



# Questions and Answers

## AIDS in Africa: Three Scenarios to 2025

### Section 1: about the Project

#### Who spearheaded the AIDS in Africa project?

UNAIDS and Shell International. After securing the agreement of key partners to the venture—the Africa Development Bank, the Economic Commission for Africa, UNDP, and the World Bank—and much debate, it was agreed to map out scenarios for the whole of Africa, and UNAIDS assumed stewardship of the process. The project is one of the largest stand-alone projects that UNAIDS has sponsored.

#### How were the scenarios developed?

The AIDS in Africa scenarios project was launched in February 2003. Over the following 18 months, a series of workshops were held across the African continent. Participants came together to raise and explore the crucial questions and to build the scenarios. Supporting analysis and research was gathered through interviews, symposia, focused research, and commentaries—all helping to shape the scenario stories.

The eventual scenarios were created by a team of about 50, mainly African, men and women. Most of them live and work in Africa, dealing daily with the effects of the epidemic.

Overall more than 150 people have given their time, experience, knowledge, and expertise to this project. The names of all contributors can be found in Appendix 3 of the report.

#### What were the criteria for selecting the participants for the exercise?

The participants were drawn from government, civil society and business, and represented a mix of competencies, national origins, gender, ages and culture. They included people who are already involved in responding to AIDS, but importantly also included many whose day-to-day work does not concern AIDS at all. Expert input and varied opinion was provided to the workshop participants to assist their efforts. Of course, it is was not possible to represent the full range of talent and commitment to Africa's future in a group of only 50 people. Therefore a key component of the project was the development of a wider group of stakeholders, who were able to make input to the scenarios as they were developed.

The following criteria were used to select participants:

- Have made an outstanding contribution within a given constituency, sphere or sector – for example, local leadership, religion, education or policy – of seminal significance to the future of Africa.
- Have influence outside of their key constituency (for example, for an NGO representative who has influenced public policy).
- Have *on-going* influence within a constituency
- Have skills in creative thinking (thinking outside of the box), communication (including listening), strong conceptual abilities and be capable of contributing constructively, help catalyse discussion and build dialogue
- Be fluent in either English or French
- In addition to this, potential workshop participants had to have a demonstrated interest in the AIDS epidemic, but did not necessarily have to have a well-developed knowledge or understanding of its drivers and impacts. Workshop participants should, however, have a clear desire and interest in understanding the epidemic and in acting on that understanding once the scenario-building process is complete.

The criteria for interview participation were similar. All nominees were considered by the selection panel to:

- have made an important contribution within a given constituency, sphere or sector – for example, local leadership, religion, education or policy, of seminal significance to the future of Africa
- have influence outside of their key constituency (for example, for an NGO representative who has influenced public policy)
- have ongoing influence within a constituency
- have a demonstrated interest in the AIDS epidemic, but not necessarily a well-developed understanding or expertise in its drivers and impacts
- have a point of view relevant to informing and shaping the problematique and highlighting blind spots.

Based on guidelines set by the Selection Committee, the representation of workshop participants was as follows:

25% government representatives

62% civil society

8% international institutions

54% male

46% female

78% African

31% less than 25 years of age

50% participants not traditionally associated with HIV/AIDS community

25% French speaking

In addition to this, among the participants are people living with HIV, a former street child and a person working with street children.

## **Which organizations sponsored the project?**

The scenarios project was initiated by UNAIDS and Shell International Limited. Several other organizations were then invited to join the project, including the United Nations Development Programme, the World Bank, the Africa Development Bank, and the UN Economic Commission for Africa. The sponsors for this project were 1) African Development Bank 2) Becton Dickinson 3) Bill and Melinda Gates Foundation 4) Canadian International Development Agency 5) DFID, UK, 6) Development Cooperation, Ireland 7) Merck & Co., Inc., 8) Pfizer Inc., 9) Rockefeller Foundation, 10) Royal Dutch/Shell group, 11) Swedish International Development Agency, 12) UNDP, 13) United Nations Economic Commission for Africa, and 14) USAID

## **What other organizations are involved in the project?**

Individuals from the following organisations (among others) have been part of the interview and workshop process: the UN Economic Commission for Africa, Togo National Committee on AIDS, Youth Action Network, ESKOM, Action Aid, Chevron, the Economic Commission for Africa, Zambia Ministry of Health, Canadian International Development Agency (CIDA), IPAS Nigeria, ECOWAS, the UN Commission for Africa, Journalists Against Aids, the Global Network of People Living with AIDS (GNP+), Ghana AIDS Programme, Organisation régionale africaine (ORAF), the Young Women's Christian Association (YWCA), Old Mutual, Un Mission for Ethiopia and Eritrea (UNMEE), International Organisation for Migration, Nigeria AIDS Programme, Senegal Ministry of Industry, African Youth Alliance, McArthur Foundation, South Institute, MERCK, Red Cross, Fond Medicale ad Lucem and Adugna Dance Group.

## **What was the level of African participation in the project?**

The level of African participation in the project was high. About 78% of the participants in the workshops were Africans. In addition, a number of project team members were from Africa.

## **Why did the project only focus on Africa? Is there an intention to undertake a similar project in other regions?**

Africa is the continent most affected by AIDS. It has 70% of the total number of people living with HIV and AIDS in the world. Nearly 11 million children have been orphaned due to AIDS. Women represent almost 6 in 10 people living with HIV in sub-Saharan Africa. Life expectancy is falling in many countries of Africa. The impact of AIDS in Africa is slowing the rate of development. The future of Africa is dependent on how it responds to the AIDS epidemic. It was thus timely that the project focused on Africa where there is an increasing interest among leaders and civil society to combat the epidemic in an earnest way. The scenarios provide African countries an insight into how future may look like. Based on lessons learnt from the application of the scenarios in Africa, it may be replicated in other regions.

## **What is the budget for the project? Who contributed financially to the project?**

The total budget for the project was US\$ 2 million. UNAIDS contributed staff time and financial support to the value of US\$ 200,000 directly. Two thirds of the funds came from bilateral agencies, including the United States Agency for International Development (USAID), UK DFID, Ireland Aid, Canadian CIDA, Swedish International Development Agency, the UN Foundation and the UNAIDS Secretariat. In addition, UNDP, the UNAIDS Secretariat, Shell International and the ECA provided significant in kind contributions to the project. The rest of the funding came from foundations and corporate donors.

## **How was the project managed?**

A Project Team was hired and carried out the bulk of the work for the project. The team was made up of specialists appointed for the purposes of project management, scenario building, research and communication. In addition to staff, consultants were commissioned to assist with workshop facilitation.

Shell's Global Business Environment (GBE) team facilitated and directed the process of scenario building. A UNAIDS special advisor was a core part of the project management team. This team was accountable to a Project Steering Committee, which comprised of the Project Director (GBE), the UNAIDS Secretariat and other Initiating Partners. The Project Steering Committee was assisted by an Advisory Group, comprising of distinguished individuals with key expertise to offer in relation to the project's methods and objectives.

## **Why has Shell been selected to work on this project? Was anyone else considered?**

UNAIDS responded to a pro-bono offer from Shell to provide its expertise in the area of scenario building. UNAIDS consulted widely, particularly with the initiating partners and after due consideration of their internationally recognized expertise in this area and decided to proceed. This project does not constitute a contractual or for profit service provided by Shell and hence no other organizations were considered.

## **How will the scenarios developed be used?**

The Initiating Partners of the project (African Development Bank, Economic Commission for Africa, UNDP and the World Bank) and the UNAIDS Secretariat plan to use their extensive networks to disseminate the results of the project in order to promote open, informed debate and to help activate a broad-based response from all segments of society with regard to the care, support, treatment and prevention of AIDS. The Initiating Partners hope that the project process will create an appetite for civil society and governments to engage in dialogue and action.

## **Where can I find additional materials and information about the scenarios?**

Appendix 6 in the Africa Scenarios Project book "AIDS in Africa: three scenarios to 2025" includes various interactive processes, ranging from simple exercises intended to

raise awareness of the scenarios (which can be done quickly and with few resources), to more complex workshops for testing organizational policy and decision-making or for developing specific scenarios for individual countries. A companion CD-ROM containing additional resources is available from UNAIDS ([unaids@unaids.org](mailto:unaids@unaids.org)). A rich array of additional information is available at <http://aids-scenarios.unaids.org/scenarios/>.

## **Section 2: Scenarios**

### **What exactly are ‘scenarios’?**

A scenario is a story that describes a possible future. It can help people challenge their assumptions and implicit beliefs, and look beyond their usual worldview. Building and using scenarios can help people and organizations to learn, to create wider and more shared understanding, to improve decision-making and to galvanize commitment and informed action.

### **What is the purpose of these scenarios?**

The scenarios go beyond a description of current events and uncover some of the deeper dynamics that facilitate the spread of the epidemic. The aim is to spark debate and to broaden the terms within which that debate can take place. The goal is to foster a shared and deeper understanding of the drivers, impacts, and implications of the AIDS epidemic in Africa—and, in so doing, to enrich and strengthen the responses to the epidemic.

Statistics can provide a succinct snapshot of recent reality, but they say little of the AIDS epidemic’s wider context, or its complex interconnections with other major issues, such as economic development, human security, peace, and violence. The scenarios highlight this wider panorama of interactions between the epidemic and other factors and dynamics.

### **What was the starting point for the scenarios?**

The scenarios initially set out to answer one central question: ‘Over the next 20 years, what factors will drive Africa’s and the world’s responses to the AIDS epidemic, and what kind of future will there be for the next generation?’

### **What were the main assumptions used in the scenarios?**

The scenarios project was based on two key assumptions:

- That AIDS is not a short-term problem; AIDS will still be affecting Africa 20 years from now. What is uncertain is in what ways and to what extent AIDS will shape Africa’s future.
- That decisions taken now will shape the future of the continent.

### **Are these scenarios predictions about what will happen in the next 20 years?**

The scenarios are not predictions. They are plausible stories about possible futures.

## **If the scenarios don't provide predictions, how can they help guide policies and actions?**

Scenarios can be powerful thinking tools. They provide a common language and set of conceptual tools for thinking and talking about current events and where they might be headed. Scenarios can help us examine the assumptions we hold. They also highlight the uncertainties that lie ahead and can help us identify the opportunities and the risks they entail.

These particular scenarios are aimed at widening our perspectives and broadening our understandings of the AIDS epidemics in Africa. They highlight driving forces that are influencing the evolution of the epidemics. In so doing, they can help us improve the ways we frame and engage with the challenges posed by the epidemics. In so doing, they can help clarify and improve policy and programme decisions.

## **How can these scenarios best be used?**

It is important that the scenarios are considered as a set, since the learning and insights come as much from comparing and contrasting them, as from exploring the implications of each. As a set, they also highlight key driving forces that, irrespective of which future unfolds, will influence the evolution of the AIDS epidemics in Africa.

The scenarios can be used to:

- Raise understanding of HIV and AIDS and the forces shaping their future in Africa;
- Raise awareness of (and possibly challenge) the perceptions, beliefs, assumptions, and mental maps held about AIDS and its possible future;
- Increase mutual understanding between various stakeholders, through the creation of a common 'language' for discussing and debating about HIV and AIDS in Africa;
- Raise awareness and understanding of the factors, drivers, and fundamental uncertainties (and the relationships between them) that shape how the epidemics will unfold;
- Raise awareness of dilemmas and the choices that may need to be made;
- Identify what gaps need to be addressed, and in what sequence they should be tackled, in order to get an institution or country from where they are now to where they want be;
- Generate and develop plans, strategies, and policies, and test or challenge the validity and robustness of a particular vision or strategy;
- Analyze specific situations for a given country or region for specific risks and opportunities.

## **Is this not just another example of one-size-fits-all prescriptions for countries?**

No it is not. The scenarios do not present prescriptions. They highlight various factors, variables and choices that are likely to confront countries in the coming decades. Each country will have to adapt their responses to the particular social, economic, and epidemiological conditions that apply in them.

## **The scenarios sketch five driving forces behind Africa's AIDS epidemics – what are they?**

The AIDS epidemics are driven by a range of powerful, interacting forces. Each has its own dynamic and operates at many different levels, from the household and community, to the regional and international arenas. Together they generate complex dynamics. These forces can vary from epidemic to epidemic. The scenarios project identified five such factors or forces that weigh heavily in Africa's epidemics and are likely to determine how the epidemics—and our efforts to control them—unfold.

### *The growth or erosion of unity and integration*

Unity and integration between individuals and their communities form the basis of peaceful, inclusive societies; they also facilitate effective implementation of policies and programmes on HIV and AIDS. Societies find it is much more difficult to perform prevention and care activities where unity is eroding, where there are high levels of inequality, or where factionalism or ethnic and religious tensions are rampant and lead to violence. Alternatively, tackling the AIDS epidemic effectively may contribute powerfully to the growth of national unity, through the creation of a sense of a collective challenge.

### *The evolution of beliefs, values, and meanings*

Beliefs about how HIV is spread and how it can be prevented may be based on particular secular, traditional, or religious systems, or a mixture of all three. Such ideas help determine whether HIV and AIDS are viewed in a framework of transgression, stigma, and punishment, or of opportunities and risks. Ultimately, they help shape the kinds of efforts that are directed at the epidemic.

### *Effective leveraging of resources and capabilities*

While the scenarios demonstrate that considerably more resources are needed, the issue is also about leveraging what is available to achieve more—especially when resources are limited. Resources include money, leadership, human capacity, institutions, and systems. Alternatively, the scenarios show that resources may become exhausted under the pressures of the epidemic and underdevelopment.

### *The generation and application of knowledge*

New knowledge—and new ways of applying existing knowledge—about the virus and its spread is crucial. The greatest impact is likely to come from combining three aspects: biomedical knowledge, a better understanding of sexual behaviour, and knowledge about the effects on people living with HIV and AIDS and those who care for them.

### *The distribution of power and authority*

This driver describes the various ways in which power and authority are distributed in society and how they may interact with each other. It relates to who has power in any given situation, whether power is monopolized or shared, and on what terms it is shared. In other words, it relates to dynamics of inequality.

## **To what extent are these scenarios rooted in reality—or are they simply 'stories'?**

Current realities form the starting point of each scenario. The best and most up-to-date demographic and epidemiological data was used to plot how the epidemic might evolve

in Africa if the various factors sketched in the scenarios come into play. The scenarios are therefore eminently plausible pictures of how the AIDS epidemics in Africa will evolve in the next 2 decades.

### **But how strong is our knowledge of the epidemics in Africa?**

In the past 20 years, important advances have been made in the scientific understanding of HIV and its transmission. These advances include learning about the different subtypes of the virus and how it evolves; the mechanisms of transmission and tracking the virus through epidemiological monitoring; and an increasingly sophisticated understanding of biological and social vulnerability to the virus.

Considerable resources and expertise are devoted to improving both the collection and the interpretation of HIV and AIDS data in Africa, so much so that it is now one of the best-described and most intensely studied diseases on the continent. Better data and improved methodologies mean that today's HIV and AIDS estimates are considerably more accurate than those arrived at previously. As HIV surveillance becomes more sophisticated, and more is understood about patterns of infection, and as more community surveillance studies and demographic and health surveys become available, the tools for planners improve.

Our knowledge is constantly improving, too. For example, until recently, surveillance data tended to be drawn mainly from urban antenatal clinics—until population studies demonstrated that infection levels in rural areas may be as much as two to three times lower than in urban areas. The latest surveillance surveys for a number of countries, including Burundi, Ethiopia, Rwanda, and Zambia, now try to take better account of such variations by including data from a number of rural clinics in their surveillance systems.

### **Why is it so important to interpret data carefully—do the data not ‘speak for themselves’?**

No, data can be interpreted in different ways—and not always correctly. For example, the apparent stabilization of HIV prevalence in some countries in Africa does not necessarily mean that the epidemic is beginning to ebb. It could reflect the fact that equal numbers of people are dying of AIDS as are being newly infected with HIV. Another example: as antiretroviral therapy becomes more widely available, HIV prevalence might rise (that is, more people could be living with HIV in some countries). However, this would not necessarily mean that more people are being infected with HIV, rather that people already living with the virus are surviving longer due to treatment.

### **Are the statistics and data in the scenarios ‘official’ or ‘real’ projections?**

The statistics are NOT official projections that ‘belong’ to an organization or a group of individuals. They are meant to illustrate the ‘what if...?’ for a given situation. They do not predict the future. They do, however, provide a plausible picture of what could transpire if certain sets of variables combine.

## **In a nutshell, what is the difference between the 3 scenarios?**

'Tough choices' shows what is possible when there are efficient domestic policies but stagnant external aid; 'Times of transition' shows what might happen if there are more efficient domestic policies and increased and high quality external aid; and 'Traps and legacies' shows what might happen if there are inefficient domestic policies and volatile or declining external aid.

## **What is the gist of the *Tough Choices* scenario?**

'Tough choices' tells a story in which African leaders choose to take tough measures that reduce the spread of HIV in the long term, even if it means difficulties in the short term. This scenario shows that, even with fluctuating aid, economic uncertainty, and governance challenges, collectively, Africa can lay the foundation for future growth and development, and reduce the incidence of HIV.

In 'Tough choices', the AIDS epidemic is seen as part of the crisis of underdevelopment and actions are taken by each nation—in the context of limited domestic resources and stagnant overseas development assistance flows—to tackle underdevelopment and to find development models that suit their particular needs and environment.

The spread of HIV means that difficult choices come into even clearer focus. However, solutions are devised not as a response to AIDS, but with the goal of securing sustained, more autonomous development. Governments insist that HIV and AIDS are tackled as part of an overall, coherent strategy for national medium-term and long-term development. They impose discipline on themselves, each other, and their external partners (if they refuse to take this on themselves) and demand that action match rhetoric.

While the main HIV and AIDS programme effort in 'Tough choices' focuses on prevention, there is scaling up of antiretroviral therapy: from less than 5% treated at the start of the scenario to just over one third of those who need it by 2025. The trajectory of antiretroviral therapy roll-out is steadily upwards, reflecting the continued investment in health systems and training, as well as drugs manufacturing capacity within Africa.

## **What are the key messages of the *Thought Choices* scenario?**

- *Tough Choices* scenario shows that, when our options are limited, our decisions become even more critical and require leadership of the highest caliber.
- Tough choices shows that, despite the enormous odds, there is much that countries in Africa can do with their own strength—and particularly with their collective strength—to grow their economies, to prioritize developmental objectives, to lay the foundation for future growth and development, and to reduce the incidence and prevalence of HIV.
- This scenario reminds us that AIDS is a lightning rod for the governance challenges and the resources dilemmas that confront Africa.

- *Tough Choices* scenario is about what Africa might do in its own collective strength to end the cycle of underdevelopment and AIDS, even if there is no major sustained international interest in Africa's overall development. The scenario shows how, with scarce resources, governments and their civil society are forced to confront tough choices in improving Africa's future. If you can't do everything, what are the best choices to make to try and end the HIV epidemic, and Africa's underdevelopment.
- We need to do what is feasible, and do it well. If it is impossible to implement a comprehensive response, it becomes very important to tailor prevention and care strategies to the local dynamics and impacts of the epidemic.

### **What are some of the 'tough choices'?**

The first 'tough choice' is the decision to take 'tough choices'. Leaders decide to set priorities for their countries—rather than avoiding or displacing them with externally imposed or suggested priorities. Not everything can be done at once, so choices must be made between competing priorities. It may require sacrificing some immediate economic comforts for a longer-term sustainable national development.

Those choices include weighing:

- The interests of the state as a whole versus those of individual communities, and individual rights versus the collective good. Inevitably, this includes managing dissent.
- Immediate economic growth versus longer-term investment in human capital.
- Choosing how to target resources—should the priority be to rapidly develop the skills and capacity of a minority essential for building and maintaining the functions of the state, or should most resources be spent on services for all and alleviating general poverty.
- Navigating between helpful and risk-enhancing cultural traditions.
- Balancing nation-building with strong regional and pan-African alliances;
- 'Protecting women' versus increasing women's freedom.
- Determining the focus of HIV and AIDS programming: 'targeting' versus generalized prevention; treatment for key cadres only or treatment for all.
- The needs of rural areas (including agricultural reform) versus the benefits of urbanization and industrial development.

### **What is the outcome in the *Tough Choices* scenario?**

Economic growth outstrips population growth in some regions, and donor aid is accompanied by significant levels of foreign direct investment from other African countries.

There continues to be a high number of deaths in the 'Tough choices' scenario—though the rate begins to fall by 2015, reflecting the fact that prevention measures take time to work through the system.

Initiatives in support of children orphaned by AIDS are increased rapidly in the years to 2010 and then keep pace with population growth. Nonetheless, the number of children orphaned by AIDS almost doubles over the course of the scenario.

Overall, however, the foundations are laid for a future that is no longer blighted by AIDS. Population growth means that, even with considerable efforts in prevention, the number of people living with HIV and AIDS will continue to grow, but by 2025 numbers will fall to levels similar to what they are today and continue to fall as long-term investments in social, economic, and human capital over the two decades begin to pay off.

### **What is the gist of the *Traps and Legacies* scenario?**

'Traps and legacies' is a story of good intentions thwarted by an underlying development malaise, which remains unchanged in the quest for swift dividends. African countries integrate deeper into the global system but on very unequal terms and find themselves even more dependent than before. Foreign aid and investment declines, and economic growth slows.

The AIDS epidemic does catalyze people and institutions into responding, but they cannot make sufficient headway in the face of depleted capacity and the spillover impacts from high-prevalence to low-prevalence countries. HIV and AIDS receives very strong emphasis in the near future—but the responses are fractured and short-term. There is a proliferation of poorly coordinated local responses—which in turn wastes resources, skills, energies and institutional capacity.

AIDS is treated in isolation from its social and economic context. There is a focus on women, but little is done to change their status in society. As a result, their burden grows. Because of the emphasis on antiretroviral therapy, the overall response focuses on a medical approach: the urgent need to respond to AIDS is translated into a medical emergency. AIDS captures much of the additional money that goes to Africa between 2004 and 2010, and diverts money and capacities from other areas.

Despite the good intentions of leaders and substantial aid from international donors, a series of traps prevent all but a few nations or privileged segments of societies from escaping poverty, depredation and continued high HIV prevalence. Africa as a whole fails to escape from its more negative legacies and constraints, and AIDS deepens the traps of poverty, underdevelopment, and marginalization in a globalized world.

### **What are the main messages of the *Traps and Legacies* scenario?**

- *Traps and Legacies* scenario sketches the dismal outcome if we divorce AIDS from its root social, economic and political causes, and address it primarily as an issue of individual behavior change, and if we allow Africa's marginalization and underdevelopment to continue.
- *Traps and Legacies* scenario suggests that there could be another 90 million new infections in Africa over the next 20 years. This is despite keeping the level of HIV services at the same level as they are at today.

- *Traps and Legacies* scenario shows how cycles of depletion, from one generation to another; get successively more difficult to escape from. It shows that putting lots of money into AIDS programmes could act as a substitute for tackling more extensive and fundamental problems.

### **What is the outcome in the *Traps and Legacies* scenario?**

'Traps and legacies' describes how AIDS does catalyse people and institutions into a response, but they cannot make sufficient headway with depleted capacities and infrastructure. The additional burden of responding to the AIDS epidemic detracts from other development efforts—continuing underdevelopment in turn undermines the ability of many countries to get ahead of the epidemic. The scenario shows growing disunity and disintegration, diminishing capacity, ongoing ethnic and religious tensions, and wasted resources, with (initially) abundant funding supporting a growing so-called AIDS industry alongside a discourse of blame and punishment around the epidemic.

In this scenario, across the continent by 2025, HIV prevalence remains similar to today, at around 5% of the adult population, with some countries above, or below this level. The high prevalence rate translates into continuing reduced life expectancy across many countries, and an increase in the number of people living with HIV and AIDS of more than 50%. Prevention efforts are not effectively scaled up—although the level of services achieved in 2004 is maintained and expanded, it only grows at the same rate as the population.

Efforts to roll out antiretroviral therapy continue, but are impeded by a combination of underdeveloped and overwhelmed systems, and overall cost. By 2015 a little over 20% of people who need antiretroviral therapy have access to it and this figure stubbornly refuses to budge for the rest of the scenario. Care and treatment for a minority still costs an average of US\$ 1.3 billion per year over the 23 years of the scenario. By 2025 this scenario is still costing US\$ 4 billion per year in HIV- and AIDS-specific programme costs—just to keep service provision at the level that it is today. Because there is a failure to get ahead of the epidemic in terms of prevention, the costs continue to rise, and this rise continues into the foreseeable future. Eventually, the antiretroviral therapy roll-out fails.

'Traps and legacies' offers a disturbing window on the future death toll across the continent, with the cumulative number of people dying from AIDS increasing more than fourfold, and the number of children orphaned by the epidemic continuing to rise beyond 2025.

There are some winners: enclave economies, based on Africa's mineral wealth, and an élite who continue to live an international lifestyle. However, for most countries, demographic, social and economic effects will gradually erode capacity in high HIV prevalence countries, with profoundly negative effects for the worst-affected countries and their neighbours.

## **What is the gist of the *Times of Transition* scenario?**

'Times of transition' is a story about the transitions and transformations that must take place in the way in which the world and Africa tackle health, development, trade, security, and international relations.

The scenario describes a mobilization of national and international civil society, which begins with treatment activists working towards the safe delivery of antiretroviral therapy, and leads to a gradual broadening of civil society concerns, skills, and engagements. The story suggests that, if these transitions could be made in a generation, they could dramatically reduce the number of people infected with HIV. They could fundamentally alter the future course of Africa, and the world, in the twenty-first century.

There is profound recognition of the extent of interdependence in a globalized world, and this helps trigger huge paradigm shifts occurs in Africa and at the global level. The prospect of another century of conflict and impoverishment drives changes in attitudes, values, and behaviour—spearheaded by civil society as much as by state leadership. Civil society is a central force behind many of the transitions that take place, and operates within sometimes contested, but always robust relationships with government.

AIDS engenders an exceptional response, but it is not treated in isolation from its wider social and economic context. Understood to be a symptom of wider dysfunction and injustice, AIDS serves as a spur for activism in Africa and globally.

The ways in which Africa is perceived and understood change. Attitudes to Africa are transformed in an increasingly interconnected world and, within Africa, Afro-pessimism is replaced with new understandings of solidarity and citizenship. Interdependency is achieved. A series of transitions occur in the ways Africa and the world approach health, development, trade, security and international relations.

Internationally, a new global covenant, involving security and human rights agendas brought together in coherent international frameworks that encompass economics, trade, social justice, and political equality. These changing international norms are shaped by, and are more responsive to, African needs and perspectives. Within Africa, this scenario requires pan-African solidarity and high levels of regional cooperation.

Significant increases in aid and the facilitation of trade occur. There is sustained social and infrastructural investment. Fundamental changes are made in the ways donors provide aid and governments deal with it—so that it promotes sovereignty, but does not undermine national autonomy, is not inflationary, and does not promote dependency.

A strong focus on achieving more equitable gender relations proves to have massive transformative power, and catalyzes social, economic, and political reforms.

## **What are the main messages of the *Times of Transition* scenario?**

- Comprehensive and sustained AIDS response can only be achieved alongside wider developmental transformation.

- We can halt the AIDS epidemic in Africa—if we translate today’s rhetoric about international development and human rights into reality in Africa and beyond.
- Both national and international civil society will have to assume major roles in these efforts. This will require major transitions in the ways in the world, and Africa, tackle health, development, trade, security, international relations etc. Such transitions fundamentally alter the trajectory of Africa – and the world – in the 21<sup>st</sup> century.
- Just as the causes of the AIDS epidemic are complex, so are the responses. No single policy route will change the outcome of an epidemic that is so intertwined with the wider crisis of underdevelopment.
- The epidemics in Africa can be brought under control. Collectively, we have the resources and ability to prevent more than 40 million new HIV infections in Africa over the next 20 years—equal to almost the entire population of South Africa.
- *Times of Transitions* scenario uses HIV as a catalyst, but it is not only about HIV. Rather, it explicitly puts HIV and AIDS in a broader development context. A truly comprehensive response can only be rolled out in a genuinely developmental context.

### **What is the outcome of the *Times of Transition* scenario?**

There is a dramatic reduction in the number of people infected with HIV and a fundamentally altered future course for Africa—and the world—in the twenty-first century.

Changes in the delivery of aid, in the rules around trade, in addressing human security, and in national and international governance gradually lead to a more stable world, with benefits for the global North and South.

Aid flows to Africa double, are sustained for a generation, and help finance investments in health systems, agriculture, education, electrification, water, roads, social development, and institutional and governance capabilities.

Both the prevention and treatment components of the AIDS response are effective enough to reverse the epidemic’s growth, so that by 2015 the number of adults in need of antiretroviral therapy, for example, starts declining.

Provision of antiretroviral therapy expands dramatically. By 2012, almost half the people who need treatment are receiving it. By the end of the scenario, coverage has increased to 70%—reflecting the fact that expanding care beyond the capacity of existing health systems will be a time-consuming and painstaking process.

Although antiretroviral therapy extends the lives of many millions of people, total cumulative deaths on the continent continue to rise, leading to a steady increase in the

number of children orphaned by AIDS, although the longer life-spans of parents has made a significant difference in the socialization of many children.

The number of people living with HIV and AIDS almost halves between 2003 and 2025, despite the fact that the population grows by 50%. The gender bias in infection and prevalence patterns begins to even out, though women are still slightly more adversely affected at the end of the scenario.

### **How much does it cost to achieve the outcomes in the *Times of Transition* of scenario?**

Achieving this scenario requires cumulative investments of nearly US\$ 200 billion, in the context of greater overall investments in health, education, infrastructure, and social development. HIV- and AIDS-specific funding is increased at an average year-on-year rate of more than 9% and spending is most rapid in the early phases, with external donors covering approximately half of the overall costs. Spending reaches US\$ 10 billion per year by 2014 and remains at this level until near the end of the scenario when it begins to tail off, reflecting the fact that earlier investments are paying off.

### **What are some of the issues highlighted in the 3 scenarios?**

***Defining the crisis is crucial.*** How the crisis confronting Africa is defined, and by whom, will make a fundamental difference to the outcome. HIV is an exceptional disease which, in HIV prevalence countries, has a unique capacity to derail development progress. However, a line must be drawn between treating HIV as an exceptional disease (exceptionalism) and paying attention only to HIV at the expense of other diseases (isolationism) or development issues. The AIDS epidemic should be understood as part of the wider crisis of underdevelopment.

***There is danger in seeking swift dividends.*** It is essential to develop both short-term pragmatic solutions and long-term strategic responses to the AIDS epidemics. Short-term projects may have local and individual benefits, but are unlikely to achieve significant overall impact. Prioritizing just one approach can have grave consequences.

***Leadership is important but it's not enough.*** Leadership in the response to HIV and AIDS is vital. But it has to be backed with institutional capabilities and resources, available systems capacity, and effective policies if it is to translate into a potentially effective response.

***There is no magic bullet.*** Just as the causes of the AIDS epidemic are complex, so are the responses. There is no single policy prescription that will change the outcome of the epidemic. Rather than pin hopes on finding a single magic bullet, the scenarios suggest that it is necessary to accept, and plan for, a wide range of policy interventions. Antiretroviral therapy is not a magic bullet, although it is often presented as such, nor is the wide availability of condoms or voluntary counselling and testing.

***Do what is feasible, and do it well.*** If it is impossible to implement a comprehensive response, it becomes vital to tailor prevention strategies to the local dynamics and impacts of the epidemic.

**Think long-term.** Both policy perspectives and funding commitments should be lengthened. In the 'Times of Transition' scenario, for example, everybody's perspectives lengthen, donors make 10-15 year funding commitments, and African leaders are able (and willing) to make long-term plans.

**Local responses are critical.** Nationwide responses to HIV and AIDS require service provision at a local level and the involvement of community organizations. Local action is critical for sustaining safer behaviours, providing care and, increasingly, treatment to people living with HIV and AIDS, and mitigating the impact of the epidemic (for example, providing care for children orphaned by AIDS). But local action must be supported from the centre.

**Take care of orphans and other vulnerable children.** The number of children orphaned by AIDS will rise, no matter what course of action governments choose. The consequences of ignoring the psychological, cultural, emotional, and social needs of those children will be devastating. We cannot take it for granted that the resilience of communities to care for these children will be unscathed.

**Pay greater attention to safeguarding people's mental health.** There are huge dangers in overlooking the importance of mental health in our responses to AIDS. More effort should go towards providing better psychological care to people affected by the epidemic.

### **The scenarios stress that there is no 'magic bullet' – but what about an effective vaccine, will that not stop the epidemic?**

Unfortunately, the scenarios suggest that the effectiveness of a vaccine will probably be limited if it only becomes available after 2020 in the wake of another two decades of underinvestment in African national health systems. At such a late stage it would be difficult, if not impossible, to administer a vaccine sufficiently widely. However, a vaccine that became available after 2020 *could* make a rapid difference *if* there had been significant investment in human capital and national and health systems in the interim period.

### **How close are we to developing an effective vaccine?**

Developing an effective HIV vaccine will require a coordinated scientific and public health effort of unprecedented magnitude and complexity.

Once HIV is established in the body it 'hides' from the resulting antibody defences. This enables a continuous replenishment of the HIV population, at a remarkable rate, and with an astonishing rate of mutation. During chronic infection, genetic variants of HIV harbouring single mutations have the potential of arising each time the virus replicates—thousands of times per day—giving rise to genetically novel populations. Indeed, the global diversity of the influenza virus in any given year is roughly comparable to the diversity of HIV within a single infected individual at any one point in time. This extraordinary variability makes the development of a vaccine particularly difficult.

In addition, the tendency to carry out different types and levels of clinical trials of vaccines is a complex and often controversial process. There is a danger of

unnecessary duplication of effort and unhelpful competition, rather than synergy. There are also considerable ethical and political issues to address.

Once a vaccine is developed, another set of challenges emerges—in terms of both cost and practical barriers in resource-poor settings.

### **What about microbicides? Surely, they will make a huge difference?**

Yes, they could be important tools in the fight against AIDS—but an effective microbicide needs to be developed first. In *times of transition* scenario, a microbicide is developed and is widely available while in *Tough Choices* development of microbicide proceeds, but slowly, hampered by underfunding, competition, and redundancy. Competition over Phase III clinical trial sites limits opportunities. Poor health systems and inadequate preparation mean that even major breakthroughs are inadequately rolled out. While in *Traps and legacies* microbicide use is encouraged in some countries and viewed with suspicion in others.

### **What exactly are microbicides and how soon will an effective one be available?**

Microbicides are topical formulations designed to block HIV1 infection when applied vaginally or anally prior to intercourse. They could be delivered in a gel, a cream, or, for example, as a vaginal ring kept in place for a month or more at a time. To be successful, microbicides need to be cheap, stable, and easy to use.

Three formulations, each containing a single antiretroviral drug, are already in human trials, testing their safety. Research is also going on to develop microbicides with drug combinations, analogous to the double and triple therapy regimes that have kept many infected people alive and healthy. At the same time, research into innovative ways of delivering these drugs into the vagina or rectum is being carried out.

Despite some encouraging signs, challenges do remain. The microbicide field is underfunded (it is estimated that more than US\$ 1 billion is needed over the next seven to ten years) and funds that are available are not always used optimally. There is still much scope for improvements in coordination. And there is little sustained interest from the big pharmaceutical research and development companies, although one has recently donated the rights for one of its drugs to the International Partnership for Microbicides.

The entire process is slow: the six products that are currently in, or about to begin, large-scale testing for efficacy began development more than 10 years ago. It will be three or four years before it is known if any of them work. Even if one or more is successful, it will take still longer to move into approval and then commercial production.

One of the main challenges of microbicides is that they require just as much behavioural change as the use of condoms. Nonetheless, it does seem that a viable microbicide will be forthcoming.

## **The scenarios speak of Africa's epidemic—but are there not in fact several epidemics underway in Africa?**

Like Africa itself, there are diverse epidemics underway on the continent. The continent is divided into 53 countries, but many different aspects of culture—ethnicity, language, religion, and customs—transcend the current boundaries of nation states, fusing or dividing countries on the basis of their population's identity and affiliation.

The spread of HIV has not been uniform—not all countries and not all sectors of society have been equally affected. The AIDS epidemic in Africa is in fact multiple epidemics in multiple places; in some places on the continent it is still in its earliest stages. HIV prevalence rates across the continent vary widely. Southern Africa is most severely affected, with more than 16% of its adult population HIV-positive (2003). Average levels of prevalence are lower in East Africa (6%) and West and Central Africa (4.5%), and much lower in North Africa (under 0.1%). Overall, the number of people living with HIV across Africa continues to grow.

The prevalence of HIV is different for men and women at different ages, and different for rural and urban populations. HIV prevalence probably also varies between rich and poor, educated and uneducated, employed and unemployed, but there are few statistics available so far that offer such breakdowns.

## **What are some of the biggest myths and mistaken assumptions about HIV and AIDS in Africa?**

Dozens of myths and mistaken assumptions still surround HIV and AIDS. Below are a few of the more enduring and pernicious examples:

**MYTH:** If people understand the risks, they will change their lifestyles and give up high-risk behaviours.

**REALITY:** People do not change their behaviour easily. Individuals may be constrained by wider economic and sociocultural factors, psychological, emotional, or physical needs or deeply-held beliefs.

**MYTH:** Available resources should focus on prevention programmes, rather than treating those already infected.

**REALITY:** It is not a question of one or the other—research also shows that there are limits to the efficacy of prevention programmes when no treatment is available.

**MYTH:** Medical science can overcome HIV and a vaccine will soon be available.

**REALITY:** A cure for HIV is not likely to appear in the next 15 years. If a vaccine does eventually become available, infrastructure and skills will still be needed to deliver it.

**MYTH:** All AIDS epidemics can be treated in the same way.

REALITY: A number of epidemics are unfolding within Africa and other regions of the world. They spread differently due to variations in sociocultural, economic, and health care contexts—and so must be tackled differently.

MYTH: Providing free and wide access to antiretroviral drugs will undermine prevention efforts.

REALITY: Evidence shows the contrary. For example, people receiving antiretroviral therapy in Côte d'Ivoire were found to use condoms more frequently than untreated HIV-positive people. An increased sense of hope and wider take-up of HIV testing in a context where treatment is available may have positive effects on prevention.

### **How much is currently being spent on AIDS in Africa?**

The international response to the AIDS epidemic has been substantial, even though there has been a large gap between actual needs and what is being done. In 1996, international expenditure on HIV and AIDS in developing countries worldwide amounted to about US\$ 300 million. By 2003, total spending on HIV and AIDS in developing countries from international and domestic sources amounted to US\$ 4.7 billion, with international funds coming from both multilateral bodies, such as the Global Fund to Fight AIDS, TB and Malaria and the World Bank, and bilateral donor contributions.<sup>1</sup> An analysis of total bilateral and multilateral aid allocated to HIV and AIDS control shows 75% going to Africa in 2000–2002.

### **Will current funding levels be adequate if they're sustained?**

The scenarios suggest that, to produce better epidemiological outcomes or even to prevent significant deterioration, spending on HIV prevention, care, treatment, and mitigation will have to rise considerably higher than their current levels.

The scenarios also make it clear that it is not only *how much* is spent on HIV and AIDS programming that counts, but also *how effectively* those resources are used and what other development goals are financed at the same time.

### **What levels of funding do the 3 scenarios envisage?**

In the 'Times of transition' scenario, donors, governments and the private sector in Africa spend US\$ 195 billion in the fight against AIDS in the first quarter of this century. Under the 'Traps and legacies' scenario, they spend about US\$ 70 billion. Total spending under 'Tough choices', with its slower expansion of antiretroviral therapy, is intermediate between 'Times of transition' and 'Traps and legacies', at around US\$ 98 billion.

### **So where will that sort of funding be coming from?**

The lowest-cost programme, rolled out in the 'Traps and legacies' scenario, requires governments and individuals to each contribute 20%, with external contributions providing the remaining 60%. The 'Tough choices' scenario rolls out an intermediate-cost programme option and requires the smallest relative proportion of external contributions (48%) and the greatest domestically financed proportion with government

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<sup>1</sup> The 2004 estimate (not published in the report) of total spending on AIDS is US\$6.1 billion.

spending of 42% and individuals' out-of-pocket costs of 10%. In the 'Times of transition' scenario, requires 50% from external contributions, 40% from government, and the remaining 10% from individuals, and shows the growing engagement of African governments in responding to AIDS and the reduced dependency on aid.

**Figure 77 Comparison of expenditure on HIV and AIDS and new infections in Africa, by scenario, 2003–2025**

Indicator (US\$ billion except where marked)	Scenario		
	Tough choices	Traps and legacies	Times of transition
Total expenditure on HIV and AIDS	98	70	195
Prevention	45	25	75
Care and treatment	25	30	67
Orphans and vulnerable children	28	15	53
Cumulative new infections (million)	65	89	46

Source: UNAIDS AIDS in Africa Scenarios Project.

### What does spending an additional US\$125 billion 'buy' Africa?

First, the additional money buys fewer HIV infections and extra years of life. Over the period 2003 to 2025, there would be 43 million fewer people infected with HIV under the 'Times of transition' scenario than under 'Traps and legacies'.

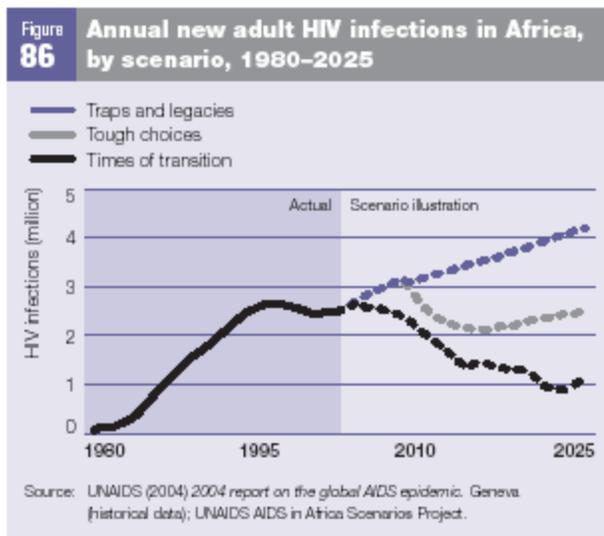
A widespread and unchecked epidemic would persist under the 'Traps and legacies' scenario, even with expenditures that total US\$ 70 billion in a quarter century and amount to US\$ 4 billion annually by 2025. Under the 'Times of transition' scenario, spending in 2025 will be US\$ 11 billion, almost three times the level under 'Traps and legacies', but with a vast difference in terms of potential outcomes.

However, the cost per infection averted under 'Times of transition' averages nearly 50% more than under the 'Tough choices' scenario, due to higher costs in preventing HIV infection in populations that are more difficult to reach. The 'best buy' in terms of greater cost-effectiveness of the proposed interventions can be attributed to the 'Tough choices' scenario, reflecting the 'tough choice' approach of that scenario. In 'Tough choices', the easy-to-reach groups are covered, rather than the hard-to-reach groups, and the incremental cost of preventing one infection, compared to 'Traps and legacies', is US\$ 800.

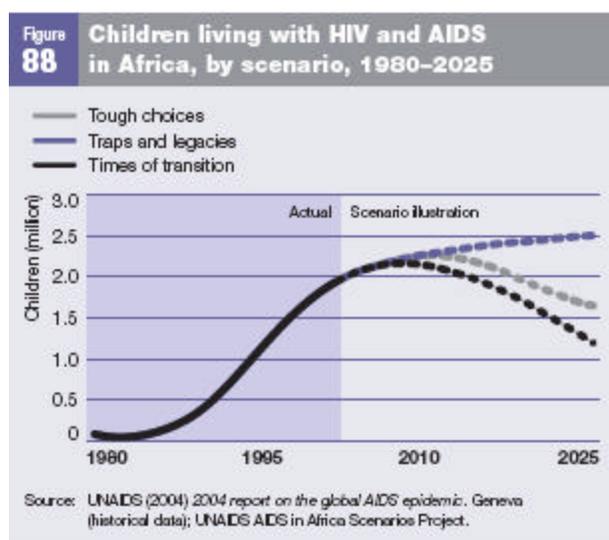
Cost-benefit analysis is only one, narrow, way of interpreting the benefits of responding rigorously to HIV. Beyond these calculations, there is a far broader benefit from the concerted response to HIV and AIDS explored under the 'Times of transition' scenario. Spending directed at controlling the epidemic serves, in effect, to so marginalize the disease as to gradually end the need for maintaining a high level of spending beyond 2025. Also, in the years beyond, both lives and money would be saved in substantial numbers and amounts. Diminishing the impact of the epidemic could more than make up for earlier expenditures by increasing growth and stability in African countries.

## Do the scenarios suggest there is any hope for changing the course of the epidemics?

Yes, they do. But it could take many years for the positive effects to become consolidated—all the more reason for acting early and acting smartly.



As the graph shows, the 'Traps and legacies' scenario shows a rapid rise in HIV incidence throughout the period, and by 2025 there are more than 4 million new adult infections per year. 'Times of transition' shows a significant decline in HIV prevalence, but the actual number of people newly infected begins to rise again towards the end of the period, because the population continues to grow. Incidence is tied to prevention spending, so, for example, the incidence numbers for 'Tough choices' and 'Traps and legacies' diverge shortly after 'Tough choices' shows a marked increase in prevention spending over 'Traps and legacies'.



The number of children living with HIV and AIDS begins to diverge early across the three scenarios—continuing to rise in the case of Traps and Legacies, but falling relatively sharply in the other two scenarios.

The 'Traps and legacies' scenario results in 83 million cumulative deaths from AIDS by 2025. In 'Tough choices', the cumulative total will be 75 million, and in 'Times of transition', the total will be 67 million. This is perhaps the harshest message of these scenarios: that no matter what policy direction is followed, the death toll will continue to rise over the next 20 years. However, there are many millions of deaths from AIDS that can be prevented.

In 'Traps and legacies', because prevalence remains more or less constant over the years of the scenario and population grows, there are some 89 million new HIV infections across Africa. In 'Times of transition', with maximum roll-out of prevention interventions and high levels of antiretroviral therapy roll-out, 43 million new HIV infections are averted when compared to 'Traps and legacies'. In 'Tough choices', with its more limited expenditure on all interventions, 24 million infections are averted when compared to 'Traps and legacies'.