

Ottawa MIA in AIDS fight

In the worldwide fight against deadly HIV/AIDS, many Canadians are punching above their weight. Sadly, the Canadian government is not.

While world-ranking advocates and scientists like Stephen Lewis and Dr. Julio Montaner will be among those attending the international AIDS conference that opens today in Vienna, the Harper government will have a much lower profile.

Montaner, the clinical director of the B.C. Centre for Excellence in HIV/AIDS, is an architect of a dramatically promising strategy for reducing infection through early drug therapy, which cuts the level of the virus in the bloodstream so that the risk of transmission is negligible. It's part of the UN's new Treatment 2.0 program for tackling AIDS.

Montaner's work is praised worldwide. But he can't get even a nod from Prime Minister Stephen Harper — who recently made maternal and child health the focus of the G8 meeting in Canada.

Harper should know that AIDS is one of the main barriers to maternal health, and a leading cause of death for pregnant women in African countries. It is also transmitted from mother to child, a deadly time bomb for new generations. Even babies who are not infected have a lower survival rate if their mothers die from lack of treatment.

Bernhard Schwartlander, a policy director of the UN's AIDS program, estimates that "probably one-third of all infections could be avoided simply by treating all those who should be treated." His point couldn't be clearer: investment in effective antiretroviral treatment offers the best return on investment for donor countries. Writ large, that would save the lives of 1 million of the 3 million people who are newly infected each year worldwide. And it would halt the exponential growth of infection from many of the 33 million who are now carrying HIV/AIDS.

Former prime minister Paul Martin gave more than \$100 million to international AIDS initiatives that allowed the World Health Organization to launch some of its most successful programs. That's an example of the kind of leadership Canada could be exercising today.

Montaner, Lewis and others have tried to get the message through to Harper and Bev Oda, minister of international co-operation, that they should back treatment-as-prevention with funding. But their pleas have so far fallen on deaf ears. The Conservatives' reluctance may stem from misguided ideological concerns over the disease's links with drug use and homosexuality, which are not major factors in Africa.

Canada's own aboriginal population is also affected by AIDS, an additional burden on people struggling with poverty and serious health challenges. Active treatment programs would reduce rates of transmission in their communities, too.

Harper won plaudits for his pledge of \$1.1 billion for maternal health at the recent G8 meeting. And with a looming freeze on foreign aid, it may be unrealistic to expect new money to flow to AIDS projects anytime soon. But the government could follow the UN's lead, and devote part of the money already pledged to a new strategy to help mothers and children avoid one of the biggest killers in Africa and the developing world.