

Tackling the challenges of child health care

Richard Horton (July 14, p 106)¹ noted the UK's mediocre performance with respect to child health. As representatives of the European Public Health Association and the European Paediatric Association/Union of National European Paediatric Societies and Associations, we strongly endorse Horton's call for greater integration between public health and paediatrics and are already working towards this goal. We have jointly called for greater emphasis on prevention to tackle the changing burden of childhood disease, increasingly dominated by long-term conditions, many of which are caused by modifiable behavioural and environmental factors.² The reinforcement of prevention strategies can only be achieved by working together to address the underlying causes, the roots of which are embedded in the socioeconomic and commercial environments in which our children live, as set out in the 2016 Vienna Declaration³ on public health. Our two organisations have recently signed a Memorandum of Understanding in which we commit to promote children's right to health, equity, and social justice through research, public health care, and education. We will explore practical ways to realise our commitment at the European Public Health conference in Ljubljana, Slovenia, on Nov 28–30, when we will join forces to speak with one voice on behalf of European children.

We declare no competing interests.

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- 1 Horton R. Offline: The UK's child health emergency. *Lancet* 2018; **392**: 106.
- 2 Jansen DEMC, Saxena S, Azzopardi-Muscat N. Public health practice and policy to improve child and adolescent health in Europe. *J Pediatr* 2017; **190**: 293–94.
- 3 EUPHA, Österreichische Gesellschaft für Public Health. The Vienna declaration. 2017. https://eupha.org/repository/advocacy/Vienna_Declaration_final_version_update02062017.pdf (accessed July 26, 2018).

Comparing estimates of spending on health and HIV/AIDS

We commend the Global Burden of Disease (GBD) Health Financing Collaborator Network (April 17, p 1799)¹ for publishing HIV spending estimates. However, we are concerned that some readers could interpret the GBD's reported estimates to mean that the global HIV-resource needs have been met.

The GBD estimate of total spending for HIV responses in low-income and middle-income countries (LMICs)² in 2015 (ie, 32.6 billion in 2017 purchasing-power parity-adjusted dollars [table 2 in the Article]¹) appears to exceed the UN General Assembly commitment to fully fund the global HIV response and reach "overall financial investments in developing countries of at least 26 billion dollars per year by 2020".³

If the GBD estimate¹ is expressed in nominal 2015 US dollars, it is almost 20% lower than the UNAIDS assessments of US\$19.7 billion available for the same set of LMICs, including countries that were reclassified as upper-middle income that year.² However, if the global and regional components of the Development Assistance for HIV are included in the LMIC aggregates, then the GBD estimate for 2015 and the UNAIDS estimates^{4,5} are remarkably similar (figure). Total Development Assistance for HIV, in 2017 dollars, is shown in figure 3A of the Article¹ but not, understandably, in the country-by-country disaggregation in table 2 of the Article.

Both analyses come to similar conclusions: increases in domestic expenditures are being offset by reductions in development assistance. We agree with the authors that more investment is needed to achieve global health and HIV goals, and that investment for in-country HIV resource tracking is also needed.

JAI-L and DM work full time for the Strategic Information department at UNAIDS to estimate HIV/AIDS expenditures (among other activities). AY declares no competing interest.

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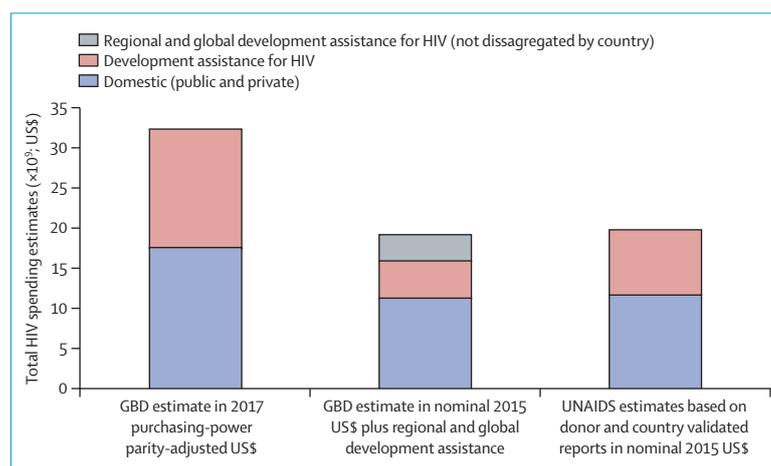


Figure: Comparison of Global Burden of Disease (GBD) Health Financing Collaborator Network and UNAIDS estimates of total HIV spending in low-income and middle income countries,² by funding source, in 2017 purchasing-power parity-adjusted US dollars and nominal 2015 US dollars

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