Reflecting on ten years of progress in the fight against AIDS, TB and malaria

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UN Secretary General’s Special Envoy on HIV/AIDS in Eastern Europe and central Asia
Ten years of progress: HIV/AIDS

• 2001: rapidly growing epidemic; 3.2 million new infections annually, including 620,000 new child infections; 100,000 people on treatment in low and middle income countries.

• 2012: epidemic curve reversed; 2.3 million new infections annually; 260,000 new child infections; 22 countries in Africa have reduced new infections by more than 25%; AIDS mortality globally decreased by 25%; 10 million people on treatment.

• New drug combinations available; point of care diagnostic tools are being developed. Research efforts now directed towards finding a cure.
Ten years of progress: Tuberculosis

- 2013: Worldwide incidence falling since 2004 and absolute number of incident TB cases now decreasing; TB-related mortality has decreased by 30% in the last 25 years.
- Over 65% of 9.5 M new and relapsed cases identified and treated on the basis of the WHO Stop TB strategy; 85% treatment success in global control of drug-susceptible tuberculosis.
- Molecular tests available for diagnosis of TB and drug-resistant TB; new drugs in pipeline, including drugs for MDR TB.
Ten years of progress: Malaria

• 2001: 1 million deaths; no insecticide-treated bed nets; no diagnostic test; no treatment to overcome resistance to conventional drugs.

• 2012: malaria-related deaths and number of cases decreased by 40 % (20-70 %) in endemic countries in Africa; rapid diagnostic tests and artemisinin-combined therapies widely available; over 75 % coverage with long lasting insecticide-treated nets in endemic countries in Africa.
Ten years of progress

• Ten years ago, few people would have believed that these achievements were possible; targets that today seem within reach were then aspirational at best, to some, utopian.

• And yet we are today, demonstrating that it is feasible to deliver interventions on a large scale despite the weaknesses in health systems, and in the most resource-constrained settings in the world.
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

• Fight against infectious diseases understood as a Global Public Good
Millenium Development Goals

Develop a global partnership for development

Eradicate extreme poverty and hunger

Achieve universal primary education

Ensure environmental sustainability

Combat HIV/AIDS, malaria and other diseases

Promote gender equality and empower women

Improve maternal health

Reduce child mortality
Correlation between Human Development Index and expenditures on health and education.

Source: HDRO calculations and World Bank (2012a).
2000-2013: 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; challenging the international IP system
Breaking the silence

“I exist as a living embodiment of the inequity of drug availability and access in Africa ...

... I stand before you because I am able to purchase health and vigour. I am here because I can pay for life itself.”

- Justice Edwin Cameron

International AIDS Conference, Durban, 2000
G8 Commitment

“We commit to...implement an ambitious plan on infectious diseases, notably HIV/AIDS, malaria and TB.”
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
• Fixed-Dose Combinations
• Defining new approaches to intellectual property
"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"
A new global context

- Demography
- Globalization or regionalization and multi-polarization
- Urbanization
- Individualization
- Virtual connectedness
- Commercialization
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
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Source: IMF data, extrapolated 2017-2020
New wealth not reaching the poor

South Africa: GDP per capita and income distribution 1996-2011

Share of national income held by:

- Richest 20%
- Poorest 20%

Per capita GDP

Source: IMF, World Bank
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>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>
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</thead>
<tbody>
<tr>
<td>Least Developed Countries</td>
<td>1000</td>
<td>74%</td>
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<tr>
<td></td>
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<td>755</td>
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<tr>
<td>Emerging economies</td>
<td>4420</td>
<td>57%</td>
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<td>1,536</td>
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</tbody>
</table>
A new global context

- Negative impact on national and international resources of the economic and financial crisis
- Less political mobilization around global health and global solidarity; little if no debate around Global Public Goods
- Uneven commitment to multilateralism and to new Global Health governance mechanisms
- Lack of significant progress of a framework for intellectual property rights
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>
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<tr>
<td>North Africa/ Middle East</td>
<td>305</td>
<td>438</td>
<td>170</td>
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<td>South East Asia</td>
<td>1.450</td>
<td>1.924</td>
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<td>Sub-Saharan Afr.</td>
<td>731</td>
<td>1.119</td>
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<td>High-income countries</td>
<td>959</td>
<td>998</td>
<td>3.304</td>
<td>5.666</td>
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<tr>
<td>Total (world)</td>
<td>6.263</td>
<td>7.782</td>
<td>578</td>
<td>952</td>
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Strategic relevance of health in the global arena has changed

- Economic agenda, e.g. the growing global market of goods and services in relation to health
- Geopolitical agenda: soft and hard power
- Security agenda
- Social Justice and human rights agenda
- Charity/philanthropic agenda
- Integral part of interdependent global crisis and challenges (food, climate, energy, water)
Epidemic context

• Increasing epidemic and treatment gap between regions
• Lack of significant progress in fighting concentrated epidemics
• Complex social, cultural, political factors are major obstacles to access to care for key affected populations
• New funding challenges faced by economies in transition
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.
Percentages of notified MDR among TB cases, WHO European Region, 2005-2012

- MDR among new TB patients
- MDR among retreated patients
- XDR among MDR cases
Drug user awaits interrogation, Tajikistan

Photo; Hans Jurgen Burkhart
Existing and emerging tensions

- Bretton Woods versus post-Busan era
- G8 versus BRICS
- Vertical response versus mainstreamed
- Biomedical solutions versus social transformation
- Emergency versus chronic response
- Post-2015: Health versus “all dimensions of sustainable development and the multi sectoral response to create the environment that will facilitate health outcomes”