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Science 8 October 2010:  
 Vol. 330 no. 6001 pp. 175-176  
 DOI: 10.1126/science.330.6001.175

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• LETTERS

**AIDS Funds: Benefits**

In their Policy Forum "Global HIV/AIDS policy in transition" (11 June, p. [1359](#)), J. Bongaarts and M. Over contend that global health initiatives focused on HIV/AIDS treatment, such as the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), are not the best use of international health aid. We disagree.

Bongaarts and Over suggest that funding for HIV/AIDS is disproportionately high despite comprising <5% of the mortality burden in the developing world. However, in many countries death certificate misclassifications underestimate mortality attributed to HIV/AIDS by as much as 50% because the cause of death is often classified as an AIDS-related opportunistic infection (including tuberculosis, pneumonia, and meningitis) without reference to HIV ([1](#)).

Next, Bongaarts and Over propose that HIV/AIDS "distorts health priorities." In Haiti and Rwanda, where adult HIV prevalence is <3% and the highest causes of morbidity and mortality are attributed to diseases other than HIV, global health initiatives focused on providing HIV treatment have directly and indirectly strengthened primary healthcare systems beyond HIV/AIDS, including maternal and child health ([2-4](#)).

The authors claim that HIV treatment scale-up is not cost-effective. Several studies demonstrate that failure to use HIV/AIDS antiretroviral treatment is even more expensive than the provision of medication ([5-7](#)). Walensky and Kurtzkes emphasize that cost-effectiveness analysis may not be appropriate without considering the context; the treatment, population, and program must be comparable for conclusions to be drawn ([8](#)).

Finally, Bongaarts and Over argue in favor of HIV prevention over treatment. This logic contradicts recent studies suggesting that HIV/AIDS antiretroviral treatment may actually serve an important role in preventing new HIV infections, both by lowering viral loads in HIV positive persons and by encouraging people to present for voluntary counseling and testing ([9](#), [10](#)).

**Anand Reddi<sup>1,\*</sup> and Sarah C. Leeper<sup>2</sup>**

<sup>1</sup>University of Colorado, School of Medicine, Aurora, CO 80045, USA.

<sup>2</sup>Brown University Medical School, Providence, RI 02906, USA.

<sup>\*</sup>To whom correspondence should be addressed. E-mail: [anand.reddi@gmail.com](mailto:anand.reddi@gmail.com)

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11. A.R. is on the board of directors of the AIDS Healthcare Foundation. The opinions expressed do not necessarily represent any position or policy of AHF.

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