Defeating AIDS but missing children

We welcome the report Defeating AIDS—advancing global health (July 11, p 171).[1] The Commission generated four scenarios, providing a blueprint for forward thinking on the AIDS response. However, there is a gaping omission. We note within the 48 page document the word child/children appears 44 times. Ten within the references. Of the 34 mentions in the body of the text, 31 refer to "mother-to-child". The other three times are rightful lamentations of slow roll out and inadequate treatment formulations for children. But there is more to children than prevention of mother-to-child transmission.

We would be keen to know if the plans for tomorrow have any specific consideration for children or if the strategy advises that child HIV policies are aligned with the adult policy—despite the fact that children will be the recipients and true users of the next policy. The attention to key populations—men who have sex with men, injecting drug users, sex workers, prisoners, and residents in hot spots—are entirely adult referenced. Men who have sex with men, sex workers, prisoners, and drug users may well have children whose needs could be overshadowed.[2] The worrying statistics on adolescents is an important step, but policy needs to dive further down the age span and include younger children in the vision.

The Commission[1] urges investment in research and innovation. There is a growing evidence base that children need more than treatment;[3] they also need combination approaches (eg, cash plus care[4]) to overcome barriers to effective treatment and prevention.[5] Insufficient and narrow programming for children is ineffective at best and detrimental at worst. Sustained, long-term,[6] reliable funding is a crucial foundation—eroded by short-term, quick-fix interventions creating instability when withdrawn. Solid evidence exists about the effects of adult HIV on child development.[7]

We urge policy makers to include structural interventions that take into account children. We note that activism and engagement from and for young children is complex and often reliant on advocates to rally on their behalf. Policy makers, when calculating the associated costs for AIDS response scenarios, need to take into account children and the additional provisions required to cater for them. We find the call to action and the global challenge exciting, but without specific child inclusion the scenario reads like Hamlet without the Prince.

We declare no competing interests.

Lorraine Sherr, Lucie Cluver, Mark Tomlinson, Hoosen Coovadia, and The Coalition for Children Affected by AIDS
l.sherr@ucl.ac.uk

Research Department of Infection and Population Health, University College London, London NW3 2PF, UK (LS); Oxford University, Oxford, UK (LC); University of Cape Town, Cape Town, South Africa (LC); Stellenbosch University, Stellenbosch, South Africa (MT); University of Kwazulu-Natal, Durban, South Africa (HC); and School of Public Health, University of the Witwatersrand, Johannesburg, South Africa (HC)

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Improving the quality and coverage of cancer registries globally


Jon Hrusa/epa/Corbis

The Global Burden of Disease (GBD) 2013 report[1] provides mortality estimates for 240 causes of death but also incorporates several criticisms of the methods used by the International Agency for Research on Cancer (IARC) in developing national estimates of cancer incidence and mortality worldwide in GLOBOCAN.[2] We remain encouraged by the overall comparability of the two sets of estimates, yet IARC's approach differs from that of GBD, and warrants further comment.

The specific criticisms of the GLOBOCAN estimates were unexpected.[1] The "surprising" discrepancies result from pairings of countries and cancers that constitute rare events in the populations compared. The differences in testicular cancer mortality between Mali and Mauritania in GLOBOCAN are probably due to only one death being estimated in the latter country,[2] while the male thyroid cancer comparison in Timor-Leste (*vs* Indonesia) is based on just six deaths.[2] As a counter-example, the GBD estimates for 2013 for stomach and breast cancer incidence[3] in South Korea, seem to be underestimated by about a third when compared with data from the National Cancer Registry for 2012.[4] The recorded incidences of 30 847 and 16 521 for these respective cancers are in line with GLOBOCAN (31 269 and 17 140 respectively).[2]

Previously Krieger and colleagues[5] noted a lack of clarity in a previous GBD report[6] regarding the methods and data limitations, concluding that more support for cancer registration was needed. We echo the latter sentiments. Spanning 50 years, the IARC has compiled and disseminated global cancer indicators using methods mainly based on data from population-based cancer registries (PBCRs) worldwide. Through the Global Initiative for Cancer

For **signatories from The Coalition for Children Affected by AIDS** see appendix

For the **Global Initiative for Cancer Registry Development** see http://gicr.iarc.fr

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