Aidspan

Independent observer of the Global Fund

A "Strategic Revolution" in HIV and Global Health?

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In fact, the real "turning point" we should be concerned with is the financial crisis of two years ago. Not only did this precipitate a squeeze on aid budgets, it also revealed the fundamental flaws in the global financial architecture and systems, and highlighted how they underlie the impoverishment of many countries (and health systems) worldwide. The mal-distribution of global wealth, unfair economic governance arrangements and the ongoing perverse subsidy of the rich by the poor, continue to be unspoken elements in the present discourse around global health financing which remains mostly focused on aid, private charity and corporate philanthropy, and which is now increasingly characterised by a view that a reduction or stagnation in overall aid and health budgets in poor countries is inevitable.

While new U.N.-brokered global targets on HIV/AIDS suggests a commitment to health and development in poor countries, a better litmus test would be the adequacy and fairness of the financial and economic governance reforms that followed the financial crisis. It is in the realms of global financial regulation and transparency, trade agreements, fair taxation, and the governance of institutions such as the IMF that we in the health community should be looking and calling for "turning points."

Two years ago, a High Level Taskforce on Innovative International Financing for Health Systems was established to identify financing mechanisms that would complement traditional aid and bridge the financing gaps that compromise attainment of the health-related MDGs. The Taskforce was deficient in a number of respects (see here for a critique), but it laid much valuable groundwork for resolving the problems of inadequate, unsustainable and inequitable health financing in low and middle income countries.

As we face up to major financial challenges, we might want to re-assess the work, outputs and impact of the Taskforce. In such an exercise could lie the seeds for a real strategic revolution in HIV and global health – one that would result in adequate, sustainable and predictable financing for health within the context of fairer and more democratic economic and financial arrangements.

The second important issue raised by The Lancet concerns stewardship of the world's response to HIV/AIDS. This is important because the financial squeeze on HIV/AIDS requires better and more efficient management of resources, plans and initiatives at the global level. In addition, the imperative for HIV/AIDS programmes to support health systems strengthening efforts and to act as a catalyst for general improvements in health requires more effective and coordinated leadership across the array of global health institutions.

According to The Lancet, UNAIDS "is perhaps in the best position to be a catalyst for integration." The reasons given by The Lancet for this include: "the politically astute and charismatic" leadership of Michel Sidibé; the fact that "unlike WHO [World Health Organization], UNAIDS is not a member-state governed organization"; the fact that "UNAIDS was created precisely to fill gaps in the AIDS response left by countries, donors, and other U.N. and non-U.N. bodies"; and the fact that "its mandate is to be bold, to say and do what others cannot say and do."

While improving "AIDS governance" at the global level is legitimate and would be useful, The Lancet's cheerleading for UNAIDS is somewhat surprising and unconvincing. UNAIDS is in fact a member-state governed organisation, albeit one that is governed by representatives from 22 rotating and geographically distributed member states. Also, it does not have a mandate to be bold, or to say and do what others cannot say and do – its primary function and mandate is to coordinate the U.N. system's response to HIV/AIDS. (See here for a summary of UNAIDS' mandate and governance arrangements.)

Inevitably, as the positive growth trend of global funding for health starts to slow down and possibly reverse, there will be competition between different actors for the remaining resources, as well as for influence and kudos. Is The Lancet's pitch for a new and bigger role for UNAIDS to be understood in this context? Or are there real strengths associated with UNAIDS which can be capitalised upon?

But if so, what would this mean for the WHO or the Global Fund? And where does the joint platform of the Global Fund, World Bank and GAVI fit in? Similarly, should we not also be talking about the future of the International Health Partnership and the central role of ministries of health in global health governance from the bottom-up? UNAIDS has many clear comparative advantages for providing a leadership role in addressing the social determinants of HIV/AIDS; but when it comes to leading the integration of HIV/AIDS programmes within health care systems, there are other candidates or solutions that need to be considered.

When discussing this aspect of global health governance, perhaps we need to be more ambitious and imaginative in proposing a real revolution in HIV and global health – one that would result in global health institutions that are less competitive with each other and more responsive to the particular needs and contexts of lower income countries.

The Lancet has done us a favour in drawing attention to the need for a revolution in AIDS and global health. But it has somewhat missed the mark in describing what that revolution should consist of and how it could be brought about.

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