AIDS: Winning the fight, but losing the battle?

By Dr Peter Piot, Executive Director, UNAIDS

Financial Times -- The Business of AIDS report

AIDS first came to notice as a mystery disease that had destroyed the immune system of a handful of gay American men. Just 25 years later, it is the world’s leading cause of premature death among both men and women ages 15-59. And measured by the long-run threats to the survival and wellbeing of people worldwide, this pandemic is now one of the make-or-break forces of this century, not simply a public health crisis.

With over 25 million people killed, 40 million more currently infected with HIV, and 15 million children orphaned, the pandemic has already caused the single greatest reversal to human development ever recorded. By 2010, without far higher access to antiretroviral therapy, life expectancy in the worst-hit African countries is likely to be up to 30 years lower than it would have been without AIDS, a fall almost twice that caused anywhere in Europe by the First World War and the 1918-1919 influenza epidemic combined. Even in countries where HIV rates are a fraction of the sub-Saharan average, AIDS has fuelled poverty and other social costs, because this is primarily a disease of adults in their peak years. Almost certainly, far worse lies ahead: without effective action worldwide, the pandemic will continue to expand into the future, while its impact will intensify.

How is the world doing today in its efforts against the pandemic?

After years of inaction, we are finally doing well enough to win particular fights – but we remain at grave risk of losing the battle.

On the positive side, large investments in proven strategies are showing returns. In every region but Eastern Europe and Central Asia, more and more countries are curtailing or reversing AIDS epidemics. Six of the most-affected African countries have sharply slowed the spread of HIV among young people – proving that HIV prevention works. And antiretroviral treatment is now provided to 1.6 million people in developing nations, saving 350,000 lives last year alone. All this has been achieved because the money to fight AIDS in developing countries has grown from under $300 million in 1996 to $8.3 billion in 2005, and because national anti-AIDS efforts are now directed by presidents, prime ministers or their deputies in about 40 countries.
Yet, for all this progress, the pandemic is growing more rapidly than the world is working to stop it.

The central problem is that our approach to AIDS is fundamentally flawed. Twenty-five years into AIDS, nations rich and poor still think about the pandemic from an emergency perspective of quick-fixes and short-term goals. But the AIDS pandemic is not just an emergency – it is a long-run crisis spanning generations. In Eastern Europe and Central Asia, new HIV infections rose more than 50% between 2004 and 2006. In the USA, the number of new infections has not fallen for over a decade. In Uganda, after a decade of progress, new infections are increasing in number. UNAIDS’ latest report on the pandemic shows that more people were newly infected with HIV in 2006 than in any previous year.

Consequently, AIDS can only be defeated through the kind of sustained, anything-it-takes response that we reserve for our biggest challenges. And hence the true task before us is to not only meet today’s needs on an emergency footing but to take on additional responsibility for sustaining the response at increasingly high levels for another generation or more.

What would such a response look like in practice? UNAIDS is beginning to flesh out the answers, but this much is clear already: a successful response to AIDS requires that the world do much more, do things differently, and put in place processes to sustain the response.

Concretely, HIV prevention and treatment must be massively scaled up right away. In June 2006, at a High Level Meeting at UN headquarters, the world’s governments committed themselves to the goal of reaching close to universal access to comprehensive HIV services by 2010. They now must deliver on this promise through rapid and effective implementation.

An exceptional and urgent effort is also needed to prevent the development disaster that is imminent in several of the Southern African countries where HIV is hyper endemic.

The money now available must be made to work. Political leaders must ensure that investments flow to the HIV prevention services that demonstrably save lives, overcoming ideological and cultural barriers. Donors must undertake the unglamorous task of supporting community-owned and country-led efforts, rather than seeking credit for pet projects. And all parties must commit to positive social change to overcome the fundamental drivers of this epidemic, including the discrimination, abuse and stigma suffered by women, sexual minorities, and sex workers.

Sustaining the response requires, foremost, the recognition that AIDS must remain a top political priority at global and national levels, year in and year out. AIDS needs to be a permanent fixture on the agenda of the UN, the G8, the G77, the AU, ASEAN, CARICOM, the EU and every other key fora. And it needs to be a permanent priority for governments, industry, and political and civil society in every country where AIDS has taken hold.
Full and predictable financing into the future is the second long-term imperative. $20-$23 billion is needed annually by 2010 to deliver near-universal access to HIV services in developing countries. The governments of these countries must invest as much as they possibly can – and donors must guarantee the rest for the long term, including by supporting the Global Fund to Fight AIDS, Tuberculosis and Malaria. The financial shortfall will be a certain death sentence for many millions, both those on antiretroviral therapy and those at risk of contracting HIV.

A final imperative for the long term is much greater and sustained investments in developing effective new technologies, particularly microbicides and other female-controlled prevention methods, new generations of AIDS drugs, and vaccines. At the same time, we need to go huge steps further towards putting in place the international agreements and mechanisms needed to assure wide and fair access to these lifesaving essentials.

Only a response of this sustained seriousness of purpose can bring the AIDS pandemic to a halt. The nations of the world must commit themselves now to tackling AIDS in terms of decades, not fiscal years.