

Center for Global Health Policy

Promoting Evidence-based US Action on Global HIV and Tuberculosis

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Impact of U.S. Global AIDS Program Extends Far Beyond HIV/AIDS

Scale Up of HIV/AIDS Treatment, Prevention to Combat Global Pandemic Strengthens Health Systems; HIV Assistance 'Fundamental' to Success of Other Health Programs, Experts Say

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WASHINGTON—Arguments promoting a shift in U.S. global health resources toward more “cost-effective” interventions to address childhood diarrhea and other diseases—at the expense of continued expansion of efforts to combat the HIV/AIDS pandemic—discount issues of context and could have devastating consequences, according to a new commentary published in *Clinical Infectious Diseases* and now available [online](#).

As the Obama Administration looks to reshape U.S. global health policy, a heated debate is brewing over the merits of continuing robust scale up of PEPFAR, the President’s Emergency Plan for AIDS Relief, as promised in the 2008 Lantos-Hyde Act, which reauthorized PEPFAR. Some officials have argued that a shift toward child and maternal health, with more attention to illnesses such as diarrhea and pneumonia, would be more cost-effective than providing HIV treatment to patients in resource-poor settings.

The new CID article, to appear in the January 15, 2009 issue, counters this assertion with detailed evidence of the pitfalls of cost-effectiveness arguments and the broad benefits PEPFAR has afforded, in curbing the global HIV pandemic, in specifically concentrating on maternal and child health needs, and in addressing other critical health threats in the developing world.

“Expanding efforts in global health without continuing to expand PEPFAR misses a crucial point: in those countries most severely affected by HIV/AIDS—where prevalence may be as high as 40%—bringing the HIV epidemic under control through treatment and prevention is fundamental to the success of all other health measures,” Rochelle Walensky, MD, MPH, and Daniel Kuritzkes, MD, both of Harvard Medical School, write in the article, “The Impact of PEPFAR beyond HIV and Why It Remains Essential.” “The perception that PEPFAR is at odds with dedicated efforts toward maternal and child health ignores the massive direct and indirect benefits PEPFAR has achieved for mothers and children.”

“The health of an HIV-infected mother is critical to that of her child,” Dr. Walensky said, noting that orphans have a 10-fold higher mortality within two years of their mother’s death.

Dr. Kuritzkes said: “While prevention of and treatment for diarrheal disease remains a critical global health mission, there is no need to crusade against HIV disease to expand funding for other urgent global health needs. Characterizing the dialog as a choice between diarrheal disease and AIDS neglects the profound detrimental impact on children that would occur if current AIDS initiatives were short-changed.”

The authors note that PEPFAR has been a global health success story, providing lifesaving antiretroviral drugs to more than 2 million people and saving an estimated 1.2 million lives. Beyond the HIV/AIDS epidemic, PEPFAR has helped ensure a safe, adequate blood supply in targeted countries; strengthened the health care workforce through new training opportunities; and facilitated access to other health interventions, including insecticide treated bed-nets, clean drinking water, and safe breastfeeding. When HIV therapy is given to HIV-positive mothers after childbirth, for instance, it not only prevents HIV-infection in their newborns but also staves off the diarrheal disease associated with formula feeding.

The authors also point out the uniquely devastating nature of HIV/AIDS, which attacks young adults on whom children depend, and exacts a devastating toll on families, communities, and countries.

“Morbidity and mortality associated with this disease have created unbalanced social structures unwitnessed in modern times,” the authors write. “Population pyramids are distorted and lack the stable, supporting middle-aged infrastructure,” as the elderly care for their sickly HIV-infected adult children and HIV-positive family members rely on limited household income for medical care and death costs. “Widespread household volatility portends country-economic instability,” they write.

A retreat now in the U.S. commitment to combating HIV/AIDS could erase the fragile gains made in the last five years—including reductions in AIDS-related deaths, declines in HIV incidence, and decreases in maternal and infant mortality. “It may be that PEPFAR—by providing health infrastructure, HIV prevention, parental survival, and the opportunity to sustain economic growth—is the most generous gift the U.S. can provide to future generations of those countries most in need,” Drs. Walensky and Kuritzkes conclude.

Dr. Walensky is in the Divisions of Infectious Disease at Massachusetts General Hospital and Brigham and Women's Hospital, and Dr. Kuritzkes is in the Division of Infectious Disease at Brigham and Women's Hospital, both of Harvard Medical School.

For more information or to schedule an interview with Dr. Walensky or Dr. Kuritzkes, contact Deirdre Shesgreen at 703-740-4954 or dshesgreen@idsociety.org.

The Center for Global Health Policy is an organization of physicians and scientists dedicated to promoting the effective use of U.S. funding for addressing the global HIV/AIDS and TB epidemics by providing scientific and policy information to policymakers, federal agencies, non-governmental organizations, and

the media. The Center, a project of the Infectious Diseases Society of America and its sister organization, the HIV Medicine Association (HIVMA), is based in Arlington, Va.