

The WHO Response to the HIV/AIDS Pandemic

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A Roller Coaster Ride

- Makes for interesting history
- Not the optimum approach to global pandemics
- Can we learn from history?
- 60th anniversary of WHO
- We ask for your feedback
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“Gay Cancer” in the Headlines

- Michael Gottlieb and colleagues in Los Angeles announce a new disease in MMWR, June 1981
- Gay-Related Immunodeficiency Disease, or GRID
- New York Times, the “gay cancer” and the “gay plague”
- Battles over risk group definitions

Heterosexual Transmission

- In 1983, doctors in Kinshasa, Zaire, report mysterious deaths
- Peter Piot, Thomas Quinn (NAIAD), and Joe McCormick (CDC) go to investigate
- Conclude that the disease is being transmitted heterosexually
- Met with general disbelief

Confirming the Story

- Combined European-American project in Zaire, led by Jonathan Mann
- Traced widening circles of infection
- Risk factor: “being young, sexually active, and living in Kinshasa”

Denial, Blame, and Guilt

- No homosexuals or drug addicts in China
- No AIDS in some African countries
- US tries to exclude all HIV+ travelers
- Some countries jailing homosexuals
- Quarantine in Cuba
- Much discriminatory legislation
- It's their fault (i.e. someone else's fault)

The WHO

- Halfdan Mahler, D-G, considers HIV/AIDS a disease of developed world:
promiscuous young gay men and IDUs
- WHA, 1986, Uganda asks WHO for help
- Fakhry Assaad brings Mann to Geneva
- Mahler is convinced that HIV/AIDS is a major threat; Mann will lead a Global Program on AIDS

Global Program on AIDS

■ 1986	\$0
■ 1987	\$30 million
■ 1990	\$82 million

Outside the usual chain of command
Collaborative agreements with 160 countries
Donors happy with multilateral program --
avoid close association with AIDS

Health and Human Rights

- Discrimination a root cause of the epidemic
- Fight with Vatican over condoms
- Human rights, civil rights, equality fundamental to prevention
- Violence against women
- Economic discrimination
- 1988 WHA resolution of non-discrimination

A New Director-General

- 1988 Hiroshi Nakajima elected D-G
- AIDS taking too much attention, resources
- Why focus on an unpopular disease?
- More attention to malaria, childhood mortality, other infectious diseases
- Mann too flamboyant, not deferential
- Balance the rights of PWA against those of society at large

The Struggle

- Le Monde interview
- Mann threatens to resign
- Nakajima backs down
- But gets even
 - Mann excluded from meetings
 - Travel requests denied
 - New staff refused
 - New book on AIDS and ethics pulped

The Parting of the Ways

- Mann's interviews with Le Monde
- London Times
- Says D-G has paralyzed the global fight against AIDS
- No real leadership
- Obstruction at every turn
- Mann leaves for Harvard professorship

Reorganization

- Senior staff resign or are asked to leave
- Loss of energy and momentum
- Loss of effective work with African countries; within 2 years, 45 African country staff are removed
- Contributions to GPA decline
- Energy goes into bureaucratic reorganization; a new UN program

UNAIDS

- UNAIDS created 1995-1996
- Peter Piot, Executive Director

WHO

UNICEF

World Bank

UNDP

WFP

UNFPA

UNODC

UNHCR

ILO

UNESCO

Meanwhile, at WHO

- Some staff members leave, some transfer to UNAIDS
- A handful left behind in WHO, in the Office of HIV/AIDS and Sexually Transmitted Diseases (3 different directors)
- HIV/AIDS/STI Initiative, HIS (3 different directors)
- Brundtland wants to “mainstream” AIDS into all clusters; limited budget; decentralization
- WHA 2000 asks WHO to prepare a “Global Health Strategy for HIV/AIDS”

Moving Toward 3 x 5

- WHO publishes *The use of antiretroviral drugs in resource-limited settings*
- 2001: Department of HIV/AIDS established (2 more directors)
- UN Declaration of Commitment on HIV/AIDS, 2001
- May 2003, Dr Lee Jong-Wook in inauguration speech says he will prepare a new initiative on HIV/AIDS
- World AIDS Day, Dec 1, 2003: *Treating 3 million by 2005: Making it happen, the WHO strategy*
- Jim Kim becomes the 12th director since 1996 of the HIV/AIDS effort

The Drive to Treatment

- By 1995 the new antiretroviral therapy is transforming the epidemic in the US and Europe; mortality drops by 90%
- Widening gulf between North and South
- 1% African patients have access to ARVs
- Paul Farmer and his team offer ARVs to poor in Haiti
- Brazil offering free ARV treatments

The Debates

- ARVs are prohibitively expensive
- Feachem:

“HAART is too difficult, too expensive, and too prone to divert resources from other priority health investments; it will fuel drug resistance, undermine the focus on prevention”

vs.

“HAART is a human right. Therapy available in the industrialized north must be made available to all infected people everywhere. It is a moral imperative”

Feasibility of Treatment?

- Pablos-Mendez: “Reductions in ARV prices and hospital savings in Brazil have made arguments over affordability obsolete. . . Doing nothing is unacceptable.”
- Paul Farmer: AIDS treatment greatly strengthens AIDS prevention, testing, and counseling

3 x 5

- Started out with a wing and a prayer
- Financing came in slowly
- Accomplishment: went from under 0.25 m in treatment to 1.3 m
- Failure: didn't reach target
- Showed that much can be done
- Showed that more time was needed

3 x 5

- Showed that human resources for health and health infrastructure are essential for “emergency” treatment programs
- Need for more reliable/consistent funding
- Still questions:
 - sustainability?
 - drug resistance?
 - reaching rural areas?
 - political commitment?
 - multiplicity of actors: is true collaboration possible?

Lessons of History?

- Consistency matters. A roller coaster ride is not the best approach to global health
- Treatment for HIV/AIDS is wonderful but prevention is even better (and much cheaper)
- Diseases can travel in any direction; don't ignore the diseases of the developed world
- Human rights emphasis is still very relevant
- Two years is not enough time to accomplish miracles; building infrastructure is essential

Lessons of History?

- Personalities matter. Individuals can make a difference e.g. Mann, Mahler, Nakajima, Lee
- Competition (interpersonal or interagency) can hinder progress; clarity and consistency matter. In epidemic/pandemics, a strong and respected leader must be in charge
- How do we learn from history? Is there a method for developing institutional learning from past mistakes and ensuring that we do better in the future? Is this a problem of knowledge management?