

Working Paper  
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## WHEN IN DOUBT—BLAME THE G8

AIDS activists in Canada took advantage of the G8 summit held in Ontario in late June to attack the G8 for failing to meet its commitment on AIDS treatment in developing countries. James Orbinski and James Fraser in an oped in the *Toronto Globe and Mail* (June 24) criticize the shortfall in donations for the failure of Universal Access by 2010. Stephen Lewis (former special representative of the UN Secretary General for HIV/AIDS in Africa) raised the rhetorical bar in a press statement (June 22) on the same topic referring to the G8 as being “congenitally addicted” to the “betrayal of Africa.” The G8 should be criticized for its 2005 decision, first for failing to meet its commitments, but secondly for buying into a slogan disguised as a programme, with a target that was unachievable under the best of circumstances. The disappointment of the activists is only one more incident in the ongoing saga of UN Millennium Development Goal (MDG) 6 which seeks to end the HIV/AIDS epidemic but whose implementation has been a minefield of inappropriate targets, slogans disguised as programmes, extravagant fund-raising demands, and mind-numbing financial and economic incompetence.

The MDGs were proclaimed in 2000 by the UN to address problems of extreme poverty by 2015. The sole target with respect to HIV/AIDS at that time was to “have halted by 2015 and begun to reverse the spread of HIV/AIDS”. No treatment targets were set because there was no prospect of widespread treatment at the time. The target to reverse the epidemic (6A) has been particularly hard for the UN to deal with. UNAIDS, the UN’s HIV/AIDS focal point, has a potential conflict of interest. Successfully reaching the target could impact fund-raising adversely—bad news makes for good fund-raising. Two former UNAIDS staff members reported in separate books that UNAIDS had massaged data to make the risks in some regions appear worse than they were. Calculations of HIV incidence (the rate of infection) using UNAIDS data show that; the global rate of infection peaked in about 1997; Sub-Saharan Africa as a region peaked in about 1994; and, incidence continues to decline. UNAIDS have so far failed to admit that target 6A has been successfully reached, much less that it was met before it was even set. To defeat the epidemic, the virus must be eliminated, but UNAIDS owes the world a true picture of the epidemic’s status. Instead the UN in its 2009 MDG progress report reports that to “halt and reverse the spread of the epidemic requires far greater access to HIV prevention services and support than is currently available.”

The MDG6 treatment target (6B), established after 2005, has on the other hand been the result of pathological over-optimism, creating unachievable expectations, which doom positive but relatively modest results to be branded as failures. Effective treatment for AIDS in developing countries became available just after the turn of the century. UNAIDS and WHO launched an initiative to have three million patients on ART by 2005 (3 by 5 initiative). The UN Millennium Project declared the 3 by 5 initiative a “Quick Win”, that is an activity which could be implemented immediately with “breathtaking results within three or fewer years”. The initiative did succeed in treating 1.3 million persons by the end of 2005, but failed to reach its target of three million, a target the *Economist* described as being “absurdly optimistic”. Unabashed by the 3 by 5 initiative results, in 2005 and with fresh over-optimism, UNAIDS initiated the Universal Access by 2010 initiative for prevention and treatment. The treatment target was incorporated into MDG6. Multi-billion dollar budgets were prepared, without internal priorities or any semblance of cost-effectiveness analysis. Given the extreme weakness of medical services in many of the most seriously HIV-affected countries, this goal is unachievable. Although

significant progress in expanding treatment has occurred, 2010 will end with AIDS treatment in developing countries far from reaching the target goals.

Faced with the embarrassingly successful completion of target 6A and a partially failed target 6B, UNAIDS has once again shifted slogans-- UNAIDS new vision is "Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths" which was endorsed by the UNAIDS Programme Coordinating Board (PCB) on 24 June. Even optimistic modelling of the epidemic suggests that this vision will take more than 30 years to achieve. In the shorter term, UNAIDS has set the target of ending the transmission of HIV from mother to child by 2015, with Africa as the main beneficiary. Prevention of transmission to newborns requires trained health care intervention before, at and following delivery. Unfortunately, less than 50 per cent of births in Africa take place with trained health care workers in attendance, severely limiting prospects. Limited progress is possible, but this target itself is also not achievable. UNAIDS has set the donors up for another no-win situation. The donors will be blamed for the failure to achieve the targets promised by UNAIDS slogans--for some reason, the activists always attack the donors for failure, never UNAIDS which raises expectations with unachievable targets in the first place.