

AIDS: transforming global health

I remember the first World AIDS Day in 1988: the sudden burst of interest, the welcome work to mobilise media attention and community action. It was, however, World AIDS Day in 1990 that was closest to my heart with its theme of women and AIDS. By then I'd worked with people who had been living with HIV for several years, and my colleagues and I had developed sexual health campaigns for young women and men that linked HIV with sexual health. The theme of the 2014 World AIDS Day on Dec 1 is "Focus, Partner, Achieve: an AIDS-free Generation", which shows the distance travelled in the past three decades.

By 1990, some of us had started to focus on HIV in women and children highlighting how women's basic needs were not being met, how trials for antiretrovirals were not structured to assess efficacy in women, how HIV treatments were not created in child-friendly formulations, and how pregnant women were unable to access treatment because of fears of teratogenicity.¹⁻³ Looking back, what is obvious to us now was innovative then; what is now called innovation—the integration of HIV work with sexual and reproductive health and rights and family planning, and grounding health responses in human rights—was simply core business for most of us working in the UK.

Fast forward 25 years: there are now many special world health days. World AIDS Day is no longer the rallying cry that it was in the 1990s. Yet some of the same issues remain: we still don't have enough women in HIV clinical trials⁴ and that affects the evidence base.⁵ Happily, however, there have been important advances and deeper understanding about the social, economic, and cultural factors, especially violence, that increase the vulnerability of women and girls to acquire HIV,⁶ together with growing knowledge of how to address the drivers of inequity and ill health.⁷

As the vertical focus on AIDS wanes, related issues—children, women, gender-based violence, and human rights—are taking centre stage. Nov 20 was Universal Children's Day; 5 days later the focus shifted to the International Day for the Elimination of Violence Against Women, which in turn kick-starts 16 Days of Activism Against Gender Violence. It is good to see momentum gathering worldwide, with a range of activities leading up to Human Rights Day on Dec 10. And 2 days after

this campaign ends we will celebrate the newest day: Universal Health Coverage (UHC) Day, which is now gathering energy reminiscent of the work we did a decade ago to achieve international agreements at the G8 and UN to achieve "an AIDS-free generation... moving towards universal access to HIV prevention, treatment, care and support by 2010".^{8,9}

Now is the time to repackage and revitalise the energy and activism that characterised the early responses to AIDS. Health-care advances are not confined to laboratories or clinics. Often the greatest strides are made in the corridors of politics. And that is partly why these world health days still matter. One of the highlights of my time at the UK's Department for International Development in the early 2000s was supporting politicians to drive forward bold agreements through the G8, and then the UN system. Despite cynical voices, and realistic fears about health-system capacity, substantial change happened and millions more people have access to HIV treatment and services since those global agreements in 2005 to work towards universal access.

What we learned and achieved then must inform the push towards UHC. A more inclusive and coordinated agenda is needed as we approach the deadline for Millennium Development Goals (MDGs), and we need to find synergies across MDGs 4, 5, and 6. The woman who seeks HIV testing and services for the prevention of mother-to-child transmission of HIV is the same woman

For 2014 World AIDS Day see <http://www.unaids.org/en/resources/campaigns/worldaidsday2014>



who wants to be assured that she will be assisted by qualified birth attendants in a properly resourced health-care facility. She is also the same woman who wants to avoid sexually-transmitted infections, who needs family planning, and who will seek out education for her children. She needs to thrive, not just survive; her family's needs for optimum health cannot be divorced from their needs to have their rights met.

Looking towards to the Sustainable Development Goals, we must learn from the past to plan for the future. What is needed now is a comprehensive focus on the health of the most vulnerable. Now is the time to focus, to partner, and to achieve integrated health gains for future generations.

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- 1 Gorna R, Alcorn K. AIDS treatment update. London: NAM Publications, 1988.
- 2 Gorna R, Rayner C. Positive practice: a guide to caring for families and children affected by HIV/AIDS. London: Health Visitors' Association 1994.
- 3 Gorna R. Vamps, virgins and victims: how can women fight AIDS? London: Cassell, 1996.
- 4 d'Arminio Monforte A, González L, Haberl A, Sherr L, Ssanyu-Sseruma W, Walmsley SL; Women for Positive Action. Better mind the gap: addressing the shortage of HIV-positive women in clinical trials. *AIDS* 2010; **24**: 1091–94.
- 5 Loutfy MR, Sherr L, Sonnenberg-Schwan U, Walmsley SL, Johnson M, d'Arminio Monforte A; Women for Positive Action. Caring for women living with HIV: gaps in the evidence. *J Int AIDS Soc* 2013; **16**: 18509.
- 6 Jewkes RK, Dunkle K, Nduna M, Shai N. Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *Lancet* 2010; **376**: 41–48.
- 7 Baird SJ, Garfein RS, McIntosh CT, Ozler B. Effect of a cash transfer programme for schooling on prevalence of HIV and herpes simplex type 2 in Malawi: a cluster randomised trial. *Lancet* 2012; **379**: 1320–29.
- 8 Remme M, Vassall A, Lutz B, Watts C. Paying girls to stay in school: a good return on HIV investment? *Lancet* 2012; **379**: 2150.
- 9 Gorna R. Once upon a time in Gleneagles. *The Huffington Post* April 9, 2013. http://www.huffingtonpost.co.uk/robin-gorna/once-upon-a-time-in-gleneagles_b_3043160.html (accessed Nov 21, 2014).