Lessons from the AIDS response

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The Initial Response

- Denial and high uncertainty
- Early response too slow
- Human rights violations
- No treatment
Number of people receiving ART in low- and middle-income countries, by region, 2002–2008

- North Africa and the Middle East
- Europe and Central Asia
- East, South and South-East Asia
- Latin America and the Caribbean
- Sub-Saharan Africa

Millions

- End 2002
- End 2003
- End 2004
- End 2005
- End 2006
- End 2007
- End 2008
Number and percentage of HIV-positive pregnant women receiving antiretroviral prophylaxis

Source: UNAIDS, UNICEF & WHO, 2008; data provided by countries.
How did we get there?
Unique synergy

- Solutions
- Politics
- Money
- Programme delivery
Solutions

• Evidence and human rights based
• Get the numbers right
• Consensus package
• Bring down unit costs
• Owned by broad constituencies
Good Politics, Bad Politics: The Experience of AIDS

Historically, many of the improvements in public health have their roots in a synergistic combination of political leadership and science. The potency of this synergy between politics and science is illustrated by many of the public health advances made in the late 19th and 20th centuries. Improvements in European children’s health, for example, occurred when politicians responded to calls from their electorate to end child labor. Similarly, declines in tuberculosis started before treatment was even available, because of social activism that resulted in improved living conditions. Incidences of tuberculosis-related illnesses were finally reduced when doctors and the antismoking lobby prevailed upon governments to boost taxes and institute smoking bans.

Progress in the response against AIDS is no exception. In fact, the response to AIDS is probably the most striking contemporary example of how intertwined politics, policy, and public health are.

Why has the global response to AIDS been so highly politicized? One key reason is the prejudice and discomfort around the ways HIV is transmitted. Another is that the epidemic is fueled by infections. AIDS both exposes and exaggerates multiple fault lines of social and economic inequality and injustice, which in turn have been exacerbated by the politics of response.

On the one hand, positive political action at both the grassroots and governmental levels has greatly enhanced the global response to AIDS. Political action on AIDS has also been an opportunity to correct underlying injustices and mobilize positive political momentum around issues such as gay rights. On the other hand, politics has been a negative force at times, blocking important policy developments and evidence-informed action on AIDS, particularly access to antiretroviral treatment in poor countries, prevention of sexual transmission of HIV, and harm reduction in injection drug use. Additionally, politicians and political lobbying have focused on engagement in sensitive issues, such as those intrinsically linked to HIV transmission. Action on AIDS may also result from competition from development issues such as infrastructure enhancement and income-generation programs.

Moreover, the fact that the symptoms of AIDS do not immediately manifest themselves—either in individuals or in societies—allowed the epidemic to go unnoticed and unchecked at a point when decisive political action could have seriously reduced its spread and impact.

AIDS has always been highly political, not least because of the nature of HIV transmission and Africa. The AIDS Support Organization, started in Uganda in 1987, is a prime example of community-based action initiated to support those affected by AIDS before treatment was available, whereas the Treatment Action Campaign, launched in South Africa just over 10 years later, was effectively used community-driven political and legal action to ensure widespread access to a scientifically sound response to AIDS in an environment of denial.

In the early years of the epidemic, AIDS was not a mainstream political issue outside of public health and gay rights circles. This started to change when Jonathan Mann created the special program on AIDS at the World Health Organization. First, Mann introduced a rights-based approach as the basis for a global AIDS strategy, which is still a guiding principle of most AIDS programs today. He also worked hard to engage ministers of health in each country and through the World Health Assembly and global and regional conferences. His successor, Michael Merson, made the first attempts to widen the AIDS response beyond the health sector, particularly in Africa, where the epidemic was increasingly affecting all walks of society.

The quasi-simultaneous intro-
Declaration of Commitment on HIV/AIDS
Funding
Total annual resources available for AIDS, 1986–2007

Notes:
[1] 1986-2000 figures are for international funds only
[2] Domestic funds are included from 2001 onwards

Ring-fenced funding

- World Bank Multi-country AIDS Program (2000)
- Unitaid (2005)
- (PRODUCT) Red (2005)
- Debt2Health (2007)
Programme delivery

- Global response – local solutions
- National plans and targets
- Multi-sectoral
- Community involvement
- Accountability
What we underestimated

- Resistance (public health community, development agencies, corporate interest, virus)
- Regulatory issues
- Poor management capacity
- Costs beyond drugs
- Monitoring and evaluation
- HIV prevention neglected
The biggest asset