

AIDS: doing the right thing

To the editor:

The quality of analysis contained in “Wait of the world falls on Bush’s ambitious AIDS Plan” (*Nat. Med.* 9, 808; 2003) falls far short of the standards one would expect from *Nature Medicine*. First, the article’s attempt to create uncertainty about President Bush’s commitment to his stated goal of a five-year, \$15 billion global AIDS program ignores our oft-stated position: to be effective, a large infusion of new funds for HIV/AIDS in Africa and the Caribbean needs to be ‘ramped up’ over time. This approach allows countries the time to expand their ability to effectively use resources of this magnitude in a proactive and strategic manner. It is a matter of public record that future budget requests will increase such that, at the end of five years, an *average* of \$3 billion a year is spent. Any practicing AIDS physician (and I

am one) knows that HIV/AIDS treatment is a complicated matter requiring considerable infrastructure and training. Our analysis holds that less money will be needed in the first years of this program than in later years, when large numbers of patients will be receiving costly antiretroviral medications.

Second, you incorrectly report that one-third of funds will be used for abstinence prevention programs. The legislation is clear that about 20% of the total funding will be spent on prevention and, of that amount, in the last two years of the program, one-third will be spent on abstinence programs.

Third, if the Global Fund to Fight AIDS, Tuberculosis and Malaria is in a precarious position, it is not because of lack of support from the US. This administration currently provides 41% of its operating revenues and

has pledged an additional \$1 billion of support over the next five years.

Finally, the Elizabeth Glaser Pediatric AIDS Foundation’s suggestion that this administration “may be forced to keep its word” has no factual basis. President Bush was not forced to make global HIV/AIDS a central issue in the State of the Union Address, to aggressively support legislation to deliver the largest disease-specific global public health campaign in history, or to make the largest contribution to the Global Fund. The president is leading the world in the fight against HIV/AIDS because it is, and has always been, the right thing to do.

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World Bank meeting concludes drug resistance should not prevent distribution of antiretroviral therapy to poor countries

To the editor:

Global momentum to expand access to antiretroviral therapy (ART) in developing countries has accelerated over the last 18 months, triggered in large part by activist pressure and rapidly falling prices for ART. The World Health Organization has added several ART compounds to its list of essential medicines, and the organization in 2002 published guidelines on scaling up ART programs in resource-limited settings. Excluding Brazil—which, since 1996, has provided nationwide access to ART through its public health services—the use of ART in low- and middle-income countries increased by 50% in 2002. The Global Fund to Fight AIDS, Tuberculosis and Malaria has approved grants that are intended to offer ART access to 500,000 people living with HIV/AIDS, and the US government has embarked on a five-year initiative to

provide ART to 2 million patients in 14 heavily affected countries in Africa and the Caribbean. The World Bank, historically the largest multilateral provider of HIV/AIDS financial assistance in low-income countries, has announced plans to direct substantial new resources toward the scaling-up of treatment programs in recipient countries.

Despite this progress in low- and middle-income countries, gains thus far must be placed in perspective. Although an estimated 5 to 6 million people in developing countries currently need ART, only 300,000 were receiving such medications in December 2002. In sub-Saharan Africa, where approximately 70% of the world’s HIV-infected population lives, only an estimated 1% of patients who could benefit from ART are currently on therapy. Efforts to expand treatment access in low- and middle-income countries confront a

host of obstacles, including insufficient resources, inadequate health-care capacity and drug prices that often remain unaffordable.

As initiatives to improve HIV/AIDS treatment access in developing countries have expanded, concerns have been expressed in some quarters that such efforts could contribute to the rapid development and spread of drug-resistant strains of HIV. Widespread drug resistance in developing countries, it is agreed, would blunt the anticipated benefits of greater treatment access and potentially make the disease even more difficult to manage in the future.

In June 2003, the World Bank’s Global HIV/AIDS Program and the International HIV Treatment Access Coalition hosted a meeting of leading public health officials, researchers and health-care providers from