J. Stephen Morrison and Todd Summers

# United to Fight HIV/AIDS?

A new institutional order is emerging in the global fight against HIV/AIDS. Although the United States has come to dominate this new configuration, multiple actors, including national governments, multilateral institutions, private foundations, businesses, and the newly created Global Fund to Fight AIDS, Tuberculosis & Malaria, bring new resources and new voices to bear in an increasingly diverse and, to some extent, competitive and chaotic global environment. The United Nations, itself a diverse collection of institutions, stands warily among these players. UN secretary general Kofi Annan and other key UN personalities have in the past five years played leading roles in bringing the world's attention to HIV/AIDS, leveraging critical resources to curb the pandemic's spread and mitigating its devastating effects.

Their leadership, with critical U.S. backing, led to a historic UN General Assembly special session on HIV/AIDS in June 2001 that for the first time generated global acknowledgement of the pandemic as not only a public health crisis but also a threat to societies and international security. The special session further put virtually all of the world's leaders on record as endorsing a set of specific global targets in combating HIV/AIDS, ultimately giving added impetus to the subsequent creation of the Global Fund in 2001.

The UN's operational and coordinating agencies, beset in the early 1990s by confusion over mandates and turf battles, have since significantly strengthened a shared understanding of their respective agencies' comparative advantages and developed an appropriate division of responsibilities on HIV/AIDS issues. They have also improved their ability to articulate their role to

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one another and the outside world. Most importantly, the UN's core competencies are now manifest, namely, its political and scientific leadership; its ability to coordinate diverse actors; its provision of technical support; and its capacity for direct implementation of programs, especially within weak state environments in Africa.

These recent gains by the UN are substantial but not yet broadly acknowledged or fully understood. Admittedly, there is still ample room for improvement across the board at the UN, especially in strengthening agencies' leadership and operational performance in acutely affected African countries. Furthermore, global security imperatives after the September 11 attacks and the invasion of Iraq heavily burden the UN system as a whole. Among U.S. policymakers at least, the UN's reputation as an effective mechanism for quick and forthright action suffered mightily in the run-up to the U.S.-led war on Iraq. As a result, the UN system is at risk of being marginalized within an increasingly clamorous global effort against HIV/AIDS. In addition, the critically important offshoot of UN leadership on HIV/AIDS concerns, the Global Fund, is desperately short of cash at the very moment when it should be taking off.

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At this historical juncture, the United States, despite its dominance, needs a full and effective partnership with the UN if it is to succeed in realizing the goals that President George W. Bush has articulated in the landmark Emergency Plan for AIDS Relief (EPAR), a five-year, $15 billion initiative slated to begin this year, and if U.S. global leadership is to be sustained into the future.

Two critical challenges stand in the way of U.S. success, and the UN is uniquely qualified to help find solutions for each. The first is the need to win higher contributions and greater engagement from other wealthy members of the Organization for Economic Cooperation and Development (OECD) to redress the imbalance of U.S. preponderance in global funding for HIV/AIDS issues. Among international actors, the UN system and its leaders are best positioned to leverage substantial new non-U.S. commitments.

The second is the need to link U.S. ambitions with competent institutions inside the countries critically affected by HIV/AIDS to surmount weak institutional capacities and to bring order and coherence to proliferating individualized initiatives. In many countries hardest hit by HIV/AIDS, especially Africa's exceptionally weak states, UN operational agencies occupy a strategic space. They wield special in-country coordination and technical

capacities, command significant resources, and have extensive linkages to ministries, state houses, and civic leaders. Where UN agencies and leaders are mobilized and effective, they can be essential to bringing stability, coherence, cooperation, and efficiency both to local and external responses to the HIV/AIDS emergency.

## The Emergent Global Response

The global HIV/AIDS pandemic has already killed more than 28 million people and brought the HIV virus to another 42 million, an estimated 6 million of whom have progressed to full-blown AIDS symptoms.[1] Outside North America and Europe, fewer than 300,000 persons receive the combination of antiretroviral drugs, first introduced in 1996, that slows the progression of the virus and significantly extends lives. Initially, the annual cost of treating a person exceeded $15,000. By 2003 that figure had been reduced to $300–600.[2] Within Africa, home to 30 million people living with the HIV virus, recipients of antiretroviral drugs number a mere 50,000. According to the Joint United Nations Program on HIV/AIDS (UNAIDS), the UN's coordinating secretariat for HIV/AIDS issues, and other epidemiological forecasters, the pandemic will not peak until mid-century after having spread to China, Russia, India, and other parts of Eurasia and after having created tens of millions, and possibly more than 100 million, additional persons living with the HIV virus—that is, unless a global response far greater and more effective than that currently in place is realized.

Despite early warnings from experts and presidential commissions dating back to the Reagan administration, the expanding scope and speed of the virus did not begin to command serious international attention until 1998, sparked largely by UNAIDS's publication of comprehensive data on the magnitude and trajectory of the epidemic and accelerated engagement of the media, public health leaders, advocates, and politicians. Awareness and response to the global epidemic have intensified even further in the past two years, triggering multiple, potentially powerful global HIV/AIDS initiatives. Collectively, these innovations have fundamentally altered the configuration of institutions and power dedicated to addressing HIV/AIDS, raising hope and expectations and generating complex challenges that will dominate the new phase now unfolding.

Among new initiatives, the most impressive and arguably the most surprising is Bush's announcement of the EPAR, which would provide $15 billion over five years to a dozen critically affected African countries as well as Haiti and Guyana.[3] Asserting that "[t]his nation can lead the world in sparing innocent people from a plague of nature," the president outlined

in his 2003 State of the Union address the ambitious plan to bring treatment to 2 million people, prevent 7 million new infections, and provide care to 10 million people, including children orphaned by HIV/AIDS deaths, largely through the rapid creation or strengthening of medical and public health infrastructures. Subsequently, he nominated Randall L. Tobias, a retired pharmaceutical executive, as head of a new global HIV/AIDS coordination office at the U.S. Department of State.

Another bold response to the epidemic was the establishment in 2001 of the Global Fund, an autonomous international organization created to attract and manage financing for the escalation of programs to address three of the world's most deadly diseases. Leading proponents of the Global Fund, including the United States and the UN, structured the new organization to bring together public- and private-sector donors with recipients as vital to accelerating funding to effective programs in hard-hit countries.

The Global Fund is a striking example of U.S. and UN collaboration. Annan was one of the Global Fund's earliest proponents, while its first (and still largest) donor was the United States. In a relatively short time, the Global Fund has garnered substantial support from donor governments and foundations, financing country-driven proposals on an unprecedented scale. By the spring of 2003, little more than a year after its first meeting, the Global Fund's board had approved $1.5 billion in grants to more than 150 programs in 92 countries. By the end of 2004, pledges permitting, the fund strives to administer another $4–5 billion in new grants.[4]

In this same period, the influence of private foundations has moved to center stage. The Bill and Melinda Gates Foundation, founded in January 2000, immediately established itself as the hyperpower of foundations. From the outset, it has focused considerable attention on HIV/AIDS, allocating $250 million to HIV/AIDS concerns annually, including critical support for HIV vaccine research and new technologies such as microbicides, which hold the promise of blocking sexual transmission of HIV. The Gates Foundation is the only private-sector organization to make significant cash donations, now totaling $100 million, to the Global Fund. More mature foundations, most notably the Kaiser Family, UN, Rockefeller, Levi Strauss, and Ford Foundations, have built on their long-standing support for global HIV/AIDS programs despite cuts in their respective overall grant capacities.

The World Bank, primarily through its Multi-Country HIV/AIDS Program, has reserved more than $1.3 billion for grants and concessional loans to assist governments to respond to HIV/AIDS issues.[5] Annual disbursements for these multiyear commitments vary; UNAIDS estimates that the World Bank disbursed around $95 million in grants in 2002.[6] Bank lending often complements U.S. bilateral efforts on HIV/AIDS issues, providing

some of its largest loans to middle-income countries such as India, Russia, and Brazil that may not qualify for U.S. bilateral assistance because of their relative wealth.[7]

Expansive, direct corporate engagement concentrated in southern Africa has placed several firms in the forefront of programmatic innovation, often far ahead (especially in South Africa) of government action. Large employers such as DaimlerChrysler, Anglo American, DeBeers, Standard Charter Bank, Coca Cola, Merck, and Tata Iron and Steel (in India) have had to become quickly conversant with complex biomedical and public health challenges, form new partnerships outside the private sector, and fend off criticism from skeptics to establish HIV/AIDS programs for employees, their families, and the communities in which they live. Drug companies such as Merck, GlaxoSmithKline, and Bristol-Myers Squibb have established reduced-price, no-profit, or free drug programs in many highly affected poor countries.

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The broader business community is also awakening to the threat that HIV/AIDS poses to their human capital and markets. In just two years, the Global Business Coalition on HIV/AIDS, under the leadership of former U.S. ambassador to the UN Richard Holbrooke, has increased its corporate membership from 20 to more than 120. Although it is difficult to estimate the aggregate value of corporate commitments to HIV/AIDS programs, it is clear that corporate engagement is rising swiftly and now involves multiyear investments amounting to hundreds of millions of dollars. Large cash grants from business in support of global HIV/AIDS efforts, however, remain elusive. The Global Fund, for example, has attracted less than $2 million of its $4.7 billion in pledges to date from businesses.[8] In response, U.S. secretary of health and human services Tommy Thompson, in his role as chair of the Global Fund, has announced a trip to Africa with business leaders to spur greater public/private partnerships and expand interest in contributing to the fund.

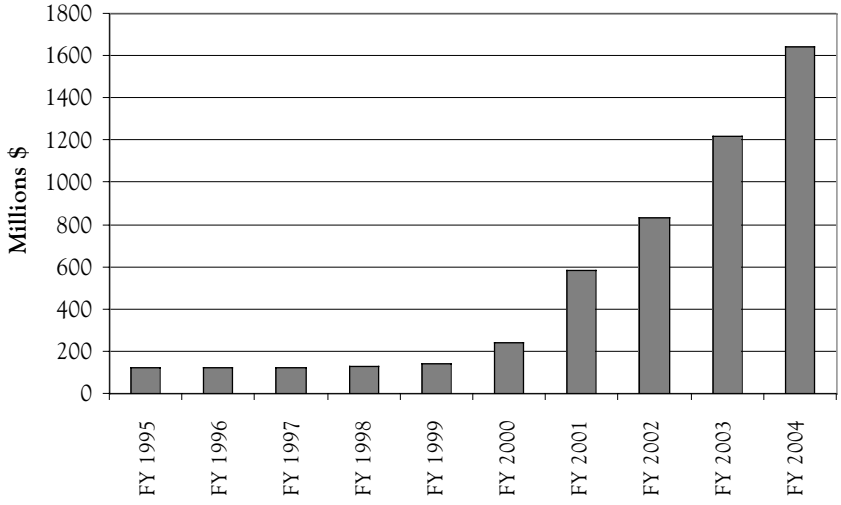
Finally, the governments of the most acutely affected states, including Cambodia, Rwanda, Kenya, Zambia, Ethiopia, and Nigeria, although fiscally constrained and highly dependent on donors, have nonetheless begun to make significantly higher commitments in leadership and internal finances, moving them beyond the pervasive denial and sluggishness that characterized most governmental responses in the 1990s. UNAIDS estimates that national government commitments from developing countries now exceed $1 billion per year.[9]

## Strategic Implications of Recent Historic Shifts

For many prescient leaders in acutely affected countries, battling HIV/AIDS has become a matter of national survival. A transformation of the international effort to assist these countries is unfolding, and its strategic implications are manifold. First, global assistance flows to combat HIV/AIDS have more than quadrupled in less than three years, to about $4 billion in 2003.[10] Accordingly, ambitions are now set vastly higher, competition for funds has intensified, and attention is increasingly turning to the formidable impediments to implementation, namely, a lack of trained and stable personnel; government ministries resistant to appeals for urgent action; and the increasingly overwhelming burden on small, fragile African countries of proliferating donor demands for comprehensive planning, reporting, verification, and monitoring. Many observers believe that all of these problems will only worsen until there is a concerted effort to build coordinated and effective implementation mechanisms inside acutely affected countries in Africa and elsewhere.

Greater resources have also helped to rapidly change the donors' approach to HIV/AIDS issues from a monocular focus on prevention to a more comprehensive strategy involving prevention, treatment, and the mitigation of the disease's broad impact. Going into the General Assembly's Special Session on HIV/AIDS in July 2001, policymakers vibrantly debated whether to focus on prevention or treatment. A year later, leaving the 2002 international AIDS conference in Spain, many declared the "prevention versus treatment" debate over and heralded a new comprehensive approach of wide-scale prevention and treatment made plausible by promises of increased funding and decreasing drug costs. Despite these hopeful declarations, striking the appropriate balance between treatment and prevention efforts will remain a challenge to countries sorely strapped for resources.

Second, U.S. predominance both in leadership of and funding for the global response to the HIV/AIDS epidemic increased significantly in 2002 and 2003, including bilateral U.S. government programs, support for multilateral initiatives such as the Global Fund (the United States accounts for about 40 percent of pledged resources), and private foundations. Although Americans can and should be proud of this leadership position, the imbalance among funding sources presents serious challenges and risks and may ultimately be unsustainable. The deepening disparity between U.S. commitments and those of other wealthy countries reflects a failure to mobilize other OECD countries that, in turn, breeds disaffection among U.S. congressional appropriators who increasingly insist on greater burden-sharing. Unless a smart and effective strategy of diversification among donors is ad-




***Sources:*** Priya Alagiri, Todd Summers, and Jennifer Kates, "Spending on the HIV/AIDS Epidemic: Trends in U.S. Spending on HIV/AIDS," July 2002, www.kff.org/content/2002/6044/6044v2.pdf (accessed July 22, 2003); Raymond Copson, "HIV/AIDS International Programs: Appropriations, FY 2002–FY 2004," *CRS Report for Congress*, RS21181, http://fpc.state.gov/documents/organization/21352.pdf (accessed July 22, 2003).

vanced, it will become increasingly difficult to sustain and broaden U.S. leadership on HIV/AIDS issues, which will require steady increases in future U.S. financial commitments.

Finally, U.S. dominance of global HIV/AIDS efforts may also give greater weight and visibility to divisive ideological tendencies shared by the Bush administration and some of its key congressional allies, including a marked antipathy toward the UN, a preference for bilateral over multilateral initiatives, and rigidly conservative positions on sexuality and reproductive rights that will likely acquire even greater salience in the upcoming U.S. election cycle.

The lead-up to war in Iraq exposed a strong anti-UN and anti-multilateral sentiment that has since crept into discussions of Washington's future support for multilateral efforts on HIV/AIDS issues, most notably in its allocation of new finances to the Global Fund. Although Bush announced a goal of spending $15 billion over five years for his new AIDS plan, he also made clear that the Global Fund was not to be a major beneficiary. Of the $15 billion Bush plan, only $1 billion was earmarked for the Global Fund—a scant $200 million per year. Debate persists in Congress, which recently finalized foreign policy legislation on AIDS, tuberculosis, and malaria.

Although some key lawmakers pushed for authorizing $5 billion for the Global Fund over five years, the White House and its congressional allies pressed for a greater emphasis on funding for bilateral efforts. Eventually, Congress passed and the president signed legislation authorizing up to $1 billion in fiscal year 2004 for the Global Fund, provided that this amount is no more than one-third of total commitments to the fund.

The president and administration officials have explained their reluctance to put more resources into the Global Fund as an incentive in their efforts to see larger donations from others. In fact, the United States took the lead in advocating greater pledges from members of the European Union at the recent Group of Eight summit in Evian and the EU summit in Greece, often citing U.S. generosity and the matching requirement imposed by Congress as a challenge to the Europeans. Ironically, however, in opposing higher appropriations for global AIDS programs, the administration argued that it would have difficulty spending more than the $2 billion it requested from Congress.

**The imbalance between U.S. and other funding sources may ultimately be unsustainable.**

The initial plans for implementing the president's initiative exhort other donors to support multilateral programs while at the same time seeking to redirect U.S. funding almost exclusively to bilateral channels. Little use of UN agencies is envisioned, risking the predomination of unilateralism in ways that dramatically narrow U.S. options and abilities. So far, the Bush administration has failed to recognize the centrality of the UN, both in terms of mobilizing other forms of support and of advancing in-country implementation, to realizing its urgent aims of bringing other wealthy partners to the table as well as creating capacity to provide care, prevention, and treatment in impoverished settings.

The upcoming 2004 U.S. electoral cycle will add an additional wrinkle. Pressures will inevitably build within the Bush administration to maximize the unilateral disbursement of resources for the sake of controlling grantees and programs, rewarding allies, and currying favor with conservative U.S. constituencies. Under such circumstances, U.S. dominance might increasingly and conspicuously transfer a number of U.S. priorities into African and other settings, such as U.S. domestic debates over abstinence versus condoms, women's access to reproductive services, needle exchange, outreach to prostitutes, and use of explicit prevention materials targeting high-risk groups. Left unchecked, this phenomenon could politicize implementation in Africa and elsewhere, limiting effectiveness by distracting, confusing, and constraining programmatic flexibility.

## The UN's Comparative Advantage

The major new international initiatives outlined above operate largely outside of UN coordination and oversight. Financially, U.S. giving alone on HIV/AIDS programs is more than twice the $550 million in programmatic commitments that all UN agencies combined will spend in 2003,[11] prompting the question, Has the UN become largely peripheral to the emergent global mobilization against HIV/AIDS? In short, the answer is "no." Since 1998, the UN has been integral to mobilizing the U.S. effort as well as that of others effectively, and its leadership and programmatic strengths will be essential to future U.S. leadership on this problem, especially in leveraging commitments from other wealthy donors and building in-country implementation capacities. Yet at the same time, as U.S. bilateral engagement increases, the UN risks marginalization unless its activities are tied more closely to U.S. priorities and unless the performance of its operational agencies is systematically enhanced.

In earlier eras, UN leadership and UN operational programs unquestionably led the charge against global health challenges such as polio, childhood diarrhea, and smallpox. By contrast, in combating HIV/AIDS today, the UN must assert more aggressively its comparative advantages. Until the late 1990s, the governments of the majority of acutely threatened African states were silent about the disease ravaging their countries while the United States and other Group of Seven member states failed to mount a serious effort to address the pandemic. The UN was of little help either. Its agencies were slow in and resistant to responding to the threat that HIV/AIDS posed to developing societies, prone to intense institutional rivalry and bickering and overly protective of vulnerable, established budgets and mandates.

The World Health Organization (WHO), the UN's leading public health arm, has had a conspicuously mixed history in its response to the spread of HIV/AIDS. As the agency first charged with mounting a global response to the epidemic, the WHO helped establish the Global Program on AIDS in 1987 under the leadership of the late Dr. Jonathan Mann. At the time, it was the WHO's largest program. Yet despite Dr. Mann's efforts, the program foundered as disagreements flared with a new WHO director general, various UN agencies fought over the scraps of funding then available, and lackluster performance within developing countries generated ill will among member states.[12]

A strategic opportunity to galvanize a global response to the global epidemic was lost, and in 1992–1993, stewardship for coordinating the UN's response was passed to UNAIDS, then newly established. Modeled on earlier joint research efforts on tropical diseases, UNAIDS was designed not to

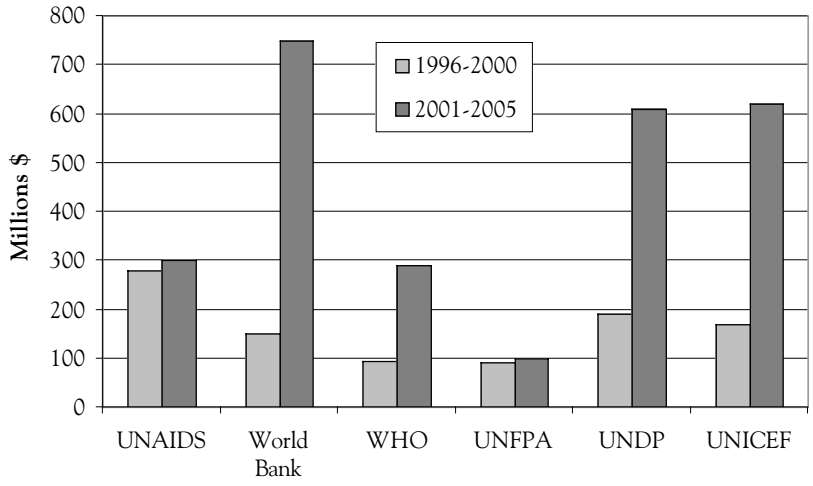
implement UN programs but rather to coordinate and represent them, particularly at the country level. Once formed, UNAIDS quickly discovered the difficulty of its charge as the coordinating entity of eight diverse member agencies whose budgets it did not control or even effectively influence and whose respective governing boards and directors did not share UNAIDS's sense of urgency.

Executive Director Peter Piot endowed UNAIDS with gifted and determined leadership, but even Piot's exhortations were insufficient to move several UN agencies out of their indifference and lethargy in the early years of UNAIDS's existence. Half a decade later, determined cajoling by UNAIDS, backed by Annan; the United Nations Children's Fund's (UNICEF) Carol Bellamy; World Bank president Jim Wolfensohn; and, more recently, James Morris at the World Food Program, has resulted in an emerging consensus on the division of responsibilities among UN agencies and other institutions, brought dynamism to the UN system, and sparked a new will to demonstrate the UN's competitive edge. To be sure, territoriality and mistrust remain powerful challenges to UN effectiveness, but the overall trend remains very promising.

U.S. financial dominance might transfer domestic U.S. priorities overseas.

The depth and complexity of UN engagement has paralleled the expansion and growing complexity of the HIV/AIDS pandemic. UNAIDS is charged with leading global advocacy efforts, establishing baseline global facts on the pandemic, and coordinating and encouraging its eight cosponsoring agencies, all of which maintain substantial HIV/AIDS programs: the International Labor Organization focuses on the pandemic's impact on workers and employers; UNICEF focuses on the disproportionate impact of HIV/AIDS on young people and mothers; the United Nations Development Program (UNDP) and the World Bank have taken leadership roles in addressing the threat to development posed by HIV/AIDS and in building national capacities across key ministries; the United Nations Office on Drugs and Crime increasingly focuses on preventing HIV transmission through illicit drug use; and the United Nations Fund for Population Activities focuses on the connection between reproductive health and HIV.

The WHO remains a principal partner as well. Its capacity to muster a robust institutional response to HIV/AIDS, diminished in the early 1990s when its Global Program on AIDS was dissolved and UNAIDS was established, was partially rebuilt under outgoing director general Gro Harlem Brundtland. Today, the WHO, under the new leadership of Dr. Jong-wook




***Source:*** Joint United Nations Program on HIV/AIDS, "Report on the State of HIV/AIDS Financing," March 2003, www.internationalbudget.org/resources/library/UNAIDS.pdf (accessed July 22, 2003).

Lee, has quickly enlisted several prominent HIV/AIDS experts to join Lee and appears poised to enlarge its efforts significantly, particularly in expanding access to the most effective treatments and medications. Lee's "3 by 5" goal of providing AIDS treatment to 3 million people by 2005 dovetails neatly with the Bush initiative's goal of providing treatment to 2 million (by an unspecified date) in the 14 focal countries that account for 70 percent of the world's population living with HIV. Indeed, the UN system offers a broad range of skills and capacities needed for Bush's plan to succeed and for the global community to mount a more effective and comprehensive response to the HIV/AIDS pandemic, including the following competencies.

### Mobilizing Broad Political and Intellectual Leadership

The single, most important ingredient to success in addressing the HIV/AIDS crisis is leadership, both in affected and donor countries and among leaders of multilateral institutions and the private sector. In the oft-cited success stories of Uganda, Senegal, Thailand, and Brazil, active strategic engagement at the highest levels of government has resulted in successful campaigns to forestall or dramatically reduce new HIV infections.

The UN deserves substantial credit for helping galvanize this kind of high-level leadership and for mobilizing the donor resources that have helped finance these and other successful efforts.

Annan, leveraging his status, has regularly used his access to first-tier politicians to encourage their leadership on AIDS issues and is widely credited with playing a lead role in the establishment of the Global Fund. Likewise, senior staff at UNAIDS have traveled the globe, using their well-earned integrity and knowledge of the epidemic to help articulate its status, make the case that its course can be changed, and plead for faster and expanded funding. Often joined by the directors of the UN agencies, these international leaders use their distinct audiences and mandates to describe the impacts of the epidemic as it relates to their respective areas of focus. Wolfensohn, for example, uses his entrée with finance ministers, business leaders, and economic development specialists to articulate the impact that AIDS has on poverty reduction, education, health care, and national budgets—areas in which he and his agency have particular credibility.

The various UN agencies have been reasonably effective at providing or mobilizing from others the intellectual capital needed to build and sustain an effective global effort on HIV/AIDS issues: providing strategic information and data on which sound policies can be made; documenting and circulating best practices and practice guidelines; developing technical guidance; and more generally helping the world understand HIV/AIDS's impact on gender, civil and human rights, child welfare, labor and business development, and poverty reduction. Although persistent spats over credit and authorship remain, these UN agencies have provided a wealth of information to assist local, national, and international policymakers in all aspects of program design, implementation, evaluation, and financing.

## Coordinating Action

The same global mandate allows the UN to work throughout the world (sometimes in places where Americans or other foreign nationals would be less welcome or effective), helping to organize national efforts, mobilize new partners to join the effort, and gather data (such as surveillance and spending data) useful to monitoring the course of the epidemic and the magnitude of the world's response. This coordinating function is increasingly important as more and more actors join the effort to address HIV/AIDS issues. Although UNAIDS was created specifically to coordinate the UN system's response, it has also demonstrated its strategic value in coordinating a broad array of multilateral, governmental, and nongovernmental organizations (NGOs).

This traffic cop role is needed at international, national, and local levels where the intensity, quality, and comprehensiveness of responses vary widely. If, for example, too many groups are focused on preventing mother-to-child transmission (PMTC) of HIV/AIDS while other at-risk groups are being ignored, the UN is in a strong position to recognize the problem and

promote a more balanced response. Similarly, if an increasing emphasis on HIV/AIDS diverts resources from other critical efforts—pulling resources from non-AIDS–related maternal and child health programs to fund PMTC initiatives, for example—the UN is well positioned to support systems that measure and address that imbalance both because it has global access to information and because it is less burdened by the political pressures and sensitivities that sometimes cause these imbalances. For example, recent administration and congressional actions have restricted U.S. funding to HIV/AIDS programs focused on commercial sex workers, a population consistently identified by public health experts as critical to prevention efforts, and to reproductive health services that help women avoid HIV infection. Who other than the UN is going to help identify and fill the program and finance gaps created by these U.S. actions?

**The UN risks marginalization unless its activities are tied more closely to U.S. priorities.**

UNAIDS sometimes plays a similar role within the UN system it is charged with coordinating. When politically marginalized populations, such as men who have sex with other men and injection drug users, were left out of the strategic plans of its cosponsors, UNAIDS took on the responsibility for articulating and responding to their needs.

### Providing Technical Support and Guidance

Notwithstanding increases in funds and the proliferation of new and ambitious HIV/AIDS programs seeking resources, great challenges persist at the front lines of the epidemic. Local governmental organizations and NGOs charged with doing the actual work to prevent new infections and care for those infected and affected by HIV face serious, preexisting deficits in infrastructure, funding, and human capacity. Making sense of all of the various needs, bringing the numerous sectors together, and helping them to formulate and implement comprehensive prevention and care programs are daunting challenges, especially in impoverished countries lacking even the most basic systems of health care and physical infrastructure (clean water, sanitation, transportation, and education).

Coordinating is a core strength of the UN and a principal focus of a recent independent evaluation of UNAIDS.[13] The reviewers found that in some cases UNAIDS excelled at establishing strong and inclusive coordinating bodies that bring together the various UN agency representatives with government officials, business leaders, people living with and affected by

HIV/AIDS, health professionals, NGOs, and religious leaders. These groups have built solid and comprehensive programs, regularly benefiting from the expertise of the UN personnel. Yet in other cases, UN agency representatives failed to come together, and the UNAIDS coordinator lacked authority, hampering effectiveness at the national and local levels. This problem and others identified in the recent evaluation could benefit from heightened U.S. activism on the oversight boards of the different UN agencies.

### Implementing Programs

To supplement local capacity, some bilateral and multilateral agencies have implemented HIV/AIDS programs, either directly or indirectly through contracted employees and organizations. A variety of bilateral programs are supported by the U.S. Agency for International Development (USAID) and the Centers for Disease Control and Prevention as well as the Departments of Defense, Labor, and Agriculture. Yet, these agencies give the United States an operational presence in only a small number of countries.

Furthermore, the president's new EPAR initiative is limited to a subset of 14 African and Caribbean nations while at least a dozen other acutely affected or threatened African countries require urgent mobilization with substantial external support. Russia, identified in a recent National Intelligence Council report as one of five "Second Wave" countries (along with India, Nigeria, China, and Ethiopia), faces a catastrophic increase in HIV infections during the next decade.[14] It receives only limited USAID funding for HIV/AIDS issues, and that support is to be phased out over the next five years, precisely when critical action is most needed.

In many countries acutely affected by the spread of HIV/AIDS, and especially in Africa, the UN is the dominant institutional presence on a variety of HIV and development issues with a significant in-country presence, established relations with governments and key actors that no other bilateral or multilateral entity matches, and direct implementation capacities. The UN has demonstrated the strength of its institutional base and networks repeatedly in fights against other global diseases, including smallpox, childhood diarrhea, and most recently SARS. It can and should play a similar role regarding HIV/AIDS, especially in weak state environments.

## U.S. Success Rests on the Essential U.S.-UN Partnership

Any notion that the United States' dramatically rising national equities in battling the global spread of HIV/AIDS are inherently at odds with the core competencies and interests of the UN is outdated and dangerously mis-

placed. Indeed, the opposite is becoming apparent as Washington quickly moves to implement Bush's historic plans and test his assertion that U.S. global leadership can bring significant concrete results and begin to reverse the course of the global HIV/AIDS pandemic. Acting alone, the United States will not effectively move other wealthy states to play their part and will unnecessarily raise the risk that its own investments will shortly be seen by the American public as unilateral overreach into uncertain and chaotic environments in Africa and the Caribbean.

To succeed in meeting the ambitious goals that it has set for itself, the United States will soon discover that it is in its best interests to create a fuller, more effective, and less ambiguous partnership with the UN. Establishing this partnership requires close, high-level collaboration with the UN's impressive political and intellectual leadership and taking full advantage of fora such as the UN Security Council. The UN leadership is receptive to working closely with the United States to leverage additional monies from EU member states, Japan, and others—especially for the Global Fund. These leaders have a strong, enduring motivation to cooperate extensively with the United States in pressing recalcitrant leaders in Russia, India, China, South Africa, and elsewhere to acknowledge the magnitude of the threat and begin to respond seriously to preempt a full-blown, generalized epidemic in these countries. U.S. leadership would be particularly welcome in October, when the United States assumes the Security Council presidency and could use the council to examine the accumulating impact of HIV/AIDS on global security; assess progress since the Security Council first examined HIV/AIDS issues in January 2000; and update aggressive performance measures for national governments, UN agencies, and wealthy member states.

**The UN is the dominant institutional presence in many acutely affected countries.**

Operationally, U.S. success in heavily affected countries requires systematically linking U.S. programs with the UN's evolving technical strengths, the UN's ability to coordinate diverse actors in complex national settings, and the UN's direct implementation capacities, especially in weak state environments in Africa. Such efforts in turn require a concentrated U.S. focus on enhancing the performance of UN operational agencies.

The United States and other members of the executive boards of key UN operational agencies should press for more robust and specific targets on HIV/AIDS programs and the means to finance as well as monitor existing initiatives. Stronger UN coordination and leadership should be sought

in the most acutely affected countries and should articulate more clearly how UNAIDS, its cosponsoring agencies, and the Global Fund are to join efforts inside these countries where success or failure will ultimately be judged. The United States and other wealthy powers should create within their respective embassies and aid missions far greater public health expertise, integrate them more closely into the formulation of foreign policies, and lend senior scientific and managerial talent to the lead UN agencies—UNAIDS, WHO, UNDP, UNICEF—to bolster their capacities and coordinate bilateral and multilateral strategies.

All of these steps are feasible and affordable. Taking them will give the United States the best prospect of creating the in-country mechanisms in Africa and elsewhere that will be essential to rationalize proliferating programs, build coherent national infrastructure, track progress, and strengthen accountability. Only if these steps are taken, however, will the United States succeed in winning greater commitments from other wealthy countries; lessen its share of the global burden; and persuade an edgy U.S. Congress that, despite a historic deficit, it should appropriate significantly higher future resources to this global health emergency.

## Notes

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