

**CONSERVING HUMAN RESOURCES: A COMPREHENSIVE APPROACH TO
HIV/AIDS TREATMENT AND CARE**

**ECOSOC High-Level Segment 2002
Ministerial Roundtable Breakfast on “Conserving human resources: a comprehensive
approach to HIV/AIDS prevention and care”**

2 July 2002

Prepared by UNAIDS

The first twenty years of the HIV/AIDS epidemic has exacted a human toll on an unprecedented scale, an estimated 60 million HIV infections, 20 million deaths and 13 million orphans. The epidemic has struck down many skilled individuals in their prime, individuals in whom societies have invested considerable resources and upon whose shoulders rest the fate of future generations. Heavily affected countries are already seeing a reversal of hard won development gains; what would the future hold for those whom we reach with prevention strategies, if the social institutions that should nurture and mold them into productive adults were to collapse ?

The continued erosion of this fragile base of human capital threatens to do exactly that and so places at risk the many investments aimed at creating safe, productive and equitable societies. Many parts of the world that are currently less affected, nevertheless display an abundance of those factors predictive of an explosive expansion of the epidemic , a scenario whose effects would further dim the prospects of attaining a world of peace and shared prosperity. Even as we speak, nature and HIV/AIDS have colluded to produce a famine that threatens much of sub-Saharan Africa.

While not entirely nimble in its response, the world has not stood idly by while this epidemic has raged. We understand the dynamics of the epidemic better. We know who is at risk and why. We know what works and what does not. We know that prevention and treatment, care and support are indivisible components of an effective response. We know that other sectors must be engaged in the design and execution of this response

The past decade has seen the evolution of treatment regimens including antiretroviral drugs, which have improved and extended the lives of countless people living with HIV, most notably those in rich countries. Pilot programmes have demonstrated that such regimens can be safely and effectively administered in resource poor settings and with inspired thinking and bold action, it has been possible to begin to scale up and sustain larger programmes. While certain countries like Brazil have been in the lead in this regard, continued action across a broad front promise to bring such treatments to within reach of many in poor countries. It is estimated that 6 million people living with HIV in developing countries are in need of ARV treatment today, yet only 230,000 of these have access.

The collective wisdom articulated above, is enshrined in the Declaration of Commitment adopted at last year's UN General Assembly Special Session on HIV/AIDS. In adopting this document, the international community has defined clear, time bound targets. It has put together a roadmap to address and prevent HIV/AIDS and mitigate its impact on humanity and societies, on development and political stability, in countries and across borders, regionally and globally. We are mobilizing our collective resources in order to meet the epidemic at scale and thus be in a position to deliver on these commitments. But even as we do so, we encounter an underlying tension that mirrors countless discussions that take place in poor countries each day – how best to allocate limited resources across a range of priorities. Even as the prospect of expanded access to the full range of therapeutic options becomes increasingly real, the pressure to address this urgent demand has begun to highlight worrying divisions between treatment and prevention advocates. While most national decision makers recognize that the debate is actually about delivering prevention *and* treatment, care and support, it would be important to establish how the balance between these elements is set at the national level.

To further facilitate the discussion, participants may wish to reflect on the following issues and respond to them in their interventions.

- Is the national HIV/AIDS response approaching the level that is needed, where are the perceived gaps, what are the obstacles ?
- Experiences in achieving and sustaining a multisectoral response; successes, obstacles and opportunities ? To what extent are non health sectors engaged in the national response and are these efforts appropriately resourced ?
- What approaches to human resource planning are adopted in different settings and how is this reflected in national strategic plans ?
- Given the resource that civil society and particularly persons living with HIV represent, to what extent are they been integrated into the national response
- Where treatment with antiretroviral drugs is offered, how is it funded, who has access and what would be needed to broaden access ?
- In the same way that groups at particular risk are prioritized for attention in prevention activities, can an argument be made for offering preferential access to ARV treatment programmes for individuals with particular skills ?
- What support do national governments need from their development partners and the UN?