

## **HIV/AIDS-Will we win and when**

This issue of the UN Chronicle focuses on global health and it is very apt that the evolution of the HIV epidemic should be considered in the context of global health. Global health refers to the health of all the people of the world, but it goes beyond that. One of the critical aspects of global health as a field of study and practice is that it seeks not only the general improvement of health in the world, but more importantly seeks to reduce the inequalities between peoples-inequalities that in essence represent inequities. There will be no substantial improvement in global health unless there is concomitant international health in the sense of nations and their component actors working together. Success in addressing the problem of HIV will be and is indeed a marvelous test case of the ability of nations to work cooperatively and the characteristics of the infection bring out clearly the inequities that exist within and between countries and which must be eliminated.

But we should pay more attention to the message of the title which implies that we win or lose. A possible interpretation is that there is an all or none situation and indeed, the approach to HIV like so many other diseases is cast as a battle and military analogy is used. The implication is that of a battle fought against the enemy agent and victory will imply the complete vanquishing of the agent. Battles are not chronic. They end in victory for one side and defeat for the other. So far the history of public health has only one example of a battle won in the sense of the eradication a disease from the face of the earth-smallpox. The difficulty in eliminating two other viral diseases-measles and poliomyelitis, for which there are good tools, must bring some caution to any idea that there can really be eradication of HIV even although like smallpox there is only a human host. The danger of this approach for many diseases and particularly for HIV is that it sets up a scenario in which unless there is absolute victory, there is the sense of failure and I have been concerned at some of the rhetoric which implies that the efforts to control the HIV epidemic are a failure. They are not.

The best way to evaluate the progress being made against HIV/AIDS is through examining various milestones and specific targets and demonstrating that they are being achieved. The elimination of mother-to-child transmission is an example of a target that is eminently achievable as has been shown in some countries in the Caribbean for example. For the Caribbean region as a whole PMTCT has moved from 22% in 2003 to 52% in 2008 and the countries have committed to the reduction of this form of transmission to less than 5% by 2015. The elimination of HIV transmission through blood and blood products in the Caribbean is another simple but specific example of a target met. Coverage with antiretroviral therapy which was about 1% in 2003 has increased to 51% in 2008. Perhaps the most critical indicator of progress has been the possibility of prolonging the life of AIDS patients. As Dr. Fauci from the USA has put "in the period since HIV since emerged, we went from a 26 week life span to a 40 year life span."

Much of the focus on winning has arisen from the possibility of there being an effective vaccine that would prevent infection. Some of the euphoria about a possible vaccine no doubt is based on the hope that by chemical means human beings could be relieved from the need for responsible action in sexual relations. Sex would now be “safe”. This would be somewhat analogous to the liberation that attended the availability of the birth control pill. An effective vaccine has not materialized yet and the prospects appear to be remote. Given the of repeated numbers that for every person placed on ARV there are six new infections and the inescapable fact that the potential treatment pool continues to increase, the possibility of control rather than winning immediately will depend on the application of effective preventive measures. Winning and losing will have to be established in relation to the degree of application of the preventive measures, even if they are imperfect and even if the science of prevention is not glamorous and its funding precarious.

But there is tremendous enthusiasm among HIV workers that feasible prevention targets can be established and achieved in the short and medium term and that the continuum of prevention, treatment, care and support is more than a slogan. But if this continuum is going to be effective, then there has to be more concerted international action and the acceptance that no one aspect of the continuum is intrinsically more important than another.

Aids 2031 which analyses the possible scenarios that may occur from now until the 50<sup>th</sup> anniversary of HIV, paints a somber but realistic picture of what is necessary to face the HIV epidemic. There will be need for more funding, for newer antiretroviral drugs, for the wide application of the preventive measures that are known to be effective such as condom use and male circumcision. There will be need to advocate more vigorously for the human rights of persons with HIV and reduction of the stigma and discrimination that attend the infection. It will be critical that we not bow to the tyranny of numbers. These are daunting but not impossible tasks for a world which has shown the power for good or evil of cooperative action.

Thus I would suggest that our “victories” will be small and incremental but the categorization and management of HIV infection as another chronic illness will certainly take place soon and this may be the win we will celebrate in the not too distant future.

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