Expanding the global response to HIV/AIDS

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The most effective HIV prevention programmes benefit from high-level political commitment and promote safe behaviour while providing care for those affected by HIV. They can succeed in slowing down — and eventually reversing — the epidemic. The consequences of failure are unthinkable.

During 1998, almost six million people became infected with HIV, including over half a million children. And HIV again claimed as many lives as malaria. By the year 2000, nearly 40 million people worldwide are likely to be infected. Unless an inexpensive cure or treatment becomes available in the near future, most of those people — many of them parents and breadwinners — will die over the next decade. Very few of the children will live to see their fifth birthday.

Although HIV prevention programmes in some countries — Senegal, Switzerland, Thailand, Uganda and the United Republic of Tanzania for example — have been successful in reducing unsafe behaviour and lowering the rate of infection, the number of new infections worldwide continues to rise inexorably. Over the next 24 hours alone from the time of your reading this, another 16,000 people will become infected. Why is the epidemic continuing to spiral out of control?

The problem is that in many countries, existing HIV prevention programmes are either weak or limited in scope. Many are underresourced and operate in a piecemeal, uncoordinated way. And most have focused exclusively on the need to change individual risk-taking behaviour, thus turning a blind eye to the underlying social, cultural and economic forces which encourage unsafe behaviour in the first place and make it extremely difficult to change. To make matters worse, confidential counselling and HIV testing services, as well as care and support for people living with AIDS, are inadequate in most countries, offering little opportunity or motivation for people to be tested. As a result, HIV remains invisible and continues to spread. Today, 90% of those with HIV — over 33 million people — do not even know they are infected.

The role of poverty

It is no coincidence that AIDS has disproportionately affected the poor and disadvantaged in developing countries, together with marginalized groups in the industrialized countries. Around 95% of people with HIV live in sub-Saharan Africa and the developing countries of Asia and Latin America. Poverty, discrimination, sexual inequality, the inadequacy of health or social services, rapid urbanization, a migrant labour force and inappropriate development projects are among the key factors that can increase vulnerability to HIV.

Poverty is the reason why young girls are sold into prostitution and why they may have little control over the use of condoms. Economic dependence and the desire to have children are among the reasons why many women continue to have unprotected sex with a husband or partner they know has other partners.

If we are to contain this epidemic and cushion its impact we need to expand the response considerably — not by doing more of the same but by expanding the best, so as to ensure that HIV is not just on the health agenda but is firmly placed on the development agenda as well.
The expanded response involves a two-pronged approach: reducing individual risk and lowering vulnerability to HIV.

First, there is a need to improve the quality, scope and coverage of existing efforts to prevent HIV and provide care and support for those infected. To achieve this, planners and health workers need to draw on the experience of those countries or communities which have succeeded in stabilizing or lowering infection rates, thus proving beyond doubt that prevention does work. Up till now, there has been little effort to share this expertise and adapt successful programmes (“best practices”) for use elsewhere.

The most effective HIV prevention programmes have key features in common. They benefit from high-level political commitment and work on many levels at the same time, promoting safe behaviour and providing care and support for people affected by HIV. They offer a broad range of prevention measures, including access to cheap and good quality condoms, confidential counselling and testing, prevention of mother-to-child transmission, and early treatment for other sexually transmitted diseases, which multiply the risk of infection with HIV. Other critical elements are long-term education and mass media campaigns to ensure broad public awareness about HIV – especially among young people in whom over half of all infections now occur. Finally, the communities affected and people living with HIV are actively involved in the planning and execution of AIDS programmes.

Secondly, action must be taken to reduce people’s vulnerability to HIV, through measures to bring about social, cultural and economic change. The aim is to create a more favourable environment in which people are able to take advantage of risk-reduction strategies. This will require coordinated action within every sector of government (not just the ministry of health) and within a broad range of other sectors as well – business, tourism, the armed forces, education, religious organizations, labour organizations, development agencies and the mass media.

There is no “quick fix” for development issues that require social and economic reform. However, governments can set shorter-term goals, for instance, providing incentives to enable girls to complete secondary school education. Or they can take steps to change laws and policies that criminalize or discriminate against specific populations such as sex workers and injecting drug users.

In Thailand, for example, where prostitution remains illegal, the government’s pragmatic approach to slowing down the epidemic has been exemplary. In response to a 1989 study showing that 44% of the sex workers in Chiang Mai were HIV-positive, the government launched an impressive multisectoral intervention. This involved working with brothel owners to urge 100% condom use in brothels, the launch of mass media campaigns to encourage respect for women and discourage men from visiting sex workers, and improved access to care for people living with AIDS. As a result, HIV prevalence has declined significantly – especially among young people.

In Senegal, a rapid, broad-based response to the epidemic, supported by both Islamic and Christian leaders, has kept the rate of HIV infection below 2%. Recent behavioural surveys indicate that over 60% of men and 40% of women aged 15–24 are now using condoms with casual partners.

If governments can be helped to build on the success of countries like these, they will succeed in slowing down – and eventually reversing – the course of the epidemic. The consequences of failure are unthinkable.