### **Aid Tradeoff Disadvantage Answers**

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# Glossary

**HIV/AIDS – a disease that inhibits the ability of the human body to defend itself against infection. It has become more prevalent over the past decade, and the US devotes a substantial amount of foreign aid to fighting its spread.**

**PEPFAR – the name of President Obama’s program designed to reduce the rates of HIV/AIDS infection and mortality.**

**Food prices – refers to the average cost of food in a country. Food prices can go up or down depending on the cost of food production, shipping, or scarcity due to natural disasters.**

**Remittance – refers to the money that immigrants send back to their home country.**

# Non Unique: AIDs Program Will Be Cut

**[ ] President Bush’s HIV prevention program is scheduled to expire at end of the year**

# Wadman, 2013. [ Meredith Wadman, writer for Nature.com’s News Blog, “[Report recommends devolution for US global AIDS relief programme](http://blogs.nature.com.proxy.brynmawr.edu/news/2013/02/report-recommends-devolution-for-us-global-aids-relief-programme.html)”, February 20th, 2013, <http://blogs.nature.com.proxy.brynmawr.edu/news/2013/02/report-recommends-devolution-for-us-global-aids-relief-programme.html>.]

**The huge, ten-year-old US programme that provides HIV treatment and prevention in dozens of developing countries needs to begin shifting to host-country ownership of the programme, according to an advisory report released today. The**[**700-page report**](http://www.nap.edu.proxy.brynmawr.edu/catalog.php?record_id=18256)**, from the US Institute of Medicine, also says that the President’s Emergency Plan for AIDS Relief (PEPFAR), which spent more than $38 billion between 2004 and 2011, needs to increase its emphasis on HIV prevention, particularly through sexual transmission**. “There really needs to be an emphasis on looking at the prevention portfolio, on sexual transmission,” says Ann Kurth, a member of the authoring committee who is executive director of the New York University College of Nursing-Global.  Jen Kates, a committee member who is the director of HIV Policy at the Kaiser Family Foundation, a health policy-focused non-profit in Washington DC, adds, “The critical issue for the future is how to sustain what’s been done.” Transferring ownership of PEPFAR programmes, which were launched in 2003 under US President George W. Bush as an emergency response to a global epidemic, will not be simple, given the diverse constituent countries and their range of health infrastructures and capabilities. “**The authors are stuck not knowing what to suggest in terms of transitioning from US funded and run programmes to local ones,**” said Roger Bate, a health economist who specializes in malaria and HIV/AIDS at the American Enterprise Institute, a Washington DC think tank.  He adds that Republicans in Congress are less likely to support funding health systems — where progress is difficult to measure — than the handing out of drugs and condoms. **The 2008 law that last authorized PEPFAR expires at the end of the 2013 fiscal year. It required the IOM assessment released today.** Congressionally-authorized programmes can, and often do, continue to operate in the absence of authorizing legislation if Congress is willing to fund them in its annual spending laws. A related commentary by the authoring committee chairman, Robert Black of the Johns Hopkins University Bloomberg School of Public Health in Baltimore, Maryland, appears in the Lancet today.

# Non Uniqu**e**: Cuts to AIDS Prevention Now

#### [ ]

#### [ ] Multiple disease programs hurt by cuts already

Aziz, staff writer at Science Speaks – a medical news outlet, 2013

(Rabita, “Congress finalizes FY 2013 budget with PEPFAR cut, Global Fund boost,” *Science Speaks*, March 26, Online: <http://sciencespeaksblog.org/2013/03/26/congress-cuts-pepfar-boosts-global-fund-as-fy-2013-finalized/>)

The President’s Emergency Plan for AIDS Relief took a hit while the Global Fund to Fight AIDS, Tuberculosis and Malaria got a boost last week when the House and Senate passed a Continuing Resolution bill to avoid a government shutdown and continue funding the government through Oct. 1, the end of fiscal year 2013. The House voted 318-109 to approve a version of the resolution that was passed by the Senate earlier this month. For the first half of FY 2013, Congress had funded most federal programs at FY 2012 levels, with an end date of March 27.¶ Under the resolution, PEPFAR is slated to receive $4.067 billion, a $176 million – 4 percent — cut from the FY 2012 level of $4.243 billion. An additional 5 percent cut from the automatic across-the-board budget cuts known as sequestration, means PEPFAR’s total is $3.863 billion — $380 million below FY 2012 spending and the lowest funding level since FY 2007.

# Non Unique: Cuts to AIDS Prevention Now

#### [ ]

#### **[ ] Multiple cuts have been made – destroys AIDS and other disease eradication efforts**

Aziz, staff writer at Science Speaks – a medical news outlet, 2013

(Rabita, “Congress finalizes FY 2013 budget with PEPFAR cut, Global Fund boost,” *Science Speaks*, March 26, Online: <http://sciencespeaksblog.org/2013/03/26/congress-cuts-pepfar-boosts-global-fund-as-fy-2013-finalized/>)

The National Institutes of Health saw an increase of $71 million over FY 2012 funding, but will still be subject to the 5 percent sequestration cut. This will cause substantial spending reductions at the National Institute on Allergies and Infectious Diseases—home to significant investments in HIV and TB research. HIV clinical trial networks will take a significantly larger hit than 5 percent, with potential adverse impacts on both HIV and TB clinical trials.¶ Earlier this month, amfAR, the Foundation for AIDS Research, outlined the human toll of global health sequestration cuts in this brief. According to the brief, 162,200 people will lose access to HIV/AIDS treatment, potentially leading to 37,000 more AIDS-related deaths, and 72,800 more children becoming orphans. AmfAR estimates that 63,400 fewer HIV-infected pregnant women will receive prevention of mother-to-child transmission services, leading to more than 12,000 infants becoming infected with HIV. 35,300 TB patients will also lose treatment, leading to 4,200 more deaths from TB.

# No Link: Private Donors Fund Disease Programs

#### [ ]

#### **[ ] Private donors fund AIDS prevention programs regardless of the federal budget.**

Vorozhko, staff writer for Voice of America news, 2013

(Tatiana, “Budget Cuts hit US Foreign Aid Programs,” *Voice of America*, April 3, Online: <http://www.voanews.com/content/budget-cuts-hit-us-foreign-aid-programs/1633892.html>)

Raj Kumar is President of Devex, an organization that researches and reports on international aid. He thinks that people with HIV-AIDS might suffer the most. "We are in a world with 30 million people living with HIV, for example. Many of them are dependent on US foreign assistance," he said.¶ One bright spot in the aid picture is the increasing role of private philanthropies, like the Bill and Melinda Gates Foundation.¶ And corporations are also becoming involved in development -- in communities where they do business and want people to be able to afford their products.

# No Link: Private Donors Fund Democracy Programs

#### [ ]

#### **[ ] Private donors will fill the gap in aid that promotes regional stability.**

McInerney, Executive Director of the Project of Middle East Democracy, 2011

(Stephen, “THE LOGIC OF THE DONOR COMMUNITY: AMERICAN DONORS,” *POMED*, May, Online: <http://pomed.org/wordpress/wp-content/uploads/2011/05/EMHRF-paper-the-logic-of-the-donor-community-American-donors.pdf>)

Private foundations and nonprofit institutions can be a valuable complement to U.S. government¶ donors, and there are some important comparative advantages that such private institutions may¶ have over their governmental counterparts. It is also true, however, that with the economic¶ recession that began in late 2007, the budget and economic climate among private foundations is¶ also weaker than it may have been a year or two ago. Charitable giving, grant-making, and¶ corporate support for American nonprofit groups declined in both 2008 and 2009. The¶ Chronicle of Philanthropy reported in October 20103¶ that giving to the United States’ 400 largest¶ charities fell by 11% during 2009, the worst such decrease in 20 years.¶ Nonetheless, in many cases, private foundations have more flexibility and fewer bureaucratic¶ hurdles than government institutions, and may be better equipped to react quickly to the dramatic¶ events of the past few months. It appears that private donors are leery of becoming involved in¶ uprisings that are still underway, but eager to provide support in response to local demand in¶ countries like Egypt and Tunisia where the ruler has been overthrown. In an op-ed in February4¶ ,¶ Open Society Foundations Chairman George Soros declared that his foundations were prepared¶ for “establishing resource centers for supporting the rule of law, constitutional reform, fighting¶ corruption and strengthening democratic institutions in those countries that request help in¶ establishing them, while staying out of those countries where such efforts are not welcome.”¶ Since the revolutions in Tunisia and Egypt, it appears that numerous private foundations are¶ rapidly exploring opportunities for providing support during the period of transition.

# No Impact: Spread of AIDs Declining

**[ ] Studies show that the spread of AIDs is declining.**

# Newman, 2006. [Maria Newman, reporter for the New York Times, “Spread of AIDS Is Slowing, U.N. Report Finds”, *New York Times*, May 30th, 2006, http://www.nytimes.com/2006/05/30/health/30cnd-AIDS.html?\_r=0].

The report estimated that **at the end of 2005, some 38.6 million people worldwide were living with the H.I.V. virus, up more than 6 percent from the United Nations estimate of 36.2 million in 2003. "The numbers of people living with H.I.V. have continued to rise, due to** population growth and, more recently, **the life-prolonging effects of antiretroviral therapy**," the report noted. South Africa's AIDS epidemic, which the report called one of the worst in the world, showed no evidence of decline. It estimated that in 2005, some 5.5 million people there were living with H.I.V., or 18.8 percent of all adults. In 2004, almost one in three pregnant women who attended public antenatal clinics were infected with the virus, the report said, and "trends over time show a gradual increase in H.I.V. prevalence." The report also said that there are more new H.I.V. infections each year than AIDS-related deaths, and that the virus continues to spread in China, Indonesia, Papua New Guinea, South Africa and Vietnam. It found that 1,800 children a day, mostly newborns, become infected with H.I.V., and that only 20 percent of all people who need treatment have access to anti-retroviral drugs. But the report also held some encouraging news. **H.I.V. prevalence is decreasing in Kenya** and **Zimbabwe**, it noted, **and in 8 of 11 countries studied in sub-Saharan Africa**, the percentage of young people having sex before the age of 15 declined and condom use increased over five years. In the capital cities of 6 of the 11 African nations most heavily infected by H.I.V., declines of 25 percent or more were reported in the prevalence of the virus among 15- to 25-year-olds. "**The majority of epidemics appear to be leveling off**," the report said.

# No Impact: Spread of AIDS Declining

**[ ]**

**[ ] The spread of AIDS has leveled out since its peak in the past. The affirmative’s plan will not increase the spread of AIDs**

**World Health Organization, 2011.** [World Health Organization; UNAIDS; UNICEF.  Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011. Geneva, Switzerland: WHO; 2011. [*http://whqlibdoc.who.int/publications/2011/9789241502986\_eng.pdf*](http://whqlibdoc.who.int/publications/2011/9789241502986_eng.pdf).]

**In 2010, an estimated 2.7 million** [2 400 000– 2 900 000] **people were newly infected with HIV, 15% fewer than the 3.1 million** [3 000 000–3 300 000] **people newly infected in 2001 and more than one fifth (21%) fewer than the estimated 3.4 million** [3 100 000–3 600 000] **in 1997, the year when the number of people newly infected with HIV peaked** (Fig. 2.1–2.4). **Between 2001 and 2009, the incidence of HIV infection has declined in 33 countries**, 22 of them in sub-Saharan Africa. In that region, which continues to have the majority of the people newly infected with HIV, an estimated 1.9 million [1 700 000–2 100 000] people became infected in 2010. This was 16% fewer than the estimated 2.2 million [2 100 000 2 400 000] people newly infected with HIV in 2001 and 26% fewer than the annual number of people newly infected in 1997 (when the overall HIV incidence in sub-Saharan Africa peaked). **In South and South-East Asia, the estimated 270 000** [230 000–340 000] p**eople newly infected with HIV in 2010 were 40% fewer than the 470 000 [**410 000– 530 000] **people estimated to have acquired HIV infection in 1996, when the epidemic in that subregion peaked.**

# No Impact: AIDs related Deaths are Declining

**[ ]**

**[ ] Less People die from AIDs now than ever before.**

**World Health Organization, 2011.** [World Health Organization; UNAIDS; UNICEF.  Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011. Geneva, Switzerland: WHO; 2011. [*http://whqlibdoc.who.int/publications/2011/9789241502986\_eng.pdf*](http://whqlibdoc.who.int/publications/2011/9789241502986_eng.pdf).]

**The annual number of people dying from AIDS-related causes worldwide is steadily decreasing from a peak of 2.2 million** [2 100 000–2 500 000] **in 2005 to an estimated 1.8 million** [1 600 000–1 900 000] **in 2010** (Fig. 2.6). AIDS-related mortality began to decline in 2005–2006 in sub-Saharan Africa, South and South-East Asia and the Caribbean and has continued subsequently. Two signal developments have caused this decline: first, the increased availability of antiretroviral therapy, as well as care and support, to people living with HIV, especially in sub-Saharan Africa; and second, fewer people newly infected with HIV since the late 1990s. The effects of antiretroviral therapy are especially evident **in sub-Saharan Africa**, where **an estimated 460 000 (or 30%) fewer people died from AIDS- related causes in 2010 than in 2004**, when access to antiretroviral therapy began to be dramatically expanded (Fig. 2.6).