



Opportunity 2008: the Presidential Candidates and U.S. Policies to Fight HIV/AIDS in Africa and Worldwide

(Updated December 2007)

The HIV/AIDS pandemic is the greatest global threat in the world today. Africa is ground zero of the crisis – home to over two-thirds of those living with HIV/AIDS worldwide. Africa’s HIV/AIDS crisis is the direct result of centuries of global injustice. Now, African efforts to defeat HIV/AIDS are hindered by insufficient resources and by U.S. and international policies that restrict access to essential treatment and comprehensive health care. The rapidly approaching November 2008 elections represent a tremendous opportunity to change this frustrating reality. The next U.S. President must make the fight against HIV/AIDS a priority in his or her administration.

It is critical that the United States lead the way for other nations and international partners to reinvigorate their efforts to respond to the HIV/AIDS crisis. Along with hundreds of other organizations and experts worldwide, Africa Action endorses the [“Presidential Pledge for Leadership on Global AIDS”](#) – a 10-point plan for the next American president. We urge all the 2008 candidates to commit to these recommendations in order to seriously address this urgent challenge. While the full 08.STOP.AIDS platform is available [here](#), the program asks the next President of the United States to:

- Keep the promise of universal global access to treatment, care and comprehensive prevention measures by providing at least \$50 billion by 2013 for global HIV/AIDS programs and committing the U.S. fair share of the budget of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Current levels of U.S. support do not come close to reflecting this country’s status as the wealthiest nation in the world. The United States should lead the way for all countries to contribute equitably to this initiative according to their share of the global economy.
- Direct at least an additional 1% of the U.S. budget to fight global poverty.
- Address global shortages of public health workers.
- Support trade policies that protect and expand access to generic drugs.
- Integrate gender awareness and sexual and reproductive health services with HIV/AIDS programs.
- Drop 100% of the most impoverished countries’ illegitimate debt

Although U.S. leadership and international support are essential to this struggle, such efforts must be made in partnership with Africans governments and civil society towards common goals. We support the commitment of African governments to [devote 15% of their annual national budgets to public health spending](#) and lend our solidarity to the efforts of African civil society organizations fighting HIV/AIDS.

Some steps forward have been made to address this crisis – for a recent overview, see [Africa Action’s Statement on U.S. HIV/AIDS Policy Progress](#). As a whole, however, the response of the international

community remains tragically inadequate. This nonpartisan resource provides information on the positions of each of the leading candidates from both parties. We urge all candidates to make this issue a key part of their campaign platforms. Advocates may use this resource when addressing candidates on the campaign trail.

Africa Action does not endorse any particular candidate. The HIV/AIDS crisis is an issue that transcends ideological or partisan boundaries. It is the moral and ethical obligation of the next president of the United States to be a leader in the fight against HIV/AIDS. Every candidate's campaign should reflect the urgency of responding to this global crisis.

This resources covers the following candidates:

Hillary Clinton
John Edwards
Rudolph Giuliani
Mike Huckabee

John McCain
Barack Obama
Bill Richardson
Mitt Romney

Hillary Clinton

Signed [Presidential Plan for Leadership on Global AIDS?](#) – YES

Has a formal global HIV/AIDS plan? – YES

Available here: <http://www.hillaryclinton.com/news/release/view/?id=4392>

In her own words:

“I support efforts to **increase our contributions to the Global Fund** to Fight AIDS, Tuberculosis and Malaria, which reaches millions of individuals in Africa. We must make good on our promises, and increase support for programs that help people affected by AIDS.” (December 2006)

“Twenty-five years into the epidemic, we know that we are falling short of our commitment to ensure that people have the information needed to allow them to protect themselves from this epidemic. We must ensure that our young people around the world have **access to scientifically-based information about HIV** and ways to prevent infection.” (June 2006)

“**Education is health care**, because accurate information about AIDS and HIV saves lives. Education is economics, because there is a straight path from a good school to a good job. Of course, we should also help Africa with proven economic-development strategies and with building health systems to support now affordable treatment for HIV/AIDS. But with universal education, Africans will soon work themselves out of extreme poverty.”(July 2007)

“**If HIV/AIDS was the leading cause of death of white women between the age of 25 and 34, there would be an outraged outcry in this country.**” (June 2007)

Where she stands:

[Senator Clinton's plan to fight global HIV/AIDS](#) reflects almost all of the goals of the 08.STOP.AIDS policy proposals. The summary below is taken directly from her website:

Fight HIV/AIDS Globally by:

- Providing at Least \$50 Billion for Global HIV/AIDS by 2013;
- Ensuring Universal Access to Treatment and Care;
- Committing to Access to Medications for All;
- Expanding Prevention Efforts and Targeted Outreach;
- Championing Universal Basic Education as a "Social Vaccine" to Combat HIV/AIDS;
- Increasing Flexibility and Improving Accountability in Use of HIV/AIDS Funds;
- Addressing the Disproportionate Impact of HIV Among Women; and
- Helping Children Gain Access to Treatment and Care.

The global component of Clinton's HIV/AIDS plan fits into her [global development agenda](#) that she unveiled for World AIDS Day 2007. Beyond fighting HIV/AIDS, this plan commits her to

- Ending all Deaths from Malaria in Africa;
- U.S. Leadership in Achieving a Free Basic Education for All;
- Expanding Women's Opportunities as a Tool for Development;
- Improving Health and Opportunity for the World's Children;
- Eliminating the Debts of the World's Poorest Countries;
- Maximizing the Impact of Development Assistance.

Senator Clinton's has a strong record of supporting comprehensive domestic HIV/AIDS programs and US international efforts, and her . Both for the U.S. and globally, she advocates an approach that ties together prevention, testing and antiretroviral treatment policies with a critical understanding of the gender dynamics of the pandemic. She has been critical of the President's Emergency Plan for AIDS Relief (PEPFAR), protesting its earmark for abstinence-until-marriage funding and its lack of gender sensitivity.

In the Senate, Clinton sponsored the [Education for All Act](#), a bill that would give \$10 billion to developing countries over 5 years to promote global basic education, as a means of fighting poverty. Senator Clinton emphasizes that effective HIV/AIDS programs must function within the broader context of fighting poverty through public health education and building healthcare capacity. Clinton has stated that she would be willing to direct an additional 1% of the U.S. budget to fight global poverty.

Questions for the candidate:

Senator Clinton, thank you for signing the 2008 Presidential Pledge for Leadership on Global AIDS, and for putting forward a plan to address this global pandemic.

You have been a strong advocate for expanded access to health care in the United States, and the U.S. will need to increase the annual number of medical school graduates by at least 5,000 over the next 20 years. Africa faces a shortage of 1.5 million nurses and doctors.

- **If elected, how specifically would you achieve the goal of strengthening African public health systems in order to achieve the minimum health workforce densities of 2.3 doctors and nurses per 1000 residents and fight the global brain drain?**

Your global development platform states that you will expand the Heavily Indebted Poor Countries (or HIPC) Initiative to further eliminate the burden of debt faced by poor countries. The HIPC program imposes unfair and overly rigid economic conditions on the country whose debt is being eliminated that prevent the poor country in question from using its new fiscal space to increase spending on healthcare and education. .

- **Would you be willing to support more comprehensive debt cancellation legislation, such as the Jubilee Act currently in both houses of Congress, which expands debt cancellation without harmful economic conditions?**
-

John Edwards

Signed [Presidential Plan for Leadership on Global AIDS](#)? – YES

Has a formal global HIV/AIDS plan? – YES

Available here: <http://johnedwards.com/issues/health-care/hiv-aids/>

In his own words:

“The fight against global AIDS is a moral imperative for the world and a security imperative for the United States. As a senator, I have been proud to fight for greater funding of the battle against AIDS. President Bush has promised to fund the battle against global AIDS, but his actions have not lived up to his words. **I will make this fight one of America's top priorities.**” (December 2003)

“The problems of Africa are both a moral challenge and a threat to our security. We cannot be safe alongside countries torn apart by AIDS, other diseases, and extreme poverty. **I will work with drug companies to share AIDS drugs across Africa.**” (July 2007)

“The loss from HIV/AIDS is almost beyond understanding. This is a fight for people’s lives. **We have a moral imperative to do much more, and do it much better.**” (From campaign website)

Where he stands:

[Former Senator Edwards’ platform to fight HIV/AIDS](#) strongly reflects the 08.STOP.AIDS policy proposals. The points below summarize his plan as laid out on his website.

Fight HIV/AIDS Around the World by:

- Providing Universal Access to Treatment Globally
- Using Trade Policy to Save Lives
- Expanding the Role of Multilateral Organizations
- Rescinding the Global Gag Rule
- Creating a Cabinet-Level Post on Global Poverty
- Promoting Women's Rights and Universal Education
- Supporting Debt Cancellation

Edwards has vigorously criticized the Bush Administration for failing to follow through on promises in terms of funding and commitment. He has pledged \$5 billion to invest in microfinance and education programs, including programs dealing with HIV/AIDS. Treatment drugs and comprehensive prevention measures including efforts to stop mother-to-child transmission are emphasized in the former Senator's statements on the issue. His platform on global HIV/AIDS also includes substantial increases in funding for the National Institutes of Health and the National Science Foundation.

Edwards says that he would build on the President's Plan for Emergency AIDS Relief (PEPFAR) through public-private partnerships to achieve universal access to prevention measures and ARVs by 2013. In June 2007 at the Take Back America conference he committed to the 08.STOP.AIDS funding benchmark of \$50 billion by 2013, a stance he has reiterated again as he has expressed his support for the [Presidential Plan for Leadership on Global AIDS](#). Edwards has promised to rescind the global gag rule and other current restrictions to comprehensive sex education and HIV/AIDS prevention measures. He says he would back up his commitment to making the fight against HIV/AIDS a priority by creating a cabinet level senior advisor for global poverty who would deal with the issue.

Questions for the candidate:

Senator Edwards, thank you for signing the 2008 Presidential Pledge for Leadership on Global AIDS and for putting forward a plan to address this global pandemic.

Many African governments are unable to provide critical prevention, care or treatment services to HIV/AIDS affected populations because their budgets are tied up servicing illegitimate debt accrued by corrupt former governments who borrowed money from complicit international creditors. Thank you for your commitment to cancel U.S. bilateral debt to the world's poorest countries if elected President.

- **What steps would you take to eliminate the illegitimate debt to the international financial institutions (IFIs) that prevents African governments from effectively employing foreign assistance and domestic resources to fight the pandemic?**

Beyond just trade barriers that limit access to affordable medicines, African countries face growing shortages of doctors, nurses and public health personnel. The World Health Organization lists 2.3 doctors and nurses per 1000 people as the minimum staffing necessary to provide even basic health care under normal circumstances. At this level, Africa suffers a deficit of around 1.5 millions MDs and nurses. This situation is exacerbated by the migration of health personnel from Africa to the U.S. or other wealthy countries.

What new resources and strategies would you commit to address Africa's health worker crisis and fight this brain drain in order to follow through on your plan to provide universal access to treatment?

Rudolph Giuliani

Signed [Presidential Plan for Leadership on Global AIDS](#)? – **NO**

Has a formal global HIV/AIDS plan? – **NO**

In his own words:

“More Americans need to see how helping Africa today will help to create a world of increased peace and decency tomorrow. That's why the next president needs to continue and expand the administration's effort to help Africa overcome AIDS. **But the most important thing we can do to help Africa build a better future is not just increase aid but increase trade.** Increasing U.S. aid to Africa is important, but giving aid without conditions for reform perpetuates bad policies and poverty. Ultimately, it's better to give people a hand-up rather than a handout.” (July 2007)

[On the President's Emergency Plan for AIDS Relief, or PEPFAR]:“I would continue and if necessary expand it. . . **What we're really trying to do is help Africa get to the point where the African countries can take care of this problem themselves.** . . There's nothing better than trying to help to make people self-sufficient, and aid helps them get through crisis, but then trade helps them to self-sufficiency.” (November 2007)

“More people in the United States need to understand how helping Africa today will help increase peace and decency throughout the world tomorrow. **The next president should continue the Bush administration's effort to help Africa overcome AIDS and malaria.**” (September 2007)

Where he stands:

Giuliani supports PEPFAR, as well as existing U.S. programs to train African health workers, and he is in favor of “dramatically” increasing trade with Africa rather than promoting development assistance. Giuliani stated that as the wealthiest country in the world, the U.S. should be a global leader in the fight against malaria and HIV/AIDS in Africa, but he has not commented on specific plans to address the pandemic. When referencing U.S. foreign policy towards Africa, he has usually argued that international development must be a part of national security and counter-terrorism strategy.

Despite Giuliani's lack of concrete public statements on the issue, his choice of policy advisors may indicate what U.S. global HIV/AIDS policy would look like under his administration. Sally Pipes, CEO and president of a free-market think tank partially funded by major pharmaceutical companies, has been deeply critical of developing countries' right to access cheaper generic drugs, including antiretrovirals (ARVs) to fight HIV. Paul Singer, a key fundraiser and foreign policy advisor to Giuliani, leads the hedge fund Elliot Associates, a pioneer in the emerging field of ruthless vulture funds. Singer has been unapologetic for his profit at the expense of poor countries like Elliot Associates' recent target Republic of Congo (Brazzaville). Were Giuliani to be elected, the views and backgrounds of these advisors might influence him to reduce access in developing countries to generic ARVs and ignore the illegitimate burdens of African debt.

During his first campaign for mayor in 1989, Giuliani said “A prosecutor cannot ease crushing poverty or end homelessness or treat drug addicts or help people with AIDS. But a mayor can. And a mayor must.” Despite this, as Mayor of New York City, Giuliani had a hostile relationship with the HIV/AIDS advocacy community and repeatedly opposed expanding treatment programs, at one point proposing a \$2.6 million cut in funding for fighting HIV/AIDS in minority communities.

In 1999, New York City's Court of Appeals ruled that his administration had created illegal barriers for people with HIV/AIDS to acquire public assistance. In 2000, he redirected \$25 million worth of federal money away from housing assistance for this population. In 2005, the city agreed to pay a \$4.8 million settlement to a New York-based HIV/AIDS advocacy/service provider group who sued Giuliani's

administration for illegally cutting their funding due to political motives.

Questions for the candidate:

As mayor of New York, you developed an adversarial relationship with the HIV/AIDS affected community and decreased support for social services provided to this population.

- **As president, what would you do differently to support the economically and socially marginalized communities living with HIV/AIDS in Africa and the U.S.?**

Effective transparent governance by African leaders is a critical component of effective public health programs. The human resources capacity of Africa, however, is in crisis, impeding local leadership and sustainable responses to HIV/AIDS. The region suffers a deficit of about 1.5 million doctors and nurses, which is exacerbated by the migration of health workers to the U.S. and other rich nations.

- **Would you be willing to commit new resources to develop Africa's health worker capacity and stop the global brain drain?**

As you state, increased trade is a necessary component to Africa's development. One trade area in dire need of reform is market access for Africans to the lifesaving antiretroviral drugs (ARVs) available in the U.S. Two thirds of Africans who need it lack access to these treatment measures, and are dying daily as a result. Given the poverty of many affected communities and the high cost of brand-name medication, cheaper generic drugs are a sensible and necessary option to close this access gap

- **What steps would you take to ensure that the over 3.6 million Africans in need of lifesaving ARV therapy have affordable access to these drugs?**

The strong leadership during crisis that you demonstrated as Mayor of New York during September 11 has been cited as one of your best qualifications for the office of president. HIV/AIDS is the greatest human crisis present in the world today, and demands bold leadership from the U.S.

Would you be willing to propel the U.S. into a global leadership role by committing the \$50 billion by 2013 that experts agree will be necessary to fulfill the promise the U.S. made in 2005 of universal access to HIV/AIDS treatment, care and prevention programs?

Mike Huckabee

Signed [Presidential Plan for Leadership on Global AIDS?](#) – **NO**

Has a formal global HIV/AIDS plan? – **NO**

In his own words:

“If the federal government is truly serious about doing something with the AIDS virus, we need to take steps that would isolate the carriers of this plague. It is difficult to understand the public policy towards AIDS. It is the first time in the history of civilization in which the carriers of a genuine plague have not been isolated from the general population, and in which this deadly disease for which there is no

cure is being treated as a civil rights issue instead of the true health crisis it represents” (Response to an Associated Press Survey from Huckabee’s failed 1992 Senate campaign. As of December 2007, he refused to recant these remarks.)

“I’ve been a little reluctant to think that condoms alone are the most effective way [to fight HIV/AIDS in Africa]. It certainly is more effective than not having them. But I think helping people understand that condoms do have a failure rate, and they are not one hundred percent successful [is important]. **And it gives some people a false sense of security thinking that they can still live dangerously and recklessly and that that’s going to be a fail safe protection when obviously it’s not.”** (September 2007)

“Our first priority has to be to our own citizens, to their safety and security. Most of the time foreign aid represents a very small portion of expenditure, but it should be limited to purely humanitarian efforts. **We should not be made to feel responsible for building the infrastructure of other nations when the infrastructure of our own nation is choking.**...I would be hesitant to say that we have spent too much time being concerned on what is going on abroad, because that does have an impact on us. But I think we have not spent enough time thinking about our own nation and its strength.” (April 2007)

“...There is some maturing and a seasoning within the evangelical world. Many of us, including me, believe that we’ve got to address the issues that affect the poor... **We have to deal with issues like poverty and AIDS, and if we don’t deal with those issues we’re really not even being true to our own Christian calling.**” (October 2007)

“[on HIV/AIDS in the U.S] This disease is especially devastating in our minority communities, which account for two of every three new cases . . . The rate of infection is ten times as high for African-Americans as for whites, and three times as high for Latinos. **Ending this disparity must be one of our top goals.**” (November 2007)

“I am proud that the United States has led the global battle against HIV/AIDS. **We have both a strategic interest** as the world’s only superpower **and a moral obligation** as the world’s richest country to continue to do so until this scourge is a memory.” (November 2007)

Where he stands:

Governor Huckabee has yet to release a formal plan to address the global HIV/AIDS, but in recent months he has begun to comment more specifically on his priorities for U.S. leadership. He supports President Bush’s funding figure of \$30 million over the next five years for the President’s Emergency Plan for AIDS Relief (PEPFAR). Huckabee also stated he would increase the U.S. contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria, with the aim of achieving universal access to prevention, treatment and care as part of the Millenium Development Goals. A strong message of moral responsibility grounded in faith and sensitivity to racial disparities in the U.S. tend to characterize the candidate’s statements on the pandemic.

While he was Governor of Arkansas, Huckabee was a strong supporter of abstinence before marriage rather than comprehensive sexual education programs, and during his tenure, condom usage among sexually active female high school students in Arkansas dropped by twenty-five percent. In response to a question about whether or not he would expand the President’s Emergency Plan for AIDS Relief (PEPFAR) to include condom distribution, Huckabee reiterated his support for abstinence programs.

During an October 2007 campaign visit, Huckabee compared safe sex to domestic violence and drunk driving using the following logic: “If we’re consistent in saying reckless behavior is undesirable, we should ask people to move their behavior to the standard and not move the standard to the behavior.” This stringent approach to the role of choice in the issue reflects the tough attitude of comments Huckabee made in 1992 in which he argued that people living with HIV should be isolated from the general population.

Questions for the candidate:

Governor Huckabee, as a person of faith, you’ve talked a lot on the campaign trail about the importance of reaching out to African-Americans and other populations who have been disproportionately impacted by poverty and health crises. Two recently issued reports confirm that the HIV/AIDS pandemic is concentrated on communities of color. A study in Washington, DC, the city with the highest percentage of HIV in the nation, shows that almost nine out of ten people living with HIV in Washington is Black, and new statistics from UNAIDS and the World Health Organization show that Africa is still the epicenter of the global pandemic.

- **Will you demonstrate your commitment to serving those most in need by putting forward a plan describing your vision of U.S. leadership to fight HIV/AIDS in this country and around the world?**

Public health experts agree that to effectively prevent the spread of HIV, the best approach is to integrate programs that encourage abstinence and being faithful to one’s partner as well as distributing condoms (often referred to as the ABCs approach). Many groups, including the nonpartisan Government Accountability Office (GAO) have criticized the current U.S. global HIV/AIDS policy for limiting the flexibility of local partners in international communities because of an earmark in the legislation that limits funding to programs that promote condom use, even if they also teach abstinence.

- **Would you be willing to expand U.S. global HIV/AIDS programs to promote comprehensive prevention efforts that include all the ABCs of HIV prevention and allow local partners to work efficiently to address the needs of their communities?**

In 2005, the U.S. promised to support universal access to HIV/AIDS treatment, care, and prevention programs by the year 2010. Experts agree that this support would require a U.S. commitment of \$50 billion by 2013, while providing \$30 billion over that same period would flat line funding and fall behind expanding demand for treatment.

- **Would you commit to provide the necessary \$50 billion over the next 5 years to fulfill the United States’ pledge to support universal access?**

John McCain

Signed [Presidential Plan for Leadership on Global AIDS?](#) – **NO**

Has a formal global HIV/AIDS plan? – **NO**

In his own words:

“The spread of HIV/AIDS, and the efforts of the international community to combat it, will be remembered by history as one of the defining issues of our time. **The ethical implications of not doing everything in our power to slow the spread of this disease are severe.** The most basic morality requires that we commit ourselves to combating HIV/AIDS everywhere.” (May 2003)

“Fighting disease and extreme poverty in Africa is in America's strategic and moral interests. **If elected, I will fund AIDS treatment and prevention at levels befitting a wealthy and great nation, and establish a goal of eradicating malaria—the number one killer of African children under five—from the continent.** I would link other forms of aid to good governance and economic reform, because no amount of assistance can succeed when governments fail their people.” (July 2007)

Reporter: **“Should U.S. taxpayer money go to places like Africa to fund contraception to prevent AIDS?”**

Senator McCain: **“I haven’t thought about it.** Before I give you an answer, let me think about it. Let me think about it a little bit because I never got a question about it before. I don’t know if I would use taxpayers’ money for it.” (May 2007)

“I’m proud of the commitment that this administration has made to combat HIV/AIDS. . . and I would continue the present administration’s policy. . . . In my view, it’s not so much a matter of money, which I would be glad to commit to, but I do not want to commit money to a country that’s so corrupt in its government that the money won’t be used to combat the problems that it’s intended to address. ” (November 2007)

Where he stands:

Senator McCain has been a vocal supporter of the President’s Emergency Plan for AIDS Relief (PEPFAR), and has repeatedly stated that the funding levels articulated by President Bush would constitute the starting point for his approach to fighting global HIV/AIDS. He stresses the importance of transparent governance and market-based economic reform, and argues that corruption is one of the biggest obstacles to successful aid policies. Senator McCain supports expanding African access to international markets. Along with debt relief and investment in health infrastructure, he sees expanded export access as key to unlocking Africa’s “entrepreneurial perspective” and developing sustainable solutions.

McCain touts Uganda as a continuing African success story in the struggle against HIV/AIDS, despite the recent backsliding that has occurred there as a result of earmarked PEPFAR funding that limits comprehensive prevention programs. He voted in the Senate against expanding HIV/AIDS funding in 2005, Senator McCain supports abstinence-until marriage domestic sex education and HIV/AIDS prevention programs, but has been unclear on his stance on funding for comprehensive prevention programs abroad, as the statement above reflects. The Senator has advocated for the creation of a “League of Democracies” to replace the UN and ‘join the fight’ against HIV/AIDS in Africa and globally.

Questions for the candidate:

While PEPFAR is important legislation that has improved the lives of some Africans with HIV/AIDS, strong support for this legislation does not equate to a committed stance to fight global HIV/AIDS. The

renewal of PEPFAR at flat funding levels as suggested by the Bush administration would not keep pace with the spread of the pandemic. In addition, funding earmarks in PEPFAR for abstinence-until marriage policies limit the effectiveness of prevention programs and the flexibility of local partners on the ground to meet the needs of their communities.

- **In addition to unilateral efforts like PEPFAR, would you be willing to step up U.S. support so that we provide our fair share of contributions to the Global Fund to fight AIDS, Tuberculosis and Malaria, a proven effective program?**

In March 2007, you were asked by a reporter in Iowa about your support for comprehensive HIV/AIDS prevention programs. You responded “I haven’t thought about it.” In order to take seriously your resolve to make this country a leader in the fight against HIV/AIDS in Africa and globally, you need to present concrete proposals of what steps you would take. At the 2005 G8 Summit, the U.S. made a commitment to support universal access to HIV/AIDS treatment, prevention and care by 2010.

- **Would you be willing to follow the consensus of public health experts and provide the \$50 billion over the next five years necessary to follow through on this promise of universal access?**

Good governance, transparency and anti-corruption efforts are all important components of effective development strategies and public health programs. Yet many African countries are unable to make effective use of the assistance they receive because they are trapped servicing the foreign debt accrued by past dictators. The international creditors who knowingly loaned funds to these corrupt regimes share responsibility for this situation. African governments have committed to spending 15% of their national budgets on health services.

Would you be willing to put African countries on a path to fiscal independence by eliminating the illegitimate debt that cripples healthcare in Africa?

Barack Obama

Signed [Presidential Plan for Leadership on Global AIDS?](#) – YES

Has a formal global HIV/AIDS plan? – YES

Available here: <http://nationalaidsstrategy.org/OBAMAFactSheetAIDS.pdf>

In his own words:

“We have made tremendous strides in medical treatment for individuals infected with HIV/AIDS. But this **treatment comes with a price tag that is unsustainable . . .** We are not able to treat all of those currently infected let alone this exponentially growing number of individuals who will need treatment down the line. Universal treatment today would cost roughly \$7 billion. Given that we only fund PEPFAR and the Global Fund at \$2 billion, that \$7 billion price tag, which is only going to grow, appears rather daunting.” (March 2007)

“When you go to places like Africa and you see this problem up close, you realize that it's not a question

of either treatment or prevention - or even what kind of prevention - it is all of the above. It is not an issue of either science or values - it is both. Yes, there must be more money spent on this disease. But there must also be a change in hearts and minds; in cultures and attitudes. **Neither philanthropist nor scientist; neither government nor church, can solve this problem on their own** - AIDS must be an all-hands-on-deck effort.

“As president, **by 2012, I will double to \$50 billion annually our foreign investments**, much of which will go to sustainable development and poverty reduction, and I will **expand the President's Emergency Plan for AIDS Relief (PEPFAR) by providing at least \$1 billion a year in new money.**” (July 2007)

Where he stands:

[Senator Obama's platform to fight global HIV/AIDS](#) strongly reflects almost all of the goals of the 08.STOP.AIDS policy proposals, although his support for the \$50 billion funding level for exclusively HIV/AIDS programs is unclear. The points below summarize his plan as laid out on his website.

To combat Global HIV/AIDS:

- Reauthorize and Revise PEPFAR
- Increase Investments for HIV Treatment
- Increase Contribution to the Global Fund
- Provide Access Through Trade
- Achieve the Millennium Development Goals
- Reduce Debt of Developing Nations

Although he recognizes the African continent as the pandemic's epicenter, Obama calls for a new \$1 billion in U.S. HIV/AIDS assistance to be earmarked for other regions. He is a co-sponsor with Senator Clinton of the [2007 Microbicide Development Act](#), and proposes to enact a \$2 billion global education fund in his first year of presidency. He touts a gender-sensitive approach that combines testing and treatment with comprehensive prevention strategies including ramped up microbicide research, and says he will work with drug companies to reduce anti-retroviral (ARV) costs and make generic drugs accessible. Obama also calls for a renewed emphasis on nutrition in understanding global health concerns.

For Senator Obama, the fight against HIV/AIDS is inseparable from the fight against global poverty in general, and before signing the 08.STOP.AIDS Presidential Pledge, he expressed resistance to the idea of funding programs that exclusively target the pandemic. His strong support for the Global Fund to Fight AIDS, Tuberculosis and Malaria is tied to the Fund's holistic approach. Obama promises to increase U.S. foreign assistance from \$25 billion per year to \$50 billion annually, including increasing HIV/AIDS funding as much as possible without cutting into other foreign aid programs. He stresses that good governance is a key to any U.S. development efforts, from trade deals to debt relief to development assistance. Obama credits President Bush for “excellent work” with PEPFAR, and states that his first priority on global HIV/AIDS is to reauthorize PEPFAR after it expires in 2008 and revise it to reflect epidemiological best practices rather than ideology.

Questions for the candidate:

Senator Obama, thank you for signing the 2008 Presidential Pledge for Leadership on Global AIDS, and for putting forward a plan to address this global pandemic.

- **Are you prepared to devote \$50 billion over the next five years to fight global HIV/AIDS?**

Transparent governance and fighting corruption are essential elements of effective HIV/AIDS program implementation. Yet the international creditors who knowingly provided loans to dictators share the blame for a situation where today's Africans must service the debt accrued by the corrupt regimes of the past.

- **Since external debt remains a huge barrier to African governments' attempts to provide vital health services to HIV/AIDS affected individuals and communities, what specific reforms would you enact as President to eliminate all of these illegitimate debt burdens and address the emerging threat of vulture funds?**

The Global Fund to Fight AIDS, Tuberculosis and Malaria is a powerful multilateral vehicle aimed at achieving universal access to treatment by the year 2013. This initiative also links HIV/AIDS programs with efforts to fight two of Africa's other most serious diseases and achieve the Millennium Development Goals. Despite the Global Fund's successful approach, you list reauthorizing and reforming the President's Emergency Plan for AIDS Relief (PEPFAR) as your first priority for fighting global HIV/AIDS

- **Why would you prioritize scaling up PEPFAR over directly increasing U.S. contributions to the Global Fund, and how would you engage multilateral institutions to ensure that global efforts are coordinated effectively to achieve the promise of universal access to treatment by 2013?**

Human resource deficits of over 600,000 nurses and 700,000 doctors hamper African efforts to fight the HIV/AIDS pandemic.

What new strategies and resources would you employ to strengthen African public health systems and address the brain drain of health workers away from the region?

Bill Richardson

Signed [Presidential Plan for Leadership on Global AIDS](#)? – YES

Has a formal global HIV/AIDS plan? – YES

Available here: <http://www.richardsonforpresident.com/issues/aids>

In his own words:

“I would consider creating a Cabinet-level entity to deal with AIDS. . . **I would use the AIDS Commission as a policy entity that not only would advocate for more AIDS funding domestically,**

but also bring American leadership to this issue internationally, at the United Nations, and at other international forums, [such as] the World Health Organization. I still worry about Africa. I always worry about genocide in Africa, AIDS in Africa, refugees in Africa. We don't pay enough attention to the human problems in Africa and I would be a president who would focus extensively on Africa . . . I would make the elimination of AIDS, along with the elimination of international poverty and issues related to women. . . major parts of my presidency.” (June 2007)

“We must **stop treating Africa as an afterthought.** As president, I will work to launch a multilateral Marshall Plan that helps Africans prevent societal collapse.” (July 2007)

“Close to twenty percent of the African people have some kind of HIV virus.”(June 2007)
[The correct figure is 5.8%]

“We’ve got to have a more effective strategy of outreach and education when it comes to AIDS...we need tougher strategies besides outreach, education and funding. We have to be more innovative. We have to promote the use of condoms. We’ve got to have needle exchanges. We’ve got to be more aggressive in our strategies and devote more to AIDS research.” (October 2007)

“I believe the International Monetary Fund should phase out 100% of the debt of these nations, contingent upon their agreement to implement specific AIDS programs.” (November 2007)

Where he stands:

Governor Richardson has made a point of mentioning Africa frequently during his campaign, typically bringing up Darfur, HIV/AIDS and poverty. Richardson supports comprehensive evidence-based prevention programs and has on occasion shown awareness of the critical role gender issues play in the HIV/AIDS crisis. He supports expanding access in developing countries to cheaper generic antiretroviral medications, and is in favor of strong new debt cancellation programs. He has committed to the [Presidential Plan for Leadership on Global AIDS](#), and has released a short plan to address the pandemic. One item he has been clear on is his pledge to make his Vice President the head of a cabinet-level AIDS commission. Richardson has also made periodic reference to a proposed “Marshall Plan for Africa” to help develop the continent, although he has not put forth specifics for this proposal.

Unfortunately, Governor Richardson has at times also demonstrated a troubling level of misinformation on HIV/AIDS and Africa. One egregious examples of this was during the third Democratic debate at Howard University on June 28, 2007. There, Richardson stated that almost one in five Africans is living with HIV/AIDS. While countries such as Botswana, Lesotho, Swaziland and Zimbabwe experience HIV/AIDS rates exceeding 20%, the correct figure for sub-Saharan Africa is 5.8%.

Questions for the candidate:

Governor Richardson, thank you for signing the 2008 Presidential Pledge for Leadership on Global AIDS.

Since they are marginalized by economic and social inequalities, African women and girls are the hardest hit by the global HIV/AIDS epidemic, with infection rates often 3 to 5 times higher than that among men. Reproductive health services, education and economic empowerment and HIV/AIDS prevention and treatment services must be designed specifically for women and made accessible to them.

- **What steps would you steps to address the gender dimensions of the HIV/AIDS crisis?**

Top-down economic developments like those historically imposed by the International Monetary Fund have proven destructive in the past because they tried to apply the same blanket neoliberal strategies to different unique situations. Effective development plans and HIV/AIDS programs require nuanced local understandings of the realities on the ground that can only come from partnership and cooperation with African governments and civil society.

- **What form would your proposed “Marshall Plan for Africa” take, and how would it engage local participation?**

At the third Democratic debate at Howard University on June 28, 2007 you stated that ‘close to twenty percent of the African people have some kind of HIV virus.’ In fact, the number for sub-Saharan Africa is 5.8%, although some countries such as Botswana and Zimbabwe have HIV/AIDS rates above twenty percent. 27 million Africans live with HIV/AIDS, and only 1 million out of the 4.6 million who are in need of life-saving ARV therapy have access to treatment. Concrete policies are needed to address this crisis.

- **What specific steps would you take to ensure that trade and pharmaceutical licensing policies are changed to provide universal access to treatment by 2013?**

Mitt Romney

Signed [Presidential Plan for Leadership on Global AIDS?](#) – NO

Has a formal global HIV/AIDS plan? – NO

In his own words:

“We are all created by God, and when so many are suffering, we must help our neighbors in need. Extreme poverty and AIDS in Africa represent a global crisis. We must build on America's historic efforts to bring hope and build a safe world. This requires bringing the same focus and unified action to efforts that show America's heart as we do to those showing America's military might. New partnerships with the international community, private sector, and African leaders can mobilize the power of our health-care, education, and development efforts, and build sustainable solutions vital to Africa and the world.” (June 2007)

“Global health diplomacy . . . will help us restore our standing in the world. Others value our health system and technology. . . We should do this to spread goodness and modernity in Africa. Working to fight AIDS is good, not just in Africa though, we need to communicate that we're great and good to our world.” (July, 2007)

“To strengthen our fight against HIV/AIDS and bring hope to those afflicted with the disease, we need strong executive leadership that can build on President Bush’s groundbreaking efforts. As President, I will mobilize our civilian instruments of power to address HIV/AIDS, poverty and other challenges across Africa by empowering a single U.S. official with the responsibility and authority to lead all America’s civilian efforts in the region. I will fundamentally transform our international aid efforts so that more of our assistance goes to those suffering rather than bureaucracy.” (December 2007)

Where he stands:

Former Governor Romney has not been vocal on the issue of global HIV/AIDS, nor has he mentioned Africa frequently in discussions of foreign policy. When he has discussed the pandemic, he has argued that fighting HIV/AIDS is a means of improving the United States' international image. As a complement to military and diplomatic efforts in the "war on terror," he has proposed a "Second Marshall Plan." This strategy would consist of resources drawn from public-private partnerships targeted at moderate Muslim nations to promote public education and basic health care, among other programs. He has not made specific mention of the HIV/AIDS pandemic or of African countries with Muslim populations when discussing this plan. Whether responding to a question about HIV/AIDS in the context of international development or public health, Governor Romney tends to emphasize his support for public-private partnerships and the importance of market-based innovation in generating new research and medical technology. He has spoken disdainfully of inefficient aid and wants to centralize control of U.S. foreign assistance programs to maximize their impact.

Domestically, Romney supports abstinence-only programs rather than comprehensive sex education and HIV/AIDS prevention programs. As governor of Massachusetts, he helped decrease funding for HIV/AIDS prevention, care and treatment programs by 37% between fiscal years 2001 and 2005. In 2005, he supported cutting state funding for HIV/AIDS programs by \$1.7 million, despite rising infection rates in Massachusetts. That year, he cut total state funding devoted to health education by \$28 million.

Questions for the candidate:

When you were governor of Massachusetts, you supported reducing funding for HIV/AIDS programs every year you were in office.

- **As president, what would you do differently to support, rather than further disempower the socially and economically marginalized communities of women and people of color whom HIV/AIDS impacts disproportionately?**

You've articulated "global health diplomacy" as an important aspect of U.S. foreign policy. One of the most successful instruments of global cooperation in the struggle against HIV/AIDS is the Global Fund to Fight AIDS, Tuberculosis and Malaria. Bold leadership by the United States in support of this initiative would show the way for our international partners to expand their efforts to fight the pandemic. The U.S. is the wealthiest and most powerful country in the world.

- **Would you be willing to commit the fair share of U.S. support to the Global Fund and demonstrate this country's willingness to be a global health leader as befits its international stature?**

Today's African governments are unable to provide healthcare to their citizens because they are trapped servicing the illegitimate debt accrued from loans to dictators of the past made knowingly by complicit creditors. This debt is one of the biggest reasons that, as you note, "only one-third of foreign aid gets to the people it was intended to help." As a U.S. citizen in favor of international development, I want my tax allocated for aid to go to education and health care, not to service the interest on debts to international financial institutions accrued by dictators of the past.

- **Would you be willing to eliminate the debt of African countries to empower their leaders to act in partnership with the U.S. and the international community in addressing the HIV/AIDS crisis?**

You stated in June 2007 that the U.S. must “bring the same focus and unified action to efforts to show America’s heart as we do to those showing America’s military might.” In 2006, there were 4.3 million new HIV infections worldwide, nearly 3 million in Africa. At best, only 2 in 10 Africans have access to the same life-saving antiretroviral drugs that are available here in the United States.

- **What would you do to make this life-saving technology available to Africans living with HIV/AIDS?**

In 2005, the U.S. promised to support universal access to HIV/AIDS treatment, care, and prevention programs by the year 2010. Public health experts agree that this support would require a U.S. commitment of \$50 billion by 2013.

- **Would you commit to provide the necessary \$50 billion over the next 5 years to fulfill the United States’ pledge to support universal access?**

As you’ve said, the technology and public health knowledge of the United States are some of our most internationally respected assets. Evidence-based HIV/AIDS prevention strategies employed together with treatment programs must be the basis of any effective campaign to fight this pandemic.

Would you support the promotion of comprehensive HIV/AIDS prevention programs that combine a foundation in cutting-edge epidemiology with freedom for local authorities to act according to the needs of their communities?