People, Passion & Politics: Looking Back and Moving Forward in the Governance of the AIDS Response

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Innovations in governance are among the signature achievements of the AIDS response which have redrawn the canvas upon which global governance is exercised. Nonetheless, fundamental shifts in the political and economic context call for yet new approaches. In introducing this Special Issue, we illustrate several significant governance innovations of the AIDS response. These include: unprecedented global political commitment and accountability for a health issue; expanded political space for affected people and the utilization of human rights discourse in demanding not only access to HIV-related services but to confront broader issues of social justice; and novel arrangements in the global health architecture.

Drawing from these innovations, and in response to key governance challenges, this paper presents an AIDS governance action agenda underpinned by three interrelated principles: first, the exceptional role that affected people play to radically alter the construction of vulnerability and risk of disease; second, the pivotal importance of relevant, effective responses that are essentially owned by the people that they are meant to serve, and; third, the force of movements to tip the scales of power through creative approaches to framing, litigation and transnational political strategies. Working together with the wider community, the HIV response can continue to transform the way that it governs the complexities inherent in advancing development, dignity and human rights.

OVERVIEW

The conception of this Special Issue was inspired by two principal considerations. First, the recognition that the governance of the AIDS response has differed from the governance of other health and development crises, which suggests that lessons ought to be drawn from it to address further problems of the global commons. Second, major global shifts, for example from a G8 to a G20 world, from an era of relative abundance to relative scarcity (resulting in the flat-lining of resources for HIV[1]) and from collective action to 'hyper-collective action'[2], call for further innovations in the way that the HIV response is governed. Contributors to this Issue, including people living with HIV, national AIDS program managers, civil society activists, researchers and bureaucrats, address these themes from a variety of perspectives and consider their implications from community to global levels.

This overview paper aims to set out the key governance challenges facing the AIDS response by establishing a seven-point action agenda to strengthen the governance of the global AIDS response, drawing on some of the governance

innovations of the response. The papers included in this Issue are introduced and situated in our broader overview.

In examining governance, we adopt a very permissive understanding of the term guided by Rosenau's literal use of the Greek root 'to steer' or 'to pilot'—namely how societies and organizations steer themselves through the development, maintenance and challenges to 'systems of rule.'[3] This takes us beyond the exercise of state power to more subtle means of rule practiced through networks of different institutions and entities, including those of civil society, to regulate social conduct.

The paper does not adopt a specific theoretical framework *a priori* nor is it based on new empirical work, a systematic analysis of the literature or analysis of secondary data. Instead we declare our partiality to the contributions of political-economy to understand who governs what, why and where. We profess our intellectual debt to Peter John,[4] who promotes an understanding of policy and political decision-making as emerging from the often complex and ongoing interactions among interests, institutions and ideas. Understanding global governance requires us to look at the processes of allocation—how do they work, who is involved, who gains, who loses and "what are the material forces, and what are the mentalities that shape these processes?"[5]

Global AIDS governance is messy, comprising a wide range of actors with competing interests and ideas. We give prominence to the role of ideas and beliefs given the importance that framing has played in positioning the AIDS response, conditioning perceived state interests[6] and perpetuating norms based on identity politics—in large measure due to the bio-political nature of HIV—but not going as far as fetishizing social constructivist approaches.

Fidler speaks of a "revolution" in global health governance as a function of the emergence of "radically new regimes" and the proliferation of actors—if that is true for health it is doubly so for HIV.[7] We are sympathetic to Fidler's analogy of 'open source anarchy' to characterize global governance in the post-Westphalian era; an era in which international relations have become accessible to civil society as "never before."[8] Hence, we witness a rise in the use of network analyses to make sense of the complicated webs of influence present in our modern society. Yet, while in an ideal world, political power might operate *through* civil society and not *on* it, we remain mindful of the considerable influence which accrues from dominant and deep, if shifting, structures and power relations which condition the meaningful participation of states, intergovernmental organizations and civil society in global health governance.

We bring our personal interest and expertise in global health governance and AIDS responses to bear in discussing pressing governance challenges and opportunities in order to introduce the papers in this Issue. We make no pretensions of offering anything more than an extended commentary.

As UNAIDS staff we recognized the potential for conflicts of interest in editing this Issue on the AIDS response. These were addressed by making the potential conflict apparent, for example in the call for expressions of interest and by involving the journal editor in making key decisions, for example in relation to which papers to accept in those instances where independent peer reviewers disagreed with one another. A number of papers were proposed that dealt

explicitly with the role of UNAIDS; however, two were withdrawn post peer review and one was rejected on the unanimous advice of three independent peer reviewers. We include papers in the Issue which run counter to our own analysis while fully recognizing that our own interests color our judgments and analysis.

ZERO NEW HIV INFECTIONS. ZERO DISCRIMINATION. ZERO AIDS-RELATED DEATHS

Earlier this year, UNAIDS unveiled a new long-term vision for the global AIDS response: Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths. The articulation of such an aspirational statement ought to raise a number of questions for both scholars and practitioners of global health governance. For example, how has UNAIDS acquired a degree of legitimacy to espouse a vision for the future of the entire AIDS response? Are these aspirations appropriate in light of the limited progress towards the Millennium Development Goals (MDGs), present economic circumstances and perceptions of competing development needs (including calls to divert AIDS funding to health systems strengthening)?

In this context, how effective will UNAIDS be in leveraging the global HIV and development community, including nation states, in pursuit of this vision? Moreover, how can accountability be enhanced to ensure that, in the medium term, relevant players are induced to take the steps required to ensure progress on the path to *zero new HIV infections, zero discrimination and zero AIDS-related deaths*. Clues to how one might answer these questions lie in the very special characteristics of the governance of the AIDS response.

GLOBAL GOVERNANCE AND AIDS: A HISTORY OF INNOVATION

Here we provide a short overview of five of the many governance innovations offered by the AIDS response, mainly driven by people living with or affected by HIV, that have remade the playing field for tackling other global challenges.

First, *enhanced global political commitment and accountability for a health-related issue.* Placing HIV at the highest level of development and security, and establishing a clear focus on results and accountability has been a priority for the HIV community. By elevating HIV to an issue of 'high' politics, the movement was able to generate a strong sense of global social solidarity between the North and South. This drove the mobilization and transfer of hitherto unprecedented levels of development assistance for a health-related issue. The United Nations (UN) Special Session on HIV/AIDS in June 2001 marked a historic watershed, with the response to HIV emerging as a global political priority.[9] As a result, political leaders from 189 governments adopted a Declaration of Commitment to achieve concrete, time-bound targets for affected countries and donor governments.

To monitor progress towards the Declaration, countries have collected data on 25 indicators and submit annual reports to the UN to be presented by the Secretary-General to the General Assembly.[10] The number of countries submitting reports has increased markedly—from 103 in 2003 to 179 in 2010. An

important feature of this monitoring mechanism has been the generation of 'shadow reports' by representatives of civil society when they felt that government reports did not adequately reflect their inputs, were inaccurate or not submitted. The involvement of civil society reporting on public expenditure and action in the General Assembly provides an illustrative example of improving accountability with much relevance beyond the AIDS response.

The 2006 UN Political Declaration on HIV/AIDS reaffirmed the view of HIV as a foreign policy issue of first-order importance and committed member states to achieving universal access to HIV prevention, care, treatment and support by 2010. The 2006 Declaration ushered in a new political accountability framework that emphasized the role of parliaments and civil society in ensuring that programs are implemented "with transparency, accountability and effectiveness." Thus, it sought to establish standards and mechanisms to hold states to account at the highest possible level and initiated a trend to treat health as a foreign policy issue.

Second, *expanded political space for affected people, communities and civil society in the governance of a health-related development challenge*. The global HIV pandemic initiated a massive mobilization of affected communities. AIDS activists, service organizations, support groups and networks of treatment activists stimulated public awareness and support, financial commitment, scientific investment, progressive dialogues on stigma, discrimination and rights and the formation of new local, national, and global institutions to respond to the disease. Beyond their activism, the meaningful participation of affected people in global and national decision-making forums has galvanized strong political support and improved accountability in meeting financial commitments and delivering more equitable and effective services. The critical role of civil society in shaping more effective responses was recognized by the inclusion of its representatives on the board of UNAIDS and subsequently that of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) as well within the Global Fund's Country Coordinating Mechanisms.[11] This paved the way to create an immutable political space for more inclusive approaches to global health governance.[12]

Third, *realizing the slogan of 'health for all' through global commitment to universal access to HIV prevention, treatment, care and support*. The principles of global social solidarity and high level political engagement were of great importance in eventually improving access for the poor in low- and middle-income countries to effective antiretroviral drugs—often framed within the context of the right to treatment access. The limitations of global governance relating to the right to access essential medicines rose to prominence with the advent of AIDS medicines which were inaccessible to the majority of people in need in the global South.[13]

Credit must be given to AIDS activists as well as countries, such as Brazil and Thailand, who fought to ensure that the flexibilities inherent in the TRIPS agreement would not be used to block international trade in generic medicines. The shift in the global norm that international human rights law and the right to essential medicines should supersede intellectual property protection was given further impetus through the international uproar in 2001 when 41 multi-national

pharmaceutical companies attempted to block South Africa's amended Medicines Act. Activists sought to enforce "the right of access to treatment" through a combination of protest, transnational mobilization and legal action, winning out against the pharmaceutical companies.[14] Public pressure generated by HIV constituencies over the following years resulted in the South African Government's commitment to make treatment available throughout the public sector, representing a dramatic shift in national policy. This shift reflected the confluence of rights-inspired struggles and the politics of governance—where critical space was widened to enable more inclusive practices.[15] Since then, roughly half of the court cases in low- and middle-income countries that referenced the right to health in litigation for access to medicines involved HIV as opposed to other diseases.[16]

Fourth, *the promotion of human rights beyond the right to health*. The AIDS response has been a champion of human rights, addressing HIV-specific concerns as an important vehicle to achieve broader social justice. The response provides an opportunity to strengthen the social fabric of societies, combat inequalities that undermine human rights, improve social justice and reinforce the systems that deliver critical services for the most vulnerable members of our communities. By reinforcing positive norms, as mentioned above (for example, the involvement of affected communities in governance), the response has been a pioneer in shifting harmful social norms, particularly by focusing on the manner in which legal, political and social environments drive risk and vulnerability of marginalized populations, including men who have sex with men, transgender people, sex workers and their clients and people who inject drugs.

Much evidence suggests that interventions to prevent HIV transmission and reduce other harms associated with drug use are effective public health measures and promote human rights.[17] The relaxation of legal restrictions on the provision of sterile needles and syringes increases their accessibility and significantly reduces the risk of HIV exposure of people who inject drugs.[18] Likewise, the global HIV community has been a powerful proponent for the repeal of laws criminalizing consensual same-sex acts between adults. This was recently demonstrated in Senegal, where, following intense criticism from the global HIV community, including UNAIDS, a court of appeal overturned eight-year jail sentences of nine men accused of having sex with men.[19] We expect to see much further progress on the repeal of punitive laws following the work of the *Global Commission on Human Rights and the Law*. Empowering people to know and claim their human rights has proven essential to progress in the HIV response and simultaneously combats other forms of injustice and discrimination.

Fifth, *novel arrangements to the global health architecture.* The exceptionality of the HIV pandemic was met with the establishment of novel coordination, funding and oversight mechanisms at global and national levels. As Shiffman and other social constructivists argue, success in getting issues onto political agendas and sustaining attention depends in large part in building institutions to assume and own the aforementioned functions in relation to the issue at hand.[20] In the realm of HIV, a range of transnational civil society institutions have emerged to fill specific policy niches. The International

Treatment Preparedness Coalition, for example, has brought together activists from all walks of life and regions to undertake well informed and sophisticated advocacy as well as put funding in the hands of communities to pilot and scale up HIV treatment literacy, safe sex and harm reduction activities.[21]

The HIV response gave birth to the Global Fund, which has proven effective in channelling financing to governments and civil society for HIV, tuberculosis and malaria programmes in 140 countries. Instruments such as UNITAID and ProductRED have also raised significant funds, while actors such as the Clinton Foundation have developed innovative mechanisms to improve market dynamics in order to drive down prices of medicines and diagnostics and accelerate access to life-saving technologies for the world's poor.

HIV has also provoked an unprecedented response from the business community to a health-relate issue. The year 1997 marked the launch of the Global Business Council on HIV/AIDS and subsequently paved the way for a raft of initiatives including best practice guidelines, the launch of national and regional business coalitions on HIV and direct involvement in the HIV response, including workplace and community programmes. Moreover, throughout the last decade an increasing number of HIV-related public-private partnerships have emerged assuming an unprecedented level of influence in the health and development sphere. These partnerships have delivered significant dividends in terms of research and development, stronger delivery systems, and long-term financing for the responses to HIV and other health and development challenges. It is in the context of the remarkable achievements of "AIDS exceptionality"[22] that Ooms et al, this Issue, propose the creation of an international sustainable financing mechanism for a broader range of health issues by applying the principle of exceptionality to global health.

HIV has also changed the way the UN works. UNAIDS was established as the first cosponsored and joint programme of the UN to coordinate its HIV-related work. Providing a platform to affected countries as well as to networks of people living with HIV, men who have sex with men, sex workers and people who use drugs on its board confers it legitimacy in setting the global agenda for the AIDS response. In so doing, it presented a major step forward in overcoming the democratic deficit in the multilateral system and a more modest step in supporting an emerging global citizenship around shared norms and values.[23,24]

Over the years, the Joint Programme has successfully modelled UN reform for enhanced coherence at global level and enhanced effectiveness and efficiency at the country level where it increasingly "delivers as one" to reduce duplication and transaction costs. As such, it provides a "good example of the main organizational reforms the UN system has sought to set in motion in recent years." [25] UNAIDS' leadership on inclusiveness and diversity has also acted as a driver for more progressive policies across the UN.

AIDS GOVERNANCE: SEVEN-POINT AGENDA

Governance innovations are among the signature achievements of the HIV response that have inexorably redrawn the canvas upon which future governance

of global issues will be drawn. Nonetheless, the changing context calls for yet new approaches.

The growth of political interest and corresponding resources for the HIV response has been welcome, but has not been accompanied by the kind of strategic leadership, direction and global coordination that would be optimal—notwithstanding the hugely important role of the UNGASS process discussed above. As a result, key strategic issues have not been addressed in a systematic manner. Furthermore, global and national constraints—most notably the global economic crisis, an unsustainable treatment prospective, poorly coordinated and transaction-heavy responses, and fragmented and inefficient health and social systems—have serious implications for sustaining and strengthening the HIV response. Responding to these shortcomings, we propose a seven-point agenda for strengthening the governance of the global HIV epidemic: 1) consolidating the global AIDS governance architecture, 2) addressing higher-order, longer-term strategic issues, 3) leveraging regional governance for the HIV response, 4) reinforcing the accountability of national AIDS governance mechanisms, 5) strengthening the involvement of affected people and communities in governing the response, 6) coordinating with the governance of complementary health and development challenges and 7) generating power through new partnerships and networks for better results.

Consolidating the Global AIDS Governance Architecture

While limited governance is not unique to the field of HIV, it has been exacerbated by the proliferation of actors and the volume of external assistance.[26] Whereas the health sector has taken encouraging steps to introduce more inclusive global coordination through, for example, the H8[27], IHP+[28] and discussions of a Committee C of the World Health Assembly,[29] this is an area where the HIV response has fallen behind.

Achieving a more regular and structured debate among the broad range of actors engaged in the HIV response—particularly voices from the Global South—is imperative. UNAIDS' mission provides it with a mandate to exercise leadership in relation to the entire AIDS response, not just the governance of the Joint Programme *per se*. Its governing body, the Programme Coordination Board, is well placed to serve as the global AIDS governance forum, subject to some reforms in relation to structure and functions. Board membership is presently composed of Member States (endowed with voting rights), cosponsoring UN organizations and representatives of civil society. Membership needs to be broadened to include representation of the private sector as well as important actors in the HIV response (for example, regional initiatives, the Global Fund or the Bill and Melinda Gates Foundation). Nonetheless, such reforms would not necessarily require a review of the voting status of civil society and Cosponsors as the business of governing UNAIDS could be divorced from the business of governing the global HIV response.

Bringing together all constituencies at the highest level would provide a platform to debate and set the strategic agenda of the global response. It could also serve to align the goals of disparate actors who often move in different

directions and in the development of common positions to ensure equity in the responsibilities for and distribution of HIV resources. Potentially it could also serve to deliver a higher level of accountability for results. In the words of Severino and Ray, it could provide a "framework to orient the direction of its atomized group of players, one that will help make their trajectories converge in a more focused flow." Such a platform also responds to their suggestion that multilateral organizations become "the agents of hypercollective action." [30]

Addressing Higher-order, Longer-term Strategic Issues

We thus argue that a structural fix to the global architecture, for example through an enhanced UNAIDS Board or Forum, is needed so as to provide a platform not only for enhanced coordination and accountability, but also for discussion of longer-term strategic issues. Notwithstanding the new UNAIDS Strategy (2011-2015)[31] which goes a long way to establishing a global agenda, the HIV response will continue to confront a number of critical issues; but it lacks a distinctive forum in which to debate how to resolve them.

While far from exhaustive, an initial list of such strategic issues demanding global debate includes those in Box 1. In addition to challenges, the opportunities to strengthen global AIDS governance should also be discussed in a more inclusive and structured manner. For example, the forthcoming 2011 High Level Meeting on AIDS in the UN General Assembly presents a once-in-a-decade opportunity to establish new goals for the response and renew the accountability mechanism that has served the response well but suffers from systemic weaknesses. Preparations for such a meeting would arguably be facilitated by an overarching governance mechanism.

Box 1. Selected Strategic Issues for Global Debate

- Engaging in a prevention revolution so as to dramatically reduce new infections—particularly in light of the "treatment time-bomb". UNAIDS High Level Commission on Prevention has outlined a number of necessary elements of a prevention revolution—in delivering more combination prevention and in more intelligent ways.
- Finding pragmatic ways of addressing the needs of vulnerable groups, such as men who have sex with men, sex workers and people who inject drugs, in the context of increasing polarization of world views on issues of sexuality and drug use.
- Securing long-term sustainable funding in an era of increasing scarcity.
- Shifting the focus from poor countries to poor and vulnerable people as low-income countries transition to middle-income—and better tracking of funds to ensure equity across and within countries in relation to focusing resources on people most in need.
- Getting middle-income countries to shoulder increasing responsibility for the health of their populations and, more broadly, assisting emerging economies in their transition to self-reliance in obtaining public goods, as explored by Alavian and Garrett in this Issue. Related to this challenge is that of working with Southern members of the G20—responding to their call for a "fresh approach"[i] to multilateral cooperation—to deliver a more relevant development agenda. South Africa is providing inspiring leadership—having increased it's domestic contribution by 30% from 2008 to 2010.
- Better focusing resources to achieve greater efficiencies, while balancing cost-effectiveness criteria with human rights considerations.
- Identifying concrete measures and incentives that can be adopted to take the HIV response further out of isolation by linking up more closely with allied efforts through efforts including enhanced policy coherence.

[i] Chandy et al, *Institutional Development: How the G-20 May Help the World's Poor*, (The Brookings Institution, 2010) http://www.brookings.edu/opinions/2010/0315_g20_poverty_dervis.aspx

Our proposal is not meant to denigrate the many approaches and policy sub-systems and communities that already exist to address the challenges identified but rather to provide a more inclusive, enduring and transparent mechanism to complement them.

Leveraging Regional Governance for the HIV Response

Significant opportunities exist to leverage regional governance mechanisms to better serve the HIV response. This is in part due to the fact that there are markedly region-specific profiles of the epidemic that require region-specific responses, such as the hyper-endemic countries of southern and eastern Africa or the concentrated epidemics of south-east Asia.[32] Regional mechanisms provide vehicles for peer learning and leadership exchange (for example, on lifting HIV related restrictions on entry and residence). They are also crucial to controlling cross-border risks of HIV transmission—whether related to long-distance trucking, narcotic smuggling, or the employment flows of domestic workers, sex workers and so on. Yet the need for regional governance also arises due to the increasing complexity of the world, which makes global approaches necessary yet insufficient. In this Issue, for example, Stuckler et al, explore how the ability of neighboring states to address HIV and TB is undermined by the lack of regional policy coherence to address cross-border flows of miners and respond to the interests of various stakeholders.

Much opportunity lies in elevating HIV governance concerns onto the agendas of existing regional institutions and approaches as most are 'owned' by member governments and/or regional actors which should enhance compliance with the decisions they take. These decisions have a unique ability to catalyze action by member states and to usher in more harmonized approaches. For example, the vision of the Association of Southeast Asian Nations (ASEAN) Task Force on AIDS of a 'caring society' provides an opening through which to pursue various HIV-related agendas. ASEAN is increasingly willing to take positive action to address human rights and the factors that fuel epidemics among men who have sex with men, people who inject drugs and sex workers. Similarly, the Southern African Development Community annual Heads of State summit includes HIV as a standing agenda item which can be used to work on strategic cross-border issues.

Further, an exciting opportunity to work on eliminating punitive laws to combat stigma, discrimination and human rights violations can be witnessed through the actions of the Organization of American States. Members have resolved "to condemn acts of violence and human rights violations committed against persons because of their sexual orientation and gender identity; and to urge states to investigate these acts and violations and to ensure that their perpetrators are brought to justice."[33] In short, regional mechanisms arguably present the next exciting frontier for AIDS governance.

Reinforcing the Accountability of National AIDS Governance Mechanisms

Much ink has been spilled on the question of what makes for appropriate national HIV governance arrangements. The establishment of high-level oversight and intersectoral coordination arrangements—often in the guise of National AIDS Councils (NACs) located within the office of the President or Prime Minister—has enabled many countries to take the kind of joined-up action on HIV that has eluded other development challenges.

In many countries, mechanisms established to service Global Fund grants (CCMs), introduced for reasons we support, have complicated governance arrangements—at times undermining government leadership, ownership and accountability.[34] Present trends to rationalize these arrangements, often through increased integration of CCMs into NACs or health sector coordination arrangements as outlined by Dickinson and Druce in this Issue of *Global Health Governance,* are to be welcomed to the dialogue. Nonetheless, the focus must remain on ensuring that the planning and coordination of appropriate multisectoral budgeting and action is evidence-informed, grounded in human rights and engages people living with and affected by HIV. Much can be done to improve the design of appropriate accountability mechanisms within national strategic HIV plans, as outlined by Godwin and colleagues in this Issue. Along the same vein, increased engagement of the AIDS community in the development of Poverty Reduction Strategy Papers provides a promising route to better accountability irrespective of the national HIV governance architecture.[35] These must be supported by development partners who adhere to globally agreed norms on development cooperation and aid effectiveness.

Downward accountability for the response requires not only the active engagement of people affected, but also much enhanced parliamentary oversight and ownership. In this Issue, Strand argues that while 'democratic AIDS governance' has become the norm it presents a dilemma that can undermine the effectiveness and political sustainability of the response where stigma and discrimination against people living with and affected by HIV persist. Strand suggests that advocates create political incentives so that championing AIDS becomes a strategy to retain political power. The HIV movement must work with sympathetic members of parliament to ensure that parliaments work better for the response as one of a number of ways to create political incentives for government action. Such incentives can be generated through standard parliamentary channels, including by placing HIV onto the agendas of different parliamentary committees (which will help to take the AIDS response further out of isolation), engaging people affected in parliamentary committees and review mechanisms (such as the budget) and enhancing the answerability of the executive to the people through time allotted in parliament for questions.

The development of effective oversight mechanisms is highly contingent on the widely divergent systems of governance globally. In fragile states particularly, HIV policies must be designed around the exigencies of prevailing circumstance, as proposed by Bridge et al, this Issue, informed by the contextual implications of institutional collapse and the demands of micro-political management. [36]

Strengthening the Involvement of Affected People and Communities in Governing the Response

With globalization the mobilization of 'global citizens', connected by shared supranational interests and identities[37], has come to occupy a distinct political space. Empowerment strategies, community systems strengthening and other bottom-up approaches have become prominent paradigms within public health and development for reducing social, economic and political disparities and enhancing accountability for health and development responses.[38] At national and local levels, successful HIV responses have addressed sensitive social factors to reduce new infections, such as sexual behavior, drug use and gender inequality, reduced stigma and discrimination and democratized problem-solving, by building on social movements and engaging the soft power of community networks. Yet, such responses need to become more commonplace. [39]

The greater involvement of people living with HIV (GIPA) is a guiding principle of the response that calls for their meaningful participation in the inception, development, implementation, monitoring and evaluation of policies and programs.[40] GIPA has been promoted as a cornerstone of good practice both programmatically and in accordance with a human rights approach, which emphasizes the participation of affected communities and non-discrimination.[41] Mallouris et al, in this Issue, present two practical case studies to demonstrate the way in which consultations by people living with HIV can facilitate the development of more credible and effective global policy and guidelines and enhance their ownership.

The *Commission on HIV/AIDS and Governance in Africa* was unequivocal in seeing empowerment and the democratization of problem-solving as a goal in and of itself in tackling complex and fundamental social problems. It argued that "the ultimate goal of good governance should be the creation of an enabling environment in which every citizen becomes part of the national AIDS response."[42] The limited literature available finds a positive association between efforts to empower the disadvantaged and improved health outcomes.[43, 44] An illustrative project in Uganda sought to empower networks and groups of people living with HIV to effectively influence the national response. Access and adherence to quality HIV-related services was significantly scaled up by strengthening the capacity of community networks and groups to engage in national policy-making and act as community service delivery points.[45] In this Issue, Low-Beer and Sempala argue that successful HIV combination prevention responses have developed multi-level governance which draws on the critical resources that reside among community members in social networks. Further investment, especially at the national level, in research on the impact of empowerment strategies is needed. The view from below, however, as conveyed by Edström and MacGregor, this Issue, suggests that in order to effectively support grassroots organizations, international donors need to quite fundamentally transform their approaches to supporting national responses, by simplifying procedures, being more flexible and working to improve public sector governance.

People living with HIV and representatives of communities affected by HIV have been participating in the governance structures of the Global Fund and other international bodies, and have assumed senior management and decision-making roles. Yet more needs to be done to ensure better representation within relevant government departments, donor organizations, legislatures and non-governmental organizations. Enabling citizens to become 'agents of change' will require enhancing their ability to participate in the generation and use of strategic information and advocacy to influence decision-making—but also build their autonomy, self-efficacy, social capital and sense of community. [46] We would argue that emphasis must now be placed on empowering the next generation to exercise leadership roles in the response.

Coordinating with the Governance of Complementary Health and Development Challenges

The proliferation of actors and activities in global health, and in international cooperation more broadly, marks a welcome evolution towards an expanded effort to address global health challenges. Yet, steering an increasingly complex and fragmented amalgam towards achieving greater efficiency and effectiveness marks a major global governance challenge.

Situating the AIDS response within the broader health, development and human rights environment encourages the foresight and planning needed to address common policy challenges, integrate services and deliver more sustainable results. Issue-specific and siloed approaches to disease management should be replaced with more joined-up and coordinated governance and policy. Multi-sector planning and resource allocation facilitate more holistic confrontation of the structural determinants of HIV exposure and the companion health, development and rights challenges that affect and are affected by the HIV epidemic. A more coordinated pursuit of the MDGs also avoids unnecessary transaction costs and inefficiencies, reinforcing the international community's commitment to aid effectiveness as outlined in the 2008 Accra Agenda for Action. Fortunately a number of development partners are working toward more integrated approaches, notably, PEPFAR.

Numerous studies have confirmed that integrating HIV and other health services can improve service coverage, quality and utilization rates, leading to significant public health benefits and more efficient use of resources. For example services for the prevention of vertical HIV transmission not only helps prevent newborns from becoming infected, but also provides an entry point to deliver a continuum of integrated health services for the whole family.[47] These integrated health services include counseling for serodiscordant couples, family planning, identification of high-risk pregnancies and the detection and treatment of diseases such as tuberculosis, cervical cancer, congenital syphilis and other sexually transmitted infections as well as provide a platform for involving men and countering violence against women.

Many other promising opportunities are there to be seized. These opportunities include building and remunerating the health workforce, commodity procurement and logistics and community-based distribution

systems all demand more comprehensive approaches. Removing common barriers through concerted action on international trade regimes, patent laws and patent pooling presents opportunities to increase investments in research and development, reduce costs and open trade channels for more equitable access to a range of essential health and development commodities.

Bringing together actors in complementary yet divergent fields will require engineering the kinds of environments in which the barriers—including the political costs—associated with collaboration are understood by all involved and jointly overcome for the sake of collective efficiency. Such barriers, as explored by Kendall and Lopez in this Issue, may include divisive issue-framing and conflicting identity politics and interests that pit different health, development and rights campaigns against one another and undermine joint advocacy and a cohesive policy community.

A new approach to maneuver multi-actor convergence based on a system of incentives is necessary to guide collective action in the current political economy. Well-informed and widely disseminated ranking systems, for example, can provide the necessary motivations.[48] While the challenges of multi-sector responses are not to be underestimated, the failure to address the broader agenda would present an unacceptable set-back to the response and limit its ability to deliver on the promising *AIDS plus MDG* agenda. As argued by Rushton in this Issue, it behooves the AIDS response to continue to use its creativity to frame *AIDS plus MDGs* as a central pillar to international development success. The outcome document of the Millennium Development Goals Summit identifies quite a number of avenues for so doing.[49]

Generating Power through New Partnerships and Networks for Better Results

It is clear that much of what has been achieved by the HIV response is the result of the work of activists—specifically when they have been united through partnerships, networks and wider movements. As Zacher and Keefe note in relation to the pursuit of equity, justice and fairness in global health through access to treatment as a basic human right, "social movements matter, and matter a lot."[50]

In an increasingly interdependent world, movements, networks and partnerships remain critical to the response. Coordinating the governance of HIV with that of other health and development challenges presents new opportunities to unite progressive coalitions which forge more effective approaches to holistic human development. Powerful constituencies have arisen throughout the world to advocate for greater attention to more integrated health and development responses within low- and middle-income countries, particularly around health system strengthening, micro-economic development and the health and rights of women and girls. The latter is a priority of the UN Secretary-General as presented in his *Global Strategy for Women's and Children's Health*.

Further achievements will come about by complementing North-South collaboration with better South-South engagement around shared interests. For example, in this Issue, Roemer-Mahler argues that tapping into the supply of small generics companies in developing countries may be crucial to further

expanding treatment, while Aginam urges countries with significant epidemics, which lack the necessary infrastructure to develop generics, to exploit emerging opportunities for South-South cooperation.

Similarly, political momentum can be built by linking HIV-issue specific networks with movements that seek equity, justice and fairness in relation to other concerns—be they related to funding, trade, access to technology or climate change. Joined up action to exploit micro-philanthropy, for example through MassiveGood,[51] has raised awareness and funding for some of the most pressing global health issues including HIV. Ultimately, uniting around collective interests will result in otherwise unattainable mutual gains.

CONCLUSION

We began this editorial by raising some questions about the legitimacy and feasibility of UNAIDS new vision. We argued that UNAIDS is mandated by its mission to lead and inspire the world to dramatically alter the course of the epidemic. Yet, its legitimacy and ability to do so would be much enhanced if its governance arrangements were reformed to facilitate more systematic deliberation of key issues together with the full range of actors who have a role to play in making the difference between failure and success.

Guided by our aspirational vision and building on the lessons offered by thirty years of an exceptional response, we are optimistic that profound change remains possible. Our analysis, based on our experience, the papers in this Issue and the wider literature, suggests three mutually reinforcing principles should inform future action. First, the exceptional role that people living with and affected by HIV play to radically alter the social construction of vulnerability and risk of disease—including the determining factors played by discrimination, stigma and inequality. Second, the pivotal importance of putting people and their rights at the center of responses—ensuring that responses are more relevant, effective and essentially owned by the people that they are meant to serve. Third, the force of movements and coalitions that seek social justice to alter the playing field. Although the odds are stacked against them, social movements tip the scales of power through creative approaches to framing, strategic litigation and intelligent transnational politically-oriented strategies and tactics. AIDS governance, which builds on these principles, has the potential to take the necessary steps to attain zero new HIV infections, zero discrimination and zero AIDS-related deaths and much more for human development along the way.

For our part, UNAIDS has established a series of medium-term ambitious but achievable goals as stepping stones on the way to the attainment of our vision. These include, among others, elimination of vertical HIV transmission, halving the number of people living with HIV dying of tuberculosis, elimination of transmission due to injecting drug use and zero tolerance for gender-based violence. Yet, irrespective of the goal, it is the application of the aforementioned governance principles that we argue will be critical to progress.

There are certainly many obstacles on the path to our vision, but many opportunities as well. Working together with the wider community, the HIV

response can continue to radically transform the way that it collectively governs the complex challenges in advancing human development, dignity, security and human rights. The papers in this Special Issue provide us with a good starting point on our journey to strengthen the norms, rules, institutions and practices to solve long standing collective action problems.

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[1] UNAIDS, *UNAIDS report on the global AIDS epidemic*, (UNAIDS, 2010).
[2] Severino J. M., Ray O., *The End of ODA (II): The Birth of Hyper-collective Action*, (Centre for Global Development, 218, June 2010).
[3] Rosenau, J., "Governance in the twenty-first century," *Global Governance*, 1 (1995):13-43
[4] John, P., *Analysing public policy*, (London, Cassell, 1998).
[5] Farer, T., Sisk, T. S., "Enhancing International Cooperation: Between History and Necessity," *Global Governance*, 16 (2010): 1–12.
[6] Labonté, R., Gagnon, M., "Framing Health and Foreign Policy: Lessons for Global Health Diplomacy," *Globalization and Health*, 6 (2010).
[7] Fidler, D., *The Challenges of Global Health Governance*, (Council on Foreign Relations Report, May 2010).
[8] Fidler, D., "A Theory of Open- Source Anarchy," *Indiana Journal of Global Legal Studies*, 15 (2008): 259-284.
[9] United Nations General Assembly Special Session on HIV/AIDS, *Declaration of Commitment on HIV/AIDS*, (United Nations, 25-27 June 2001).
[10] United Nations General Assembly, *Political Declaration on HIV and AIDS*, (United Nations, Res 60/262, 2006).
[11] ICRW, *Civil Society Participation in Global Fund Governance: What Difference Does it Make?*, (Preliminary Research Findings, June 2004, *http://www.theglobalfund.org/documents/library/studies/position_papers/PP_PS2_full.pdf)*

[12] Brown, G. W., "Multisectoralism, Participation, and Stakeholder Effectiveness: Increasing the Role of Nonstate Actors in the Global Fund to Fight AIDS, Tuberculosis, and Malaria," *Global Governance*, 15 (2009): 169–177.
[13] At a cost of US$10,000-15,000 per person per year, when Highly Active Antiretroviral Therapy (HAART) become available in 1996, the majority of HIV- infected people in resource poor countries were unable to afford the drugs. Five years after HAART was introduced in the West, fewer than 8,000 people in sub-Saharan Africa were receiving the life-saving drugs. See, for example, Nolan, S., *28 Stories of AIDS in Africa*, (Walker Publishing Company Inc., New York, 2007).
[14] Heywood, M., South Africa's Treatment Action Campaign: Combining Law and Social Mobilization to Realize the Right to Health, *Journal of Human Rights Practice*, 1 (2009): 14-36.
[15] Jones, P., "A Test of Governance: rights-based struggles and the politics of HIV/AIDS policy in South Africa," *Political Geography*, 24 (2005): 419-447.
[16] Hogerzeil, H. V., "Is access to essential medicines as part of the fulfillment of the right to health enforceable through the courts?" *The Lancet*, 368 (2006): 305-311.
[17] Jürgens, R., et al, "People who use drugs, HIV, and human rights," *The Lancet*, 376 (2010): 475-485.
[18] Degenhardt, L., et al, "Prevention of HIV infection for people who inject drugs: why individual, structural and combination approaches are needed," *The Lancet*, 376 (2010): 285-301.
[19] See, for example: UNAIDS- www.unaids.org and MSMGF, http://www.msmgf.org/files/msmgf//Advocacy/Open_Letters_and_Statements/JailsentencesforgaymeninSenegalunderminehumanrightsandthefightagainstAIDS.pdf
[20] J. Shiffman, "A social explanation for the rise and fall of global health issues," *Bulletin of the World Health Organization*, 17 (2009): 608-613.
[21] See http://www.itpcglobal.org/index.php
22 Smith, J., Whiteside, A., "The History of AIDS Exceptionalism," Journal of the International AIDS Society, 13 (2010):47
[23] Weiss, T. G., et al, "The "Third" United Nations," *Global Governance* 15 (2009): 123–142.
[24] Auvachez, É., "Supranational Citizenship Building and the United Nations: Is the UN Engaged in a "Citizenization" Process?, *Global Governance*, 15 (2009): 43-66.
[25] Nay, O., "Administrative Reform in International Organizations: The Cast of the Joint United Nations Programme on HIV/AIDS," *Questions de recherché/ Research in question*, 30 (October 2009).
[26] Gostin, L., Mok E., "Grand challenges in global health governance," *British Med. Bulletin*, 90 (2009): 7-18.
[27] H8 refers to the 'Health 8', consisting of WHO, UNICEF, UNFPA, UNAIDS, GFATM, GAVI, Bill and Melinda Gates Foundation & the World Bank. It was created in 2007.
[28] IHP+ refers to the International Health Partnership. See http://www.internationalhealthpartnership.net/en/home for more information.
[29] Kickbusch, I., et al, "Addressing global health governance challenges through a new mechanism: The proposal for a Committee C of the World Health Assembly," *Law, Medicine & Ethics*, 38 (2010).
[30] Severino, J. M., Ray, O., *The End of ODA (II): The Birth of Hypercollective Action*, (Centre for Global Development, Working Paper 218, June 2010).
[31] UNAIDS, Getting to Zero UNAIDS Strategy 2011-2015, (UNAIDS, December 2010).
[32] Commission on AIDS in Asia, *Redefining AIDS in Asia, Crafting an Effective Response*, (Report of the Commission on AIDS in Asia, Presented to Mr Ban Ki-moon, 26th March 2008, http://data.unaids.org/pub/Report/2008/20080326_report_commission_aids_en.pdf)
[33] General Assembly, *Declarations and Resolutions Adopted by the General Assembly*, (Fortieth Regular Session, AG/doc.5124710 June 6-8, 2010, http://scm.oas.org/doc_public/ENGLISH/HIST_10/AG05071E06.doc).
[34] Spicer, N., et al, "National and sub-national HIV/AIDS coordination: are global health initiatives closing the gap between intent and practice?" *Globalization and Health*, 6 (2010).
[35] Wachira, C., Ruger, J. P., "National poverty reduction strategies and HIV/AIDS governance in Malawi: A preliminary study of shared health governance," *Soc Sci Med* (2010).

[36] De Waal, A., "Reframing governance, security and conflict in the light of HIV/AIDS: A synthesis of findings from the AIDS, security and conflict initiative," *Soc Sci Med*, 70 (2010): 114-120.
[37] Bozorgmehr, K., "Rethinking the 'Global' in Global Health: a Dialectic Approach," *Globalization and Health*, 6 (2010).
[38] Wallerstein N., *What is the evidence on effectiveness of empowerment to improve health?*, (Health Evidence Network Report, WHO Regional Office for Europe, Copenhagen, 2006, http://www.euro.who.int/Document/E88086.pdf).
[39] Merson, M., et al, "The history and challenge of HIV prevention," *The Lancet*, 372, (2008): 475-488
[40] International HIV/AIDS Alliance and the Global Network of People Living with HIV (GNP+), *Greater involvement of people living with HIV*, (GNP+, June 2010).
[41] Gruskin, S., "Ensuring sexual and reproductive health for people living with HIV: An overview of key human rights policy and health systems issues," *Reproductive Health Matters*, 15 (2007): 4-26.
[42] Economic Commission for Africa. *Securing our future.* (Report of the Commission on HIV/AIDS and Governance in Africa, 2008).
[43] Cornu, C., *Towards a more meaningful involvement of people living with HIV/AIDS*, (Brighton, International HIV/ AIDS Alliance, 2002).
[44] Wallerstein N., *What is the evidence on effectiveness of empowerment to improve health?*, (Health Evidence Network Report, WHO Regional Office for Europe, Copenhagen, 2006, http://www.euro.who.int/Document/E88086.pdf).
[45] USAID and the International HIV/AIDS Alliance, *Expanding the role of networks of people living with HIV/AIDS in Uganda*, (The network project 2006-2009, USAID, 2009).
[46] Wallerstein N., *What is the evidence on effectiveness of empowerment to improve health?*, (Health Evidence Network Report, WHO Regional Office for Europe, Copenhagen, 2006, http://www.euro.who.int/Document/E88086.pdf).
[47] Ndirangu, J., et al, *A decline in early life mortality in a high HIV prevalence rural area of South Africa: Associated with implementation of PMTCT and/or ART Programmes*, (5th IAS Conference on HIV treatment, pathogenesis and prevention, Cape Town, 2009).
[48] Severino, J. M., Ray, O.,*The End of ODA (II): The Birth of Hypercollective Action*, (Centre for Global Development, Working Paper 218, June 2010).
[49] United Nations General Assembly, *Keeping the promise: united to achieve the Millennium Development Goals*, (A/65/L.1, 17 Sept 2010)., http://www.un.org/en/mdg/summit2010/).
[50] Zacher, M., Keefe, T., *The politics of global health governance*, (Palgrave Macmillan, 2008).
[51] MassiveGood is the Millennium Foundation's fundraising project. For more information see www.massivegood.org.