

Editorial

HIV/AIDS: The Prioritization of Prevention

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Earlier this year, two major international meetings reminded us of the scourge of the human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS). Since HIV/AIDS was first recognized in 1981, this emerging disease has spread relentlessly throughout the world to more than 40 million HIV-positive people, 95% of whom live in developing countries. It now threatens to surpass in total fatalities both the fourteenth-century “black death” and the 1918–1919 influenza pandemic, which killed tens of millions of people.

Now as HIV/AIDS is in its third decade the 2004 World Health Organization (WHO) report *Changing History* calls for a comprehensive HIV/AIDS strategy that links prevention, treatment, care, and long-term support. Similarly, the XV International AIDS Conference in Bangkok also endeavored to link community and science to galvanize the world’s response to HIV/AIDS through increased commitment, leadership, and accountability.

In 2003 alone, 5 million new infections occurred—14,000 each day—with an estimated 3 million people with HIV/AIDS dying, 500,000 of whom were children. The growing numbers do not adequately represent the devastation to individuals, families, communities, and societies coping with HIV/AIDS. Further, they do not demonstrate the devastating impact on economies and political stability.

The moderate success claimed thus far has largely been biomedical. Two decades of basic research into the mechanisms by which the virus propagates itself and evades and destroys the immune system have characterized HIV/AIDS from probable death to a chronic disease. With more than 20 antiretroviral drugs available, the level of virus in an infected person can be reduced so that he or she can maintain health for many years and also prevent mother-to-infant transmission of HIV. Yet, in 2003 only about 400,000 of the 6 million people requiring treatment actually received it.

Clearly, while the treatment opportunities are remote for many, the WHO created a “3-by-5 initiative” with the goal to provide access to antiretroviral treatment (ART) for those in developing countries who need it. The WHO and its partners are working with full commitment to achieve the 3-by-5 target—providing access of ART to 3 million people living with HIV/AIDS in developing countries by the end of 2005.

Even with the WHO response, according to the Global HIV Prevention Working Group, an international panel of nearly 50 experts in HIV prevention, a major shift in HIV prevention tactics will be needed to avoid a rise in HIV transmission and acceleration of the epidemic. Underfinancing of prevention activities is severely limiting the group’s impact, they report. Since 2002, prevention often is characterized by an approach called “A.B.C.,” which stands for abstain, be faithful, use condoms.

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The Bush administration has pledged \$15 billion as part of the President's Emergency Plan for AIDS Relief. The administration plan has earmarked one-third of the nation's international AIDS prevention funds to be used for abstinence programs starting in 2006.

Critics suggest that such programs alone are insufficient. In fact, a *New York Times* editorial states the administration is using pseudoscience to justify its decisions, as the administration and Congress have removed information about condom use and references to the value of sex education and condom promotion from the websites of the U.S. Centers for Disease Control and Prevention and the U.S. Agency for International Development.

The cost of failing to integrate prevention with treatment services is significant as the number of new infections continues to grow, with a resulting need continually to expand HIV treatment services. Further, experts warn that unless programs grow dramatically in scale in the next few years, any integration of prevention and treatment that does take place will have a marginal impact on the onward march of HIV into new populations.

Against this backdrop, the largest scientific and health bodies attempt to advance public health, but the communication challenge is as great today as in the early days when the disease was thought to be spread only amongst homosexuals and certain risk groups.

Recently, a historic meeting of leadership of the World Health Professions Alliance (WHPA) in Geneva, representing more than 20 million health professionals worldwide, unanimously passed a resolution urging governments to recognize the scale of the tragedy facing the world and to immediately commit the necessary funds to fight the pandemic.

The evidence-based principles are universal in intent:

- the current HIV/AIDS pandemic presents an extraordinary health, human rights, and humanitarian crisis;
- especially women and children are affected;
- focused prevention programs can significantly reduce new infections;
- treatment options allow HIV positive persons to lead a quality life;
- without the appropriate prevention and treatment this crisis will worsen to a level where some countries' populations may be decimated and their futures destroyed; and
- countries at the heart of the HIV/AIDS pandemic, provided they are supported with the necessary financial and human resources, can rise to the challenge.

The leaders of the medical, nursing, and pharmacy professions called on all national governments, intergovernmental agencies, and health professionals to recognize the scale of the tragedy, to stop procrastinating, and to commit, immediately, the necessary funds and resources against HIV/AIDS.

The WHPA resolution presents a challenge that those in communication can advance. Perhaps many of us as individual readers of this journal can similarly articulate the resolution in our professional organizations to help galvanize the support necessary of leadership to act as strong advocates and social leaders in the fight against HIV/AIDS.