



Independent observer
of the Global Fund

KAZATCHKINE AND OTHER HEALTH LEADERS DISPEL AIDS MYTHS

Michel Kazatchkine, head of the Global Fund, has co-authored an article in the Lancet that examines lessons learnt and myths that need to be dispelled nearly thirty years into the AIDS epidemic.

which Dr. Kazatchkine co-authored with Peter Piot (former head of UNAIDS), Mark Dybul (former head of PEPFAR), and Julian Lob-Levyt (head of the GAVI Alliance), examines “what we – the international community – got right, what we got wrong, and why we need to urgently dispel several emerging myths about the epidemic and the global response to it.”

The main myths surrounding HIV/AIDS that the authors examine are as follows:

- “Alarmingly, a myth has begun to emerge that too much money is spent on AIDS,” say the authors. “But AIDS remains the leading cause of death in Africa and the sixth highest cause of mortality worldwide.” Unfortunately, “new global challenges are competing for the attention of political leaders and donors at the same time as they face the present financial crisis.”
- Another common myth is that HIV prevention is not working, the authors say. They point out: “Much evidence suggests that, in several countries, prevention programs are effective. Between 2005 and 2007, coverage of services to prevent mother-to-child transmission of HIV increased from 14 percent to 33 percent. As a result in 2007 we noted for the first time a substantial decrease in the number of children born with HIV”.
- An increasingly recurrent myth is that one solution, or a so-called “silver bullet,” will comprehensively prevent HIV transmission, says the article. “Elimination of concurrent partnerships, circumcision of all men, focusing of prevention efforts on sex workers, universal HIV testing, and provision of antiretroviral therapy as soon as possible after infection, have all received attention as potential

solutions for prevention of HIV transmission... No approach will be enough on its own, and the promotion of one solution is, in our view, irresponsible. If we have learned one lesson in the past 27 years, it is that effective HIV prevention depends on customizing the right mix of interventions for every context.”

- Another misconception is that heterosexual transmission of HIV is uncommon outside Africa. The article cites generalized epidemics in Haiti and Papua New Guinea and states that heterosexual transmission drives the epidemic between sex workers, their partners, clients, and clients’ partners in Asia and elsewhere. It points out that the main method of transmission in Thailand is no longer between sex workers and their clients or between injecting drug users: it is between people who are married to each other. AIDS is also the leading cause of death among African-American women in the USA.
- The authors also dispel the myth that investments in AIDS are being made at the expense of health systems that are chronically underfunded. “Although AIDS has exposed weaknesses in health systems, funds for this disease are making a major contribution to strengthening of health systems.” The Global Fund and PEPFAR are now among the biggest investors in health systems. Some 35 percent of the Global Fund’s financing for AIDS, TB and malaria contributes directly to supporting human resources, infrastructure and equipment and monitoring and evaluation: all key components of health systems.
- A further myth that has emerged suggests that strengthening health services alone will solve the world’s health problems, including AIDS. Improved health systems alone are not enough to end the epidemic, say the authors. “Whereas well functioning health and community services will be key to provision of antiretroviral therapy for decades to come – as well as services for the prevention of mother-to-child HIV transmission, blood safety, and male circumcision – most other HIV prevention activities are happening largely outside the health sector.”
- A last myth is that AIDS has somehow been solved, says the Lancet article. “We need to recognize that AIDS is a long-term event. We have to identify now how to finance a sustained response to AIDS for another several decades, and develop longstanding links with broader efforts to strengthen health systems and health workforces as well as other developments, such as education and food security.”

The authors also say the international community in the early 1980s underestimated the global effect the disease would have and the extent to which stigma and discrimination would remain formidable obstacles to tackling AIDS. But the sense of urgency that would eventually develop in the global AIDS movement was also underestimated and this has led to “an unusual convergence of political will, money and science.”

On the other hand, the international community overestimated the speed with which the epidemic would spread in regions other than sub-Saharan Africa and was also excessively optimistic about “our capacity to devise technological solutions to prevent HIV.”

The article is available at [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)60321-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60321-4/fulltext).

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