

HIV gains at risk as nations and global organizations retreat on funding and resource commitments

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In a policy report published in *Science*, an internationally recognized peer-reviewed journal, leading experts in HIV/AIDS research have warned that failure to meet a pledge for universal access to HIV therapy and funding cuts to prevention and treatment programs are poised to deliver a major setback in the fight against HIV/AIDS.

In 2006, all United Nations member states committed to achieving universal access to [HIV prevention](#), treatment and care by 2010. As the deadline nears, it's clear that the global community has failed to deliver on this pledge. In 2009, UNAIDS estimated that \$25 billion will be required in 2010 for the [AIDS](#) response in low- and middle-income countries - \$11.3 billion more than is available today.

The report notes that the impacts of these budget cuts are already evident. Many African countries are facing depleting stocks of antiretrovirals, reduced treatment coverage goals and an increasing risk of [HIV drug resistance](#) as a result of treatment interruptions. A moratorium on new enrollees in the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has already caused an estimated 3,000 deaths.

"If governments globally don't do more in terms of the quality and quantity of care for people with HIV, this will result in dire human and economic costs in the short and long term," said Dr. Julio Montaner, director of the BC Centre for Excellence in HIV/AIDS (BC-CfE),

president of the International AIDS Society (IAS), and one of the authors of the policy report.

"Many patients in the developing world access treatment late, in contravention of the World Health Organization's guidelines. Early treatment reduces transmissions, mortality and hospitalizations. According to a recent modelling study, early treatment yields an incremental cost-effectiveness ratio of U.S. \$1,200 per year of life saved."

Highly [active antiretroviral therapy](#) (HAART) is recognized around the world as the gold standard treatment for HIV. HAART has proven to be highly beneficial in stopping HIV from progressing to AIDS, extending life expectancy, significantly reducing HIV-related deaths and cutting transmissions. Well-documented evidence shows a strong preventive role of HAART among serodiscordant heterosexual couples (where one partner is HIV-positive) and injection drug users.

Furthermore, HAART has virtually eliminated mother-to-child HIV transmission. Several countries in sub-Saharan Africa have demonstrated a clear correlation between access to HAART and reduction in maternal and child mortality.

"Despite these advances, HIV is still the leading killer of women of reproductive age worldwide," said Dr. Pedro Cahn, director of the Huésped Foundation, a major Argentine AIDS organization, and one of the authors of the policy report. "And, according to a recent study, HIV accounts for one in five pregnancy-related deaths worldwide. It is totally unacceptable that governments around the world are letting women die when this can be easily and effectively avoided by increased access to HAART."

The report, Universal Access in the Fight Against HIV/AIDS, was also

written by Françoise Girard, director of public health program, Open Society Institute; Nathan Ford of Médecins Sans Frontières (Doctors Without Borders); and Dr. Elly Katabira, president-elect, IAS.

Provided by BC Centre for Excellence in HIV/AIDS

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