THE BEGINNING OF THE END OF AIDS

Innsbruck, 12 June 2013

by Michel Kazatchkine
Number of people receiving antiretroviral therapy in low- and middle-income countries, 2002–2011

New HIV infections and AIDS-related deaths

- New HIV infections:
  - 1990: 4,000,000
  - 2011: 3,000,000

- AIDS-related deaths:
  - 1990: 2,000,000
  - 2011: 1,000,000
The end of AIDS?

How 5 million lives have been saved, and a plague could now be defeated
Changing health paradigms 2000

• Health should no longer be expected as an outcome of development, but rather as a necessary and priority investment for development and economic growth.
Millenium Development Goals

1. Develop a global partnership for development
2. Eradicate extreme poverty and hunger
3. Achieve universal primary education
4. Ensure environmental sustainability
5. Promote gender equality and empower women
6. Combat HIV/AIDS, malaria and other diseases
7. Improve maternal health
8. Reduce child mortality

2015 Millennium Development Goals
2002-2012: major factors having contributed to progress

- Social mobilization
- Political leadership
- Resources
- Progress in technology and research
- Innovation in delivery of care
- Innovation in development aid, new forms of global governance
STOP MAKING PROFIT OUT OF PEOPLE'S LIVES
Political determinants: commitment to citizens’/peoples’ empowerment
“We commit to...implement an ambitious plan on infectious diseases, notably HIV/AIDS, malaria and TB.”
Diplomacy today

• "Today‘s diplomat has a dual responsibility: to promote his or her country‘s interest and to advance the interests of the global community“.

Health policy today

• "Today‘s minister of health has a dual responsibility: to promote his or her country‘s health and to advance the health interests of the global community“.
Total annual resources available for AIDS in low and middle income countries, 1996-2010

Source: UNAIDS analysis based on (1) Kaiser Family Foundation and UNAIDS, financing the Response to AIDS in low and middle income countries from the G8, European Commission and other Donor Governments in 2009, July 2010; (2) UNAIDSOECD/DAC online database (last visited on January 05, 2011); (3) Funders Concerned About AIDS (FCAA), 2010; (4) European HIV/AIDS Funders Group (EFG, 2010; (5) UNAIDS Unified Budget of Work (UBW) for 2010 & 2011; (6) Disbursements reports and pledges and contributions reports from the GFATM (last visited on Jan 06 2011); (7) budget review from Donor governments and multilateral organizations.
Correlation between Human Development Index and expenditures on health and education

Source: HDRO calculations and World Bank (2012a).
Innovation in aid, global governance, and delivery of care

- Defining new approaches to multilateralism, public-private partnerships
- Introducing new approaches to accountability
- Introducing new approaches to delivery of care: task shifting
- Defining new approaches to intellectual property
Partnership approach to governance

A diverse partnership reflected in the Global Fund Board and Country Coordinating Mechanisms

- Donors
- Recipient Countries

- Private Sector
- Private Foundations

- Public Sector (Governments and Agencies)
- Civil Society

- Private Sector
- Technical Agencies and Partnerships

- NGOs from Global North
- NGOs from Global South
- Communities living with, and affected by, the diseases

- WHO
- UNAIDS
- World Bank
- UNITAID
- RBM
- Stop TB Partnership...
Task shifting: expanding the pool of human resources for health

Source: Task shifting to tackle health worker shortages, WHO, 2007
Treatment simplification

1996: D4T  3TC  IDV  (10 TID)

2004: ZDV  3TC  NVP  (2 BID)

2006: TDF  FTC  EFV  (1 QD)
The effect of generic competition on drug prices

Source: Sources and Prices of Selected Medicines and Diagnostics for People Living with HIV/AIDS, WHO, 2005
Example of Comparative Pricing

Data is publicly available within the system to create comparative charts and make price comparisons.

Countries from same income level

Countries from same region

Cost per patient per year (US$)

- Median of Global Fund recipients
- International reference (lowest generic)
30 Years of AIDS, maturity of a movement and onset of fatigue

-structures in place, knowledge, maturity, inclusion of a broad partnership and increased resources
-also fatigue, cynicism, declining interest, changing activism

We have so much more to learn
A new global context

Radically changing societies:

✧ Regionalization within globalization
✧ Urbanization
✧ Individualization
✧ Virtual connectedness
✧ Commercialization
✧ Demography
Economic growth is rapidly changing the world order.

Source: IMF data, extrapolated 2017-2020
Economic growth is rapidly changing the world order

Source: IMF data, extrapolated 2017-2020
Economic growth is rapidly changing the world order

Source: IMF data, extrapolated 2017-2020
New Equity Challenges in Global Health

- Nearly twice as many poor people are living in emerging economies that those living in LDC’s

<table>
<thead>
<tr>
<th></th>
<th>Total population (in millions)</th>
<th>People living with less than 2$ a day (in percentage)</th>
<th>People living with less than 2$ a day (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Least Developed Countries</td>
<td>1000</td>
<td>74%</td>
<td>755</td>
</tr>
<tr>
<td>Emerging economies</td>
<td>4420</td>
<td>57%</td>
<td>1,536</td>
</tr>
</tbody>
</table>

Nearly twice as many poor people are living in emerging economies than those living in LDC’s.
Transitional Economies

As countries transition from low to middle-income, what will that mean?
Funding, Major resources, now flat-lining and potential declines

-scale up...great success, but can we keep up?

-negative impact on country and international resources of the economic and financial crisis
-international funding flat-lined; domestic funding increasing, but what can we really expect?

-less political mobilization around global health and global solidarity
-uneven commitment to multilateralism and to new Global Health governance mechanisms
Development Assistance for Health
## Total Health expenditure per capita

*(Van der Gaag et al., 2009)*

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<tbody>
<tr>
<td>Latin Am./Caribbean</td>
<td>541</td>
<td>710</td>
<td>286</td>
<td>506</td>
</tr>
<tr>
<td>North Africa/Middle East</td>
<td>305</td>
<td>438</td>
<td>170</td>
<td>292</td>
</tr>
<tr>
<td>South East Asia</td>
<td>1.450</td>
<td>1.924</td>
<td>26</td>
<td>99</td>
</tr>
<tr>
<td>Sub-Saharan Afr.</td>
<td>731</td>
<td>1.119</td>
<td>35</td>
<td>97</td>
</tr>
<tr>
<td>High-income countries</td>
<td>959</td>
<td>998</td>
<td>3.304</td>
<td>5.666</td>
</tr>
<tr>
<td>Total (world)</td>
<td>6.263</td>
<td>7.782</td>
<td>578</td>
<td>952</td>
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The Prevention Gap; the Treatment Gap
“30 by 20”? 

-will we keep up therapeutically with a sophisticated virus
-will we ever see progress of a framework for intellectual property rights

-are we investing enough in non treatment-related prevention in contexts of concentrated epidemics?

-are we really making progress for treatment for marginalized populations?
The treatment gap in low- and middle income countries

<table>
<thead>
<tr>
<th>Region</th>
<th>People receiving HIV treatment</th>
<th>People eligible for HIV treatment</th>
<th>Treatment gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIDDLE EAST AND NORTH AFRICA</td>
<td>17 000</td>
<td>116 000</td>
<td>85%</td>
</tr>
<tr>
<td>EASTERN EUROPE AND CENTRAL ASIA</td>
<td>130 000</td>
<td>510 000</td>
<td>75%</td>
</tr>
<tr>
<td>ASIA AND PACIFIC</td>
<td>1 100 000</td>
<td>2 400 000</td>
<td>54%</td>
</tr>
<tr>
<td>SUB-SAHARAN AFRICA</td>
<td>6 200 000</td>
<td>11 000 000</td>
<td>44%</td>
</tr>
<tr>
<td>LATIN AMERICA AND CARIBBEAN</td>
<td>580 000</td>
<td>850 000</td>
<td>32%</td>
</tr>
<tr>
<td>GLOBALLY</td>
<td>8 000 000</td>
<td>14 800 000</td>
<td>46%</td>
</tr>
</tbody>
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AIDS diagnoses 2004–10: WHO European Region three geographic areas and EU/EEA

Countries that have consistently reported AIDS since 2004 included: West Austria, Belgium, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Netherlands, Norway, Portugal, Spain, San Marino, Switzerland, United Kingdom; Centre: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, the former Yugoslav Republic of Macedonia, Hungary, Montenegro, Poland, Romania, Serbia, Slovakia, Slovenia; East: Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kyrgyzstan, Latvia, Lithuania, Moldova, Tajikistan, Turkmenistan, Uzbekistan.
Policemen flank prison health care clinic in Ukraine
Civil Society,
Involved in structures and decision-making, but also changing, collapsing

-major successes, engaged in decision-making and implementation, locally and globally
-merging/collapsing partly as funding shrinks, partly because of fatigue
-movement is changing – new partners and coalitions

How do we re-activate civil society movements, or is being mainstreamed not so bad?
Existing and Emerging tensions

Between

- Biomedical solutions vs social transformation
- Bretton Woods vs post-Busan era
- G8 vs BRICS
- Vertical response vs mainstreamed
- Emergency vs chronic response
Leadership

What kind of leadership is needed to take up the challenges?
“We must rely on compassionate individuals to keep essential political insights alive”

- Martha Nussbaum
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