Editorial

In the new year, a new beginning to end HIV/AIDS

Few of us can grasp the scope of the AIDS pandemic. Since the first diagnosis in 1981, over 20 million people have died from this disease. Almost 38 million people worldwide, more than the entire population of California, the most populous state in the United States, are infected with HIV, according to estimates by the Joint United Nations Programme on HIV/AIDS (UNAIDS) [1]. In Botswana and Swaziland, one in three adults is infected. In seven sub-Saharan countries, life expectancy has fallen to just 49 years.

Even though the force and devastation of HIV/AIDS have long been recognized, the global response to the disease and its devastation remains sluggish and inadequate. From the beginning of the epidemic, the U.S. government response has been late, half-hearted, and far too small for the scope of the disease. In recent years, efforts to address the disease have been further compromised by unfulfilled promises of funding and misguided policies and ideologies that undercut program effectiveness.

Part of the problem undoubtedly arises from the nature of the disease itself. Because the virus is spread through sexual contact and infected blood, confronting the disease requires addressing sexuality, prostitution, homosexuality, and injection drug use, topics that are considered taboo in many societies. These taboos complicate prevention efforts and may explain why HIV/AIDS funding and policies have become so politicized, particularly in the United States. In the international arena, the United States has been promoting an “abstinence-only” message at international meetings. The President’s Emergency Plan for AIDS Relief requires that one-third of prevention funds be spent on abstinence-only programs, despite the lack of evidence that these approaches are effective. In the United States, conservatives have criticized the effectiveness of condoms — one of the best lines of defense in preventing HIV transmission — and in 2002, a Centers for Disease Control and Prevention (CDC) fact sheet on condom effectiveness was revised to have an abstinence-only focus [2]. Even research on HIV/AIDS has become controversial. In 2003, staff at the U.S. National Institutes of Health (NIH) contacted investigators on a “hit list” compiled by an activist conservative group. The researchers were asked to justify their research projects, many of which studied HIV transmission in high-risk populations, even though the studies had already been approved through the NIH’s rigorous peer review process [3].

With HIV/AIDS so firmly entrenched in our current global reality, have we forgotten to imagine or remember what the world might be like without it, and what it might take to eradicate, or even lessen, the disease’s burden? Our real goal should be to eradicate the disease, not solely to assuage our consciences or give the appearance of caring.

What the world has learned from smallpox eradication, as well as from ongoing programs to eliminate guinea worm and poliovirus, is that a global disease-fighting effort will require resources and persistent, diligent efforts guided by public health principles and evidence of effectiveness. However, we have also learned that such bold and ambitious goals are attainable.

In the fight against HIV/AIDS, a plan to control the epidemic and then eradicate it is possible, essential, and long overdue. This effort will require planning and investments that actually decrease rates of new infections, mitigate suffering, and counteract the social devastation that is occurring. The longer the delay, the greater the costs of international devastation and instability. There is no point in waiting for a magic bullet — while a vaccine or a powerful preventive treatment would be wonderful, a new technology will not solve the problem by itself. We need to be ready to deploy new prevention and treatment methods as soon as they become available. The modest successes achieved to date have harnessed political will, national commitment, and international support. Achieving success on an international scale requires the same components.

As a wealthy world superpower, the United States has a responsibility to take a leading role in the global effort to combat HIV/AIDS. First, the United States should make investment and funding decisions based on achieving effective results, not on ideology, politics, or special interests. This commitment includes supporting international organizations — such as United Nations agencies and the Global Fund to Fight AIDS, TB, and Malaria — that have the experience, depth, and broad-based support to be effective.

Second, the United States can work toward sensible policies to make HIV treatment more affordable and thus more accessible to HIV-infected people in developing
countries. Generic drugs are an important option for developing countries, especially for poor patients who would otherwise be unable to afford treatment.

Third, each country, including the United States, must become serious about overcoming the epidemic within its own borders. A 2000 Institute of Medicine report identified important steps to improve HIV prevention in the United States, and recommended increasing funding for drug abuse treatment, removing barriers that limit access to clean needles, eliminating “abstinence-only” education requirements, and removing barriers to effective prevention efforts in prisons and jails [4].

Finally, the global community needs to ensure adequate AIDS funding, including funding for prevention and education efforts, diagnosis and treatment, and reduction of the poverty, malnutrition, and poor health that are so intertwined with — and that amplify — the global suffering inflicted by HIV/AIDS. AIDS funding should incorporate a full range of effective prevention and treatment activities, without engaging in the self-defeating exercise of arguing about which part of the task is most important.

The AIDS pandemic is daunting, frightening, and growing. However, we must not forget to dream of a new beginning and a different world — a world with restored opportunity, prosperity, and hope. Each small effort to improve HIV/AIDS prevention and treatment is a critical piece of a brave, worldwide venture to meet the challenge of the AIDS pandemic, and in doing so, to improve health and opportunity for all.

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References