Editorial

Canada's commitment to AIDS relief in Africa

HIV/AIDS was first detected 20 years ago this month. Although the virus would not be discovered for another couple of years, it was immediately realized that AIDS was sexually transmitted and that its worldwide distribution was limited to a small number of gay communities in California and a few other, mainly North American, centres.

The subsequent 2 decades saw what historians will surely describe (at least for North America and Europe) as an exemplary public health campaign to control this apparently new disease. Although the campaign was not perfect, the spread of HIV has been slower than it might have been. In Canada, for example, the 50 000 people who have HIV/AIDS are 50 000 too many, but they represent only about 1/10th of 1% of the population.

In horrible contrast, Africa is living through — dying through — the most devastating epidemic in human history. Of the estimated 34 million people infected with HIV worldwide, 75% (25 million) are in Africa. In South Africa, for example, 25% of women of childbearing age have HIV infection, and by 2010 there will be between 545 000 and 635 000 deaths annually. In this issue the editor of the *South African Medical Journal* describes the catastrophic situation in his country (page 1857).[1]

HIV roared through Africa not because the virus was more virulent, but because of poverty, malnutrition, war and human displacement, illiteracy, and social and political disorganization — actually, chaos. HIV is the immediate cause of AIDS but not the cause of the pandemic.

Africa is poor, and its people are suffering and dying for many reasons. But near the top of the list is the fact that the rich countries of the world, in ignominious retreat from failed colonial experiments, replaced exploitation with neglect. This is a continuing trend: developmental assistance to all developing countries for the period 1994 to 1999 fell 4.7%. Assistance to Africa in the same period fell 21.9%, from US$32 per African in 1990 to only US$19 in 1998.

World leaders are meeting this month in New York at the United Nations General Assembly Special Session on HIV/AIDS in Africa, to formally endorse many of the declarations made earlier this year in Abuja by African leaders.[2]

Although money is not all that is required, it is essential if we are going to help in stopping this modern plague. Canada must endorse the Abuja Declaration, especially article 28, a pledge to give 7/10ths of 1% of our gross national product (GNP) toward developmental assistance to poor countries. We have an unimpressive record, one for which future generations will hold us responsible. In 1994 we gave 0.43% of our GNP (Can$114 per person) for developmental assistance; by 1999 this fell to 0.28% (Can$85 per person).

We can and must do better: 0.7% of our national affluence cannot be too much to ask. We hope that Prime Minister Chrétien will make a firm commitment on Canada's behalf to tossing our modest share of developmental aid into the hat. — *CMAJ*

References
1. Ncayiyana DJ. Antiretroviral therapy cannot be South Africa's first priority. *CMAJ* 2001;164 (13):1857-8.
2. *Abuja declaration on HIV/AIDS, tuberculosis and other related infectious diseases*. Addis Ababa (Ethiopia): Economic Commission for Africa; 2001. Available: www.uneca.org/adf2000/Abuja %20Declaration.htm (accessed 30 May 2001).