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Rethinking the Fight Against AIDS

With funding down, it is critical to identify those measures that achieve the most results for the money spent.

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After a decade of unprecedented increases in donor funding and a corresponding 17% decline world-wide in the number of new infections, the fight against HIV is losing momentum. UNAIDS reported a 10% drop in funding from 2009-10. The U.S. Congress is clamoring for further cuts to the foreign aid budget. European governments are reducing funding commitments in the wake of fiscal crises. And in sub-Saharan Africa, the countries worst affected by AIDS have failed to live up to their commitment a decade ago in the Abuja Declaration to increase health spending to 15% of GDP.

The considerable progress in recent years—including the 22-fold increase in the number of people receiving anti-retroviral drugs between 2001-2010—has been due to scientific breakthroughs and to civil society's efforts to keep AIDS on the political agenda. This is now changing. Yet according to the World Health Organization, AIDS-related illnesses are still the biggest killer of women world-wide, and only two out of five people requiring treatment are currently receiving anti-retroviral drugs. UNAIDS's commitment to universal access by 2015 is in serious jeopardy.

The response to AIDS is at a critical juncture. There are 33 million people living with the disease. HIV fatigue needs to be countered with robust analysis in order to support a long-term strategy.

As the aids2031 project co-chaired by UNAIDS, the Gates Foundation and other partners found, there is a need for a long-term strategy to respond to the epidemic. This requires stronger analysis of the local epidemic conditions as well as the economics and politics of response. The focus has to be on identifying those interventions that have the greatest effect on the pandemic for the amount of money spent. Billions of dollars, for instance, have been spent on abstinence campaigns without any reliable measure of their benefits. This is a common problem with spending to date: too little analysis of what has been achieved at what cost.

It is highly likely that AIDS will be with us for decades, if not for generations. According to U.N. figures, it has stunted economic growth across Africa by an estimated two to four percentage points a year over the past decade. Thus it's critical that spending is directed toward those activities that have the highest bang for the buck.

The Copenhagen Consensus Center and the Rush Foundation have launched a new initiative called RethinkHIV. The project has commissioned teams of economists, epidemiologists and demographers to research the costs and benefits of different responses to the epidemic. A panel of prominent economists, including three Nobel Laureates, will review the research and

answer the question: "If we successfully raised an additional US\$10 billion over the next five years to combat AIDS in sub-Saharan Africa, how could it best be spent?"

The project examines six areas of HIV intervention in the region of sub-Saharan Africa—47 countries with a combined population of 818 million—and highlights some paths to better decision making.

Among prevention options, for instance, there is solid empirical evidence about the effectiveness of only a handful of options outside of condom use. Prominent among them is male circumcision, which significantly reduces the risk of transmission for males. There is also an emerging consideration of using AIDS treatment drugs for prevention purposes, but also recognition of its costs.

The research also recognizes that HIV transmission is very high within marginalized social groups such as intravenous drug users. There also appear to be further opportunities to broaden the battle against mother-to-child transmission of HIV at low cost.

We have other tools. Ensuring girls stay longer in secondary school can reduce HIV prevalence, because girls who remain in school engage in sex later. Likewise, some research suggests alcohol taxes could bring down HIV transmission rates at very attractive cost-benefit ratios. Essentially, less excessive drinking means less unsafe sex. Finally, the researchers look at the potentially huge long-term benefits of spending about a billion dollars annually on R&D to achieve breakthroughs in vaccine development.

This is the kind of analysis the fight against HIV requires in a world of constrained resources. It is sobering to recall that humanity has struggled to eliminate diseases even when they are totally curable and preventable. AIDS has so far proven an immensely difficult foe. The battle against this disease has not yet been won.

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