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Global Complacency in the Face of HIV/AIDS: The Worst Infection

Thirty years ago, in June of 1981, the first report of what came to be called AIDS was published; ten years ago, the UN General Assembly adopted the Declaration of Commitment on HIV/AIDS; and five years ago, the same body issued the Political Declaration on HIV/AIDS. This year, UN member states will take stock of what has been accomplished and decide the shape of the future global response to the modern world's gravest infectious pandemic.

A heartening turn took place when global incidence began falling in 1999, and many thought the spread of the disease was waning at last. The introduction of antiretroviral treatment provided new hope to those already infected. Today there are 33.3 million people living with AIDS, 27% more than in 1999. Some 56 countries have stabilized or reduced new infections by more than one quarter. That is the good news.

Nevertheless, three million more people were infected by HIV in 2010. And, as is the case with other diseases, those most vulnerable and least likely to have access to treatment are still the poor: in Asia, India is the country with the largest numbers of people living with HIV; and the highest incidence today is in Sub-Saharan Africa, with high rates also reported in most of the Caribbean. The urban poor, marginalized and disenfranchised in richer countries are also more at risk of infection.

Just as disturbing is the complacency that has infected the donor community: expressions of good will and commitments notwithstanding, the gap between needs and resources is widening. Donations to the Global Fund to Fight AIDS, Tuberculosis and Malaria first flatlined, and are now taking a dangerous nosedive: from the \$16 billion available in 2010, pledges for 2011–2013 have fallen to just \$11.7 billion, signifying a critical shortfall.

Indeed, if we are ever to see a world with zero new infections, zero discrimination and zero AIDS-related deaths, donor countries and institutions must heed the alarm sounded recently by UNAIDS executive director Michel Sidibé.

He has urged donors, governments and health authorities to redouble efforts towards universal access to AIDS prevention, treatment, care and support, even as countries suffer economic hardship amidst the global recession.

Cuba provides a case study of approaches to HIV/AIDS in a resource-limited setting, and this issue of *MEDICC Review* updates the results (*Cuba's National HIV/AIDS Program*). In a companion piece, Dr Hector Díaz relates the history and outcomes of one of the Program's key components (*HIV Detection in Cuba: Role and Results of the National Laboratory Network*).

From the time the first case of HIV was diagnosed in Cuba in 1985, research has been a pillar of the control strategy, guided by the need to answer urgent questions to inform public health decision-makers. Three articles in this issue carry current research outcomes: *Occult Hepatitis B in Cuban HIV Patients*, *Antiretroviral Therapy Adherence in Persons with HIV/AIDS in Cuba*,

and *Drug-Resistant HIV-1 in Cuban Children and their Seropositive Mothers*.

Two articles cast a look at the health, economic, social and human complexities of HIV/AIDS in Cuba—insights from Dr Jorge Pérez from his long years of fighting the AIDS epidemic as a researcher, clinician and policymaker, alongside his patients (*The Human Dimension of AIDS*).

Cuba provides a case study of approaches to HIV/AIDS in a resource-limited setting


The other presents the Cuban contribution to the International NAMES Project (*Raising HIV/AIDS Awareness through*

Cuba's Memorias Project), and inaugurates a new section of the journal, *Lessons from the Field*.

Moving away from this issue's central theme, we reprint an article from the *Revista Cubana de Higiene y Epidemiología*, describing research carried out to improve the quality of dengue surveillance in Cuba (*Prevalence of Febrile Syndromes in Dengue Surveillance, Havana City, 2007*).

Dr Alberto Morales' Viewpoint (*Ergo-Anthropometrics: Joining Fit to Fat to Predict Cardiovascular Risk*) foreshadows our October theme on Population Health Strategies for Non-Communicable Chronic Diseases. We are pleased to announce that Dr Pedro Ordúñez, senior consultant on chronic diseases to the Pan American Health Organization, will be guest editor for the issue, published on the heels of the UN High-level Meeting on Non-Communicable Diseases.

After consultation with the Editorial Board, we have also chosen the main themes for upcoming issues in the 2012–2013 calendar: Rural Health in Cuba; A Gender Perspective in Cuban Health; Development of Human Resources & Leadership for Health Systems; Diabetes; and Health Services Administration, Efficiency and Quality. And of course, first up this July: Towards Universal Coverage in Developing Countries.

Finally, a short PS: We recommend you revisit the January 2011 *MEDICC Review*, for an article entitled *The National Clinical Trials Coordinating Center: Emergence, Evolution, and Main Results*. Since then, the Cuban Public Registry of Clinical Trials (RPCEC) has become the first in Latin America to be named a Primary Registry by the World Health Organization. The WHO Registry Network is composed of 13 Primary Registries across the globe that meet technical, administrative and governance standards, as well as criteria for content, data quality, and public access. 

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