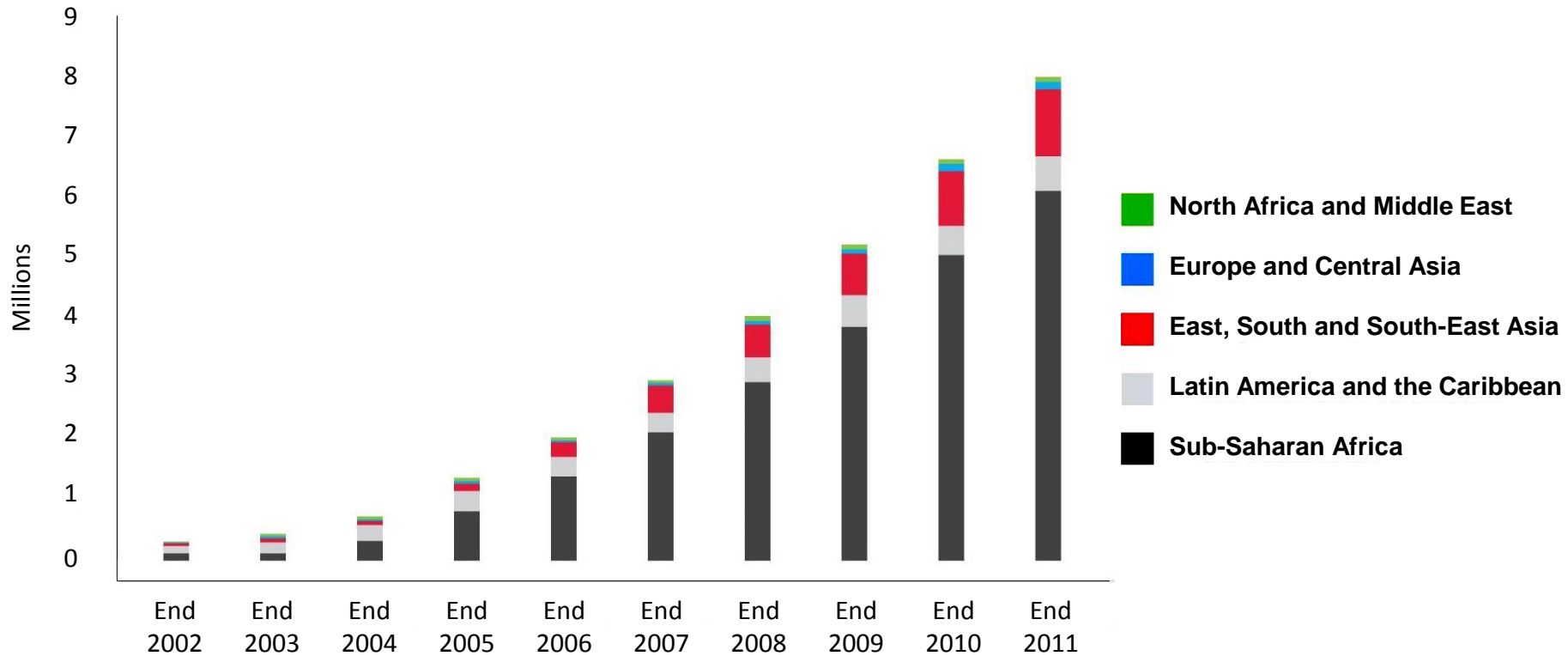


THE BEGINNING OF THE END OF AIDS

Innsbruck, 12 June 2013

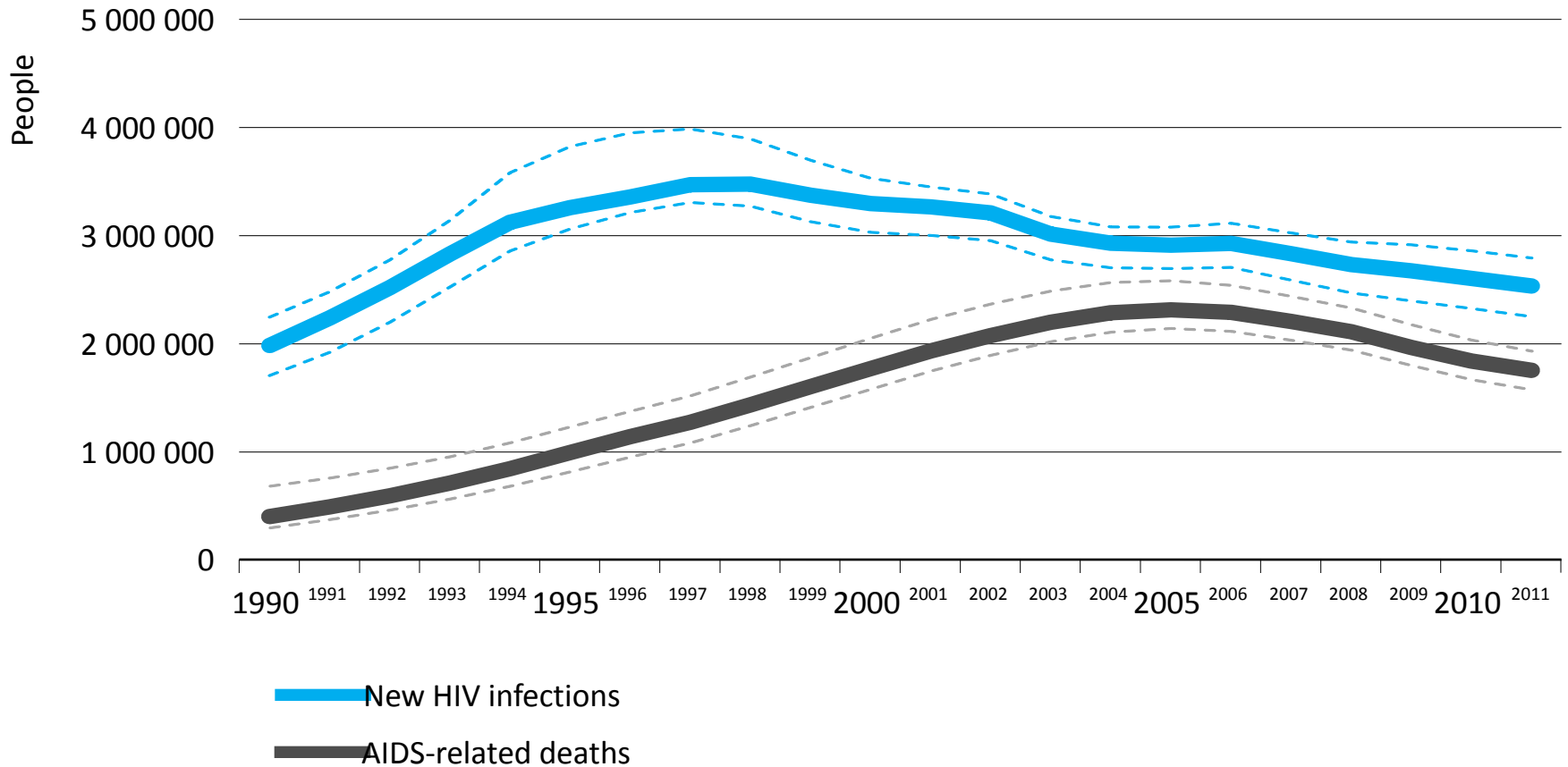
by Michel Kazatchkine

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



Source: 2012 country progress reports (www.unaids.org/cpr).

New HIV infections and AIDS-related deaths



The
Economist

JUNE 4TH-10TH 2011

Economist.com

The trap for Turkey

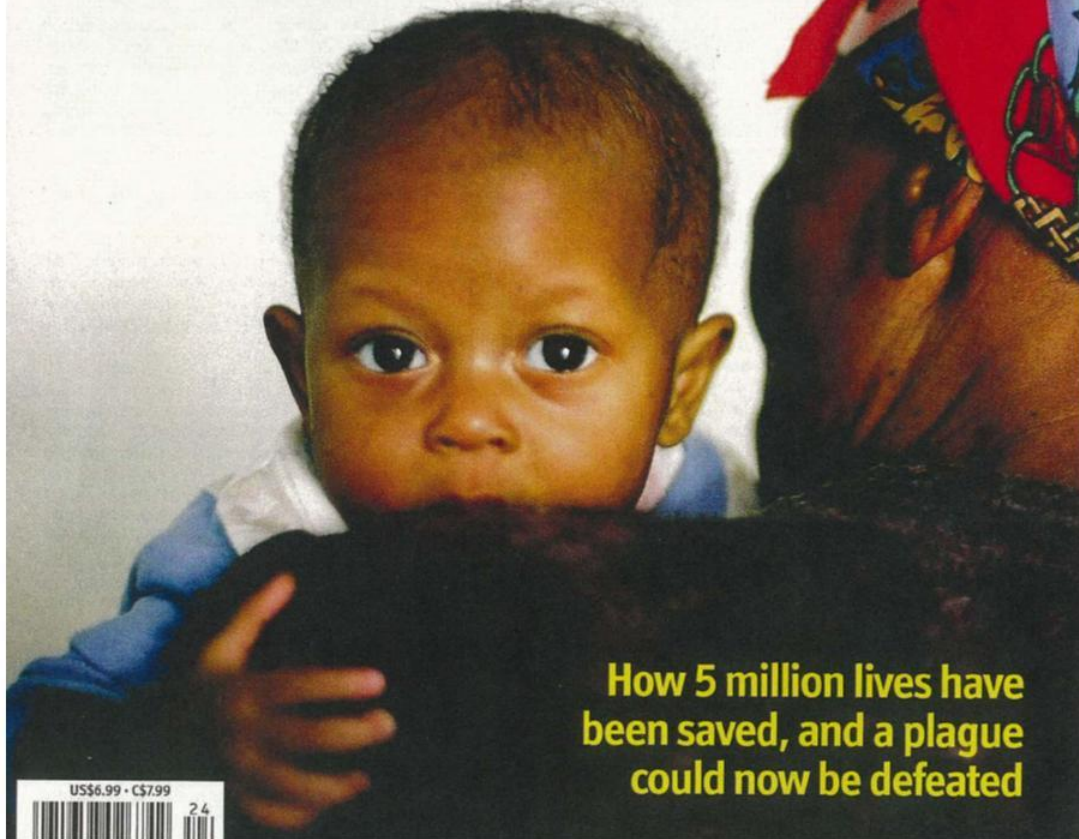
Wall Street's plumbing problem

Lady Gaga, Mother Teresa and profits

Brazil's boiling economy

The farce that is FIFA

The end of AIDS?



How 5 million lives have
been saved, and a plague
could now be defeated

US\$6.99 • C\$7.99

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Changing health paradigms 2000

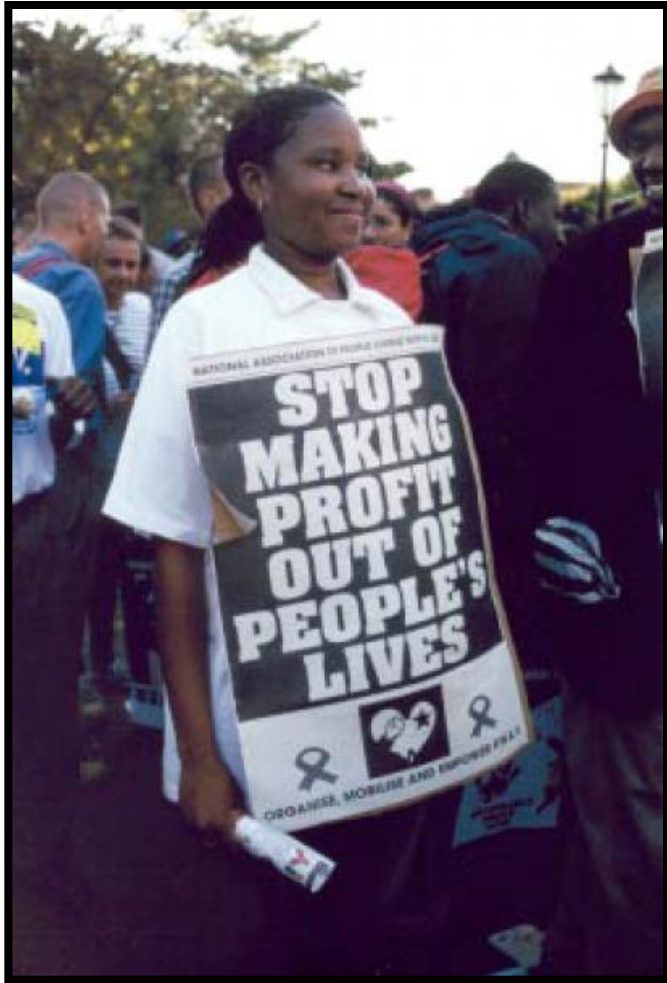
- Health should no longer be expected as an outcome of development, but rather as a necessary and priority investment for development and economic growth.

Millenium Development Goals



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



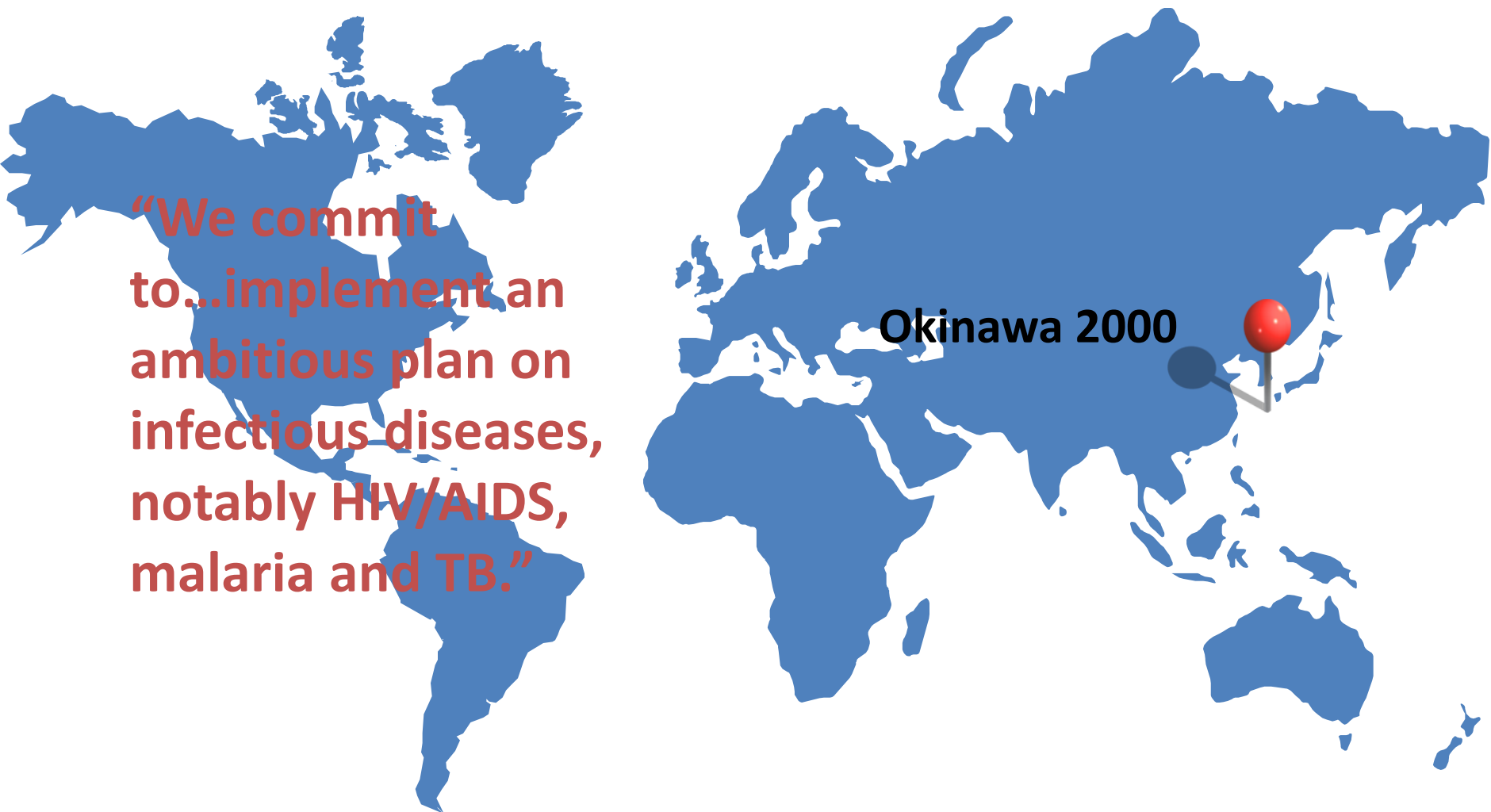
Political determinants: commitment to citizens'/peoples' empowerment



G8 Commitment

“We commit to...implement an ambitious plan on infectious diseases, notably HIV/AIDS, malaria and TB.”

Okinawa 2000

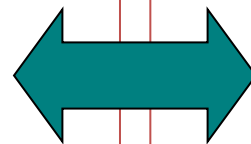


Diplomacy today

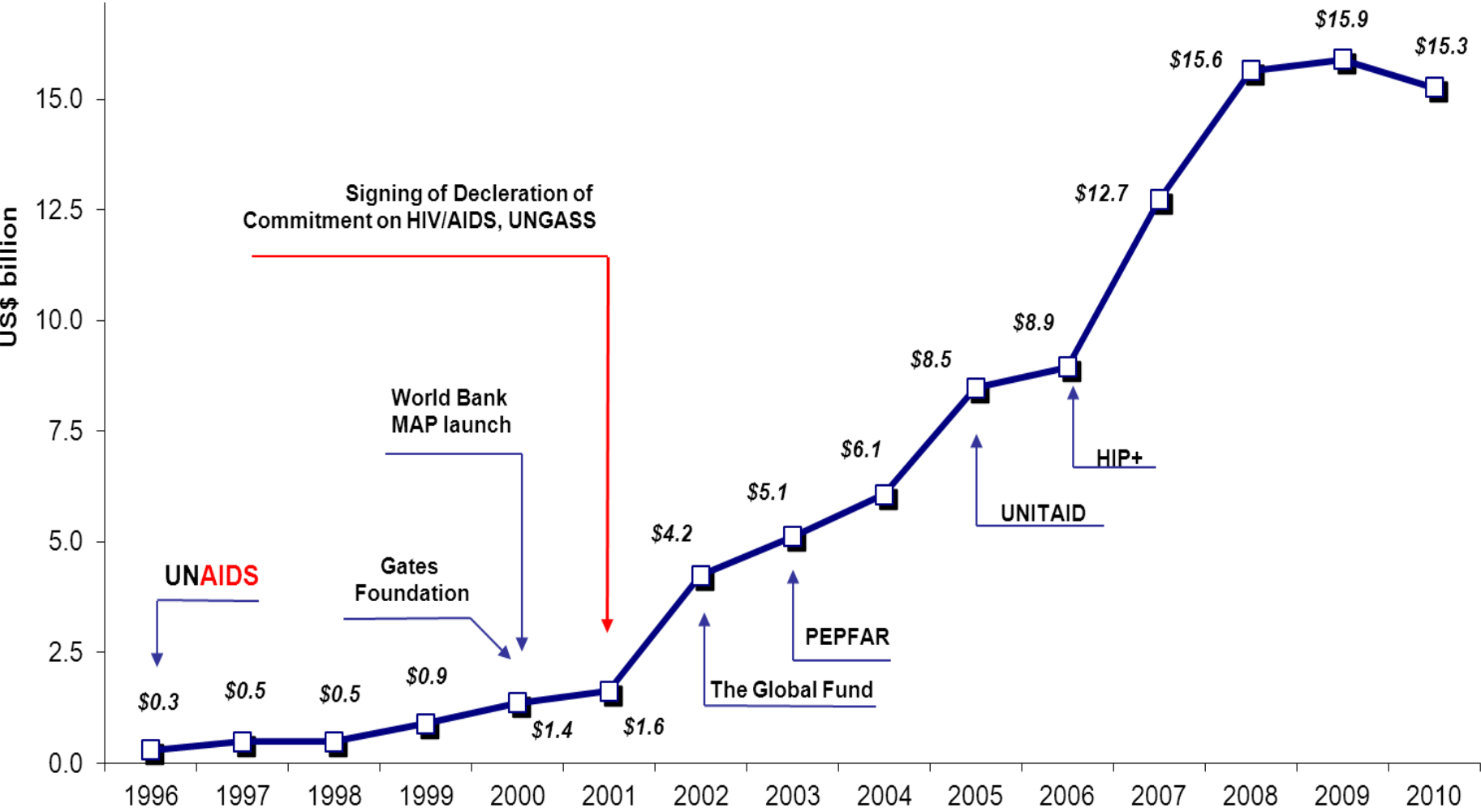
Health policy today

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

- "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**".

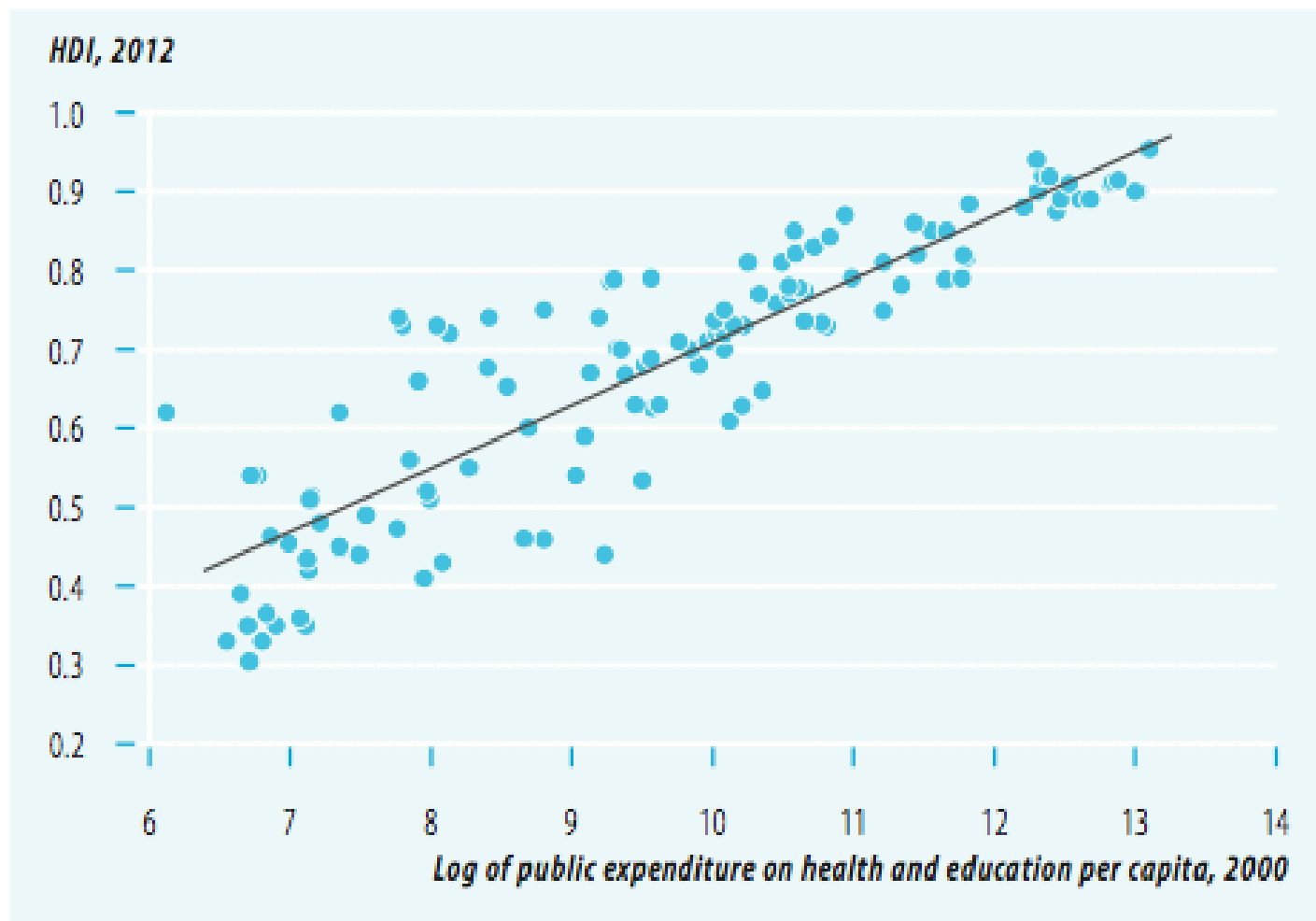


Total annual resources available for AIDS in low and middle income countries, 1996-2010



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) UNAIDS/OECD/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

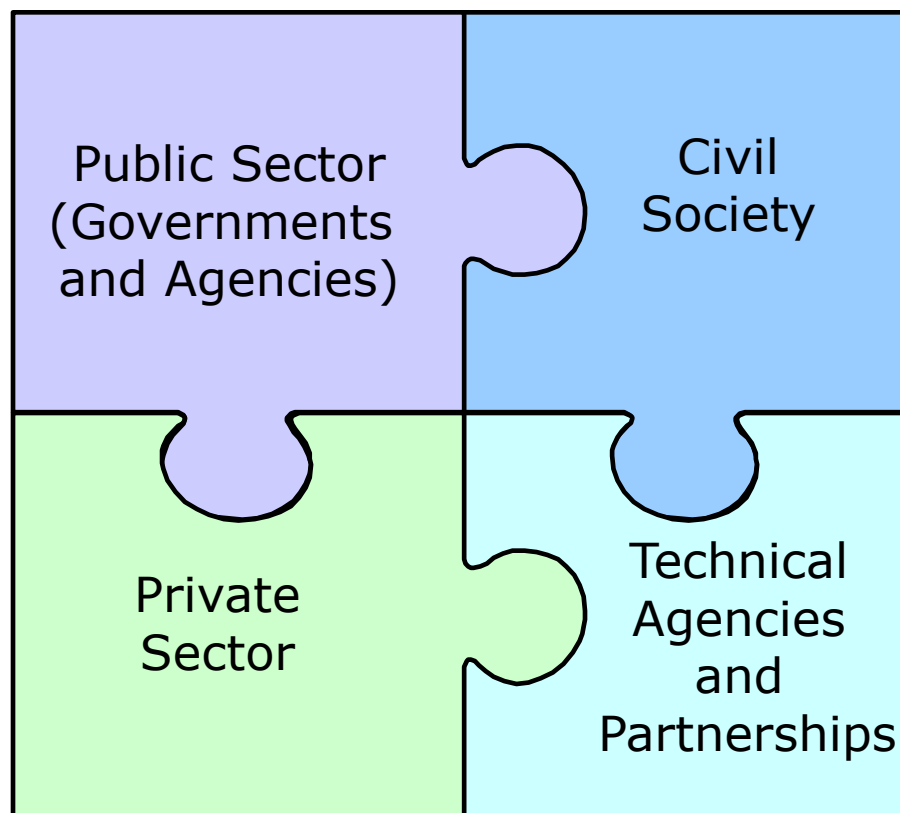
- Defining new approaches to multilateralism, public-private partnerships
- Introducing new approaches to accountability
- Introducing new approaches to delivery of care : task shifting
- Defining new approaches to intellectual property

Partnership approach to governance

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

- Donors
- Recipient Countries

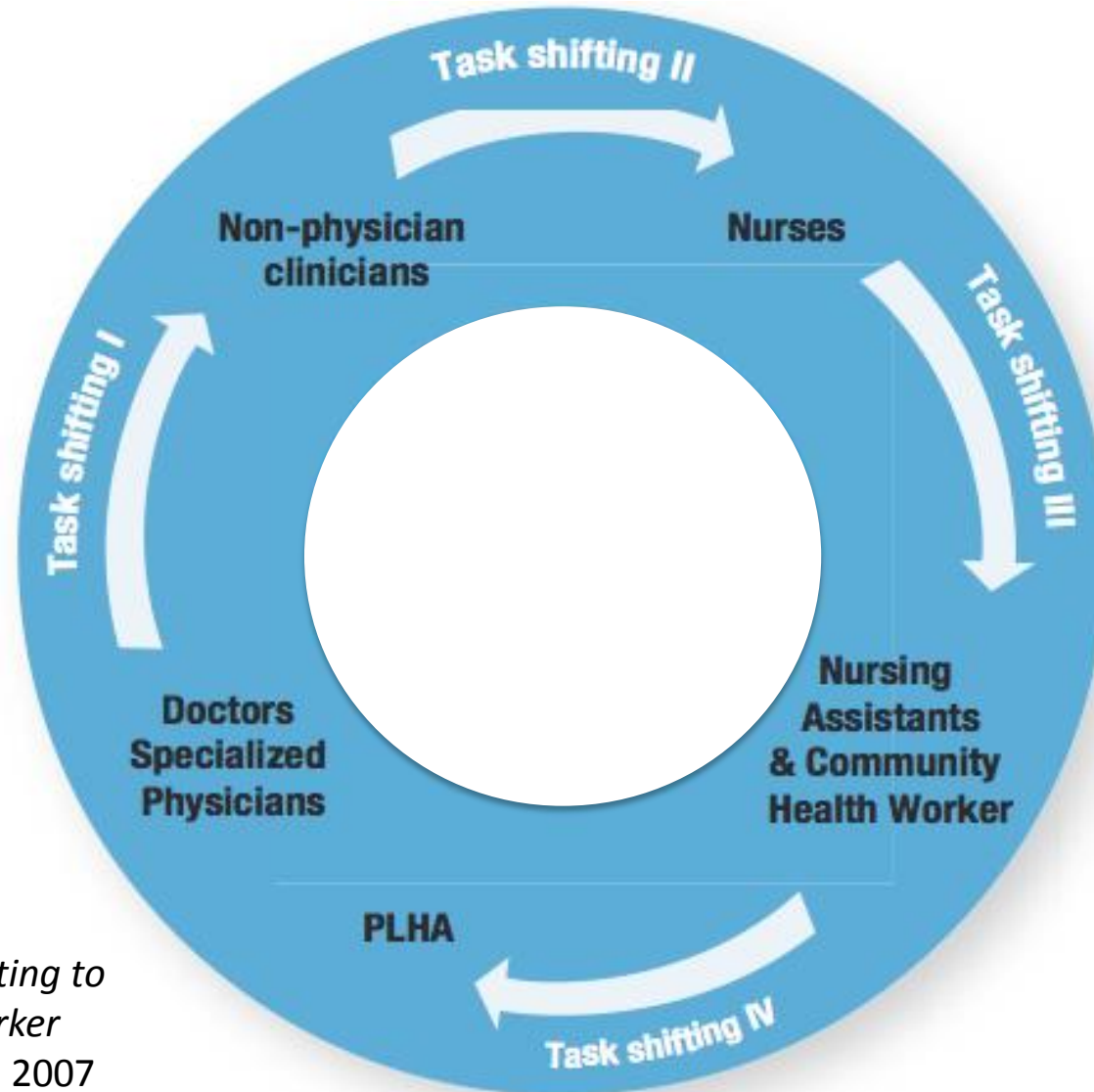
- Private Sector
- Private Foundations



- 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

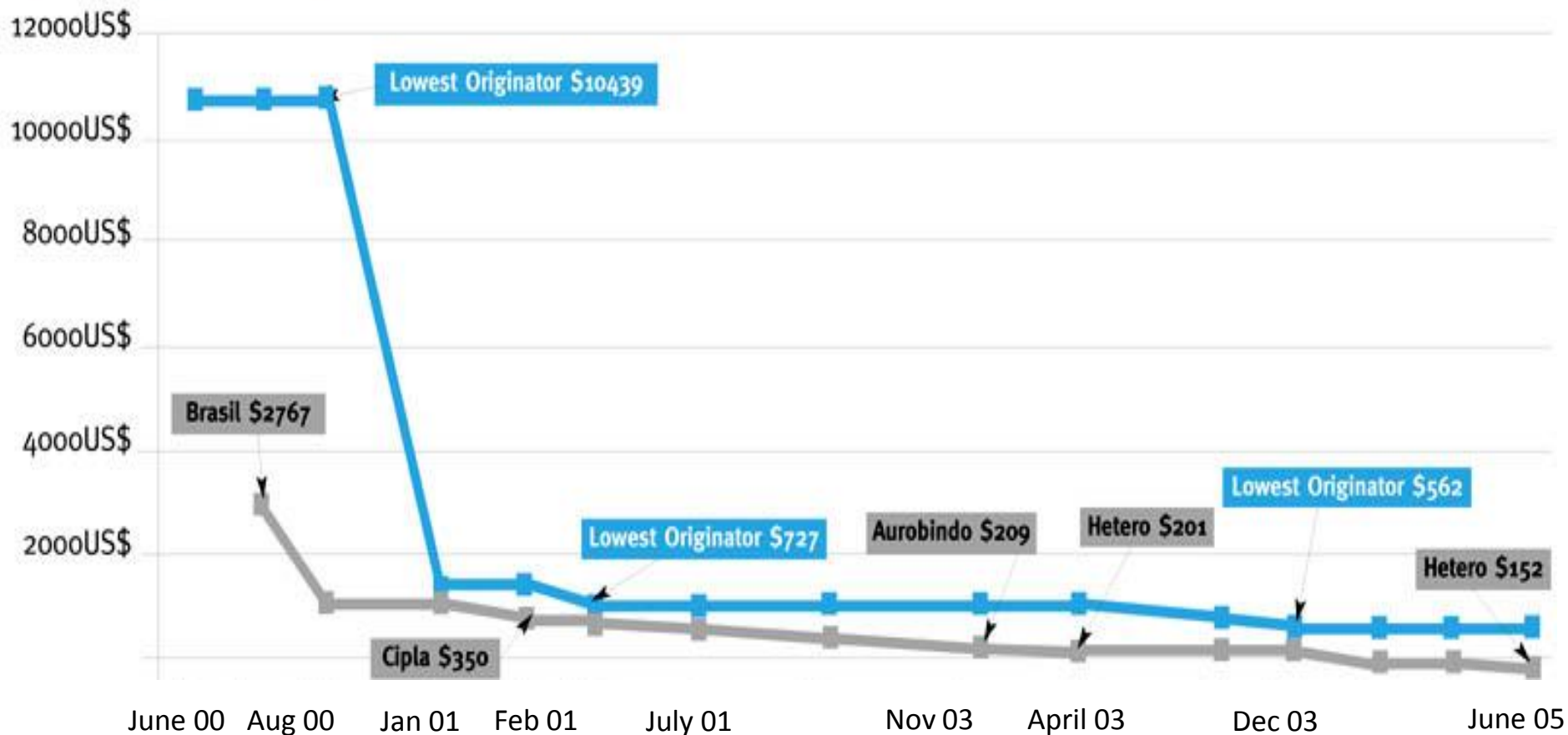
1996: D4T 3TC IDV (10 TID)

2004: ZDV 3TC NVP (2 BID)

2006: TDF FTC EFV (1 QD)

The effect of generic competition on drug prices

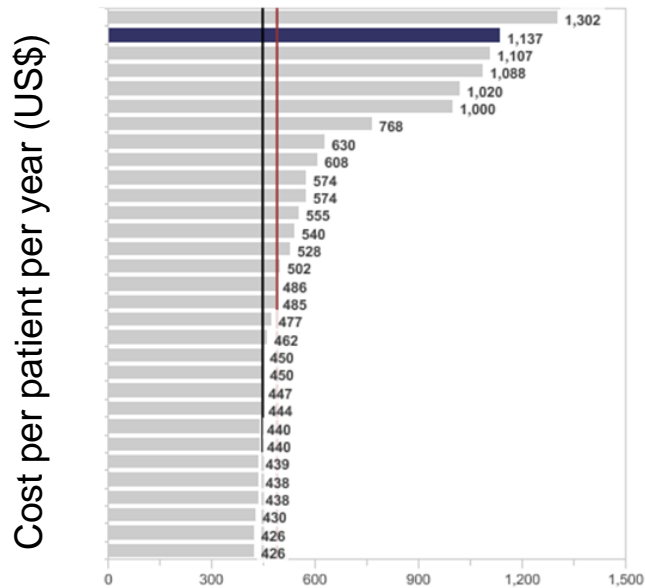
May 2000-June 2005



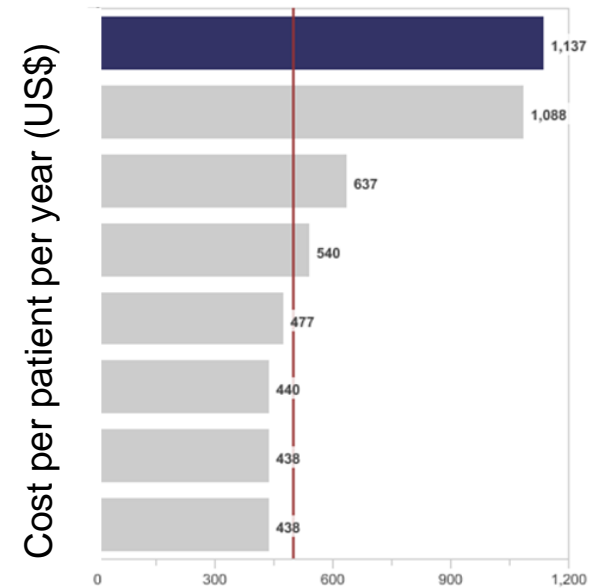
Example of Comparative Pricing

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

Countries from same income level



Countries from same region



- 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

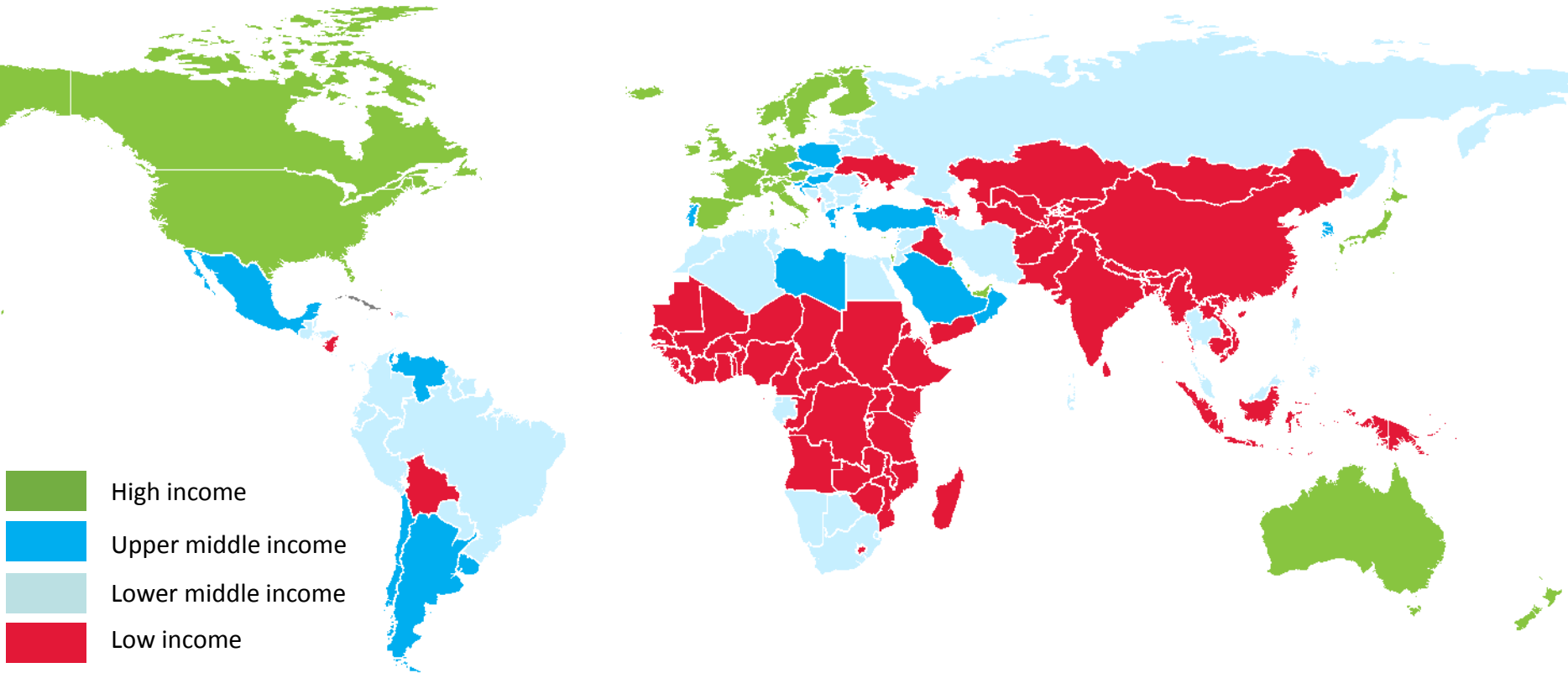
A new global context

Radically changing societies:

- ✧ Regionalization within globalization
- ✧ Urbanization
- ✧ Individualization
- ✧ Virtual connectedness
- ✧ Commercialization
- ✧ Demography

Economic growth is rapidly changing the world order

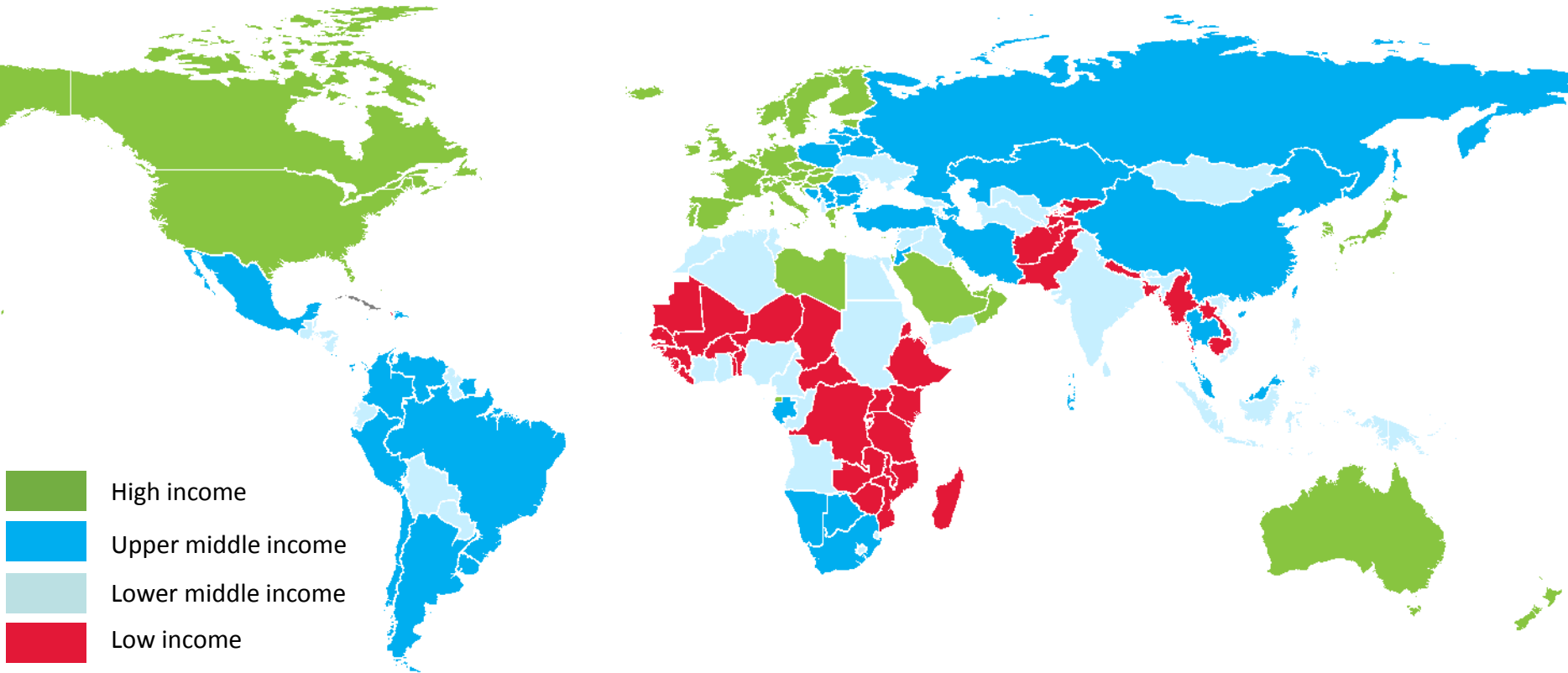
2000



Source: IMF data, extrapolated 2017-2020

Economic growth is rapidly changing the world order

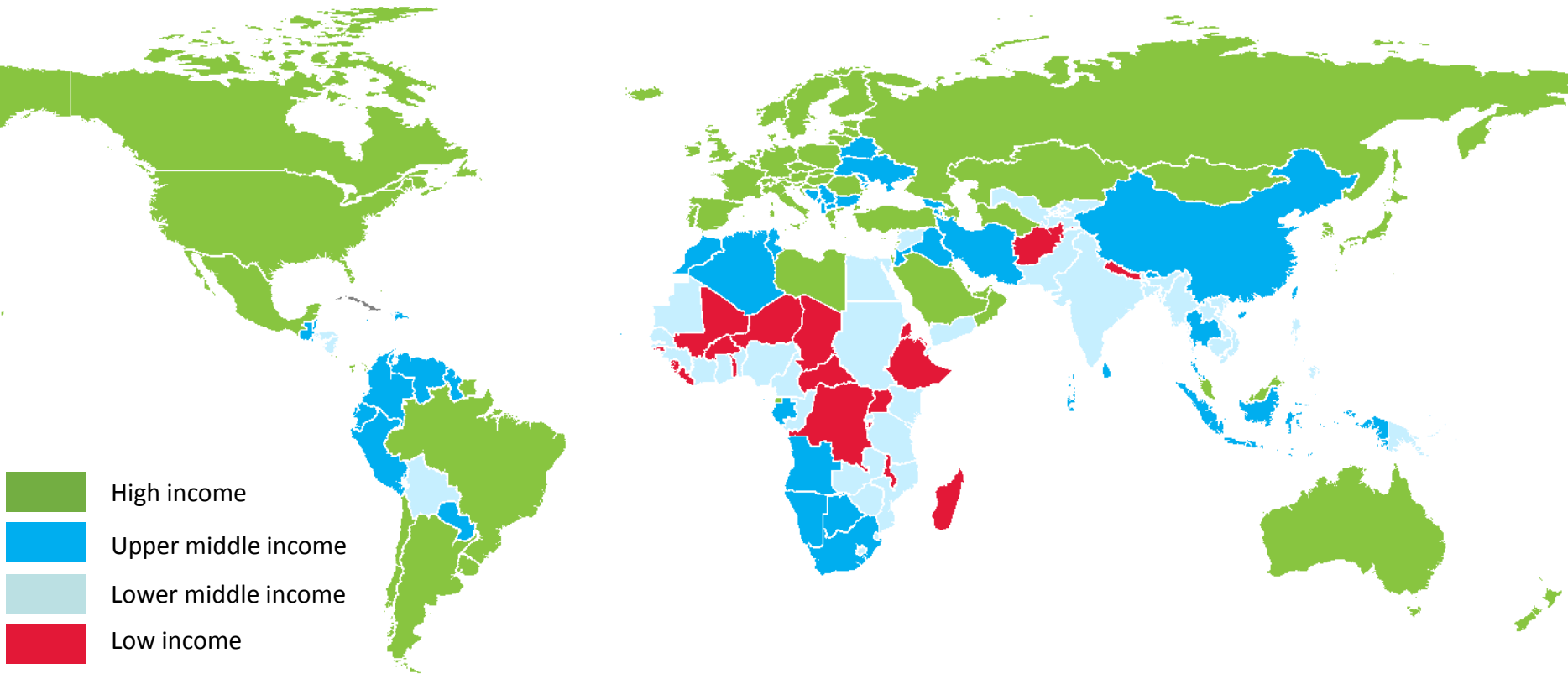
2010



Source: IMF data, extrapolated 2017-2020

Economic growth is rapidly changing the world order

2020



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

	Total population (in millions)	People living with less than 2\$ a day (in percentage)	People living with less than 2\$ a day (in millions)
Least Developed Countries	1000	74%	755
Emerging economies	4420	57%	1,536

Transitional Economies

As countries transition from low to middle-income, what will that mean?

Funding, Major resources, now flat-lining and potential declines

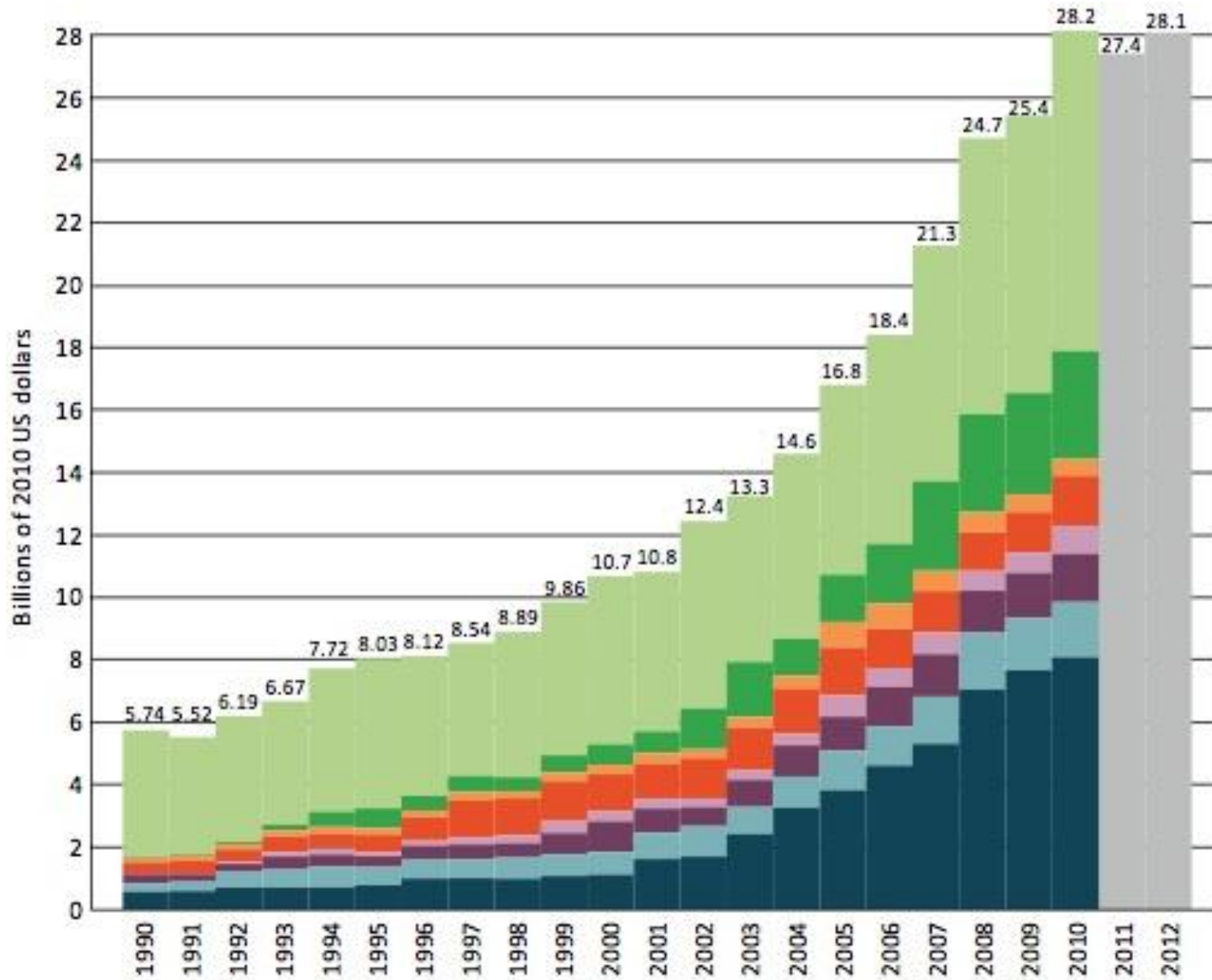
-scale up...great success, but can we keep up?

-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)

REGIONS	Population 2005 (millions)	Population 2030 (millions))	Health expenditure 2005 (US \$)	Health expenditure 2030 (US \$)
Latin Am./ Caribbean	541	710	286	506
North Africa/ Middle East	305	438	170	292
South East Asia	1.450	1.924	26	99
Sub-Saharan Afr.	731	1.119	35	97
High-income countries	959	998	3.304	5.666
Total (world)	6.263	7.782	578	952

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

People receiving HIV treatment 000 000
 People eligible for HIV treatment 000 000

TREATMENT GAP

MIDDLE EAST AND NORTH AFRICA
17 000
 116 000



85%

EASTERN EUROPE AND CENTRAL ASIA
130 000
 510 000



75%

ASIA AND PACIFIC
1 100 000
 2 400 000



54%

SUB-SAHARAN AFRICA
6 200 000
 11 000 000



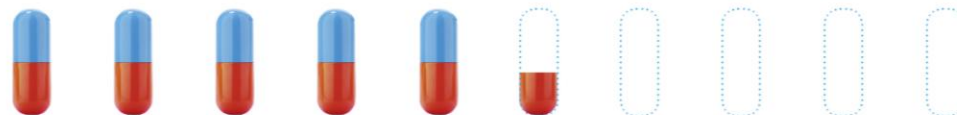
44%

LATIN AMERICA AND CARIBBEAN
580 000
 850 000



32%

GLOBALLY
8 000 000
 14 800 000



46%

AIDS diagnoses 2004–10: WHO European Region three geographic areas and EU/EEA

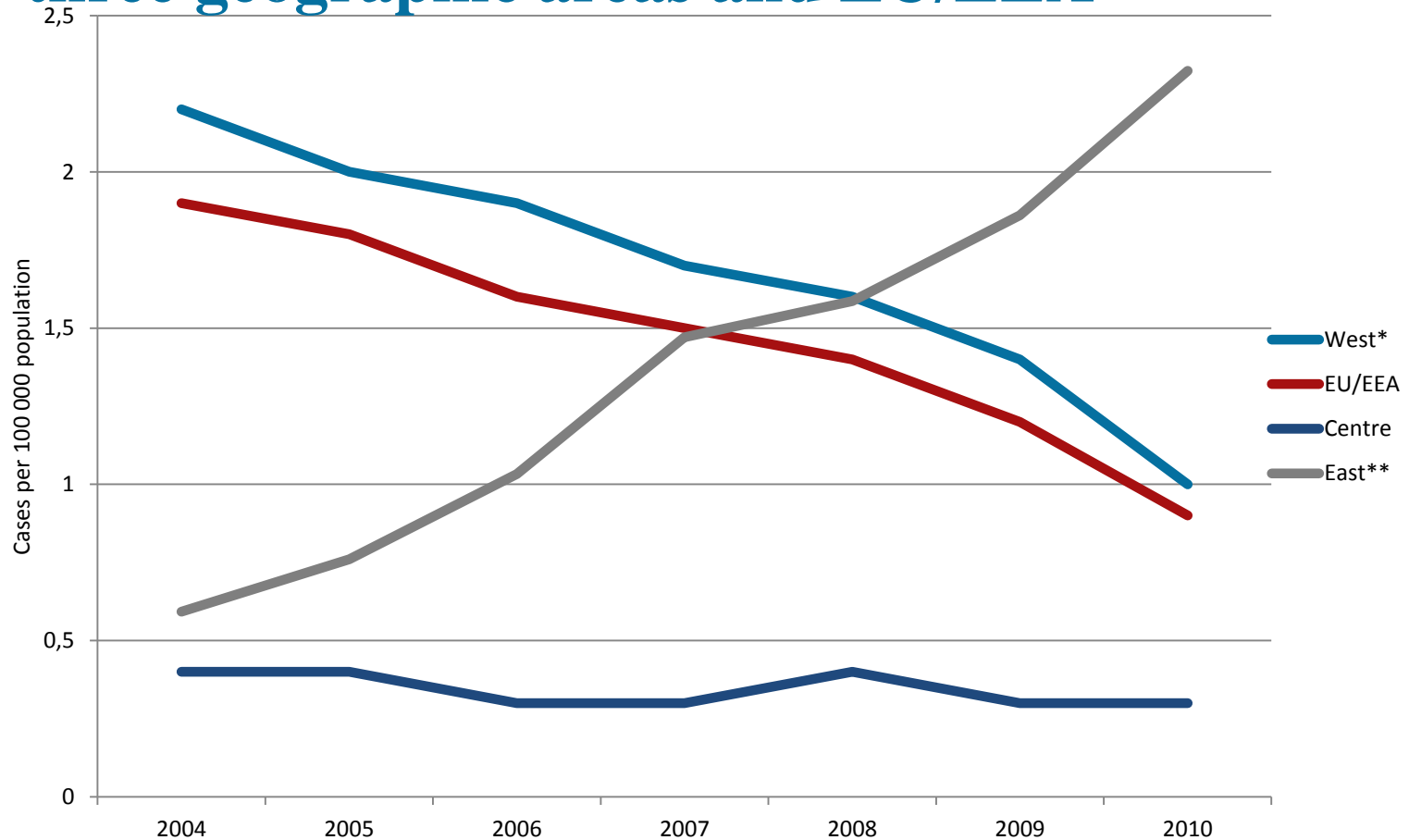




Photo: Gladyslov

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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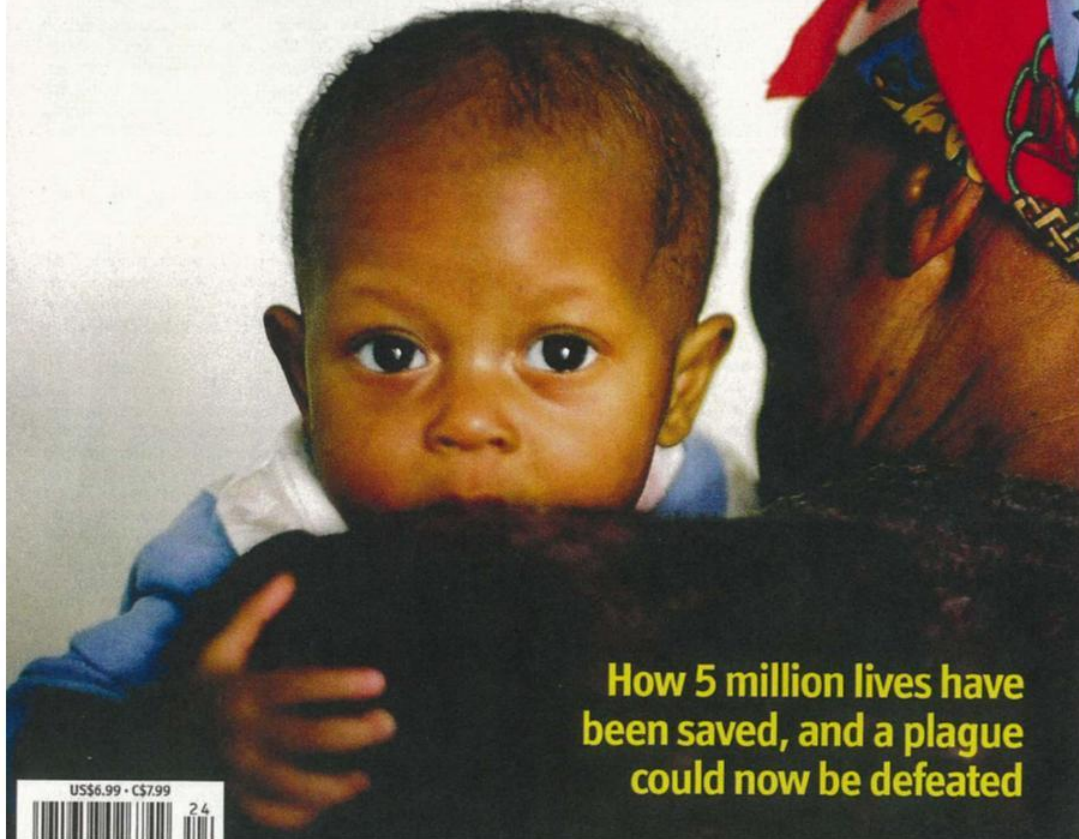
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