

## MEDIA RELEASE

### **International AIDS Society Demands Canadian Prime Minister Harper and Other G8 Leaders Meet Their Commitments on AIDS Funding**

**19 November 2009** (Vancouver, Canada) -- As its 6th Annual Governing Council Retreat drew to a close today in Vancouver, British Columbia, the International AIDS Society (IAS) called on Canadian Prime Minister Stephen Harper and leaders of the other Group of Eight (G8) nations to fulfill their 2005 commitment to fully fund efforts to achieve universal access to HIV prevention, treatment, care and support by 2010.

Leadership from Prime Minister Harper is particularly important as Canada will convene and help set the agenda for the June 2010 G8 Summit in Muskoka, Ontario, which will also bring together the G20. While significant progress has been made in recent years towards scaling up HIV prevention and treatment efforts internationally, Canada and most of the other G8 nations have fallen notably short on the commitment they made at the 2005 G8 summit in Gleneagles, Scotland, to make these services universally available by 2010. The year 2010 will be critical to financing the scale-up required to meet the Millennium Development Goals (MDGs), a series of funding targets related to improving human health and development by 2015, agreed by all UN Member States.

“Prime Minister Harper recently promised to be a leader at the 2010 G8 summit, noting that the failure of Western politicians to fulfil their promises undercuts the credibility of their process. We couldn’t agree more,” said IAS President Dr. Julio Montaner, Director of the BC Centre for Excellence in HIV/AIDS. “But loss of credibility is not the most significant cost of the G8’s failure to live up to its commitments on universal access. The real cost of these failures is borne by the estimated 7,400 people who become newly infected with HIV each day and the nearly 5,500 who die each day from AIDS-related illness. Prime Minister Harper has a real opportunity to show much-needed leadership on AIDS.”

The global financial crisis has both reduced donor aid and led some middle-income countries to cut their domestic spending on AIDS, with potentially catastrophic consequences. In July, Médecins Sans Frontières reported that funding gaps and supply management problems have led to the delay, suspension or risk of suspension of the supply of HIV drugs in South Africa, Malawi, Uganda, DR Congo, Guinea and Zimbabwe. These “stock outs” mean that people with HIV have to interrupt their treatment, which may cause resistance, treatment failure, increased illness and early death.

“Without adequate funding, the G8’s promise of universal access to HIV prevention and treatment is illusory,” said IAS President-Elect Dr. Elly Katabira, Professor of Medicine at Makerere University in Uganda. “Retrenchment on the part of the G8 nations at this moment is unconscionable, particularly for Africa, where investments towards universal access have resulted in substantial progress, which is now threatened by funding shortfalls.”

Experts meeting here in Vancouver noted the importance of the G8’s commitments to global health and AIDS, including its early support for the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2002. The Global Fund, which supports innovative

country-level responses to the epidemic, was created in response to a call from former UN Secretary-General Kofi Annan for a global mechanism to finance the AIDS response.

Today, however, insufficient funding threatens to seriously weaken the impact of this innovative response to the epidemic. Demand from countries for Global Fund resources has been significantly higher than anticipated in the last two years, indicating that countries remain committed to scaling up programmes to achieve universal access. However, the Global Fund Board has recently needed to impose cost-savings measures in order to meet such high-level demand. Amidst fears that it would be delayed, the Global Fund Board has just announced that its tenth call for proposals will be launched in May 2010. Leaders have called on donor nations to take urgent action to ensure that the Global Fund is able to meet current and future demand for funding.

“Past contributions to the Global Fund have produced tremendous results, built necessary momentum and established impressive infrastructure to scale up lifesaving services. These investments are saving lives and curbing the growth of the epidemic. But if we are to further scale up programmes and expand these services to all those in need, more resources will be needed in the coming years,” said Michel Kazatchkine, member of the IAS Governing Council and Executive Director of the Global Fund. “In particular, the replenishment of the Global Fund that will take place in 2010 will determine whether the Fund can continue to meet demand, and whether the world is going to achieve the health-related MDGs by 2015.”

Serious gaps in access to HIV prevention persist, despite substantial improvement since 2005. This is especially true among the populations in greatest need of prevention interventions, including women and girls, people who inject drugs, men who have sex with men and sex workers. The abundant majority of low- and middle-income countries still do not conduct systematic HIV surveillance among populations most at risk of HIV, and such groups continue to face substantial legal and social barriers to accessing essential health services. Coverage of proven methods to reduce HIV risk for people who inject drugs is also dangerously sporadic.

Ample evidence supports the benefits of “combination prevention”, showing that a mix of behavioural, biomedical and structural HIV prevention approaches need to be expanded to meet the needs of the many different populations at risk. These approaches include condom distribution; education; support for behaviour change; voluntary counseling and testing; medical male circumcision; needle and syringe exchanges, methadone maintenance and other harm reduction programmes; and efforts to reduce HIV stigma, as well as using antiretroviral treatments (ART) to prevent vertical, sexual and blood-borne transmission of HIV.

“The need to scale up HIV prevention in tandem with treatment is abundantly clear. Treatment is an essential and synergistic component of the strategy to curb HIV infections, and scaling up treatment programmes without investing in prevention is shortsighted and economically unsustainable,” said Nobel Laureate Prof. Françoise Barré-Sinoussi, IAS Governing Council member and Director of Unité de Régulation des Infections Rétrovirales at the Institut Pasteur in Paris, France.

The failure of the G8 nations to deliver the funds committed for AIDS in 2005 also comes at a time when a global scale-up of treatment access is increasingly urgent. New World Health Organization guidelines are expected to recommend initiation of ART at the CD4 cell threshold of 350/mm<sup>3</sup> or fewer, significantly higher than the current recommended treatment initiation point of 200/mm<sup>3</sup> CD4 cells or fewer. The new guidelines will substantially increase the number of people in urgent need of lifesaving ART.

“Following the promises of Gleneagles in 2005, the G8’s most recent communiqué, from their 2009 summit in L’Aquila, Italy, is shockingly silent on AIDS. Next year, the G8 and the G20 must redress this,” said IAS Immediate Past-President Dr. Pedro Cahn, Director of Fundación HUESPED in Argentina. “AIDS does not go away from one year to the next, and neither should our leaders’ commitment to address this crisis.”

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### **About the IAS**

The International AIDS Society (IAS) is the world's leading independent association of HIV professionals, with 14,000 members from 190 countries working at all levels of the global response to AIDS. Our members include researchers from all disciplines, clinicians, public health and community practitioners on the frontlines of the epidemic, as well as policy and programme planners. The IAS is the custodian of the biennial International AIDS Conference, which will next be held in Vienna, Austria, in July 2010.

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