

SUMMARY REPORT

The AIDS Epidemic

A Strategic Simulation

Building Public-Private Partnership

New York, NY
December 1, 2003

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The objective of the AIDS Epidemic Strategic Simulation* was to explore how public and private sector collaboration could help develop a more comprehensive response to HIV/AIDS

- ▶ The Strategic Simulation—conducted on October 11–12, 2003, in New Delhi, India—brought together for the first time key business, civil society, and government leaders to proactively address the AIDS epidemic in India
- ▶ The simulation was designed to enable participants to achieve five key objectives:
 - Better understanding of the long-term economic, political, and social impacts
 - Understanding of the impact of potential interventions
 - Identification of areas for collaboration between the public and private sectors
 - Education about how best to mobilize business and public sector resources
 - Identification of strategies for all sectors for developing a national AIDS response
- ▶ Throughout the simulation, teams representing major stakeholder groups worked to respond to the epidemic, mitigate its impact, and identify innovative approaches through a series of three moves simulating 10 years
- ▶ Participants dealt with choices, dilemmas, and the consequences of their actions and identified next steps to improve real-world coordination, cooperation, and capabilities in responding to HIV/AIDS

* A strategic simulation is not a predictor of the future but is an analysis of potential scenarios that may occur based on actions taken in the present. The goal is to evaluate where we may end up based on actions decided on today. It enables an improvement in decision-making and policy assessment.

More than 200 leaders from industry, government, healthcare, community organizations, and NGOs participated

Representative Participants

- ▶ Indian Industry
 - Energy
 - Automotive
 - Heavy manufacturing
 - Information technology
- ▶ Multinational Corporations
 - Consumer products
 - Financial services
 - Pharmaceuticals
- ▶ Indian Government, including NACO
- ▶ US Government
- ▶ International Government
 - Donor and developing countries
- ▶ Healthcare Providers
 - Public and private hospitals
 - Physicians
- ▶ Indian and International NGOs
- ▶ People Living With HIV/AIDS
- ▶ International Organizations
 - UNAIDS
 - WHO
 - Gates Foundation
 - WEF
 - World Bank

Simulation Overview

- ▶ Participants were grouped into teams representing major stakeholders
- ▶ Teams were presented with the current state of HIV/AIDS in India, and during a series of three moves, worked together to address the spread of the epidemic in India
- ▶ Teams communicated with each other (using e-mail) to coordinate or influence actions and learn what was happening during each move
- ▶ Only initiatives that were agreed on and adequately funded were recognized for simulation purposes
- ▶ A Facilitation Team oversaw the simulation and ensured that the entire process stayed on track
- ▶ At the end of each move, teams briefed their decisions to the entire group, and the Facilitation Team quantified the public health and economic impact of the decisions using an integrated epidemiological and economic model
- ▶ After simulating 10 years over the course of two days, participants looked back and drew out lessons learned

Participants were grouped into nine teams representing the major stakeholders in the fight against HIV/AIDS

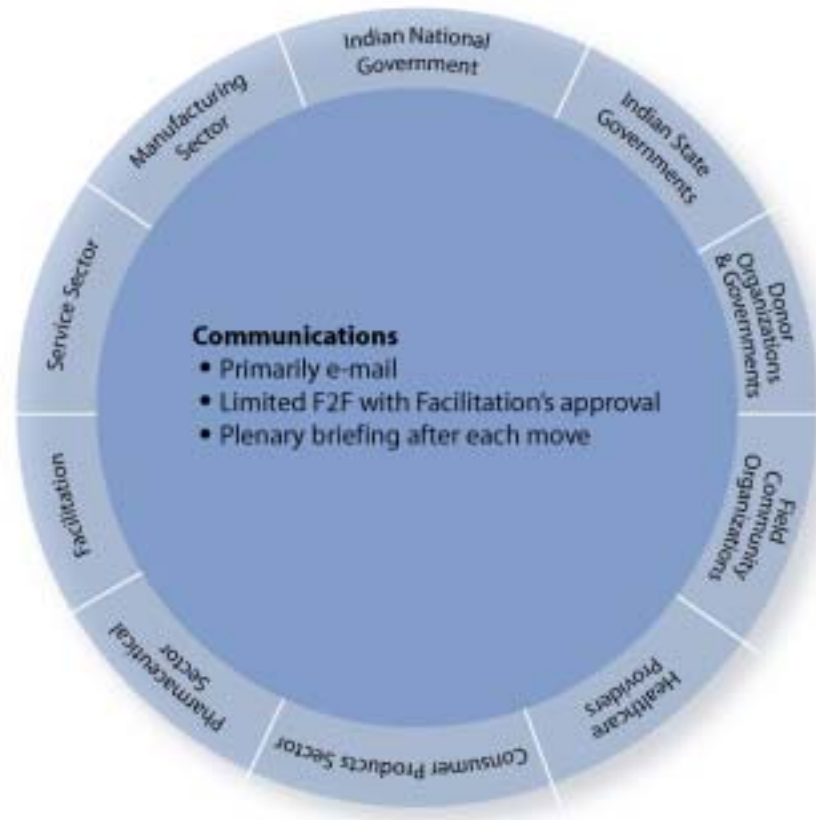
Simulation Structure

Stakeholder Teams:

- ▶ Agree on objectives
- ▶ Take actions
- ▶ Make recommendations
- ▶ Identify potential solutions
- ▶ Create partnerships

Facilitation Team:

- ▶ Structure game
- ▶ Introduce external shocks
- ▶ Monitor and arbitrate
- ▶ Assess the impact
- ▶ Play other parties/stakeholders (e.g., press)



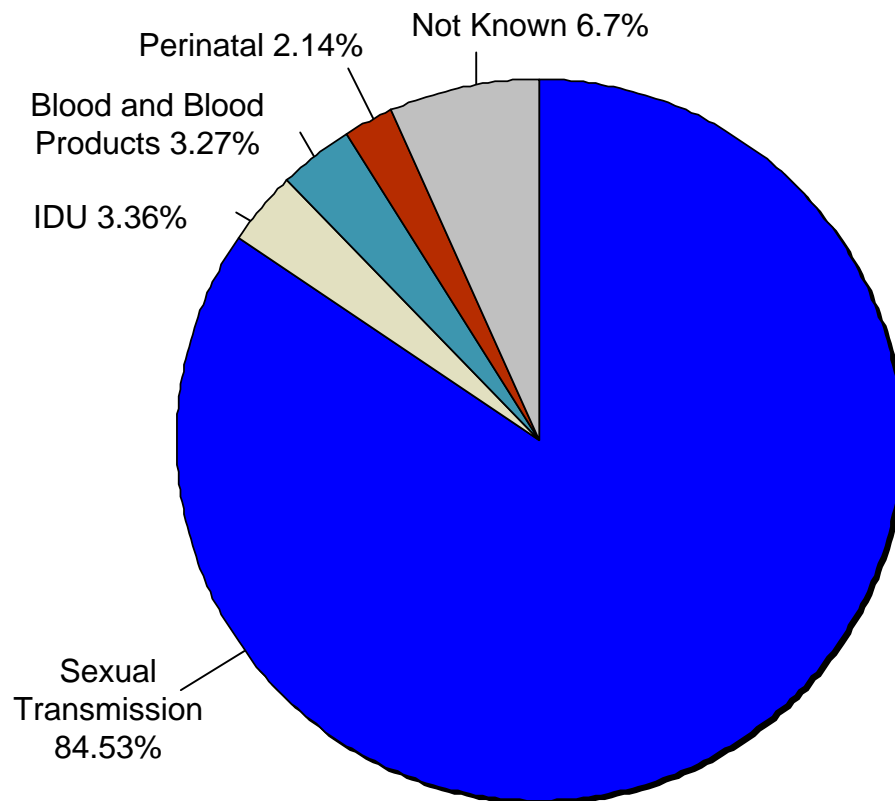
At the end of each move, teams were briefed on the impact of their actions on the spread and toll of the disease and its economic impacts

The Simulation began in today's world—the current state of HIV/AIDS in India

Current State of HIV/AIDS in India

- ▶ By 2002, according to India's National AIDS Control Organization (NACO), there were between 3.82 and 4.52 million HIV/AIDS cases in India
- ▶ Currently, the primary route of infection is heterosexual exposure
 - Prevalence is high and rising among various high-risk groups, including intravenous drug users (IDU) and men having sex with men (MSM)
 - Mobile workers constitute the bridge population for HIV transmission
- ▶ The disease is now spreading to the general population
 - HIV/AIDS is proliferating from these high-risk groups to the general population and from urban centers to rural communities
 - Migrant populations get infected from high-risk groups and bring it home to their spouses and immediate communities

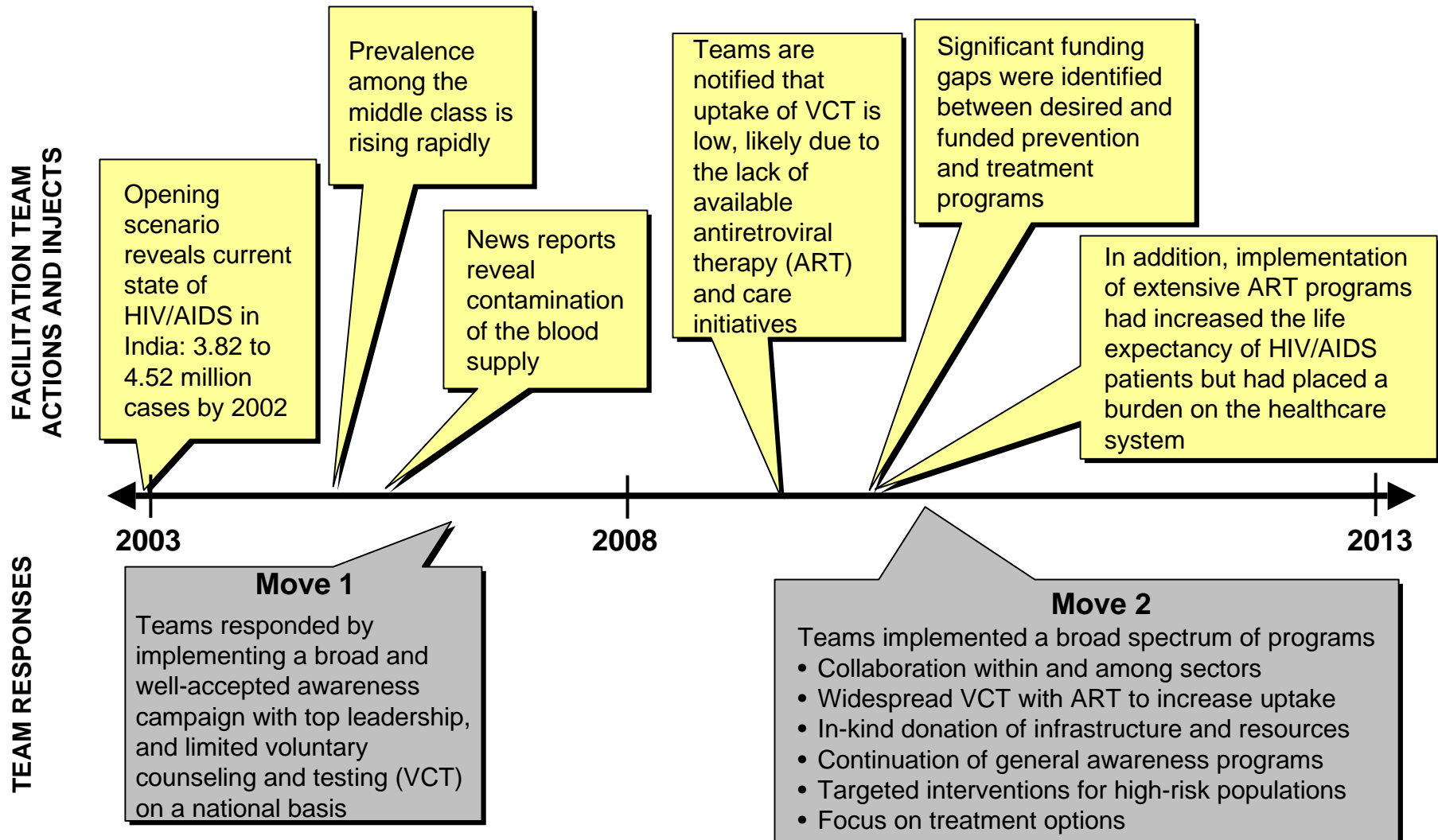
Sources of Transmission of HIV/AIDS in India



Source: Report on the Global HIV/AIDS Epidemic 2002, UNAIDS; NACO HIV Estimates in India

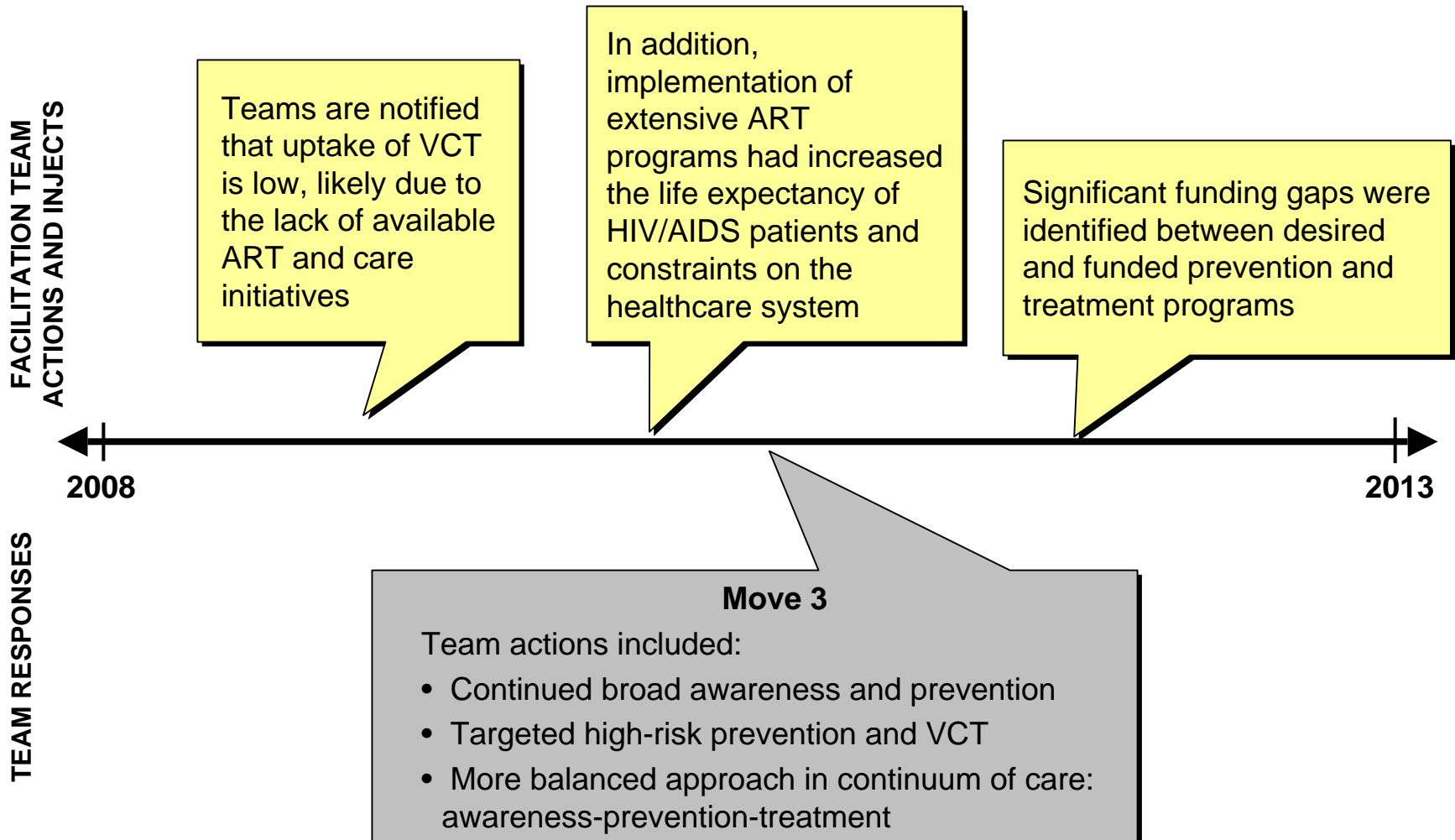
Participants worked together to address the emerging situation and avert a potential crisis, simulating 10 years time

Game Play—Simulated Years 1–10



In Move 3, teams were asked to replay years 5–10, prioritizing actions based on funding constraints

Game Play—Simulated Years 5–10



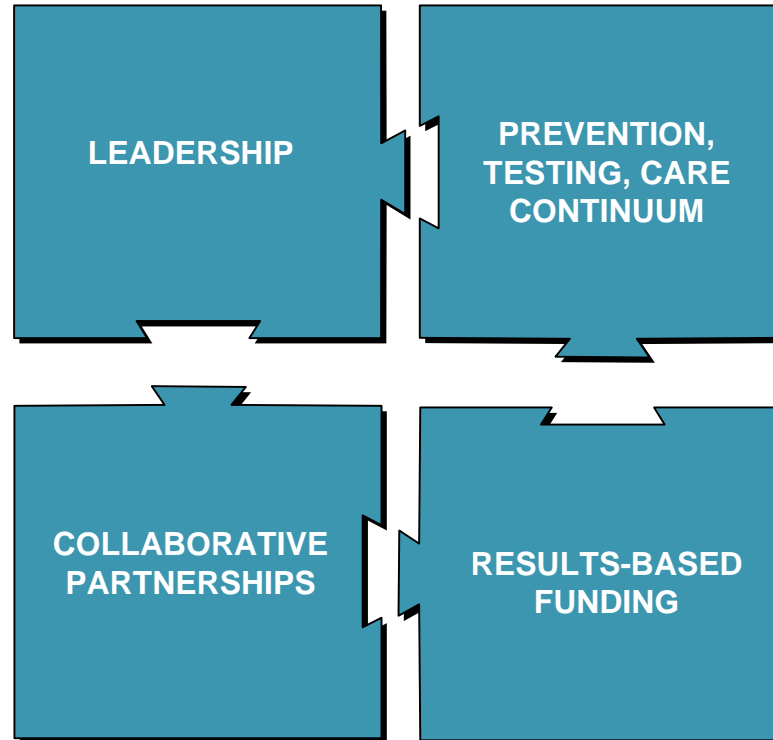
Five major challenges in the delivery of AIDS prevention and treatment emerged during the course of the simulation

- ▶ **Lack of trust and understanding among sectors can be a barrier to successful partnership**
 - Initially, organizations' natural focus is on their own constituency, and their decisions do not always address the broader crisis
 - Failure to address the needs of high-risk and marginalized communities such as commercial sex workers (CSW), IDUs, and the mobile population reduces the effectiveness of the response
- ▶ **Social and cultural stigma associated with HIV/AIDS is detrimental to prevention, testing, and treatment**
 - Social and cultural mores prevent the discussion of many of the risk behaviors
 - Individuals have little incentive to learn their HIV status for fear of being ostracized by their families and communities and because adequate care and support services are lacking
- ▶ **VCT services are only useful if care and treatment options are available**
 - ART enhances quality of life for people living with HIV/AIDS (PLWHA), reducing the stigma of the disease
 - Availability of ART enhances the response rate of VCT, providing an incentive for individuals to learn their status
- ▶ **Healthcare infrastructure, in terms of facilities and human resources, is not sufficiently scaled**
 - Existing HIV/AIDS education and training is inadequate to support proposed interventions
 - Many healthcare providers do not want to deal with HIV/AIDS because of the associated stigma
- ▶ **Provision of treatment over time can transform HIV from a fatal disease to a chronic illness, improving quality of life while increasing demands on outpatient healthcare infrastructure and available resources**
 - AIDS-related mortality is reduced, but prevalence may continue to increase and healthcare costs may rise to support ongoing HIV care and treatment
 - If not implemented as part of a comprehensive approach, widespread ART can also lead to complacency with regard to prevention, increasing the number of individuals in need of treatment over time

In response, teams identified four critical success factors for national HIV/AIDS strategies to overcome these challenges

Critical Success Factors for National HIV/AIDS Strategies

- ▶ Vocal public acknowledgement and action by senior leaders across society is needed
- ▶ Focus on de-stigmatization of HIV/AIDS and open discussion of high-risk behavior needs to take place
- ▶ Ownership and oversight of cross-cutting issues is needed
- ▶ Collaboration, across and within sectors, is imperative
- ▶ Successful strategies that leverage and integrate the core competencies of each sector are necessary



- ▶ Policies must balance awareness, prevention, voluntary testing, care, and treatment based on the social, cultural, and economic infrastructure
- ▶ Resource constraints require a clear statement of priorities
- ▶ National-level funding must leverage a coordinated approach
- ▶ Delivery of funding to end user must be streamlined
- ▶ Innovative sources of funding (e.g., in-kind donations, cultural diaspora) can be developed

Leadership from the top is vital, whether it be government officials, CEOs, or community leaders

Simulation Experience

- ▶ Prime Minister developed an HIV/AIDS task force and made cabinet-level assignments
- ▶ Healthcare providers led an effort that forged partnerships among the pharmaceutical industry, state governments, and NGOs, to serve patients in high-risk areas
- ▶ National government team strongly and publicly stated that HIV/AIDS was not a moral issue
- ▶ Legislation was introduced to reduce stigma and protect privacy



Conclusions and Recommendations

- ▶ Leaders taking a strong public stance on HIV/AIDS lay the groundwork for broad participation across all sectors
 - Create a ministerial-level task force across the full spectrum of HIV/AIDS—health, social, economics, development
 - Facilitate leadership of top politicians, community and business leaders, and celebrities
- ▶ Vocal public leadership can address key barriers in the AIDS response such as stigma and discrimination
 - Publicly demonstrate acceptance of PLWHA
 - Openly discuss risk factors and behaviors
 - Communicate the facts about the disease—what it is, how it is transmitted, and how it is not
- ▶ The political will exhibited by the national team during the simulation provided a context in which business leaders felt motivated to act
 - Introduce antidiscriminatory legislation and policies (for insurance and employment purposes)

Effective solutions appropriately balance prevention, testing, care, and treatment based on the needs of the community

Simulation Experience

- ▶ Initially, teams implemented broad awareness programs with limited VCT
 - However, VCT uptake was low because it was not coupled with treatment alternatives
- ▶ In Move 2, teams increased collaboration and proposed innovative strategies
 - The private sector provided in-kind donations of facilities and resources
 - All teams continued awareness programs with greater targeting of high-risk groups
 - Widespread VCT and ART programs were proposed by several teams
- ▶ However, funding was not secured for all of the proposed programs
- ▶ In Move 3, teams prioritized programs and the emerging solutions struck a balance among prevention, testing, care, and treatment



Conclusions and Recommendations

- ▶ Non-discrimination, awareness and prevention, VCT, care, support, and treatment are interdependent
 - View these as a continuum
 - Identify where on the spectrum the community should fall (or would like to fall) based on its political, social, and economic infrastructure. This is key
 - Ensure patient privacy is protected throughout the testing and treatment continuum
- ▶ Targeted early actions are often the least expensive interventions and can prevent the longer term costs of delivering treatment and care to PLWHA and their families
- ▶ Proactive action targeting high-risk groups can prevent the disease from spreading to the general population
 - Social stigmas often make it difficult to reach out to these groups; however, they are the bridge population that spread the disease to the rest of the population
 - Business, government, healthcare, donors, and field need to demonstrate willingness to partner to reach out to the unorganized sector
 - During the simulation, the pharmaceutical industry team proposed a social marketing initiative targeted toward truck drivers and other migrant workers
 - The manufacturing industry team suggested implementing early HIV detection for high-risk groups
 - Targeted actions are also the most effective and efficient resource use alternative

Clear prioritization of programs and innovative funding approaches are critical given resource and infrastructure constraints

Simulation Experience

- ▶ Business teams performed cost-benefit analysis, looking at prevention and treatment per dollar spent
- ▶ Services industry led other industries and donors in creating and managing the “India Fund for HIV/AIDS”
- ▶ The donor team organized other NGOs to set funding strategies and identify criteria for program selection
- ▶ The donor team also proposed a basket-funding approach, whereby donors would collaborate their funding decisions to ensure programs supported the national strategy
- ▶ Businesses offered to provide training to medical and healthcare professionals

Conclusions and Recommendations

- ▶ Prioritization should not focus only on HIV/AIDS programs—competing priorities must be balanced
 - HIV/AIDS competes with business costs, other diseases, and other development issues
 - Finding linkages among these issues is key to ensuring widespread support
- ▶ A coordinated approach to funding at a national level will ensure that programs support the national strategy and objectives
 - A centralized body could monitor funding and programs at a national level
 - This body would identify criteria for program selection and develop performance measures
- ▶ Teams also noted the need for decentralizing funding to deliver cash as quickly as possible to the end user
- ▶ Resources are limited and innovative approaches to funding initiatives are critical
 - Encourage donation of expertise, time, and services in addition to funding
 - Provide incentives, such as tax breaks, to industry

Collaboration is critical to maximizing impact but requires careful management, clear communication, and understanding

Simulation Experience

- ▶ Telecom companies provided a toll-free help line, managed by NGOs, with IT industry providing technical support
- ▶ The pharmaceutical and donor teams worked together to reduce drug costs
- ▶ Field- and community-based organizations provided technical expertise in delivering prevention, care, and treatment
- ▶ The donor and national teams collaborated to channel funding—80 percent of funding was directed to the state level
- ▶ Industry teams offered to open their healthcare facilities, in collaboration with the government, to provide VCT, treatment, and care to the broader community



Conclusions and Recommendations

- ▶ Ownership and oversight of the broad spectrum of HIV/AIDS issues is needed
 - Assign ownership of the full spectrum of the HIV/AIDS problem
 - Assess the extent to which business can take responsibility to support and enhance government efforts
 - Determine who advocates on behalf of the informal sector
- ▶ Collaboration can occur at all levels—among players in a single sector, or among sectors
- ▶ Each stakeholder should understand what others can do more effectively or efficiently
 - Use successful strategies to leverage the unique capabilities, resources, and skills of all sectors
 - Use business sector management and administrative skills to improve HIV programs
 - Use existing infrastructure or programs for a broader audience (between public and private)
- ▶ Communication and common language are key
 - Understand the motivations of each partner
 - Understand what each side has to gain or lose

Teams worked together to innovate, articulate, and execute a range of partnerships and initiatives to fight the epidemic

Team Impacts

- ▶ Teams initiated and explored 53 partnerships
- ▶ Teams proposed 100 new initiatives These spanned from business initiatives to raise awareness and increase access to testing and treatment, to government prevention efforts at national-level outreach, such as free air-time, one-stop shops, coverage of treatment and wellness programs for employees, toward high-risk and marginalized populations
- ▶ Participant decisions mitigated potential future growth and health impacts of the epidemic
 - Reduced the HIV/AIDS prevalence, incidence, and mortality by more than 50 percent
- ▶ Participant decisions also minimized a potential negative impact of HIV/AIDS on the economy
 - Prevented a simulated loss in GDP by \$31.5 billion
 - Prevented an expected loss in discretionary spending by \$9.2 billion

Moving forward, the public and private sectors must take action to build greater collaboration...

- ▶ **Accurately assess funding priorities between and within sectors to maximize available resources**
 - State clearly national priorities between health and other sectors (Defense, Finance, Education, Agriculture, Labor)
 - Perform costing analysis assessing human health, societal, and economic impacts
 - Identify needs of vulnerable populations for strategic implementation of prevention, testing, and treatment

- ▶ **Dramatically increase government funding and resource mobilization to fight AIDS nationally**
 - Encourage donor countries to contribute more to fight AIDS internationally through bilateral and international initiatives
 - Push developing country governments to prioritize health among other sectors and rapidly mobilize resources
 - Identify creative sources of funding and strategies for resource mobilization between public and private sectors

- ▶ **Maximize business sector involvement in national responses to the epidemic**
 - Increase business sector action on HIV/AIDS in the workplace and community
 - Ensure direct and sustained participation by business leaders on National AIDS Committees and Global Fund Country Coordinating Mechanisms

... and forge a comprehensive response to HIV/AIDS

- ▶ **Determine appropriate balance along the continuum of care (awareness, prevention, treatment) based on the impact of the epidemic and a country's social and economic infrastructure**
 - Assess the benefits of targeted prevention efforts early on to avert longer term cost in countries with emerging epidemics
 - Ensure a comprehensive approach to improve the reach and effectiveness of prevention, testing, and treatment programs

- ▶ **Apply business sector skills to improve the reach and effectiveness of HIV/AIDS programs**
 - Enhance overall management through strategic and long-term planning
 - Execute monitoring and evaluation to ensure absorptive capacity of available funds
 - Generate innovative programs through business sector skills such as communications and marketing, information technology, and logistics and distribution

- ▶ **Implement co-investment partnerships between the public and private sectors to scale up existing initiatives**
 - Extend company workplace prevention and treatment programs to the broader community by leveraging existing corporate infrastructure and skills and community networks
 - To support community programs, seek technical and financial support from international donors such as the Global Fund on AIDS, TB, and Malaria; the US President's Emergency Plan for AIDS Relief and other bilateral initiatives; and foundations

- ▶ **Ensure strong leadership and advocacy by business, government, and community leaders**
 - Publicly acknowledge the epidemic and the need for urgent action
 - Address the stigma and discrimination that has allowed the epidemic to spread unchecked for the past 20 years

Glossary

- ▶ ARV—Antiretroviral, medications that reduce the presence of HIV in an individual's bloodstream, therefore improving health, reducing OIs, and reducing risk of transmission
- ▶ ART—Antiretroviral therapy, or treatment with ARVs
- ▶ CSW—Commercial sex worker
- ▶ GDP—Gross domestic product
- ▶ IDU—Intravenous drug use or user incidence—new infections (e.g., of HIV) occurring during a given time period
- ▶ OI—Opportunistic infections, infections that take advantage of PLWA's compromised immune condition
- ▶ Prevalence—Total cases (e.g., of HIV or AIDS) existing in a given population
- ▶ PLWHA—People living with HIV/AIDS
- ▶ PLWA—People living with AIDS
- ▶ PMTCT—Prevention of mother to child transmission (of HIV)
- ▶ STI—Sexually transmitted infection
- ▶ TB—Tuberculosis, one of the more devastating OIs, is highly contagious without intimate contact, and therefore spreads from PLWA to other populations
- ▶ VCT—Voluntary counseling and testing (for HIV)