

Aspen Institute Ideas Festival
July 6, 2005
Final Report

The Global AIDS Crisis

A Strategic Simulation to Explore Public/Private Partnerships in the Fight Against HIV/AIDS

Overview

Booz Allen Hamilton conducted a tabletop simulation at the Aspen Institute Ideas Festival in July 2005 to explore India's response to the HIV/AIDS epidemic. The simulation was a living, dynamic and interactive exercise that brought together thought leaders to address the challenges inherent in the fight against HIV/AIDS, and identify policy imperatives for business, government, and civil society. The goal was to explore how the public and private sectors could better collaborate to accelerate the response to HIV/AIDS. Specifically, in a few short hours, participants sought to:

- Understand the potential political, social, and economic impacts of an HIV/AIDS pandemic.
- Understand challenges and requirements in implementing HIV/AIDS prevention, treatment and care initiatives.
- Identify HIV/AIDS policy imperatives.
- Fully integrate the business community into the global response to HIV/AIDS.
- Facilitate collaboration among public and private stakeholders to implement HIV/AIDS prevention, treatment, and care initiatives.

Background

The global HIV/AIDS epidemic is one of the most significant public health, economic, and security issues of our time. According to UNAIDS, in 2004, 39.4 million people were living with HIV, 4.9 million became infected, and there were 3.1 million AIDS deaths. While India currently has a prevalence rate less than one percent, it is increasingly at risk of a widespread epidemic, as HIV/AIDS crosses over from high-risk groups to the general population.

The impacts of this pandemic are devastating, particularly in the nations most significantly impacted by the disease. UNAIDS reports that in countries with HIV-prevalence rates of 20 percent or higher, GDP drops an average of 2.6 percentage points annually. This disruption to the economic stability of nations may also result in significant social unrest. These factors contributed to both the CIA and United Nations Security Council recognition of the global AIDS crisis as a significant international security issue in 2000.

The Simulation

The simulation began in today's world. Participants were presented with the current state of the HIV/AIDS epidemic in India—more than 5 million HIV/AIDS cases and a prevalence rate of 0.98 percent at the end of 2004,

projected to grow to 20 million cases and a prevalence rate of 2.71 percent by 2010—and worked together in teams to respond to and mitigate the potential impacts of the epidemic. Teams represented four major stakeholders in the Indian response to AIDS: Indian Government; Business Community; Healthcare Providers and Industry; and Donor Organizations and Governments.

Teams developed an understanding of the situation, identified potential strategies, took actions, and interacted with each other—simulating collaboration—to identify high priority responses. Two moves were played, each representing five-years forward in time. At the end of each move, team representatives briefed their decisions and rationale to the entire group. Innovative solutions were encouraged, but real-world limitations were considered as well. Teams had to determine how best to balance competing demands and available resources. No one knew ahead of time where the simulation would lead or where it would end—team actions determine the outcome.

Findings

The simulation provided an opportunity for participants, with varying degrees of expertise on HIV/AIDS and India, to learn from each other, generate ideas, and collaborate to develop strategies for India's HIV/AIDS response. Participants generated a number of insights on the drivers of success: strong government leadership, a coordinated national response plan, establishment of national priorities for the AIDS response, and involvement of all sectors of society.

Strong Government Leadership

Strong national leadership was considered critical to an effective HIV/AIDS strategy. Ultimately, the teams concluded that the Indian government had to play a lead role in a multisectoral HIV/AIDS response, so ensuring an effective government structure exists was a high priority. Participants also thought that senior government officials including the Prime Minister should demonstrate their commitment to the issue, and serve as an example for all of society, by declaring a “War on HIV/AIDS”. By doing so, they would rally support from all sectors and help to destigmatize the disease.

Coordinated National Response Plan

To ensure a coordinated response, the participants came to the conclusion that the government should develop a national action plan with input from all sectors of society. Several important aspects of a plan were highlighted. It should adhere to scientific evidence in prioritizing and implementing HIV/AIDS policy and interventions; include input and provide incentives for all sectors of society to participate in the response, including business, civil society, and people living with HIV/AIDS; and finally, should include systems and processes for monitoring the epidemic, and measuring and reporting the impact of programs.

National Priorities for HIV/AIDS Response

Teams discussed priorities for India's response to HIV/AIDS, and suggested that five were particularly important: addressing HIV/AIDS-related stigma; building education and awareness to effect behavior change; targeted prevention to high-risk groups; testing, treatment, and support for those living with, or affected by, the epidemic; and building capacity in the healthcare sector to support HIV/AIDS initiatives. Stigma reduction was identified as a key first step to the implementation of all other priorities. The teams felt that Government and business leaders, along with celebrities and cultural icons, could help in reducing stigma and correcting misconceptions about HIV/AIDS, by acting as role models and educators for the general public. Further, Government policies that support people living with HIV/AIDS and those affected by the disease, encourage testing, and discourage discrimination will help to change cultural and social attitudes and beliefs about the epidemic.

The teams also felt that education and awareness programs, focused on effecting behavioral change, were a key priority in helping India to avoid a more widespread epidemic. The power of the media, particularly “Bollywood”, could be leveraged to deliver messages about HIV/AIDS, risks, and prevention methods. Teachers were also identified as important to education and awareness, and participants felt that programs aimed at training teachers in HIV/AIDS prevention could help get these critical messages out to young people. The

Indian Government Team suggested that a national curriculum be developed for educators, religious, and business leaders to use in their own education and awareness efforts.

Targeted prevention ideas took education one-step further, by suggesting specific programs to reach at-risk groups, such as commercial sex workers, truck drivers, and pregnant and breast-feeding women. Condom distribution was cited by most teams as likely to be a highly-effective and relatively easily implemented prevention strategy. In addition, teams thought that truck drivers should be required to participate in HIV/AIDS training in order to maintain their licenses. Prevention of mother-to-child transmission was also a high priority, with participants suggesting that sterile mats for birthing and drugs to prevent mother-to-child transmission be provided to all pregnant or breast-feeding women.

Testing, treatment and care to those living with, or affected by, HIV AIDS was also a key theme of team ideas. Testing and counseling was considered to be important, as only 90 percent of PLWHA don't know their HIV-status. Innovative testing and counseling strategies were suggested, ranging from government mandates for anonymous testing, to confidential testing provided by employers with guarantees that results will have no repercussions on employment status. Several teams sought to identify sources of low-cost medical supplies and pharmaceuticals, in order to scale-up treatment for those living with AIDS.

The teams recognized that testing, treatment, and care, however, required a robust healthcare infrastructure—and scaling up health system capacity was the final programmatic concern of the teams. Clinics with testing

equipment would need to be more widely available, and supported by treatment for those who are found to be positives. Teams thought that there was likely to be a shortage of skilled healthcare workers, and suggested improved and expanded training and education for traditional health workers, as well as reaching out to non-traditional workers to ensure sufficient human resource capacity. The business team offered to work with government and civil society to identify opportunities to use their own existing health infrastructure for the broader community.

Involvement of All Sectors of Society

The HIV/AIDS epidemic is a widespread problem with impacts on health, development, economics, and security. The teams came to the conclusion that the scale of this challenge requires that all sectors of society be actively involved in developing and implementing the national response plan. For example, the teams believed that businesses could use their power and influence to advocate with government, their peers, and employees. They also thought that businesses would have great reach to the general public through their workforces, and that they can use this tremendous reach to offer prevention and awareness programs, reduce stigma, and encourage treatment. However, the teams also recognized that business couldn't succeed alone; that they must rely on the expertise of the healthcare sector, civil society, and NGOs. Finally, as mentioned above, the teams came to the conclusion that the Indian Government needed to shape the national agenda and ensure that HIV/AIDS is appropriately represented in policy, budgets, and ultimately, the public's mindset about this devastating epidemic.

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