

**Media Statement from Julio Montaner, President, International AIDS Society; Director, BC Centre for Excellence in HIV/AIDS**

**IMPROVING GLOBAL HEALTH OUTCOMES  
DEMANDS A UNIFIED EFFORT, REJECTION OF SHORT-SIGHTED  
STRATEGIES**

Geneva, Switzerland (3 December 2008) - Recently published arguments that increased funding for HIV is to blame for the chronic underfunding of broader health systems are rooted in a simplistic analysis of how global health priorities are established. Tragically, these arguments risk pitting natural allies against one another, and obscure the very real synergies that exist between the global response to HIV and the push to strengthen health systems in poor countries. Those living with and vulnerable to life-threatening diseases in these countries stand to gain far more by unified efforts to expand overall funding for global health than they do by efforts to reappropriate the inadequate resources now devoted to such issues.

In the context of today's global financial crisis, it is extremely short-sighted for health advocates to suggest that the urgent and very real non-HIV health care needs of the world's poor could be solved simply by reallocating AIDS funding to other health issues. Such an approach lets our political leaders off the hook, and in the midst of the political process used to allocate funding, all too often results in less, not more, funding overall.

The hard-won progress against HIV/AIDS has come as the result of the tireless, frontline efforts of researchers, health care workers, advocates, volunteers, and people living with HIV (PLHIV) over nearly three decades. While we are seeing the fruit of those efforts in many places, the greatest challenges and the most significant costs are still ahead. An estimated 70% of PLHIV in need of treatment still don't have access to it. In sub-Saharan Africa, the estimated number of children under 18 orphaned by AIDS more than doubled between 2000 and 2007, currently reaching 12.1 million. Moreover, many of those at risk for infection have no access to proven prevention programmes, and stigma and discrimination still stymie both treatment and prevention initiatives.

The success of the global response to HIV, including treatment and prevention scale up, is not in competition with the goal of strengthening health systems, but rather depends on it. No one understands this better than frontline AIDS professionals who regularly struggle to do their jobs, often with insufficient physical and human resources. Blaming the AIDS response for a shortcoming that was many decades in the making is unwarranted. It also fails to recognize how the roll out of HIV treatment has in many cases eased the pressure on such systems by reducing demand for hospital beds, thereby allowing them to be used for non-HIV patients, and by putting health care workers living with HIV back to work. The creation of new diagnostic laboratories, clinics and medical training facilities has and will continue to have broader, positive effects on public health in underserved communities, as will more aggressive screening and care for pregnant women living with HIV.

The push for universal access has also had a major effect on global health advocacy by galvanizing patients to demand their right to health care and combating stigma and discrimination against vulnerable populations. For the first time in decades, global health issues are front and centre on the international agendas of such bodies as the United Nations, the G8 and the African Development Forum.


Many advocates for primary care, pre- and post-natal care, maternal health and sexual and reproductive health recognize the opportunities presented by this momentum and are finding ways, at the country and international levels, to join forces with those working on HIV to develop an even stronger movement for global health.

As the AIDS movement gains traction and recent investments begin to demonstrate tangible progress, it is unfortunate that criticisms from those outside the field are appearing. Demands for a bigger slice of the global health funding pie, which was never big enough in the first place, is short-sighted, at best. The global response to AIDS provides an opening and a mandate to address the chronic under-financing of health systems in developing countries. We must act as a unified global community to seize this opportunity — it is an opportunity we cannot afford to squander.

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