

MEDIA STATEMENT

At Conclusion of Major International Scientific Meeting on AIDS, Researchers Highlight Evidence of Important Benefits from HIV Investments for Other Health Conditions, Including Those Affecting Women and Children

Scientists Urge Support for Additional Investments to Strengthen Health Systems, Using Recent AIDS Investments as a Model

(Cape Town, South Africa – 22 July 2009) – At today’s conclusion of the 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2009) the International AIDS Society welcomed evidence illustrating how investments in HIV have contributed to reductions in infant mortality and TB incidence, improved access to health services for women, and expanded health systems capacity.

Ten years ago there was less than US\$1 billion available for HIV programmes globally. By 2009, there is US\$14 billion available. These investments have generated substantial returns in addressing the HIV epidemic -- in particular, four million people who would otherwise be dead are now on HIV treatment and alive. Data suggest that the number of new infections has peaked, due in part to successful prevention efforts. In addition, new evidence presented at this conference suggests that treatment on a large scale can not only save the lives of individual patients receiving care, but also curb the epidemic by reducing viral loads and thereby infectiousness.

Importantly, the conference -- as well as an IAS two-day meeting on health systems strengthening, sponsored by the Rockefeller Foundation and the World Bank, in conjunction with IAS 2009 -- also presented evidence suggesting that the scaling up of HIV programmes can lead to improvements in outcomes related to other health conditions and bolster health care infrastructure overall.

As a result of investments in HIV, clinics and hospitals are being refurbished; laboratory and diagnostic capacity is being strengthened; additional cadres of health workers are being mobilized; and morale among health workers is greatly lifted.

The scale-up of ART over the past five years has also served as a “pressure valve” for many poor countries with high seroprevalence. Previously, hospital beds and clinics in resource-poor settings were overwhelmed by AIDS patients requiring extensive management for opportunistic infections and end-of-life care. Doctors and nurses were overworked and demotivated. AIDS care displaced other health issues from many health systems. Recent investments in HIV and the resulting declines in morbidity and mortality have freed up resources for use on other health priorities.

As Wafaa El-Sadr from Columbia University highlighted at the conference, the complex nature of how HIV is transmitted and manifested has required the creation of infrastructure that is appropriate to address other diseases and conditions. For example, HIV affects

families, not simply individuals; it requires laboratory monitoring, a secure drug supply and high levels of retention and adherence; HIV is associated with stigma and discrimination; and both treatment and prevention are acute and chronic endeavors.

“HIV programmes represent the first successful large-scale chronic disease programmes in resource-limited settings in history. We can leverage their successes to revitalize and enhance responses to other health priorities,” said El-Sadr.

Specific examples of how HIV investments have leveraged other health benefits include:

1. In Eastern Uganda, the increase in services for HIV/AIDS was accompanied by a reduction in non-HIV infant mortality of 83%, possibly attributed to the 90% reduction in children being orphaned. (*Mermin J, Were W, Ekwaru JP, et al. The Lancet, 2008*)
2. In a rural region of KwaZulu-Natal Province in South Africa, following the introduction of prevention of mother-to-child transmission (PMTCT) services in 2001 and antiretroviral therapy (ART) programmes in 2004, a 57% reduction in the under age-2 child mortality rate was observed, showing a population-level effect of improved health services. (*Ndirangu J, Bland R, Newell M-J. IAS 2009, abstract WEAD105*)
3. In Haiti and Rwanda, Partners in Health documented increased use of non-HIV related health services, including antenatal care, delivery of newborns in healthcare settings, increased vaccinations and screening for sexually transmitted infections. (*Walton DA, Farmer PE, Lambert W, Leandre F, Koenig SP, Mukherjee JS. J of Health Policy, 2004*)
4. Evidence shows that women being treated for HIV are more likely to deliver children within health facilities. Countries that have strong maternal health services have been much more capable of managing and maintaining programmes that support overall maternal health and child survival and not just PMTCT. (*2003-2007 Research and Demographic and Health Surveys from Cote d'Ivoire, Rwanda, Ethiopia, etc. cited by Rene Ekpini at IAS 2009*)
5. In most countries, coverage of key maternal and child health interventions has continued to improve at a steady pace with no clear evidence of a slow down since 2004. (*World Health Organization: Report on the 3rd Expert Consultation on Maximizing Positive Synergies between Health Systems and Global Health Initiatives. October 2008.*)
6. Botswana had its first decline in infant mortality and increase in life expectancy in decades as the country focused on implementing HIV/AIDS programmes using both domestic and international resources. (*Stoneburner R, Montagu D, Pervilhac C, et al. 16th International AIDS Conference, Toronto, abstract THLB0507*)
7. A study in a South African community with high prevalence of HIV and a well-functioning TB programme found that the rollout of antiretroviral therapy was associated with improvements in TB, with substantial declines (over 75%) in annual TB notifications among those who are HIV positive when receiving ART. (*Middelkoop, K, Wood, R, Myer, L, Sabastian, E, Bekker L-G. IAS 2009 abstract CDB041*)

Investments in HIV have also led to innovative improvements to expand the health workforce to meet the broader health needs of communities. For example, MSF programmes with nurse-driven management of service delivery programmes have shown significant successes in places like Lesotho and South Africa and need to be analyzed for replication in other settings.

“As a result of this global momentum on HIV, overall health expenditures have increased (notably for TB, malaria and infectious diseases), the overall health workforce has become

more innovative, human rights, social determinants, and issues of equity are now at the forefront of primary health care, and there is global solidarity around health conditions and the need for strengthened health systems,” said Prof. Alan Whiteside, Director of the Health Economics and HIV/AIDS Research Division (HEARD) at the University of KwaZulu-Natal and IAS Governing Council member. “We are also seeing improved accountability and effectiveness of public health programmes and services.”

There is no doubt that challenges remain for enhancing the build-up of health systems. Looking ahead, meeting participants discussed how investments in HIV programmes and global health should aim to empower governments to demonstrate leadership and stewardship of health care services in their own countries, in partnership with nongovernmental organizations and affected communities that have paved the way in many areas.

“Evidence presented here in Cape Town builds on earlier studies demonstrating that targeted investments in HIV are leveraging additional benefits to maternal and child health,” said IAS President Julio Montaner. “In this way, the Millennium Development Goals 4, 5 and 6 – to reduce child mortality, improve maternal health and combat HIV – reinforce one another and must always be pursued in tandem.”

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