The WHO Response to the HIV/AIDS Pandemic

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A Roller Coaster Ride

- Makes for interesting history
- Not the optimum approach to global pandemics
- Can we learn from history?
- 60th anniversary of WHO
- We ask for your feedback
- feeeml@mail.nih.gov
“Gay Cancer” in the Headlines

- Michael Gottlieb and colleagues in Los Angeles announce a new disease in MMWR, June 1981
- Gay-Related Immunodeficiency Disease, or GRID
- New York Times, the “gay cancer” and the “gay plague”
- Battles over risk group definitions
Heterosexual Transmission

- In 1983, doctors in Kinshasa, Zaire, report mysterious deaths.
- Peter Piot, Thomas Quinn (NAIAD), and Joe McCormick (CDC) go to investigate.
- Conclude that the disease is being transmitted heterosexually.
- Met with general disbelief.
Confirming the Story

Combined European-American project in Zaire, led by Jonathan Mann

Traced widening circles of infection

Risk factor: “being young, sexually active, and living in Kinshasa”
Denial, Blame, and Guilt

- No homosexuals or drug addicts in China
- No AIDS in some African countries
- US tries to exclude all HIV+ travelers
- Some countries jailing homosexuals
- Quarantine in Cuba
- Much discriminatory legislation
- It’s their fault (i.e. someone else’s fault)
The WHO

- Halfdan Mahler, D-G, considers HIV/AIDS a disease of developed world: promiscuous young gay men and IDUs.
- Fakhry Assaad brings Mann to Geneva.
- Mahler is convinced that HIV/AIDS is a major threat; Mann will lead a Global Program on AIDS.
Global Program on AIDS

- 1986: $0
- 1987: $30 million
- 1990: $82 million

Outside the usual chain of command
Collaborative agreements with 160 countries
Donors happy with multilateral program -- avoid close association with AIDS
Health and Human Rights

- Discrimination a root cause of the epidemic
- Fight with Vatican over condoms
- Human rights, civil rights, equality fundamental to prevention
- Violence against women
- Economic discrimination
- 1988 WHA resolution of non-discrimination
A New Director-General

- 1988 Hiroshi Nakajima elected D-G
- AIDS taking too much attention, resources
- Why focus on an unpopular disease?
- More attention to malaria, childhood mortality, other infectious diseases
- Mann too flamboyant, not deferential
- Balance the rights of PWA against those of society at large
The Struggle

- Le Monde interview
- Mann threatens to resign
- Nakajima backs down
- But gets even
  - Mann excluded from meetings
  - Travel requests denied
  - New staff refused
  - New book on AIDS and ethics pulped
The Parting of the Ways

- Mann’s interviews with Le Monde
- London Times
- Says D-G has paralyzed the global fight against AIDS
- No real leadership
- Obstruction at every turn
- Mann leaves for Harvard professorship
Reorganization

- Senior staff resign or are asked to leave
- Loss of energy and momentum
- Loss of effective work with African countries; within 2 years, 45 African country staff are removed
- Contributions to GPA decline
- Energy goes into bureaucratic reorganization; a new UN program
UNAIDS

- UNAIDS created 1995-1996
- Peter Piot, Executive Director
  - WHO
  - UNICEF
  - World Bank
  - UNDP
  - WFP
  - UNFPA
  - UNODC
  - UNHCR
  - ILO
  - UNESCO
Meanwhile, at WHO

- Some staff members leave, some transfer to UNAIDS
- A handful left behind in WHO, in the Office of HIV/AIDS and Sexually Transmitted Diseases (3 different directors)
- HIV/AIDS/STI Initiative, HIS (3 different directors)
- Brundtland wants to “mainstream” AIDS into all clusters; limited budget; decentralization
- WHA 2000 asks WHO to prepare a “Global Health Strategy for HIV/AIDS”
Moving Toward 3 x 5

- WHO publishes *The use of antiretroviral drugs in resource-limited settings*
- 2001: Department of HIV/AIDS established (2 more directors)
- UN Declaration of Commitment on HIV/AIDS, 2001
- May 2003, Dr Lee Jong-Wook in inauguration speech says he will prepare a new initiative on HIV/AIDS
- World AIDS Day, Dec 1, 2003: *Treating 3 million by 2005: Making it happen, the WHO strategy*
- Jim Kim becomes the 12th director since 1996 of the HIV/AIDS effort
The Drive to Treatment

- By 1995 the new antiretroviral therapy is transforming the epidemic in the US and Europe; mortality drops by 90%
- Widening gulf between North and South
- 1% African patients have access to ARVs
- Paul Farmer and his team offer ARVs to poor in Haiti
- Brazil offering free ARV treatments
ARVs are prohibitively expensive

Feachem:
“HAART is too difficult, too expensive, and too prone to divert resources from other priority health investments; it will fuel drug resistance, undermine the focus on prevention”

vs.

“HAART is a human right. Therapy available in the industrialized north must be made available to all infected people everywhere. It is a moral imperative”
Feasibility of Treatment?

- Pablos-Mendez: “Reductions in ARV prices and hospital savings in Brazil have made arguments over affordability obsolete. . . Doing nothing is unacceptable.”

- Paul Farmer: AIDS treatment greatly strengthens AIDS prevention, testing, and counseling.
Started out with a wing and a prayer
Financing came in slowly
Accomplishment: went from under 0.25 m in treatment to 1.3 m
Failure: didn’t reach target
Showed that much can be done
Showed that more time was needed
Showed that human resources for health and health infrastructure are essential for “emergency” treatment programs

Need for more reliable/consistent funding

Still questions:
- sustainability?
- drug resistance?
- reaching rural areas?
- political commitment?
- multiplicity of actors: is true collaboration possible?
Lessons of History?

- Consistency matters. A roller coaster ride is not the best approach to global health.
- Treatment for HIV/AIDS is wonderful but prevention is even better (and much cheaper).
- Diseases can travel in any direction; don’t ignore the diseases of the developed world.
- Human rights emphasis is still very relevant.
- Two years is not enough time to accomplish miracles; building infrastructure is essential.
Lessons of History?

- Personalities matter. Individuals can make a difference e.g. Mann, Mahler, Nakajima, Lee
- Competition (interpersonal or interagency) can hinder progress; clarity and consistency matter. In epidemic/pandemics, a strong and respected leader must be in charge
- How do we learn from history? Is there a method for developing institutional learning from past mistakes and ensuring that we do better in the future? Is this a problem of knowledge management?