

Chapter 12



FROM CRISIS MANAGEMENT TO STRATEGIC RESPONSE

“Please let us have no illusion that, one fine day, the world will return to what it was before AIDS. No, AIDS has simply rewritten the rules. And to prevail we too must rewrite these rules.”

Peter Piot, Rio de Janeiro, July 27th 2005

With 65 million people infected to date, nearly 25 million already dead, and the vast majority of the more than 35 million people living with HIV unaware of their status, AIDS is among the greatest development and security issues facing the world today.

A challenge of this magnitude requires exceptional, ongoing leadership on both the national and international levels. Twenty-five years into the epidemic, the global response to AIDS must be transformed from an episodic, crisis-management approach to a thoughtful, long-term response that emphasizes the use of evidence-based strategies and recognizes the need for long-term commitment.

Since the Declaration of Commitment on HIV/AIDS was approved in 2001, a number of programmes have been put into place to support global leadership

against AIDS. The Global Fund to Fight AIDS, Tuberculosis and Malaria provides low- and middle-income countries with additional financing; the “3 by 5” initiative has helped to mobilize a substantial increase in people on antiretroviral therapy; the “Three Ones” principles have helped to establish broad agreement on the need to coordinate AIDS responses; and the recommendations of the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors are helping to improve the efficiency and effectiveness of resource allocations.

Despite forward motion, however, the consistent leadership necessary to slow, stop and reverse this epidemic is not yet evident. While the Secretary General’s Report on the Declaration of Commitment on HIV/AIDS notes many improvements in the global AIDS response since 2001, it also clearly indicates that

action overall has been insufficient, with progress uneven within and between countries and regions, and many countries failing to fulfil their pledges. As the report succinctly states, “Several important global targets for 2005 in the Declaration of Commitment were missed.”

Leadership may be best defined as the ability and willingness to envision the future and to unite different elements of society to make it better. We know with increasing certainty what disaster awaits if the response to AIDS continues to be inadequate. We also know how to strengthen that response in ways that will save millions of lives and billions of dollars. Raising the funds, overcoming the physical, economic and cultural barriers to action, implementing the plans and staying the course until this epidemic is reversed will require consistent leadership on a global scale. The recommendations as outlined below can be considered a sort of blueprint for the leadership the world needs today.

SUSTAIN AND INCREASE COMMITMENT AND LEADERSHIP

The Declaration of Commitment on HIV/AIDS calls on the leaders of all 189

nations that signed it to develop and implement sound national multisectoral HIV and AIDS strategies and integrate their response into the mainstream of development planning, ensuring the full and active participation of civil society and the private sector. Yet, the Secretary General’s Report indicates that, while nearly 90% of countries report having developed a multisectoral strategic framework on AIDS, many have yet to convert these plans into action.

- National AIDS authorities, working with all partners and stakeholders, must develop or adapt prioritized and costed AIDS plans that have ambitious but feasible targets and that are aligned with national development plans.
- These plans should establish and support clear national priorities on reducing deaths from AIDS-related illnesses and caring for people with HIV; establish sustainable national financing for the AIDS response; combat stigma and discrimination, violence against women and other human rights abuses, including protecting and promoting the human rights of people living with HIV, women and children and people in vulnerable



Leadership may be best defined as the ability and willingness to envision the future and to unite different elements of society to make it better.

groups; strengthen human resources and systems; and remove barriers such as tariffs and unnecessary regulations to speed access to affordable quality HIV prevention commodities, medicines and diagnostics.

- Civil society must be fully engaged in the development and implementation of national plans. While many countries have extended their efforts to engage civil society in a comprehensive AIDS response, that effort is inconsistent in most countries and virtually absent in approximately one in four countries surveyed by UNAIDS, where civil society has been largely excluded from the AIDS response, a position that is unsustainable in a development crisis of this magnitude.
- The UNAIDS Secretariat, UNDP and the World Bank will facilitate a participatory process to provide criteria for the development and oversight of these plans.

To ensure greatly expanded responses to the AIDS epidemic, accountability and transparency are necessary.

- Countries should ensure the accountability of all partners through transparent peer review mechanisms for public monitoring of targets and regular reporting of country and regional progress.
- National governments, international donors, United Nations agencies, civil society and other stakeholders should ensure mutual accountability at country level through participatory review of national AIDS responses.

SUSTAIN AND INCREASE FINANCING

Global financing for HIV and AIDS has greatly increased, yet funding currently available is barely one-third of what will

be required to respond to the growing epidemic in just a few years.

- National governments and international donors should significantly increase the financial resources available for AIDS by strengthening and fulfilling existing commitments, fully supporting the Global Fund and other innovative financing mechanisms.
- International donors and partner countries should adhere to the “Three Ones” principles, which call for the coordination of a national AIDS response around one agreed AIDS action framework, one national coordinating authority (including government, civil society, people living with HIV, and the private sector) and one agreed country-level monitoring and evaluation system.
- Current funding efforts to produce a substantial portion of this funding from domestic budgets, especially in middle-income countries, must continue.

The unpredictability of funding is a significant barrier to a sustained and cost-efficient response to AIDS, which must be overcome through concerted efforts to make funding more predictable for the long term.

- Innovative approaches to secure sustainable long-term funding for the AIDS response, including proposals for new international financing mechanisms, deserve serious consideration, as do any other proposals that will help to stabilize funding for a greatly enhanced response to the epidemic.
- International finance institutions, health and finance ministries, national AIDS authorities and civil society should adjust macroeconomic and fiscal frameworks to address the reality of AIDS.



The low status and powerlessness of women and girls has increased their vulnerability to HIV infection and has been a driving force of the epidemic since its earliest days.

- National governments must also reduce conditions on donor funding to the levels necessary to ensure good governance, fiduciary safeguards and the effective use of these funds.
- National governments should also ensure that the impact of AIDS is included in the core indicators used to measure national development and poverty reduction.
- National governments, where needed, with the assistance of the International Monetary Fund and the World Bank, should initiate a transparent and inclusive dialogue with all stakeholders to ensure fiscal space is created for AIDS spending as high-priority social expenditures.

AGGRESSIVELY ADDRESS STIGMA AND DISCRIMINATION

Ending this pandemic depends in large part on implementing a range of efforts to change the social norms, attitudes and behaviours that drive it. Action against stigma and discrimination must be fully endorsed and supported by top national leadership and supported at every level of society, and must address women's empowerment, homophobia, attitudes towards sex workers and injecting drug

users, and social norms that affect sexual behaviour.

The low status and powerlessness of women and girls has increased their vulnerability to HIV infection and has been a driving force of the epidemic since its earliest days. Societal norms and values that make it acceptable to discriminate against and exploit females must be challenged and changed.

- Laws and policies that protect women and girls against sexual violence, disinheritance and gender discrimination of all kinds must be enacted, publicized and enforced from the national to the community levels.
- These efforts should include the enactment and enforcement of legislation to protect women and girls from harmful traditional practices and from sexual violence in and outside of marriage, ensure equality in domestic relations, including property and inheritance rights of women and girls and include providing the education and training that women need to exercise their rights
- Women must be adequately represented in policy- and decision-making

on AIDS, which at present is driven almost exclusively by men. A 2004 UNAIDS assessment of activities at country level found that women's participation in the development and review of national AIDS frameworks was non-existent in more than 10% of 79 countries and inadequate in more than 80% (UNAIDS, 2006).

- Rules and regulations of organizations, institutions and programmes must stipulate meaningful representation for women's groups in shaping programme design and delivery. Where necessary, women's organizations must be given help with capacity-building to enable them to play their part effectively.
- Laws and policies that directly challenge gender inequality and bias against people at or perceived to be at higher risk of HIV, including sex workers, injecting drug users, men who have sex with men and prisoners, are essential.
- Changes in laws and policies must be accompanied by adequately funded social mobilization campaigns to protect and promote AIDS-related rights and eliminate HIV-associated stigma and discrimination.
- Networks and organizations of people living with HIV, along with all other elements of civil society, must be included in the planning and implementation of these efforts.
- Data demonstrate that education is one of the most powerful tools for HIV prevention. A fully funded plan to achieve universal education and to address or remove barriers such as school fees, compulsory school uniforms, textbook charges and lack of recognition by parents of the importance of educating girls, is also fundamental to reducing HIV and related stigma.

Towards universal access

At the 2005 meeting of the G8 nations and the September 2005 United Nations World Summit, world leaders committed to a massive scale-up of HIV prevention, treatment and care, with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all who need it. The UNAIDS Secretariat and Cosponsors moved to operationalize this pledge by helping to facilitate inclusive, country-led processes in more than 100 low- and middle-income countries, producing practical strategy recommendations that, if enacted, will promote equitable, affordable, comprehensive and sustainable access to HIV prevention, treatment, care and support for all who need them and help ensure that the goal of providing as close as possible to universal access to HIV treatment by 2010 can be reached.

STRENGTHEN AIDS PREVENTION

A renewed emphasis on HIV prevention is critically needed. Over four million new HIV infections each year will put an untenable burden on HIV treatment efforts that are struggling to reach all those in need today. The success of the movement towards universal access will largely depend on whether leaders maintain a strong focus on the goal of creating an HIV-free generation, mounting a massive social mobilization to dramatically decrease the number of new HIV infections. The internationally agreed-upon UNAIDS policy paper, *Intensifying HIV prevention* provides a framework for strengthening evidence-based HIV prevention.

- Key to this is ensuring that prevention, education, counselling and voluntary testing are universally available and

routinely offered in all appropriate clinical and community settings. UNAIDS and WHO recommend that for HIV prevention and treatment services to have maximum benefit, at least 50% of all people engaging in sexual risk behaviour should access voluntary counselling and testing each year.

- Access to clear, factual HIV prevention information and to HIV testing should be seen as a right, especially for vulnerable people in high-incidence areas. Countries should promote the idea that each person can know his or her HIV status and has access to HIV information, counselling and related services, in a social and legal environment that is supportive and safe for confidential testing and voluntary disclosure of HIV status.
- Countries are far behind the 2005 Millennium Declaration Goal of providing life-skills-based HIV prevention education to 90% of young people. An optimistic estimate is that half of children worldwide receive school-based HIV education, although coverage levels vary widely and none of the 18 countries in which young people were surveyed between 2001 and 2005 had knowledge levels exceeding 50%.

Educating young people in life-saving behavioural change should be viewed as a fundamental test of leadership against AIDS.

- HIV prevention services and education must be targeted to vulnerable groups, including sex workers, injecting drug users and men who have sex with men. In 2005, targeted prevention services reached only 36% of sex workers and only 9% of men who have sex with men. Harm reduction programmes in 2005 reached only 9% of injecting drug users in eastern Europe, where injecting drug use is driving the epidemic.
- Access to basic HIV prevention commodities such as condoms must improve. Coverage surveys indicate that, on average, a condom was used in only an estimated 9% of sex acts with a non-marital or non co-habiting partner in 2005, a decline from coverage estimates for 2003.
- Worldwide, HIV prevalence in prisons is almost invariably higher than in the general population. Oft-stated fears that providing condoms and harm reduction services in prisons would increase prohibited behaviour have been disproved in a number of studies.



Countries should promote the idea that each person can know his or her HIV status and has access to HIV information, counselling and related services, in a social and legal environment that is supportive and safe for confidential testing and voluntary disclosure of HIV status.

Leaders must recognize that prisons are an incubator for HIV, tuberculosis and hepatitis C infection, and must act humanely and in accordance with public health principles to reduce the vulnerability of prisoners.

- Access to programmes to prevent mother-to-child HIV transmission remains unacceptably low. In 2005, 7.9% of pregnant women in low- and middle-income countries were offered services to prevent transmission to their newborns—a modest increase over the 7.6% coverage in 2003.
- Enhanced diagnosis, treatment and prevention of the 340 million curable sexually transmitted infections contracted each year is important to improving HIV prevention, as untreated sexually transmitted infections greatly increase the risk of HIV transmission. Increased cooperation between HIV prevention programmes and sexually transmitted infection diagnosis and treatment efforts is essential to increasing the effectiveness of both.

STRENGTHEN HUMAN RESOURCES AND SYSTEMS

The world is now paying the price, in the form of the AIDS crisis, for decades of inadequate investment in public and private services to promote education and health. Lack of human capacity is the single biggest obstacle to an effective response to AIDS in many developing countries. Poor surveillance, planning and administration; bottlenecks in the distribution of funds; failures in the implementation, monitoring and evaluation of activities; and inadequate provision of services are all largely due to systems of too few people with too few skills.

Lack of human resource capacity has reached crisis levels in much of Africa,

but is also severe in a number of other countries and regions throughout the world. According to the WHO World Health Report 2006, there is currently an estimated shortage of almost 4.3 million doctors, midwives, nurses and support workers worldwide. The shortage of trained health-care workers is due in part to the ongoing “brain drain” of health-care providers from Africa and other heavily affected areas. Between 23% and 28% of physicians working in Australia, Canada, the United Kingdom and the United States are migrants from abroad, and up to three-quarters of these are medical graduates from developing countries (Mullan, 2005). The picture is similar for nursing staff. A recent study estimated that, to cope effectively with AIDS and other health emergencies, sub-Saharan Africa will need to find 620 000 new nurses over the next few years (Chaguturu and Vallabhaneni, 2005).

- Curbing this exodus of professional people calls for action at both ends. Measures to improve working conditions and remuneration and other incentives to keep trained people at home are essential, as are formal agreements between countries about recruitment practices.
- National governments and international donors should take measures, where needed, to retain and motivate health workers, educators and community workers, and to increase financing for training and accreditation centres in countries facing severe human resource shortages.
- Speeding recruitment and training of health workers at all levels is also urgent. Countries should identify opportunities for drawing in new players from populations or sectors that are not yet fully engaged with the



Education and other systems must be simultaneously strengthened. Most HIV prevention takes place outside the health-care delivery system, making the private and voluntary sectors particularly important.

response, and should consider innovative ways of educating and training people.

- Where needed, countries should adopt alternative and simplified delivery models to strengthen the community-level provision of HIV prevention, treatment, care and support, including measures to enable “task shifting.”
- National governments should also greatly expand their capacity to deliver comprehensive AIDS programmes in ways that strengthen existing health and social systems, including by integrating AIDS interventions into programmes for primary health care, mother and child health, sexual and reproductive health, and diagnosis and treatment of tuberculosis, malaria and sexually transmitted infections.
- Education and other systems must be simultaneously strengthened. Most HIV prevention takes place outside the health-care delivery system, making the private and voluntary sectors particularly important.

ENSURE AVAILABLE AND AFFORDABLE COMMODITIES

All players must increase action to ensure affordability of the basic commodities,

from condoms to antiretroviral drugs, needed for HIV prevention, diagnosis and treatment.

- National governments should remove major barriers in pricing, tariffs and trade, regulatory policy, to speed access to affordable quality HIV prevention commodities, medicines and diagnostics, and should similarly reduce or eliminate user fees for AIDS-related prevention, treatment, care and support.
- National authorities must also remove legal, regulatory or other barriers that block access to effective HIV prevention services and commodities such as condoms, harm reduction and other prevention measures.
- To speed the flow of treatment, governments should allow WHO prequalified medicines or those approved by other widely recognized stringent drug regulatory bodies to obtain provisional marketing approval prior to full registration by national drug regulatory authorities.
- National tax codes should be revised wherever necessary to exempt prevention treatment commodities including

medicines from taxes and tariffs.

- Access to medicines to treat common AIDS-related opportunistic infections is insufficient and must be strengthened.
- Access to the few paediatric formulations of antiretrovirals and drugs to prevent opportunistic infections is also seriously inadequate. Leaders should review and enact the recommendations of the 2005 UNICEF and UNAIDS “call to action” to ensure that antiretroviral therapy or antibiotic prophylaxis, or both, reaches 80% of children in need by 2010 (UNICEF/UNAIDS, 2005).

Ensuring the availability and affordability of vitally needed medicines, including second, third and fourth generations of drugs, as well as first-line medications, means addressing the complex, sensitive and contentious issues of pharmaceutical patents.

A balance must be struck between ensuring sufficient incentive for drug companies to invest in research and development, and enabling effective AIDS medications to be produced as cheaply and widely as possible to meet the needs of developing countries.

- Where necessary, countries should employ the flexibilities of the WTO *Agreement on Trade-Related Aspects of Intellectual Property Rights* to secure access to sustainable supplies of affordable HIV medicines and health technologies, including through local production where feasible.
- UNFPA, UNICEF and WHO will continue efforts, in collaboration with existing global and regional procurement facilities, to ensure reliable supply and reduced prices for prevention and treatment commodities through

informed demand forecasting, bulk procurement, differential pricing and, where appropriate, voluntary licensing.

BUILD TREATMENT ACCESS

The approximately 1.3 million people receiving antiretroviral therapy at the end of 2005 is both a significant increase over the past two years, and substantially short of the number of people who need access to HIV treatment today. Continuing and expanding rapid scale-up of HIV treatment access will require these action steps:

- While large numbers of HIV-positive people live in rural areas, treatment access is largely confined to urban centres. National leaders should focus on expanding and diversifying treatment access sites, and ensuring equity among all affected populations, including children, in access to HIV treatment.
- Efforts to expand access to antiretroviral drugs must also emphasize expanding access to drugs to prevent common opportunistic infections. For example, the antibiotic cotrimoxazole has been shown to reduce the risk of death in children by 40%. Yet, although cotrimoxazole costs as little as US\$ 0.03 a day, an estimated 4 million children who need the drug do not currently obtain it.
- Efforts to expand access to therapy must also include greater effort to reach particularly vulnerable groups, including sex workers, men who have sex with men, injecting drug users and prisoners.
- As mentioned above, lack of knowledge of HIV serostatus is one of the greatest obstacles to effective HIV prevention and access to treatment. Broadening confidential and voluntary

access to HIV testing must be a top priority in the years ahead.

- Efforts to reduce HIV-related stigma and discrimination, build human resource capacity in health systems settings and improve supply management—all discussed above—are equally important to improving treatment access and should be central to the AIDS leadership agenda.
- Treatment advocacy and education must be enhanced to ensure the public is aware of services and how to use them, as well as of the benefits of treatment and what it entails.

Invest in Research and Development

Continued technological innovation is vital for the development of microbicide and other female-controlled prevention methods, new generations of drugs and a preventive vaccine. Substantially greater research funding must be mobilized, especially from the pharmaceutical and biomedical industries.

- Development of an effective microbicide would significantly strengthen

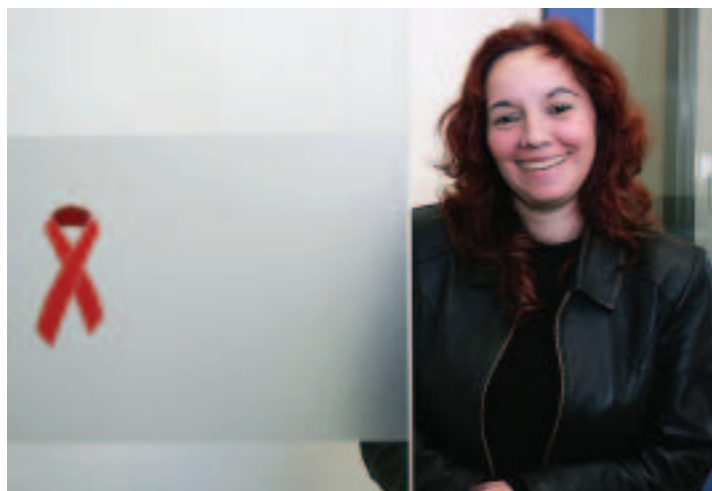
HIV prevention efforts by offering women an unobtrusive prevention method under their control. Microbicide research requires an estimated US\$ 280 million per year, yet in 2004 only around half of this was sent, with US\$ 142 million coming from governments, multilaterals and philanthropy, and between US\$ 3 million and US\$ 6 million from industry (HIV Vaccine and Microbicide Resource Tracking Working Group, 2005). Financial commitments to develop an effective and practical microbicide, which could be a major advance in HIV prevention for women, must increase.

- An estimated US\$ 1.2 billion per year is needed to maintain momentum in HIV vaccine research, yet 2004 spending totalled only about US\$ 600 million, with approximately 10% of these funds coming from the commercial sector (HIV Vaccine and Microbicide Resource Tracking Working Group, 2005). Spending and research activity in vaccines must increase. In 2005, the Global HIV Vaccine Enterprise, an alliance of independent entities dedicated to enhanced collaboration on AIDS vaccines, published a strategic scientific plan



Continued technological innovation is vital for the development of microbicide and other female-controlled prevention methods, new generations of drugs and a preventive vaccine.

AIDS exacerbates virtually every other challenge to human development, from maintenance of public services and governance to food security and conflict avoidance.



intended to guide the actions and resource allocations of key actors in the field.

- The needs of children with HIV have largely been left out of the research agenda. Pharmaceutical companies, international donors, multilateral organizations and other partners should develop public-private partnerships to promote quicker development of new paediatric drug formulations.
- HIV prevention clinical trials often generate controversy, highlighting the need for researchers to engage a broad range of community and national stakeholders in the planning and conduct of those trials. Researchers and stakeholders should consult the 2005 guidelines developed by UNAIDS through a global consultation process designed to promote durable partnerships in prevention research.
- In addition to accelerating technological development, government, civil society and private sector leaders must put into place the systems and agreements that will guarantee wide and equitable access to microbicides, new generations of drugs and vaccines for HIV and sexually transmitted infections, as well as improved treatments

for diseases such as tuberculosis, which now accounts for the largest proportion of global AIDS-related deaths.

Mitigate the impact of AIDS

AIDS exacerbates virtually every other challenge to human development, from maintenance of public services and governance to food security and conflict avoidance. The late Jonathan Mann's insight from the early 1990s—that AIDS shines a spotlight on human rights and societal issues—has been borne out in many ways (Mann et al., 1994). The very serious impact that AIDS has already had on many countries requires that efforts to address the epidemic simultaneously focus on preventing new infections, caring for those who are infected and mitigating the impact of AIDS on the economy, institutions and social structure of the community.

- Efforts to mitigate the impact of AIDS must focus first on the individuals and families affected through interventions such as access to therapy, nutritional assistance and treatment for opportunistic infections and other health issues

that complicate or exacerbate HIV infection.

- Comprehensive programming that includes psychosocial and financial support as well as medical treatment is likely to produce the best results at mitigating impact on individuals. China's "Four Frees and One Care" program, which offers free antiretroviral drugs, free voluntary counselling and testing, free drugs to prevent mother-to-child transmission, free schooling for orphaned children and care and economic assistance to affected households, may provide a model for other nations in supporting families and societies affected by AIDS.
- Social protection measures to preserve livelihoods of people affected by AIDS, including welfare programmes, child and orphan support, public works to provide employment, state pension systems and microfinancing should be part of comprehensive AIDS planning and services.
- The education sector is suffering from the impact of the HIV epidemic and must be strengthened. Evidence from Uganda shows that a child who drops out of school is three times more likely to be HIV positive in his or her twenties than one who completes basic education. Mitigating the impact of HIV on the education sector entails a number of priority actions. Leaders should prioritize national participation in international programmes outlined in this report to strengthen national education systems as well as support structures for children to finish their education.
- In many countries, the private sector is not playing nearly the role it must in addressing AIDS, and must improve. While 47% of private sector companies expect AIDS to affect their business in the next five years, only 6% of firms worldwide have HIV policies and very few have made provision for antiretroviral drug delivery.
- Businesses should also more actively participate in impact mitigation efforts in the world of work. The *Code of Practice on HIV/AIDS in the World of Work* (ILO, 2001) provides important guidelines for businesses, based on consensus between employers, employees, and government.
- Refugees frequently arrive from countries heavily affected by HIV and



Leaders should prioritize national participation in international programmes outlined in this report to strengthen national education systems as well as support structures for children to finish their education.

AIDS, yet often lack access to any type of HIV prevention care or treatment services in their host countries. Leaders of countries that have hosted refugees in the past years (in 2005, numbering 19.2 million in total) must incorporate these large and vulnerable populations into their prevention, care and treatment planning, and must ensure that services reach these populations and are not affected further by the stigma and discrimination they often already encounter.

- In sub-Saharan Africa, approximately 9% of children under the age of 15 have lost at least one parent to AIDS. Studies show that these orphans are likely to grow up in worse financial circumstances and with less education than their non-orphaned peers. They may also suffer abandonment and other harsh forms of stigma and discrimination. A key determinant of leadership is the ability to protect children, and the needs of children made vulnerable by AIDS should be prominently included in national AIDS plans and strategies.

Few international crises have been as extensively studied as AIDS. Thousands of highly qualified individuals have extended countless hours developing the evidence-based analyses and recommendations contained here, and in several other highly relevant documents and reports. When 189 nations signed the Declaration of Commitment that emerged from the

2001 United Nations General Assembly on HIV/AIDS, they recognized, in a rare, unanimous, international consensus, that AIDS is among the greatest development crises in human history, and each committed to act nationally and internationally to stop the epidemic.

To quote the Report of the Secretary General on the Declaration of Commitment on HIV/AIDS Five Years Later, “A quarter century into the epidemic, the global AIDS response stands at a crossroads. For the first time ever the world possesses the means to begin to reverse the epidemic. But success will require unprecedented willingness on the part of all actors in the global response to fulfil their potential, to embrace new ways of working with each other, and to . . . sustain the response over the long term.”

The goals have been agreed upon and the roadmap on how to achieve those goals has been painstakingly developed. Some positive action has been taken, but not early enough. What remains to be done, in too many cases, is for the heads of our societies to recognize that being a leader in the world today, whether in the world of government, business, religion or other elements of civil society, requires being a leader on AIDS. The struggle to implement the plans outlined in this report will be a daily and difficult one. Defeating AIDS must be a shared, global and nonpartisan agenda. To move forward, we must demand that commitment—from our leaders, our institutions and ourselves.