding cuts take toll, AIDS lobby day brings huge crowd to State House.” AIDS Education Global Information System. February 5, 2009. <http://www.aegis.com/news/bayw/2009/BY090201.html>
23. “About AIDS Action.” AIDS Action. <http://www.aidsaction.org/about-aids-action-mainmenu-187>
24. “RECAPIP: Advanced HIV and AIDS Lobbying and Advocacy Course.” NGO Pulse. December 3, 2008. <http://www.ngopulse.org/event/recapip-advanced-hiv-and-aids-lobbying-and-advocacy-course>
25. “Google Trends.” Google Trends. November 20, 2009. <http://www.google.com/trends?q=AIDS%2C+HIV%2C+malaria%2C+pneumonia%2C+diarrhea>
26. Dugger, Cecilia. “As Donors Focus on AIDS, Child Illnesses Languish.” New York Times. October 29, 2009.
27. “Africa-malaria-funding: One billion dollars a year needed on malaria: summit.” Agence France-Press. April 25, 2000. <http://www.aegis.com/NEWS/AFP/2000/AF000477.html>
28. CC- BY-NC, Wellcome Images, N0019877. <http://images.wellcome.ac.uk/>
29. PD, Michigan State-Gov. Available from: http://www.michigan.gov/images/mosquito_65147_7.jpg