

IAEN KEYNOTE 16 JULY 2010

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INTRO

- THANKS
- WALKING IN THE FOOTSTEPS OF GIANTS – JULIO FRENK

OVER THE NEXT FEW DAYS YOU WILL HEAR ABOUT THE RESULTS FROM CUTTING EDGE RESEARCH. YOU WILL DEBATE METHODS AND FINDINGS AND THEIR POLICY INTERPRETATIONS. IT'S GOING TO BE A FANTASTIC EXPERIENCE. I'M EXCITED.

I WANT TO TALK WITH YOU ABOUT SOMETHING DIFFERENT – THE ROLE OF THE ECONOMIST IN THE RESPONSE TO THE PANDEMIC. HOW IMPORTANT YOUR WORK IS. HOW MUCH YOU CAN DO TO HAVE AN IMPACT, NOT JUST ON ACADEMIC DEBATES, BUT ON WHAT HAPPENS ON THE GROUND.

I WANT TO TALK LESS ABOUT WHAT YOU DO, THAN ABOUT HOW YOU DO IT. HOW YOU CAN TRANSLATE RESEARCH INTO POLICY, AND POLICY INTO PRACTICE.

AND I'D LIKE TO GET A DISCUSSION GOING ON WHAT YOUR EXPERIENCES HAVE BEEN – IN SOUTH AFRICA, IN MEXICO, IN PLACES WHERE LSHTM, PEPFAR, UNAIDS HAVE WORKED. I'M GOING TO GIVE POSITIVE EXAMPLES, BUT WE SHOULD ALSO LOOK AT THE NEGATIVE EXAMPLES TO LEARN THE LESSONS, TOO.

I AM GOING TO ALLEGE AND THEN BACK WITH EVIDENCE (AT LEAST SOME SHREDS OF EVIDENCE!) THAT

- THE NEXT FEW YEARS ARE GOING TO BE THE GOLDEN AGE FOR AIDS ECONOMICS – IF YOU DO THE RIGHT THINGS
- ALREADY THERE ARE SOME IMPORTANT EXAMPLES OF ECONOMISTS WHO HAVE AND ARE SHAPING THE DEBATE AND THE RESPONSE
- BEING AN EFFECTIVE AIDS ECONOMIST IS NO ACCIDENT – A LITTLE BIT OF LUCK IS ALMOST ALWAYS INVOLVED, BUT THOSE WHO HAVE AN IMPACT KNOW WHAT THEY ARE DOING AND MORE OR LESS WHERE THEY ARE GOING. THERE ARE WAYS TO PREPARE AND ACT TO MAXIMIZE YOUR CHANCES OF MAKING AN IMPORTANT DIFFERENCE. YOU NEED TO BE GOOD, BUT YOU ALSO NEED TO BE SMART

THE GOLDEN AGE. I BELIEVE THAT THE CIRCUMSTANCES ARE RIGHT – THE STARS ARE ALIGNED – FOR THE NEXT FEW YEARS TO BE THE GOLDEN AGE OF OPPORTUNITY FOR AIDS ECONOMISTS. WHY?

- BECAUSE THERE ARE NOW BILLIONS BEING SPENT, BUT STILL THIS IS NOT ENOUGH. PEOPLE ARE CALLING FOR MORE. GOVERNMENTS ARE ASKING. PATIENTS ARE DEMANDING
- BECAUSE THE RAPID GROWTH IN AVAILABLE FUNDING IS LEVELING OFF, EXACERBATING THE FINANCIAL PRESSURES

- AND BECAUSE ALL OF THE GAINS OF THE PAST FEW YEARS, IN TREATMENT AND EVEN IN SOME AREAS OF PREVENTION, NEED TO BE PRESERVED AND DEEPENED

SO HOW ARE GOVERNMENTS, DONORS, CIVIL SOCIETY GROUPS, AND OTHERS GOING TO RESPOND TO THIS SITUATION? THERE ARE A SERIES OF TOUGH QUESTIONS WITH TOUGH CHOICES AND TOUGH ANSWERS THAT ECONOMISTS HAVE TO HELP TO ANSWER, AT COUNTRY AND GLOBAL LEVELS:

- HOW MUCH (MORE) IS IT GOING TO COST?
- HOW CAN WE CONTROL THOSE COSTS, BY PREVENTING MORE INFECTIONS AND BY MAKING THE MONEY GO FARTHER IN TREATMENT AND ALSO IN PREVENTION AND ORPHAN CARE?
- HOW CAN WE FAIRLY GENERATE AND SUSTAIN THE FUNDING THAT IS NEEDED?

EXAMPLES THAT CAN INSPIRE US. THERE ARE NUMEROUS INSTANCES OF EXCELLENT ECONOMIC ANALYSIS THAT HAS HAD A POSITIVE IMPACT AT GLOBAL AND NATIONAL LEVELS. WE HAVE CASES THAT WE CAN STUDY FOR LESSONS AND DRAW UPON FOR INSPIRATION. HERE IS A NON-RANDOM, PROBABLY NON-REPRESENTATIVE SET OF A FEW EXAMPLES (ACTUALLY A BIASED SAMPLE FROM MY FRIENDS, COLLEAGUES, AND MYSELF!)

- MEAD OVER'S WORK. MEAD'S BOOK "CONFRONTING AIDS" ARGUED THAT SCARCE FUNDS FOR PREVENTION SHOULD BE FIRST FOCUSED ON HIGH RISK POPULATIONS, BASED ON COST-EFFECTIVENESS. IT IS SAID THAT THIS RECOMMENDATION INFLUENCED THE INDIAN NATIONAL AIDS PROGRAM IN THE 1990S, WITH ITS CONCENTRATION ON PREVENTION FOR MARPS

- MEAD'S STUDY OF TREATMENT OPTIONS IN INDIA, CARRIED OUT A DECADE LATER, MAY ALSO HAVE HELPED TO CONVINCED THE INDIAN GOVERNMENT TO BEGIN OFFERING FREE ARVS (TO CROWD OUT COUNTERFEIT DRUGS) AND TO TRY TO REGULATE THE USE OF TREATMENT IN THE PRIVATE MARKET, WHERE POOR PRESCRIBING AND ADHERENCE MIGHT HAVE EXACERBATED THE PROBLEMS OF RESISTANCE.
- JOHN STOVER'S WORK. JOHN AND COLLEAGUES AT UNAIDS CARRIED OUT THE FIRST GLOBAL RESOURCE NEEDS ESTIMATION EXERCISE IN 2001. THE RESULTS WERE PICKED UP BY KOFFI ANNAN IN HIS SPEECHES APPEALING FOR MORE RESOURCES, AND IN THE T-SHIRTS OF ACTIVISTS WHO ASKED "WHERE IS THE \$10 BILLION?"
- JOHN AND STEVE FORSYTHE'S WORK IN PLACES LIKE UGANDA, LESOTHO, AND UKRAINE HAVE HELPED NATIONAL AIDS OFFICIALS AND DONORS TO COMPARE THE TRADEOFFS BETWEEN TREATMENT, PREVENTION, AND ORPHAN CARE, AND TO ARGUE FOR MODESTLY ADDITIONAL FUNDS BASED ON THE INCREMENTAL GAINS THAT COULD BE OBTAINED. IN UGANDA, THEIR WORK HELPED CONVINCED THE GOVERNMENT TO PURSUE A PREVENTION-ORIENTED SPENDING STRATEGY. IN UKRAINE, THEIR ANALYSIS HELPED THE GOVERNMENT TO SEE THE VALUE OF NEGOTIATING FOR LOWER ARV PRICES.
- I WON'T SPEND TOO MUCH TIME ON MY OWN WORK, BUT I DO WANT TO MAKE A SMALL PLUG FOR AIDS2031. OUR BOOK IS AVAILABLE AT THE BACK OF THE ROOM. I THINK THAT SOME OF OUR GLOBAL FINDINGS ARE RESONATING AND HAVING AN IMPACT – WITNESS THINGS LIKE THEIR USE BY THE NYTIMES IN ITS SERIES ON FUNDING SHORTAGES FOR TREATMENT, AND IN THE GLOBAL FUND'S GROWING DEBATE OVER

WHETHER AND FOR HOW LONG MIDDLE INCOME COUNTRIES SHOULD RECEIVE GLOBAL FUND GRANTS.

- AND I ALSO WANT TO TALK A LITTLE BIT ABOUT OUR WORK IN SOUTH AFRICA. OVER THE PAST YEAR AND A HALF, WE'VE DONE A STUDY OF THE LONG-TERM COSTS AND FINANCING OF AIDS, LED BY TERESA GUTHRIE (CALL HER OUT).
 - ✓ THE TIMING WAS RIGHT – THE NEW GOVERNMENT WANTED TO RE-EXAMINE SPENDING PATTERNS AND LOOK AT THE UPCOMING FINANCING NEEDS AND CHALLENGES
 - ✓ THE ISSUES WERE BIG – COSTS WERE STARTING TO EXPLODE JUST AS THE OVERALL ECONOMY WAS GOING THROUGH A RECESSION, AND JUST AS PEPFAR WAS BEGINNING TO PLAN ITS DRAWDOWN
 - ✓ THE WORK WAS DONE VERY WELL
 - ✓ THE WORK WAS EMBRACED BY THE SOUTH AFRICAN GOVERNMENT – SPONSORED BY MOH AND MOE, WITH A BROADER STEERING COMMITTEE
 - ✓ WE THINK WE ARE HAVING AN IMPACT, OR AT LEAST CONTRIBUTING TO THE DEBATE ALONG WITH MANY OTHERS
 - ✓ OUR REPORT WILL BE OUT SHORTLY, WITH MUCH DISSEMINATION PLANNED FOR LATER THIS YEAR AND NEXT

BEING AN EFFECTIVE AIDS ECONOMIST IS NO ACCIDENT. AS THE EXAMPLES I HAVE GIVEN ABOVE ILLUSTRATE, HAVING AN IMPACT ON GLOBAL OR NATIONAL POLICY IS THE RESULT OF A COMBINATION OF FACTORS, ONLY ONE OF WHICH A LITTLE BIT OF LUCK. TO MAXIMIZE THE CHANCES OF INFLUENCING POLICIES AND PROGRAMS, MY QUICK AND DIRTY REVIEW OF THE

EXPERIENCES OF OTHERS, AND MY QUICK AND DIRTY REFLECTIONS ON MY OWN EXPERIENCE, SUGGEST THAT IT IS IMPORTANT TO:

- CHOOSE AN IMPORTANT TOPIC TO WORK ON. IN THE NEXT FEW YEARS, I BELIEVE SOME OF THE KEY TOPICS WILL INCLUDE:
 - ✓ HOW TO MAKE AIDS TREATMENT MORE EFFICIENT – MAKING TREATMENT DOLLARS GO FARTHER
 - ✓ MEASURING THE COST-EFFECTIVENESS OF INNOVATIVE APPROACHES TO BEHAVIOR CHANGE IN THE GENERALIZED HYPER EPIDEMIC SETTINGS OF SOUTHERN AFRICA, THAT CAN ADDRESS MULTIPLE HETEROSEXUAL PARTNERSHIPS
 - ✓ HOW TO INCORPORATE AIDS TREATMENT AND OTHER SERVICES WITHIN NATIONAL HEALTH INSURANCE PACKAGES AND SYSTEMS IN A LARGE NUMBER OF COUNTRIES
- CARRY OUT HIGH QUALITY, UNASSAILABLE ANALYSIS.
- BRING ON BOARD INFLUENTIAL SPONSORS FOR YOUR ECONOMIC WORK FROM THE BEGINNING – IDEALLY INCLUDING LEADING POLICY MAKERS, POLITICIANS, DONOR REPRESENTATIVES, ETC. LET THEM HELP TO GUIDE THE RESEARCH SO THAT THEY FEEL INVOLVED AND WILL BE MORE LIKELY TO “OWN” THE RESULTS
- HAVE AN OUTREACH AND COMMUNICATIONS STRATEGY IN PLACE FROM DAY ONE – AND DON’T UNDERINVEST IN THIS IMPORTANT AREA. TOO OFTEN, EXCELLENT HEALTH ECONOMISTS FAILED TO TAKE THEIR FINDINGS AND POLICY RECOMMENDATIONS “THE

LAST MILE" TO THE DECISION MAKERS – THAT'S WHERE THE MARGINAL RETURNS CAN
BE SO INCREDIBLY HIGH.

FINAL THOUGHTS.

1. DON'T GIVE UP – PERSEVERE
2. BE TRUE TO THE EVIDENCE AND ANALYSIS...
3. BUT LEARN TO SPEAK THE LANGUAGE OF THE POLICY MAKER AND POLITICIAN – WE
NEED TO REACH OUT IF WE ARE TO BE HEARD