



The AIDS Epidemic Launches Global Health

Reading: Re-Defining the Possible: The Global AIDS Movement, Pg. 111-120, from *Reimagining Global Health*, Paul Farmer, Jim Kim, Arthur Kleinman, Matt Basilio

Suggested Documentary: How to Survive a Plague

Discussion Guide

Goal: Investigate how the AIDS epidemic launched the field of global health and encourage PIH Engage team members to consider how they can utilize their skills to contribute to this new sector.

Suggested Discussion Questions:

1. The authors note that until the AIDS movement, global health had been a field that was “socialized for scarcity” (115). What was the original focus of public health institutions in developing countries before the AIDS movement? How has that focus shifted with increased funding and better tools available in the global health era?
2. Andrew Natsios, who at the time was the head of USAID, is quoted discussing why ARVs supposedly cannot be delivered in low-income countries. He notes that care would fail because people in Africa “do not know what watches and clocks are. They do not use Western means for telling time” (119). Why is it critical to avoid this “immodest” line of thinking when working in global health? How has PIH challenged such immodest thinking?
3. A successful response to the AIDS epidemic required innovative work from pharmaceutical companies, governments, activists, private foundations, and researchers. Consider your background, education, and previous experiences. What unique perspectives and skills do you possess that allow you to contribute to the field of global health and the right to health movement?

Key Quotes:

“No past effort to combat disease captures the promise of medicine and global health like the worldwide response to AIDS” (111).

“Over time, policymakers, donors, and health professionals had all become socialized for scarcity: they focused on optimizing use of a tiny resource pie instead of also reimagining and seeking to expand the size of that pie” (115).

“This statement helped policymakers reimagine the possible in global health: if delivering HAART—chronic care for a chronic disease, was feasible in Haiti and South Africa, why not scale it up around the world? Why not use HAART to usher in a more ambitious agenda of health system strengthening globally?” (120).

Lesson Plan

Goal: Investigate how the AIDS epidemic launched the field of global health and encourage PIH Engage team members to consider how they can utilize their skills to contribute to this new sector.

Warm Up: Discuss what it might look like to achieve an AIDS-free generation. Do you believe this is possible?

Diagnostic: What factors have contributed to global health's massive growth over the past two decades? (Think: funding, social interest, key pieces of literature, rising disparities, social movements, etc.)

Teaching Bit: The text notes that "during the 1980s and in the early 1990s an HIV diagnosis was a guarantee of early death" (116) but, by 1996, HAART, a highly effective treatment regimen, had been developed. Still, funding limited the scope and scale of global AIDS interventions.

Activists played a huge role in expanding access to AIDS treatments and funding. Activists worked tirelessly to drive down prices of AIDS drugs, increasing access for the poor and contributing to a massive increase in funding. Until the AIDS epidemic, global health had been a field "socialized for scarcity," or in other words, we were made to believe there were a limited amount of resources available. However, with AIDS came not only new medical tools and new means for making those tools accessible, but massive increases in funding.

International Funding Institutions:

- The Global Fund to Fight Aids, Tuberculosis, and Malaria was established in 2002, and as of December 2011, has approved \$22.6 billion in grants
- In 1996 the IMF and World Bank began offering debt relief to poor countries, writing off \$76 billion in hopes of freeing up resources for public health in poor and developing countries
- WHO and UNAIDS established the 3x5 initiative, with the goal of treating 3 million AIDS patients in the developing world by 2005

Governments:

- George W. Bush passed the President's Emergency Plan for Aids Relief (PEPFAR) which has disbursed billions to fight AIDS in low and middle-income countries

Private Donors:

- The Gates Foundation disbursed \$10 billion for Global Health initiatives by 2009

This collaboration among donors, institutions, governments, activists, and groups like PIH and MSF, who proved AIDS care could be effective in developing countries, created a massive new field, global health. They did this by reimagining what is possible in health care and expanding funding to make scaling up achievable.

Guided Practice: Focus on the claims made by Andrew Natsios regarding why treatment of AIDS in Africa would fail: "[People in Africa] do not know what watches and clocks are. They do not use Western means for telling time" (119). The text refers to this claim as immodest. Together, develop a definition of "immodest claims" in global health and discuss why it is critical to avoid "immodest" thinking when serving the poor. How did innovation from groups like PIH and MSF challenge immodest thinking? (**Hint: immodest claims**—blaming patients' beliefs or behaviors for failures of treatment, rather than recognizing that fixable failures in delivery are to blame.)

Independent Practice: In the past, global health had been a field "socialized for scarcity," which solely focused on targeting "low-hanging fruit." Discuss what it means to be socialized for scarcity. How would the shift from exclusively targeting "low-hanging fruit" to providing holistic care and securing more resources for interventions expand the size and scope of global health rapidly? How can PIH Engage continue to secure more resources for global health work?

Assessment: Global health is a diverse field requiring professionals with a wide range of skill sets. With a partner, discuss your background, education, career interests and trajectory and how you can harness your unique abilities to contribute to the right to health movement. Have a few team members share their partners' thoughts.

Closer: In order to truly achieve global health equity and continue to advance the field of global health, we will need people from all backgrounds. Before exiting, have each team member name one type of professional that could be useful in the field of global health to a master list. If an answer seems to be a stretch, have them defend their choice.